

# Patient Safety Concerns during Postgraduate Medical Quality Visits

The following sets out guidelines for all quality review visitors to follow when patient safety concerns are identified as part of any quality visit.

## 1. Definition of a Patient Safety Concern

During Deanery monitoring visits to Local Education Providers and their training units, trainees and consultants 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 Deanery standards used to monitor training.

If the visiting team accepts that there is a risk then a chain of events is triggered, which include alerting the NHS East Midlands SHA patient safety committee 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.

### 1.1 - Organisational Hazards

- 1. Inadequate facilities** (e.g. A&E units without ready access to urgent imaging and lab services).
2. Departmental rules **preventing ready access to required services** by junior doctors.
- 3. Protocols which impede timely medical care** (e.g. care before patient transfer to suitable wards /internal referral systems allow 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 T/O or rehab 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 - NLS, PLS)
7. A pattern of **poor clinical work by other, non-medical, professional workers**.

## 1.2 – 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, T/O, paediatrics etc)

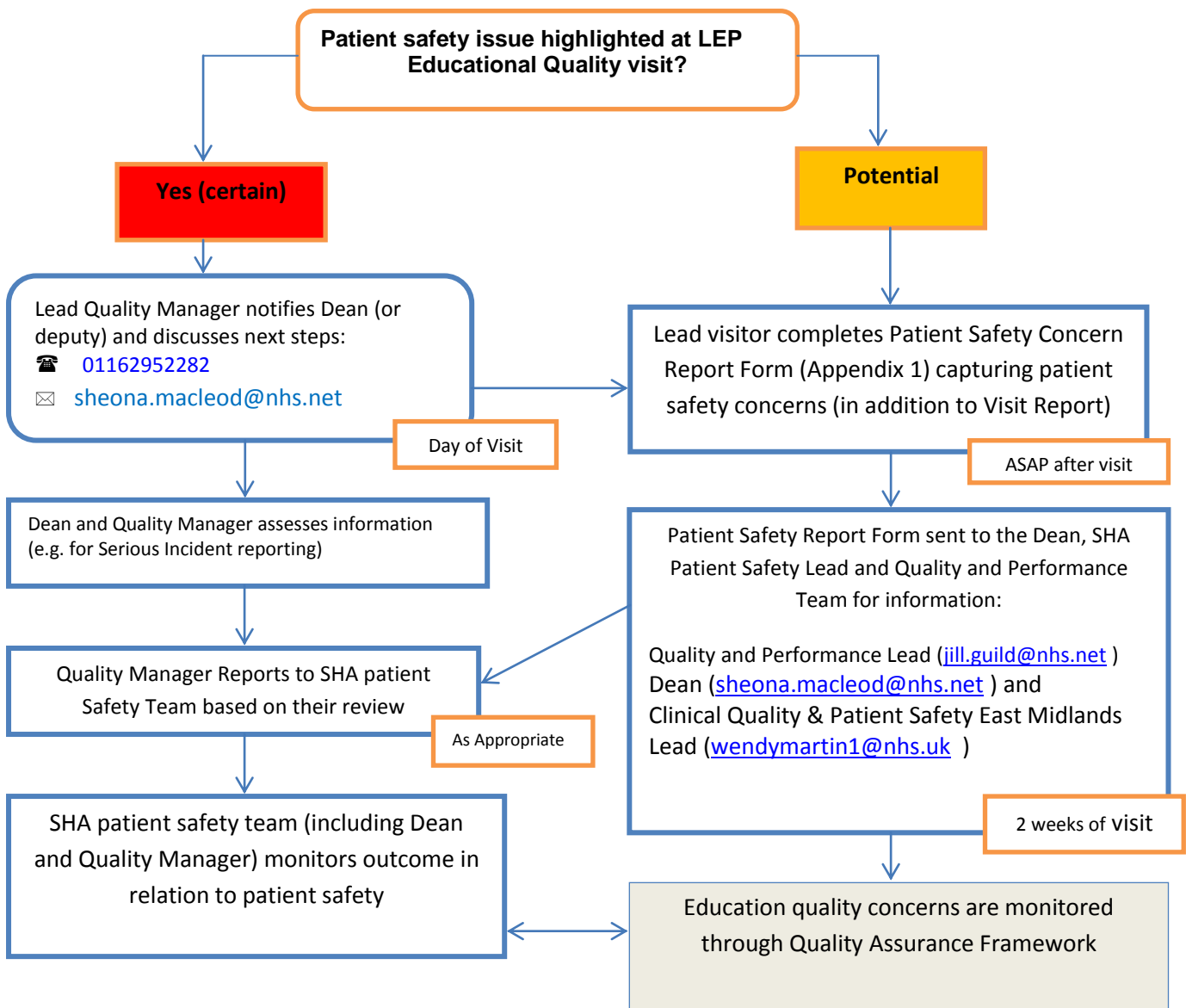
**9. Senior doctors with acute care responsibility should be on the hospital site**, within daytime hours, and without other responsibilities for the relevant period.

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 / could not be found / other situations that are out of the ordinary.

## 2. Process to Escalate Patient Safety Concerns

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



## 1. **Certain** – 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 Quality Manager must contact the Postgraduate Dean (or deputy) straight away by contacting the Dean's PA: ☎ 01158474808 - ✉ [claire.tulloch@nottingham.ac.uk](mailto:claire.tulloch@nottingham.ac.uk)

The Dean (or deputy) will then make a decision on how to appropriately report this to the SHA patient safety team and discuss this with the lead Quality Manager.

The Quality Manager must then complete the Patient Safety Concern Report Form (**Appendix 1**) and share this (along with the visit report and panel notes) with the;

1. Quality and Performance Lead ([jill.guild@nhs.net](mailto:jill.guild@nhs.net))
2. Dean ([sheona.macleod@nhs.net](mailto:sheona.macleod@nhs.net)) and
3. Clinical Quality & Patient Safety East Midlands Lead ([wendymartin1@nhs.uk](mailto:wendymartin1@nhs.uk))

This provides auditable records and enables relevant parties to take necessary action. The Quality and Performance Team, on behalf of the Dean, and SHA Patient Safety Team will act and monitor appropriately.

## 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 Quality Manager does not have to report this to the Dean straight away.

Instead, the lead Quality Manager is required to complete the Patient Safety Report Form only (**Appendix 1**) and share this with the:

1. Quality and Performance Lead ([jill.guild@nhs.net](mailto:jill.guild@nhs.net))
2. Dean ([sheona.macleod@nhs.net](mailto:sheona.macleod@nhs.net))
3. Clinical Quality & Patient Safety East Midlands Lead ([wendymartin1@nhs.net](mailto:wendymartin1@nhs.net))

This provides auditable records and enables relevant parties to take necessary action. The Quality and Performance Team, on behalf of the Dean, and SHA Patient Safety Team will act and monitor appropriately.

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

# Patient Safety Concern Report Form

The following report details potential patient safety concerns following identification at a medical education quality review visit.

**IMPORTANT:** Completed forms must be sent to the following for action and central audit ASAP following the visit:

1. Quality and Performance Lead ([jill.guild@nhs.net](mailto:jill.guild@nhs.net))
2. Dean ([sheona.macleod@nhs.net](mailto:sheona.macleod@nhs.net)) and
3. Clinical Quality & Patient Safety East Midlands Lead ([wendymartin1@nhs.uk](mailto:wendymartin1@nhs.uk))

Date of Report	
Report Compiled By:	
<b>SECTION1: Visit Overview</b>	
Local Education Provider Visited:	
Site and Address:	
Speciality:	
Type of Visit:	
Lead Visitor name:	

**SECTION 2:**

**Patient Safety Concern  
Details**

<p><b>Patient Safety Concern Level</b> <b>(yes or potential)</b></p>	
<p><b>Details of Patient Safety Concern(s) Identified</b></p>	<p><b>List as Bullet P List as Bullet Points</b></p>
<p><b>Is the Local Education Provider already aware/currently doing anything about these issues?</b></p> <p><b>Describe:</b></p>	
<p><b>Most Senior Individual at the LEP that was fed back to:</b></p> <p><b>Position and contact details</b></p>	
<p><b>Agreed next steps for monitoring:</b></p> <p><b>Date of action plan</b></p> <p><b>Date progress report</b></p> <p><b>Follow up review visit</b></p>	