

Patient Safety Concern Report Form

ACTION: If used please send this form along with panel member notes and the final report to the Education and Quality Team for central records within 2 days of the visit
(Send to QAmical@wm.hee.nhs.uk)

The following report details patient safety concerns following identification at a medical education quality review visit. Whilst the report details patient safety concerns identified by the review panel, it must be noted that the review predominantly examined educational quality and did not specifically focus on patient safety.

IMPORTANT: Completed forms must be sent with Review Report to the following for action and central audit ASAP following the visit (please see reporting process for timescales):

- **Postgraduate Dean** (Elizabeth.Hughes@wm.hee.nhs.uk)
- **Education and Quality Team** (QAmical@wm.hee.nhs.uk)

Date of Report:		
Report Compiled by:		
SECTION 1: Visit Overview		
LEP Visited: Trust:		
Site and Address:		
Specialty:		
Type of Visit:		
Date of Review Visit:		
Lead Visitor Name:		
Lead Visitor email / phone:		
SECTION 2: Patient Safety Concern Details		
Patient Safety Concern level? (Yes or Potential)	Yes / Potential (delete as appropriate)	
Details of Patient Safety Concern(s) Identified (List these as bullet points)	<ul style="list-style-type: none"> ▪ ▪ ▪ 	
Is the LEP already aware / currently doing anything about these issues?		
Most senior individual at the LEP that this was fed back to:	Name:	
	Position:	
	Contact Details:	

Agreed Next Steps for Monitoring of Educational Issues at LEP	<u>Date Action plan</u> to address concerns required:	
	<u>Date Progress report</u> against action plan required:	
	<u>Follow up review visit</u> required:	

Definition of a Patient Safety Concern

During HEWM monitoring visits to Local Education Providers and their training sites, trainees and other staff are routinely asked by the visiting team if they perceive any risk to patient safety in the clinical service at the Trust. This is required by the GMC and specified in the GMC and HEWM standards used to monitor education and training.

If the visiting team accepts that there is, or may be a risk then a chain of events is triggered, which includes alerting the Local Action Team (Quality Surveillance Group) through the Postgraduate Dean (or deputy) and a follow up monitoring visit to the unit at the least. It is therefore important to be clear what qualifies as reportable risk.

Although the panel and the lead visitor have the professional discretion to identify evidence of patient safety concerns, the following are risks which are sometimes encountered, and which may qualify.

Organisational Hazards

- 1. Inadequate facilities** (e.g. A&E units without ready access to urgent imaging and laboratory services)
- 2. Departmental rules preventing ready access to required services** by junior doctors
- 3. Protocols which impede timely medical care** (e.g. patient transfer to wards before care delivered / internal referral systems allowing for patients to get 'lost in the system')

4. Protocols / facilities which regularly lead to patient care within **inadequately / unsuitably staffed areas** (e.g. acute medical patients moved to rehabilitation wards)
5. **Rotas which do not provide enough doctors for the work to be done** (e.g. covering excess numbers of ward patients over the weekend)
6. Doctors routinely **expected to perform tasks for which they are untrained** (e.g. take consent for surgery / insert central lines / lead paediatric resuscitation without relevant training)
7. A pattern of **poor clinical work by other, non-medical, professional workers**

Supervision and Senior Cover

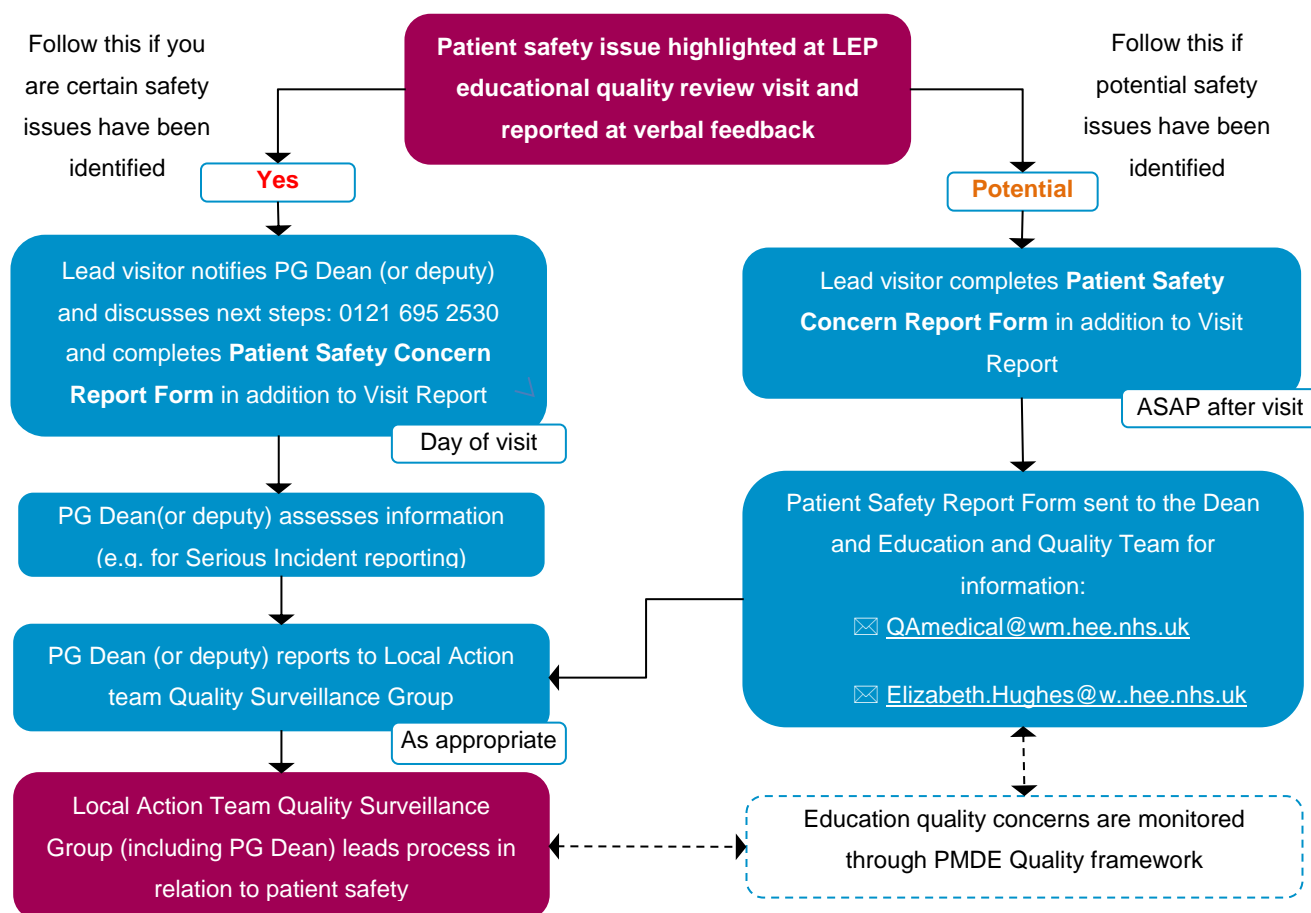
8. If any junior doctor **cannot access the immediate support** (by phone, followed, if necessary, immediately by personal presence) of a more senior doctor to deal with a clinically dangerous situation, then this is a patient safety risk. The senior does not need to be from the junior's own firm or subspecialty, but must be of the same "branch" (medicine, surgery, paediatrics etc.)
9. **Senior doctors with emergency care responsibility should be on the hospital site**, within daytime hours, and without other responsibilities for the relevant period

The following are sometimes described, but may not qualify as patient risk:

- **Trainees feeling stressed** by a very busy period of work
- A **clinical case with an adverse or even fatal outcome**, during which the trainee felt not in full command/understanding of the clinical event but was **adequately supervised and supported**
- **Occasional excessive workload**, especially when unexpected staff shortages occurred, e.g. illness or adverse weather events / other situations that are out of the ordinary

Process to Escalate Patient Safety Concerns

The following process describes what should be done if definite or potential patient safety concerns have been identified at a Trust by a quality review team and lead visitor:



1. Definite - Patient Safety Concerns Identified

Where the visiting panel identify clear evidence of patient safety concerns and have examples of these as a result of the visit, the lead visitor must contact the Postgraduate Dean (or deputy) straight away by contacting the Dean's PA: ☎ 0121 695 2530 - ✉ Elizabeth.Hughes@wm.hee.nhs.uk

The Dean (or deputy) will then make a decision on how to appropriately report this to the Local Action Team (Quality Surveillance Group) and discuss this with the lead visitor.

The lead visitor must then complete the Patient Safety Concern Report Form and share this (along with the visit report and panel notes) with the Dean and Deanery Education and Quality Team for auditable records: ✉ QAmical@wm.hee.nhs.uk and Elizabeth.Hughes@wm.hee.nhs.uk

The Dean or deputy will then share the reports with the appropriate Local Action Team Quality Surveillance Group and work with them detailing and appropriate plan.

2. Potential - Patient Safety Concerns Identified

Where the visiting panel identify the potential for patient safety issues to arise (e.g. there are no reported examples, however if something is not done this could lead to patient safety issues) the lead visitor does not have to report this to the Dean straight away.

Instead, the lead visitor is required to only complete the Patient Safety Report Form and share this with the Dean and Education and Quality Team usually within 2 working days: ✉ QAmical@wm.hee.nhs.uk and Elizabeth.Hughes@wm.hee.nhs.uk

Upon receiving this report, the Dean will make a decision on taking this further to the appropriate Local Action team Quality Surveillance Group.

Note: *If a review panel identifies concerns but are unsure if these constitute definite or potential concerns, they are advised to contact the Dean (or deputy) who will be able to support them with the appropriate next steps.*

The reporting of definite and potential patient safety issues must form part of the verbal feedback by the lead visitor at the end of the review visit