Patient Safety Policy
(including Whistle blowing Guidance)
Oxford Deanery

Approved by the Oxford Deanery Executive Team
29 June 2009

Review Date: June 2010
Policy

a) Purpose

The purpose of this policy is to describe the Deanery’s role in the development and maintenance of patient safety. It describes the processes in place within Oxford PGMDE to enable the identification and management of patient safety issues, and to enable trainees to raise concerns about patient safety and wrongdoing at work in a way that protects their interests, and which ensures, at the same time, that these issues and concerns are properly investigated and dealt with.

The policy is designed to comply with the Public Interest Disclosures Act 1998. For more information please see the following websites:

http://www.opsi.gov.uk/acts/acts1998/ukpga_19980023_en_1
or http://www.pcas.org.uk/law/law.htm

b) Principles

The first PMETB Domain refers to patient safety:

“The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care”

Furthermore, patient safety represents one of the standards of quality as outlined in the Next Stage Review. One of the many definitions in current use states that:

“Patient safety is a new healthcare discipline that emphasizes the reporting, analysis, and prevention of medical error that often lead to adverse healthcare events”

The GMC/GDC’s publication Good Medical Practice, paragraph 6 reads:

“If you have good reason to think that patient safety is or may be seriously compromised by inadequate premises, equipment, or other resources, policies or systems, you should put the matter right if that is possible. In all other cases you should draw the matter to the attention of
your employing or contracting body. If they do not take adequate action, you should take independent advice on how to take the matter further. You must record your concerns and the steps you have taken to try to resolve them.”

The final principle of this policy is that trainees will be given every opportunity to raise concerns about safety or wrongdoing in a confidential way that others can investigate.

c) The Role of the Deanery in Patient Safety

Patient safety is paramount for Oxford PGMDE. It underpins all Deanery policies, processes and activities. As a result it is acknowledged that all members of the Deanery team have both roles and responsibilities in this respect.

Patient safety is a standing agenda item on all Deanery committees, panels and meetings; this includes the monthly Postgraduate Graduate Schools meeting, the weekly Deanery Executive Team Meeting, ARCP/RITA panels and Postgraduate School Board meetings.

In particular, Deanery Lay Assessors have a key role in ensuring this.

Revisions of all Deanery policy documents will include a patient safety perspective.

The Deanery ensures a robust educational training environment and infrastructure by:

a. Ensuring appropriate levels of clinical and educational supervision
b. Identification, training and development of Educational Supervisor/Trainers
c. Promotion of effective shift working, on-call rotas and handover arrangements
d. Prompt identification of trainee in difficulty along with intervention with rehabilitation

(Please refer to: Deanery Quality Management Process and Management of Trainee in Difficulty Policy)
The Deanery is also responsible for identifying and monitoring situations and circumstances that may be relevant to the safety and welfare of patients in the following contexts:

a. Deanery Quality Management processes
b. Trust/employer self-assessment and Deanery visits
c. Specialty self assessment and Deanery Postgraduate School visits
d. Trainee Surveys, especially the PMETB trainee survey
e. Reaction to concerns including whistle blowing
f. An integrated approach with the Strategic Health Authority (the Postgraduate Dean is now a member of the SHA Risk Summit)

Oxford PGMDE Career Development Unit
The Career Development Unit has been established across the Oxford Deanery to provide a comprehensive careers service and performance support for all doctors and dentists in primary and secondary care. If patient safety issues are identified through the Unit’s interaction with doctors in training within PGMDE, whatever the route of referral, those issues should be brought to the Oxford Deanery Executive Team, either through the Executive Team meetings or through direct contact with any of the Deanery Contacted Officers under this policy at the earliest opportunity. The Executive Team will then appropriately manage the investigation of those concerns according to this policy. This should not compromise the service provided to the trainee or other trainees in difficulty by the Career Development Unit.

d) Contacted/Designated Officers and their Responsibilities
All clinical and Educational Supervisor/Trainers, medical personnel officers, Foundation Programme Training Directors, Clinical Tutors, Directors of Medical Education, Training Programme Director/Scheme Advisors, Specialty Training Committee Chairs and Heads of Postgraduate Schools are responsible for ensuring that their trainees are aware of this policy and have access to it.
Medical Directors should also ensure that their Hospital or Primary Care Trust/employers have a mechanism by which their patients can be made aware of the existence of this policy and its relevance to their interactions with Oxford PGMDE trainees.

**Contacted Officers**
Where a trainee wishes to raise a concern about patient safety, the first staff member that he or she makes contact with regarding that concern is the Contacted Officer.

Within the Hospital or Primary Care Trust/employer, clinical and Educational Supervisor/Trainers, medical personnel officers, Foundation Programme Training Directors, Clinical Tutors, Directors of Medical Education or Medical Directors may be the Contacted Officer.

Within the Deanery, Training Programme Director/Scheme Advisors, Specialty Training Committee Chairs, Heads of Postgraduate Schools, Associate Deans or the Postgraduate Dean himself may all fulfil the role of the contacted officer.

All Contacted Officers must respond to concerns quickly and, where possible and appropriate, in confidence, taking all concerns seriously. They should be supportive and reassure those raising concerns, not sceptical or dismissive. It is also their responsibility to pass the details of the concerns on to the Designated Officer (see below) and ensure that the concerns are investigated and, where necessary, addressed.

**Designated Officers**
Depending on who the contacted officer is, they will report the concerns to the relevant Designated Officer. Within the Hospital or Primary Care Trust/employer setting, Designated Officers or their equivalents should be defined by local policies.
For concerns raised through the Oxford Deanery, the Designated Officer will be either the Postgraduate Medical, General Practice or Dental Dean, the Deputy Postgraduate Dean or one of the Associate Deans, depending on availability or who is deemed most appropriate for the case. The Deanery Executive Team, to whom the Contacted Officer should make his/her initial report of the concern, will discuss the concerns and identify the Designated Officer.

It is the responsibility of Designated Officer to review or initiate investigation of all concerns raised. The Deanery Executive Team will discuss the concerns raised with one of the following outcomes:

1. Discussed and noted but no further action needed at that time
2. More information needed; to be discussed again at future Executive Team meeting
3. Significant patient concerns likely:
   a. Concern entered onto Deanery Risk Register
   b. Formal letter to Trust/employer Senior Management by Designated Officer
   c. Formal letter to SHA Patient Safety Lead
   d. Inform PMETB and relevant Medical Royal College(s) where appropriate
   e. Active participation by Deanery in any subsequent agreed investigation and intervention
   f. Discussion at Deanery Executive team until the issue is resolved

Further action may also include liaison between and/or with the relevant Head of Postgraduate School (or Head of the Foundation School) and the appropriate Medical Director (possibly via the Director of Medical Education/Clinical Tutor for a Hospital Trust/employer or Associate Director for Training in general practice).

e) Reporting

Patient safety can be viewed from a number of different perspectives: that of the patient, the trainee, the independent medical or dental practitioner or that of other professionals working
within the health service, including nursing and other paramedical staff, managers and administrators. Each individual may see a possible patient safety issue in a different way and any policy needs to take account of that, and enable reporting pathways originating from within any of these staff groups.

Guidance for whistle blowing is contained in Appendix 1 to this policy.

The Patient
A patient may identify a safety issue as much as any member of NHS staff. The usual way for this to be brought to the attention of the relevant Hospital or General Practice staff would be governed by the relevant local policies.

However, if the patient feels that there is a safety issue related to a medical or dental trainee employed within Oxford PGMDE, they should contact any of the Deanery Contacted Officers described above, who will then inform the Deanery Executive Team which will take responsibility for identifying the Designated Officer. The patient should receive a report of the investigation and actions taken at the culmination of the process.

The Trainee
The trainee who identifies a patient safety issue should attempt in the first instance to address their concerns by approaching their clinical or Educational Supervisor/Trainer. If they feel that this is inappropriate or that the issue has been dealt with in an unsatisfactory manner, they should follow their local employer’s policy for progressing their concerns, which is likely to involve their head of department, clinical director or medical director.

If this local policy does not achieve a satisfactory outcome in their opinion, they could raise the issue with human resources personnel, the Foundation Programme Training Director, Clinical Tutor or Director of Medical Education.
Failing this, the Trainee may directly approach any of the Deanery Contacted Officers described above, starting with their Training Programme Director/Scheme Advisor, Specialty Training Committee Chair or Head of Postgraduate School or Foundation School. In cases where they feel they cannot approach any of these individuals, they can directly approach the Postgraduate Medical, Dental or General Practice Deans, Deputy Postgraduate Dean or any of the Associate Deans. The Contacted Officer within the Deanery will then be responsible for bringing the issue to the attention of the Deanery Executive Team, who will identify the Designated Officer.

In addition to direct contact with the individuals described above, trainees may raise their concerns through trainee surveys (including the PMETB trainee survey and local trainee feedback proformas) or during appraisals and RITA/ARCP processes. Whilst this is not to be discouraged, waiting to address concerns in this fashion almost inevitably involves an element of delay. It is strongly recommended that issues of safety be raised at the time they are recognized, in the manner described in this policy.

**The Independent Practitioner**

This group of staff includes Consultants, Associate Specialists, Dentists and General Practitioners amongst others. The majority of patient safety issues identified by this group of staff should be raised and investigated according to local policies.

However, if the member of staff feels that there is a safety issue related to a medical or dental trainee employed within Oxford PGMDE, they should contact any of the Deanery Contacted Officers described above [possibly via the Career Development Unit], who will then inform the Deanery Executive Team which will take responsibility for identifying the Designated Officer.

Unlike the patient however, the independent practitioner retains responsibility for ensuring that the safety issue is investigated, and where possible addressed.
Non-Medical Staff

Any non-medical member of staff may also raise an issue of patient safety, usually according to their local employer’s policies.

However, if the member of staff feels that there is a safety issue related to a medical or dental trainee employed within Oxford PGMDE, they should contact any of the Deanery Contacted Officers described above, who will then inform the Deanery Executive Team which will take responsibility for identifying the Designated Officer.

Whether the non-medical staff member retains responsibility for ensuring the concern is investigated and addressed will depend on the individual policy of the staff member’s professional body or defence organization. Nevertheless, they should receive a report confirming the Deanery’s actions relating to their concern at the culmination of the process.

f) Review

The Postgraduate Dean, Medical Directors and the Strategic Health Authority will review this policy on a two yearly basis.

g) Acknowledgements

This policy is partly based on documents obtained from the Wessex Postgraduate Deanery and from the Oxford PGMDE Postgraduate Dean, Dr Michael Bannon.
Appendix 1

Whistle Blowing Guidance

The key principle of this guidance is that trainees will be given every opportunity to raise concerns of wrongdoing in a confidential way that others can investigate.

Trainees do not have to investigate or “prove” the wrongdoing, nor do they have to decide how the organisation should respond. They must have a reasonable belief that the wrongdoing is either happening now, took place in the past, or is likely to happen in the future.

The guidance is designed:

a. To provide a way for trainees concerned about the care or safety of patients to speak out in the event of other procedures failing or being exhausted.

b. To provide an effective and confidential process to enable trainees to challenge practices or behaviours if they believe others are acting in an unlawful and/or unethical way.

c. To make clear that victimisation or retribution against trainees, if they use this policy, will not be tolerated.

d. To protect trainees if they appropriately speak out in accordance with this policy.

The policy can also be appropriately used where concern over Health & Safety, corporate governance or use of NHS resources are an issue.

What is Whistle Blowing?

Whistle blowing may be described as a process of reporting matters of concern and wrongdoing and covers:

a. Poor quality care

b. Administration laxness in relation to care
c. Malpractice of Care

d. Criminal Offences

e. Fraud or corruption

f. Breach of Contract

g. Negligence

h. Other Civil Law issues, such as racial and sexual discrimination

i. Miscarriage of Justice

j. Danger to Health and Safety

k. Environmental issues (eg pollution)

To whom does the policy apply?

This policy applies to every member of staff in an organisation at whatever level and whatever their terms of employment, hours of work, or length of service, and includes locum positions.

This policy does not replace any other existing policies and procedures regarding adverse incident reporting, grievance, reporting cases of potential fraud or corruption, or complaints, nor does it replace the normal lines of communication between trainees and their supervisors so that matters of concern may still be dealt with through normal channels.

To whom may a concern be raised?

In the first instance trainees should raise concerns using the appropriate policy within the organisation in which they are employed. It is recognised that trainees sometimes feel vulnerable in these circumstances so it may be appropriate to raise concerns through their Educational Supervisor/Trainer, medical personnel officer, clinical tutor or Director of medical education. If the trainee considers that it would not be possible to raise these concerns within the organisation employing them they have the option of raising them with any of the Contacted Officers at the Oxford PGMDE described in the Oxford PGMDE Patient Safety Policy.
What happens when a concern is raised?
The Deanery will treat all matters raised under this policy as serious, and address all such matters fairly and thoroughly. The Deanery will take action promptly and notify those raising concerns of the way forward as soon as possible and no later than one month after the concern was raised.

In recognition that raising a concern can be a difficult experience for some trainees, the Deanery will offer support via Medic Support and trainees will be reminded that the BMA and medical defence organisations may also be able to provide support.

When a reasonable concern is expressed in good faith, trainees will not be penalised in any way. Their wishes regarding confidentiality must and will be respected. Victimisation by other members of staff towards them will not be tolerated.

The policy is designed to ensure that:

a. Raising genuine concerns does not make a trainee a “snitcher” or “trouble maker”
b. Trainees will not be asked to prove that their concerns are true – only that they are honestly raised
c. Concerns can be raised early
d. There is a difference between a grievance and a concern
e. Raising genuinely held but unsubstantiated concerns will not expose trainees to disciplinary action

Whilst preventing anybody from whistle blowing is a disciplinary offence within the National Health Service, raising concerns solely for malicious intent is also a disciplinary offence and the GMC/GDC or employer may request action by the GMC/GDC as a result. Bullying, isolating or victimising anyone who uses the whistle blowing procedure for genuine concerns is also a disciplinary offence.
What should trainees do if a concern is ignored?

Whilst the Deanery encourages trainees to tell us of their concerns, this does not negate the role of other agencies. These agencies, however, should normally be involved only if local and Deanery procedures have been exhausted. External agencies include the Ombudsman, the Mental Health Commission and Parliament (via the appropriate MP).

There is also a source of advice available through an independent confidential advice line. This is the “Public Concern at Work” helpline, Tel. No.020 7404 6609 Email: helpline@pcaw.co.uk

Trainees are expected to follow the procedure outlined in this policy before involving these agencies and before considering any course of action involving the media.

If trainees are victimised in any way for raising genuine concerns, they should use the Deanery complaints procedure or, once the internal complaint procedure has been exhausted, a claim may be brought at an employment tribunal.

If trainees raise a genuine concern, they will be safeguarded by the Deanery. However, it should be understood that if trainees are not willing to identify themselves:

a. The Deanery will be less able to protect them
b. Feedback will be difficult

Reporting Concerns

Trainees are encouraged to contact their Educational Supervisor/Trainer, medical personnel officer, clinical tutor or Director of Medical Education in the first instance. This person becomes the Contacted Officer. If trainees are not confident with this approach, or if they feel the matter will not be handled appropriately they can choose to contact any of the Deanery Contacted Officers identified in the Oxford PGMDE Patient Safety Policy.
If the concern raised is regarding fraud and corruption, then the trainee should immediately contact the Local Counter Fraud Specialist (LCFS). Contact details for these individuals are available through the employing organizations. The trainee’s supervisor should not be involved at this stage in case they themselves may be implicated, or may attempt to suppress the allegation for whatever reason. Contact with the supervisor will be at the discretion of the Local Counter Fraud Specialist.

The Contacted Officer receiving the concern will make a confidential record of concerns. If the Contacted Officer is a Deanery member of staff, they will bring the issue to the notice of the Deanery Executive Team who will identify the Designated Officer, as described in the Oxford PGMDE Patient Safety Policy.

**Responsibilities Under This Guidance**

All clinical and Educational Supervisor/Trainers, medical personnel officers, Foundation Programme Training Directors, Clinical Tutors, Directors of Medical Education, Training Programme Director/Scheme Advisors, Specialty Training Committee Chairs and Heads of Postgraduate Schools are responsible for ensuring that their trainees are aware of this guidance and have access to it.

**The Trainee**

An individual trainee’s responsibility under this policy is to report any genuine concern of wrongdoing or malpractice (except for cases of potential fraud or corruption) via one of the routes set out in this policy. Proof of wrongdoing is not required, merely a genuine and reasonable concern. At the same time, everyone has an equal responsibility not to raise issues maliciously, where no potential evidence or indication of malpractice or danger exists.

Trainees have an obligation to provide a high standard of service and to raise genuine concerns. It is also the responsibility of all trainees to familiarise themselves with and to understand this policy.
**Contacted Officers**

All Contacted Officers must respond to concerns quickly and in confidence, taking all concerns seriously, and should be supportive and reassure those raising concerns, not sceptical or dismissive. Where the Contacted Officer is a Deanery employee, they should report the concern(s) to the Deanery Executive Team who will discuss the issue and allocate the Designated Officer (see below).

It will be the responsibility of the Contacted Officer to communicate and provide feedback to the trainee who raised the issue, including actions taken, within the Deanery’s agreed timescale of one month following the raising of the initial concern. Where this timescale cannot be met, the Contacted Officer will advise the trainee who raised the issue of this and explain the reasons.

**Designated Officers**

It is the responsibility of Designated Officer to review or initiate investigation of all concerns raised. The Deanery Executive Team will discuss the concerns raised with one of the following outcomes:

1. Discussed and noted but no further action needed at that time
2. More information needed; to be discussed again at future Executive Team meeting
3. Significant patient concerns likely:
   a. Concern entered onto Deanery Risk Register
   b. Formal letter to Trust/employer Senior Management by Designated Officer
   c. If suitably urgent, a direct telephone call from the Designated Officer to the Medical Director of the Trust/employer concerned
   d. Formal letter to SHA Patient Safety Lead
   e. Inform PMETB and relevant Medical Royal College(s) where appropriate
   f. Active participation by Deanery in any subsequent agreed investigation and intervention
   g. Discussion at Deanery Executive team until the issue is resolved
The Deanery
The Deanery is responsible for ensuring this policy is explained to all new trainees, as part of their Induction. The Deanery is also responsible for protecting the interests and confidentiality of trainees, for treating any concerns raised seriously, and for investigating them fairly and thoroughly, or ensuring that such an investigation takes place.

Review
The Postgraduate Dean, Medical Directors and the Strategic Health Authority will review this guidance on a two yearly basis.

Author
Dr David Bailey, Associate Postgraduate Dean

Acknowledgements
This guidance is partly based on similar guidance obtained from the Wessex Postgraduate Deanery.

Please note that this policy will be subject to ongoing updates and if you have any comments you wish to make, please contact Dr David Bailey davidmbailey@mac.com
Appendix 2

Patient Safety Policy – Process and Levels of Responsibility

**Contacted Officers**

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<th>Within the Hospital or PCT</th>
<th>Within the Deanery</th>
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<td>• Clinical and Educational Supervisor/Trainers</td>
<td>• Training Programme Director/Scheme Advisors</td>
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<td>• Medical Personnel Officers</td>
<td>• Specialty Training Committee Chairs</td>
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<td>• Foundation Training Programme Directors</td>
<td>• Heads of Postgraduate Schools</td>
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<td>• Clinical Tutors</td>
<td>• Associate Deans</td>
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<td>• Directors of Medical Education</td>
<td>• Postgraduate Dean</td>
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<td>• Medical Directors</td>
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<td>• Postgraduate Dean</td>
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<td>• Associate Deans</td>
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Role of the Deanery Executive Team

It is the responsibility of the Designated Officer to review or initiate investigation of all concerns raised. The Deanery Executive Team will discuss the concerns raised with one of the following outcomes:

1. Discussed and noted but no further action needed at that time
2. More information needed; to be discussed again at future Executive Team meetings
3. Significant patient safety concerns likely?
   - Immediate danger to patient safety?
     - Y: Call to relevant Medical Director
     - N: More information needed; to be discussed again at future Executive Team meetings
   - Formal letter to Trust/employer Senior Management by
   - Inform PMETB and relevant Medical Royal College[s] where appropriate
   - Active participation by Deanery in any subsequent agreed investigation and intervention
   - Discussion at Deanery Executive Team until the issue is resolved
   - Concern entered onto Deanery Risk Register
   - Formal letter to SHA Patient Safety Lead
Trainee with a Patient Safety Concerns

Trainee with a Patient Safety concern

IF INAPPROPRIATE

FTPDS/CHEME ADVISOR / DCT / DME

Deanery Contacted Officers

Deanery Designated Officer

IF APPROPRIATE

Clinical or Educational Supervisor/Trainer

Follow local employers policy for progressing concerns [Head of Department, Clinical Director, Medical Directors]

HR
Patient Safety Issues identified through the Career Development Unit

Non-Medical Staff Member wanting to raise a Patient Safety issue regarding a trainee

Patient-identified safety issue regarding a trainee

Patient to receive a report of the investigation and actions taken
Independent Practitioner with a patient-safety-related concern about a trainee

Retains responsibility for ensuring safety issue is investigated

CDU

Indeependant Practitioner  Deanery Contacted Officer  Deanery Executive Team  Designated Officer