

Taunton Road Medical Centre

Sign up to Safety Report for 2016/2017

The Practice signed up to the second year of the Sign Up to Safety CQUIN. The requirements for 2016/2017 are as follows:

- Practices are to participate in the SCORE survey and discuss the results in a practice multi-disciplinary team meeting.
- An action plan is to be devised and submitted to the CCG arising from the results of the SCORE Survey
- Practices are to publish the action plan on their website by 28th February 2017.

Practice Report to fulfil the above.

Introduction

The team at Taunton Road Medical Centre ensure that the service and our facilities are safe and secure. The practice has an open, honest and transparent culture where all are encouraged to raise any questions or concerns. This applies to staff, patients and other external agencies we deal with. We take all concerns very seriously. As a practice we are very responsive to ensure that we continue to deliver a high quality service to all our patients and staff. The practice has a team approach for discussing significant events, GPs and nurses have appraisals which include 360 degree feedback from practice staff and patients.

TRMC signed up to this CQUIN in 2015/2016 and have reviewed the plan earlier this year. We continue to work on all of those pledges and some have been developed further.

TRMC Commitment:

All the GPs have an informal meeting on a daily basis, these meetings are used to share information and flag any issues or concerns. These meetings are informal and are utilised by the clinicians and other members of the team to discuss any concerns, issues or to share of information. We also welcome locums, registrars, medical students to attend these meetings. We also welcome external agencies , such as District Nurses and the Hospice Nurse.

The practice continues to discuss significant events, these discussions take place in clinical meetings which are held monthly, they are also discussed in communications meetings as these are attended by a representative from each department within the practice.

The practice continues to report items on the Health Professional Feedback Tool, and we share any learning from the feedback within the team and sometimes we have shared within the federation.

As a team we also like to share compliments, so when a member of the team receives positive feedback from a patient or other agency we share this within the team, we also keep a log of this.

TRMC Feedback

The practice welcomes all feedback both positive and negative. The practice has an active patient group who continue to meet up to four times a year and have been supportive to the practice when

the practice has implemented change. The practice also participates in the Friends and Family Test, although we have experienced a decline in the response rate, but this is not something unique to the practice. The practice does respond to all comments made on NHS Choices and if there are issues which require contact with the patient, this has been encouraged on the responses.

SCORE Survey

Once the results were received they were shared and discussed with:

- Managers December 2016
- GPs January 2017
- Multi Discipline Communications meeting February 2017- cascaded to all teams
- Scheduled for discussion at the PPG meeting, March 2017

Summary of results:

The overall percentage range for this module ranges from 67% - 96% - percentage who agreed slightly or strongly with each question

We achieved a 79% response rate. Unfortunately, some invitations to take part in the survey were lost in spam filters.

In terms of the learning environment:

- 89% stated that local management protect the learning environment,
- 93% agreed the learning environment utilises suggestions from individuals,
- 89% reported problems are fixed effectively
- 85% reported the environment allows us to gain insights into what we do well.
- 81% said that the learning environment allows us to pause and reflect
- 89% stated the environment integrates lessons from other work settings.
- We note that the scores from the administration/ data/reception teams are lower than the others groups. This can be explained by the increased demand on those teams, plus sickness and annual leave at the time of the survey.

In terms of local leadership:

- 98% report leaders are available at predictable times,
- 75% report leaders regularly take time to provide positive feedback,
- 77% state leaders provide meaningful and useful feedback
- 76% agreed leaders communicate expectations about performance.
- 73% report leaders regular make time to pause and reflect with individuals
- 67% report leaders provide frequent feedback to individuals.

In terms of burnout:

(27 respondents)

- 19% report this.
- 4% are working too hard

- 30% are exhausted from their work.
- 33% are frustrated by their jobs.
- 19% are burned out from their work (across all teams)
- 8% find work affects them in an emotionally unhealthy way (respondents from Administration/Data/Receptionist team and GP groups).

Evidence shows that these findings stem from external pressure rather than how workload is managed within the practice. In terms of Administration/Data/Reception/, as mentioned before, due to annual leave and sickness – however it must be acknowledged that there has been a significant increase in the number of patients presenting with unacceptable/challenging behaviour.

Personal burnout:

(27 respondents)

- 33% report personal burnout.
- 19% feel burned out by their work and 30% are frustrated by their job.
- %33 remains within the green/amber zone.
- 37% feel they are working too hard and 22% feel fatigued when getting up in the morning and facing work.
- 15% believe events in work affect their life in an emotionally unhealthy way.

In terms of team work:

- 78% report good teamwork (100% GP, 88% nurses, 80% managers and 33% administration/Data/ receptionist).
- 85% say disagreements are appropriately resolved (i.e. not who is right but what is best for the patient)
- 67% Say communication breakdowns are not common.
- 89% say it is not difficult to speak up if there is a problem with patient care.
- 69% say dealing with difficult colleagues is not a consistently challenging part of their job.
- 64% say communication breakdowns are not common when interacting with external organisations
- 100% agreed people here from different disciplines/backgrounds work together as a well-co-ordinated team
- 89% stated it was easy for personnel here to ask questions when there is something that they do not understand

Safety climate domain

- 89% report a good safety climate:
- 78% state suggestions about quality would be acted upon by management.
- 100% agreed that errors are handled appropriately and 100% agreed the culture makes it easy to learn from the errors of others.
- 100% would feel safe being treated here as a patient
- 78% believe values of the leaders are same as values of others in the work setting.
- 63% felt they receive appropriate feedback about performance,
- 96% say it is NOT difficult to discuss errors

Work-Life balance:

- 85% report good balance:
- 24% report working without any break
- 42% arrive late home
- 12% have difficulty sleeping
- 15% ate a poorly balanced meal
- 19% feel frustrated by technology
- 15% skipped a meal
- 8% changed personal/family plans due to work
- 4% slept less than 5 hours a night

Comments:

In summary:

- 62% local leadership and safety climate
- 89% learning environment
- 78% teamwork
- 67% burnout climate (100% being the best)
- 67% personal burnout climate (100% being the best)
- 85% work/life balance

The results that are weaker reflect known issues:

- Significantly increased workload
- Negative publicity directed at primary care via the government and media.
- Patient expectations and perceptions, more challenging patients
- Staff holidays/sick leave and staff changes also impacted on the result

ACTION PLAN

Specific: We have decided to revisit some of the domains by designing our own surveys, whereby we can gauge the outcomes, we feel, more accurately. It is hoped this will be an ongoing project/tool,

The two domains we will look at first are **Local Leadership** and **Work Life Balance**. Once completed, we will look at **Burn Out and Personal Burn Out**

Measurable: The draft questionnaires will be presented at the March Communications meeting and rolled out directly after that. Questionnaires will also be shared with the PPG. Outcomes will be shared and discussed across practice and action plans put in place where required.

- Attainable:** The whole practice will be involved and the feedback will be anonymous, however identifiable by team only. We believe the outcomes of the survey will help us identify areas for realistic improvement/adjustment, as well as areas of good practice.
- Realistic/Relevant:** We aim to have the results of the Local Leadership & Work Life Balance survey ready for the April Nurse/GP/ Supervisors/Communication meetings and action plan will be agreed and put in place by the May meetings.
- Timely:** Action plans will be revisited monthly and will form part of the Communication Meeting agenda. The second survey will go through the same process as the first, starting with agreeing the draft at the June Communication meeting

The nursing team will continue to have monthly team meetings

GP's will continue to meet informally each working day to discuss a patient care, in addition to formal monthly clinical meetings etc.

The practice will continue to discuss and share Significant Events and the learning arising from them.

Conclusion:

The same message kept resurfacing during feedback 'was this a worthwhile survey to take part in?', as it is a one size fits all model – encompassing primary, secondary and community care. Some of the questions were not clear in their meaning and may have skewed some of the results.

We will use the original survey as a springboard to help identify areas of potential concern, with the intention of drilling down to identify areas for improvement / change – if necessary, breaking the survey down further by focusing on individual teams.