

Changing the narrative about risk in health and social care

Many things need to happen to achieve necessary transformation of health and care: one is a change in how we think and talk about risk.

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Asked what prevented positive change, three senior health and care leaders recently gave three pithy responses: 'fear'; 'risk'; 'risk and fear'. The House of Lords public services committee heard this year that 'a culture of risk aversion' was a barrier to public service data sharing. In April, in this publication, Baroness Hilary Armstrong opined that this is putting lives at risk.

Managing risk is essential in any organisation, particularly where individuals' health and wellbeing is concerned, but the examples above demonstrate that risk and perceived risk is too often a barrier to necessary change and leads to worse outcomes.

Why is risk in health and care problematic? Uncertainty plays a large part. With defined information and black letter law on data sharing, it is easy to spot data risks. But safeguarding is often about trying to prevent the unknown. It can be too easy to focus on the defined risk, to the detriment of less defined but nonetheless key priorities. Perhaps this is the reason for the public service committee findings.

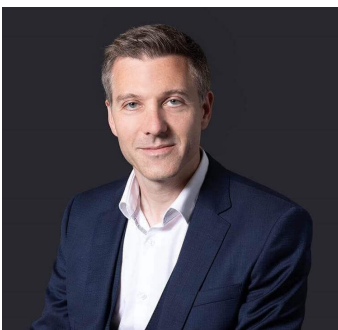
This is where we need to change the narrative. The role of health and care systems in delivering social value, enabling people, and keeping people safe is a benefit which should carry real weight when being analysed against competing considerations. This narrative needs to flow through a system, from organisational design, to commissioning and supply management and outcomes, including complaints and disputes. If we can be unified behind the purpose of health and care systems, we can support change for the better.

This doesn't mean disregarding risks – it means recognising that risk is part of any system and comes with change, then making informed decisions on balancing and managing risk, with the need to support system and change project outcomes in mind. That done, it means backing those decisions, and the people charged with implementing them, including in the face of challenge.

We believe in the value that our health and care systems deliver, and that they have the potential to do so much more with the enablers offered by technology and data. To achieve this, central and local government, commissioners, providers and advisors need to come together with purpose, in order to deliver systems that deliver the value our communities deserve.

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