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Royal Cornwall Hospitals NHS Trust

# Simulation Reporting Pathway

# V2.0

# August 2019

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# 1. Introduction

1.1. This document to serves to ensure that any risks or required service area alterations that have been identified through point-of-care simulation are reported in the appropriate manner, such that action may be taken.

1.2. This version supersedes any previous versions of this document.

1.3. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

# 2. Purpose of this Policy/Procedure

Point-of-care-simulation has the ability to identify near misses, latent risk and initiate potential changes to service area that can contribute to patient safety and quality of care. This policy ensures that there is a robust, recognised pathway for reporting these observations both locally and across a Division such that change may be implemented. It will achieve this by:

- Reporting to governance teams
- Reporting to ward/departmental staff
- Supporting ward staff in effecting change
- Serving as a reminder to Datix 'near misses'
- Contribute to shared learning across the Division and Trust
- Developing an auditable service

# 3. Scope

This policy applies to the simulation team, faculty simulation leads, ward sisters/charge nurse and appropriate 'other' persons involved with direct patient care and the Care Group Governance team.

# 4. Definitions / Glossary

- Point-of-care simulation – simulation delivered within service areas.

- Faculty Simulation Lead – the responsible person for simulation in a particular department e.g. paediatric simulation lead

- Appropriate 'other' clinical person – in the context of the report this is a named person (other than the ward sister/charge nurse) to which the report is sent to who has the ability to influence the change identified. It may be a clinician and departmental manager of a non-ward based service or a supporting service such as the resuscitation team.

- Simulation report – a report generated following a point-of-care simulation exercise. It will summarise: risks, possible improvements to the service area and additional learning requirements. It will then be disseminated to: Care Group governance, faculty simulation leads and the ward sister/charge nurse/departmental manager.

- Service area improvement – an identified improvement to the clinical area that is not considered requiring entry onto the Datix system but may improve delivery of care e.g. posting a new clinical policy on the wall in ED resus.

- Faculty debrief – a short discussion about what findings from the point-of-care simulation need addressing. It will consist of the simulation team, the simulation faculty lead and if available the ward sister/departmental lead.

# 5. Ownership and Responsibilities

## 5.1. *Role of the Care Group Governance lead*

- Takes overall responsibility of the risks and service area improvements identified within their division by simulation.

## 5.2. *Role of the Simulation lead practitioner*

- Ensures simulation team completes timely and accurate reports
- Ensures distribution to correct personnel within the governance system

## 5.3. *Role of the Simulation team*

- Ensures responsible reporting in a timely manner with distribution of the simulation report to the appropriate personnel
- As a group will audit and review the success of this reporting pathway
- Whilst the simulation team does not hold responsibility for implementing their recommendations it will support the speciality in reviewing changes made. This may be through repeated simulations.

## 5.4. *Role of the Speciality Governance*

- Receives and files reports in a responsible manner
- Reviews recommendations and acts on them appropriately
- Records activities based on recommendations made by the simulation report
- Is able to provide information on actions taken on the simulation reports it has received for auditing purposes

### 5.5. *Role of the Care Group Governance*

- Provides an overview to speciality governance teams
- Provides a forum for sharing of recommendations acted upon by the speciality governance teams.
- Considers having simulation reports as a standing agenda in Governance meetings

### 5.6. *Role of Ward Sister/charge nurse/departmental manager*

- Takes an active role in identifying changes that can be made following a simulation
- Supports the simulation team in reporting near misses through Datix
- Takes immediate action to remedy any significant risk identified through point of care simulation
- Supports the simulation team in reporting near misses through Datix
- Acts to instigate change in areas under their control based on the simulation report
- Replies to the simulation team with any changes they have instigated within 3 weeks

### 5.7. *Role of Appropriate other clinical person (see Definitions section 3)*

- Acts to instigate change in areas under their control based on the simulation report
- Replies to the simulation team with any changes they have instigated within 3 weeks

### 5.8. *Role of Departmental simulation lead*

- Attends faculty debrief after a simulation to identify areas of potential risk or change.
- Liaises with ward sister and governance team on responding to recommendations

### 5.9. *Role of Departmental Simulation administrator*

- Attends faculty debrief after a simulation to identify areas of potential risk or change.
- Liaises with ward sister and governance team on responding to recommendations

## 6. Standards and Practice

6.1. The Reporting Pathway (also see flow chart)

6.2. Following a point-of-care simulation, a report will be generated by the simulation team. It will detail observations and recommendations under the following headings;

- Near misses
- Potential service area and clinical improvements
- On-going educational needs

6.3. Any ‘near miss’ will be entered into the Datix system after liaison with the appropriate clinical person and will be dealt with via the established Datix route.

6.4. The report (version 1) will be sent to the Ward Sister/Charge Nurse/departmental manager (cc to Matron) and if necessary an appropriate ‘other’ clinician or support service (e.g. resuscitation team/diabetic nursing team for initial actions. Those persons should implement any actions that they are able to. They will update the report and return to the simulation team within 21 days, as at this point we will forward all information regarding recommendations and changes made to the governance teams.

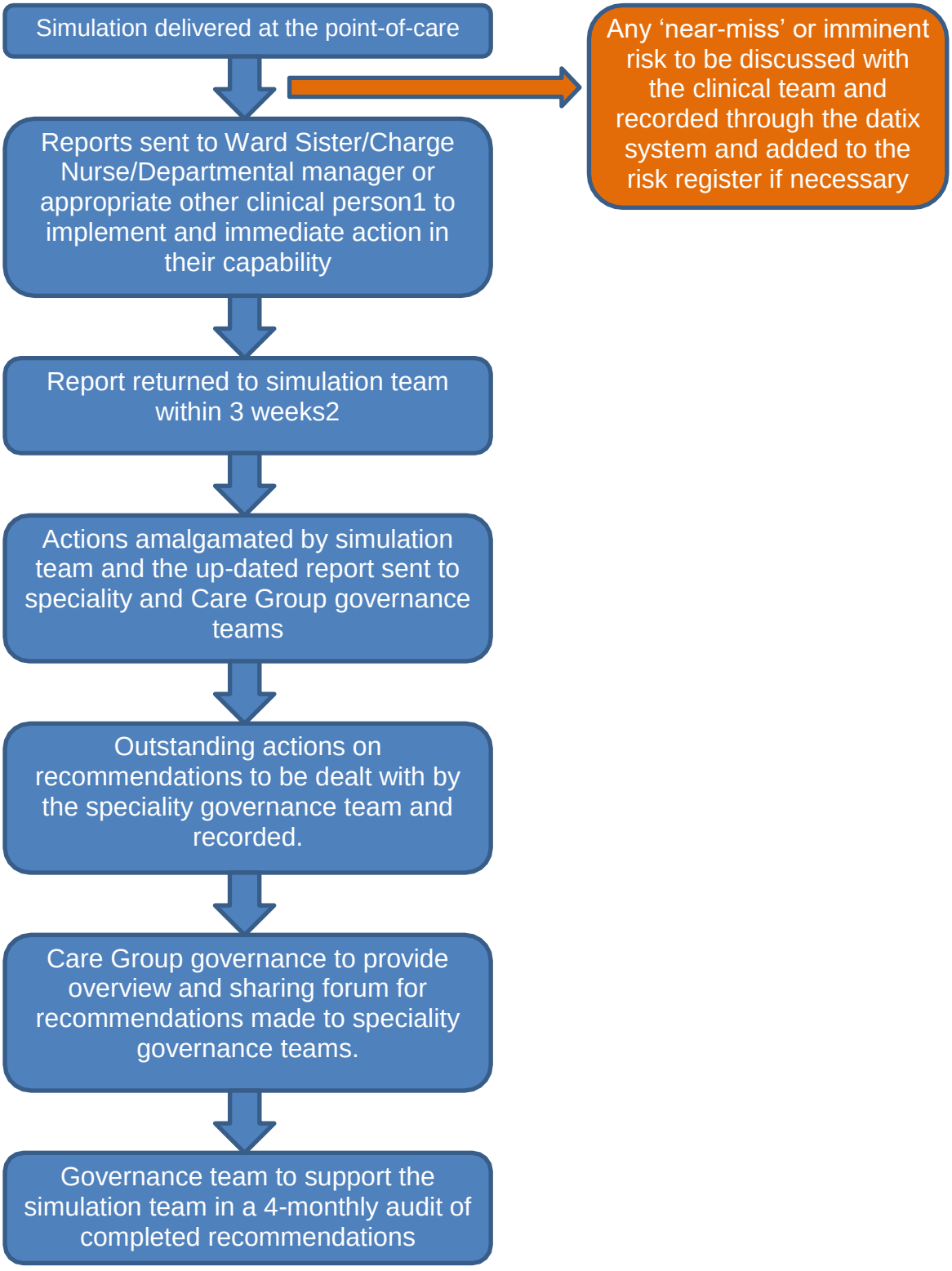
6.5. Any returned reports with actions taken will be amalgamated by the Simulation Team and the updated report (version 2) sent to the Speciality Governance Lead and Care Group Governance Lead.

6.6. Any outstanding recommendations are to be reviewed through the speciality or Care Group governance process. Different divisions may chose to manage these reports at speciality of Care Group levels. In surgery for instance reports will be dealt initially be specialities governance and Care Group governance will provide oversight and a sharing forum.

6.7. We recommend that divisions/specialities have a standing agenda item for simulation in their governance meetings.

6.8. We will audit the actions implemented on the back of our recommendations, every 4 months.

# ***Flow diagram of Simulation reporting pathway***




1. *Appropriate 'other' refers to a person or service who may be better placed than the Ward Sister/Charge nurse to implement a change. This may be a clinician, departmental lead (in non ward environments) or a support service such as the diabetic team or resuscitation team*

2. *A reminder will be sent at 2 weeks but reports not returned by 3 weeks will result in the 'up -dated' being sent to governance without this information.*

# 7. Dissemination and Implementation

7.1. To be posted on the policies and documents library. Disseminated to all Ward Sisters/Charge Nurses, Matrons, Simulation Faculty Leads, Care Group Governance Leads and Speciality Governance Leads via email.

7.2. No training is required but it will be promoted through simulation faculty meetings and at the time of point-of-care simulation exercises with those who have responsibility for reporting.

# 8. Monitoring compliance and effectiveness

| | |
|---|---|
| Element to be monitored | Those actions implemented, or not, with regard to recommendations made by the simulation team in their report. |
| Lead | Simulation lead practitioner |
| Tool | Audit of the changes made against the recommendations suggested<br><br>Report from governance team will support the audit process |
| Frequency | 4 months initially<br><br>Quarterly report from the Governance team |
| Reporting arrangements | Results of audit shared Quarterly with<br><br>1. Care Group Governance team<br>2. Matrons/departmental leads<br>3. Simulation Faculty Leads<br><br>The simulation team will discuss the findings of their audit of the reporting pathway at Simulation Business Meetings and Simulation Faculty Meetings. This responsibility will lie with the Simulation Lead Practitioner. |
| Acting on recommendations and Lead(s) | Simulation lead practitioner to liaise with Care Group governance lead |
| Change in practice and lessons to be shared | Required changes will be identified and made within 60 days. An email identifying lessons learnt and actionable points to be sent to relevant stakeholders. |

# 9. Updating and Review

9.1. Review every three years

9.2. Revision to be made in advance of the specified review date if there are necessary changes required to the procedural document.

# 10. Equality and Diversity

10.1.This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

## 10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

# Appendix 1. Governance Information

| | | | | |
|---|---|---|---|---|
| **Document Title** | Simulation Reporting Pathway V2.0 | | | |
| **Date Issued/Approved:** | 16 August 2019 | | | |
| **Date Valid From:** | August 2019 | | | |
| **Date Valid To:** | August 2022 | | | |
| **Directorate / Department responsible (author/owner):** | Steve Harris, Simulation Lead & Simulation Specialist Practitioner | | | |
| **Contact details:** | 01872 252613 | | | |
| **Brief summary of contents** | Pathway setting out the process of reporting risk or potential service area improvements identified by point-of-care simulation exercises | | | |
| **Suggested Keywords:** | Simulation. Point-of-care. Reporting pathway. Governance. | | | |
| **Target Audience** | RCHT | CFT | KCCG | |
| | ✓ | | | |
| **Executive Director responsible for Policy:** | Medical Director | | | |
| **Date revised:** | 16 August 2019 | | | |
| **This document replaces (exact title of previous version):** | Simulation Reporting Pathway V1.0 | | | |
| **Approval route (names of committees)/consultation:** | Simulation Faculty, Governance teams and Nurse Managers | | | |
| **Care Group General Manager confirming approval processes** | Claire Martin | | | |
| **Name and Post Title of additional signatories** | Not Required | | | |
| **Signature of Executive Director giving approval** | {Original Copy Signed} | | | |
| **Publication Location (refer to Policy on Policies – Approvals and Ratification):** | Internet & Intranet | ✓ | Intranet Only | |
| **Document Library Folder/Sub Folder** | Clinical / Corporate Clinical | | | |
| **Links to key external standards** | None | | | |
| **Related Documents:** | None | | | |
| **Training Need Identified?** | No | | | |

**Version Control Table**

| Date | Version No | Summary of Changes | Changes Made by *(Name and Job Title)* |
|---|---|---|---|
| 24 Mar 15 | V1.0 | Initial version | Gareth Meredith Clinical Fellow in Simulation |
| 16 Aug 19 | V2.0 | Full review – updated to latest trust template and no further changes required. | Steve Harris, Simulation Lead & Simulation Specialist Practitioner |
| | | | |

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**
**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

# Appendix 2. Initial Equality Impact Assessment Form

<table>
<tr><td colspan="6">Name of the strategy / policy /proposal / service function to be assessed<br><br>Simulation Reporting Pathway V2.0</td></tr>
<tr><td colspan="3">Directorate and service area:<br>Corporate Clinical</td><td colspan="3">New or existing document:<br>Existing</td></tr>
<tr><td colspan="3">Name of individual completing assessment:<br>Steve Harris</td><td colspan="3">Telephone:<br>01872 252613</td></tr>
<tr><td>1. Policy Aim*<br><br>Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="5">Aimed at those with responsibility for reporting their observations made during point-of-care simulation exercises, effecting change at ward level and Care Group governance teams.</td></tr>
<tr><td>2. Policy Objectives*</td><td colspan="5">To ensure that there is a robust, recognised pathway for reporting the observations and subsequent recommendations generated by running point-of-care simulation exercises.</td></tr>
<tr><td>3. Policy – intended Outcomes*</td><td colspan="5">Improved reporting and implementation of recommendations trough simulation at the point of care</td></tr>
<tr><td>4. *How will you measure the outcome?</td><td colspan="5">Audit after 4 months. Care Group Governance report</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="5">Patients and ward staff</td></tr>
<tr><td rowspan="3">6a Who did you consult with<br><br>b). Please identify the groups who have been consulted about this procedure.</td><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr>
<tr><td>X</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Please record specific names of groups<br><br>Significant email and verbal correspondence has been undertaken with the following, but not exhaustive list of people:<br>All Care Group governance leads<br>All Care Group Nurse Managers<br>Some Matrons<br>Some Ward Sisters and Charge Nurses<br>The Simulation Faculty Leads</td></tr>
<tr><td>What was the outcome of the consultation?</td><td colspan="5">Agreed</td></tr>
</table>

**7. The Impact**
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step**.

Are there concerns that the policy **could** have differential impact on:

| Equality Strands: | Yes | No | Unsure | Rationale for Assessment / Existing Evidence |
|---|---|---|---|---|
| **Age** | | **X** | | |
| **Sex** (male, female, trans-gender / gender reassignment) | | **X** | | |
| **Race / Ethnic communities /groups** | | **X** | | |
| **Disability -** Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions. | | **X** | | |
| **Religion / other beliefs** | | **X** | | |
| **Marriage and Civil partnership** | | **X** | | |
| **Pregnancy and maternity** | | **X** | | |
| **Sexual Orientation,** Bisexual, Gay, heterosexual, Lesbian | | **X** | | |

**You will need to continue to a full Equality Impact Assessment if the following have been highlighted:**

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major this relates to service redesign or development

| 8. Please indicate if a full equality analysis is recommended. | **Yes** | | **No** | **X** |
|---|---|---|---|---|

9. If you are **not** recommending a Full Impact assessment please explain why.

This is a process that needs to be followed by all participants and has no equality implications regards

| | | | |
|---|---|---|---|
| Date of completion and submission | 16 Aug 19 | Members approving screening assessment | Policy Review Group (PRG)<br><br>**APPROVED** |

**This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.**

A summary of the results will be published on the Trust's web site.