



Clinical Peer Review Procedure

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1 Scope

- 1.1. The purpose of this procedure is to create a structured process to enable and disseminate learning from a clinical peer review to the staff.
- 1.2. The clinical peer review process is a learning tool separate and distinct from capability and disciplinary policies. Although on occasions the clinical peer review procedure may link with both the Capability and Disciplinary policy.

2 Procedure

- 2.1. The clinical peer review is an opportunity for both clinicians and management to learn both individually and as an organisation. It is recommended that some or all of the following be in attendance:
 - 2.1.1. Operational staff (e.g. Emergency Operations Centre staff, Emergency Care Support Workers, Technicians, Paramedics, Paramedic Practitioners and Critical Care Paramedics).
 - 2.1.2. Professional Standards Manager (PSM) or Regional Operations Manager (ROM)/Operating Unit Manager (OUM) – as Chair person.
 - 2.1.3. A Clinical Team Leader (CTL), OUM and/or Clinical Operations Manager (COM). A representative from the Learning and Development team will be invited to attend.
 - 2.1.4. Union or other staff-side representative (such as a friend or colleague without a union affiliation).
- 2.2. If required, a representative from the Patient Experience Department will present the patient perspective.
- 2.3. The clinical peer review is instigated, where necessary, by Operational Managers within the operating unit, clinical lead or PSM and is authorised to highlight cases identified as being appropriate for a clinical peer review.
- 2.4. The PSM will make the staff involved aware that a clinical peer review will take place and that they participate in either a process that includes their peers, or in a smaller forum that excludes their peers. The procedure is carried out in an open forum, however it is accepted that some people may feel uncomfortable speaking to larger groups and would prefer a smaller event.
- 2.5. If the clinical peer review is being held as part of the recommendations from a capability or disciplinary issue, it will be



mandatory that the staff involved in this issue attends. The PSM will make every effort to ensure these events are at a suitably convenient time to accommodate the staff required to attend.

- 2.6. The staff involved will be assisted by either Line Managers or PSMs in their preparations for the clinical peer review. This support may include the securing of relevant documentation, the development of visual aids or the creation of notes and hand-outs. For the purposes of the clinical peer review any documentation that requires being destroyed will be done so by the Chair of the review.
- 2.7. The Chair of the review will set a date for the clinical peer review to be held and, where applicable, will invite operational staff from within the relevant dispatch area to participate in the review of the incident.
- 2.8. At the clinical peer review, the Chair will present a narrative of the incident and describe the staffs actions. The staff member under review will have the opportunity to justify his/her actions and describe his/her actions and the reasons for those actions. Following which, the peers and the panel are able to constructively question and collectively discuss those actions.
- 2.9. To conclude the clinical peer review, the group must identify and formally document the key learning points identified by the clinical peer review. This is the responsibility of the Chair to do this.
- 2.10. The key learning points are to be appropriately anonymous and distributed Trust-wide by the PSM, if appropriate. This will be achieved using media such as the Bulletin, Clinical Newsletter, Reflections Magazine and/or the Team Briefing document. Consideration should be given to discussing issues at the Clinical Risk Panel where appropriate.
- 2.11. It is the Chair's responsibility to ensure that all parties are happy that the process was adhered to and that the staff member(s) have been reviewed fairly before concluding the peer review session.
- 2.12. During the clinical peer review, the following rules must be strictly adhered to:
 - 2.12.1. Confidentiality - the discussions that take place at the clinical peer review will not be discussed outside of the event (see paragraph 2.12.3). Only relevant matters shall be considered during the clinical peer review. The Chair must ensure that discussions stay on topic and that historical or personal issues are excluded.



- 2.12.2. Only one person shall speak at a time and will be courteous and respectful of others.
- 2.12.3. Any outcome actions shall be agreed in private.
- 2.12.4. Learning messages shall be agreed by consensus at the end of the meeting. Any learning that is disseminated throughout the Trust and contains staff or patient details should be anonymised.
- 2.12.5. It is the Chair's responsibility to ensure that notes are taken at the clinical peer review meeting and all action/learning points are recorded. The action/learning points where appropriate will then be forwarded to the relevant Working Group(s).
- 2.12.6. Consideration should be given to recording issues elicited being placed on the Risk Register (Directorate or Corporate).
- 2.12.7. All notes (once agreed as accurate) are to be retained by the Chair of the review using a confidential method, according to Trust policy and data protection standards. This process must be conducted in a positive, non-threatening, supportive manner that will facilitate a learning environment and engages all parties. If any member(s) of a review have any concerns about the process they must report it to the Head of Clinical Development as soon as possible.
- 2.13. It is reasonable to expect that if members of staff have been through an investigative process, their colleagues at local stations within the dispatch area could be aware of it. Therefore, it is unlikely that total confidentiality is achievable; however every effort must be made by all concerned to ensure that all discussion details remain confidential, as it is inappropriate not to try to protect the person or crews' dignity and reputation as far as possible.
- 2.14. Key learning points will be disseminated throughout the Trust, as identified as outlined above, in an anonymous form. The aim is to ensure that the incident details are open for review by all staff in a confidential summary to facilitate open analysis and discussion of the management of the incident as opposed to the identification and discipline of the staff involved.
- 2.15. Staff who attend the clinical peer review process must not discuss the details of the event in such a manner that those involved can be identified by any staff that were not directly involved as part of the process.
- 2.16. All Trust staff participating in a clinical peer review must adhere to the Trusts confidentiality policy and guidelines. Failure could result in disciplinary action.



- 2.17. The notes from the clinical peer review(s) will be collated with any incident investigation report and held by the originating commissioner of the investigation as follows:
 - 2.17.1. Serious Incidents (SIs) will be held by the Compliance Department.
 - 2.17.2. Informal and formal complaints will be held by the Patient Experience Team.
 - 2.17.3. Other concerns which are initially processed by the PSD will be held by the PSMs.
 - 2.17.4. A clinical peer review may be appropriate following a safeguarding issue.
- 2.18. Attendance at a clinical peer review event will contribute to the continuing professional development (CPD) for all that attend.
- 2.19. Attendance at the clinical peer review will be documented and a certificate issued for the staff members CPD folder. The Chair of the review will be responsible for arranging this via the Learning and Development Department.
- 2.20. Additional CPD can be gained by the completion of a reflective log based on the learning from the experience.
- 2.21. The clinical peer review procedure will integrate with the Trusts Disciplinary and Capabilities policies.
- 2.22. Staff may be referred to a clinical peer review as part of an educational action plan that is created as a result of either a disciplinary or capability issue.
- 2.23. The clinical peer review is NOT a part of the disciplinary process and is not to be viewed as part of a punitive disciplinary action.
- 2.24. It is possible that the clinical peer review procedure will integrate with additional policies and procedures in the future, particularly those that focus around Education, Professional Standards, Health and Care Professions Council Registration, organisational learning and development or cultural development.
- 2.25. Staff through this procedure will be encouraged to use reflective practice to learn and develop their knowledge and skills.



3 Responsibilities

- 3.1. This procedure is aligned to Scope of Practice and Clinical Standards Policy which identifies the lines of accountability at policy level.
- 3.2. The **Paramedic Director** has responsibility for the clinical peer review procedure within the Trust this is devolved to him by the Chief Executive.
- 3.3. The **Head of Clinical Development** is responsible for the implementation of this procedure. This will be devolved to the Professional Standards Managers.
- 3.4. **The Professional Standards Managers** will be responsible for the delivery and monitoring of this procedure.
- 3.5. **Regional Operations Managers (ROMs) and other Senior Operational Managers** will be responsible for ensuring their staff are able to attend clinical peer reviews and any action plan from such a review is implemented in a timely fashion. In addition if the ROM Chairs a peer review he/she must notify and update the PSMs.
- 3.6. **Trust Staff** are responsible for attending and developing the action plan(s) and recommendation(s) from such a Clinical Peer Review. Staff are to undertake this role in an unbiased and fair manner expressing a professional and supportive attitude.

4 Audit and Review

- 4.1. This procedure will be reviewed every three years or sooner if new legislation, codes of practice or national standards are introduced and earlier review is required.
- 4.2. Clinical peer reviews will be captured within the PSD database for monitoring information.

5 References

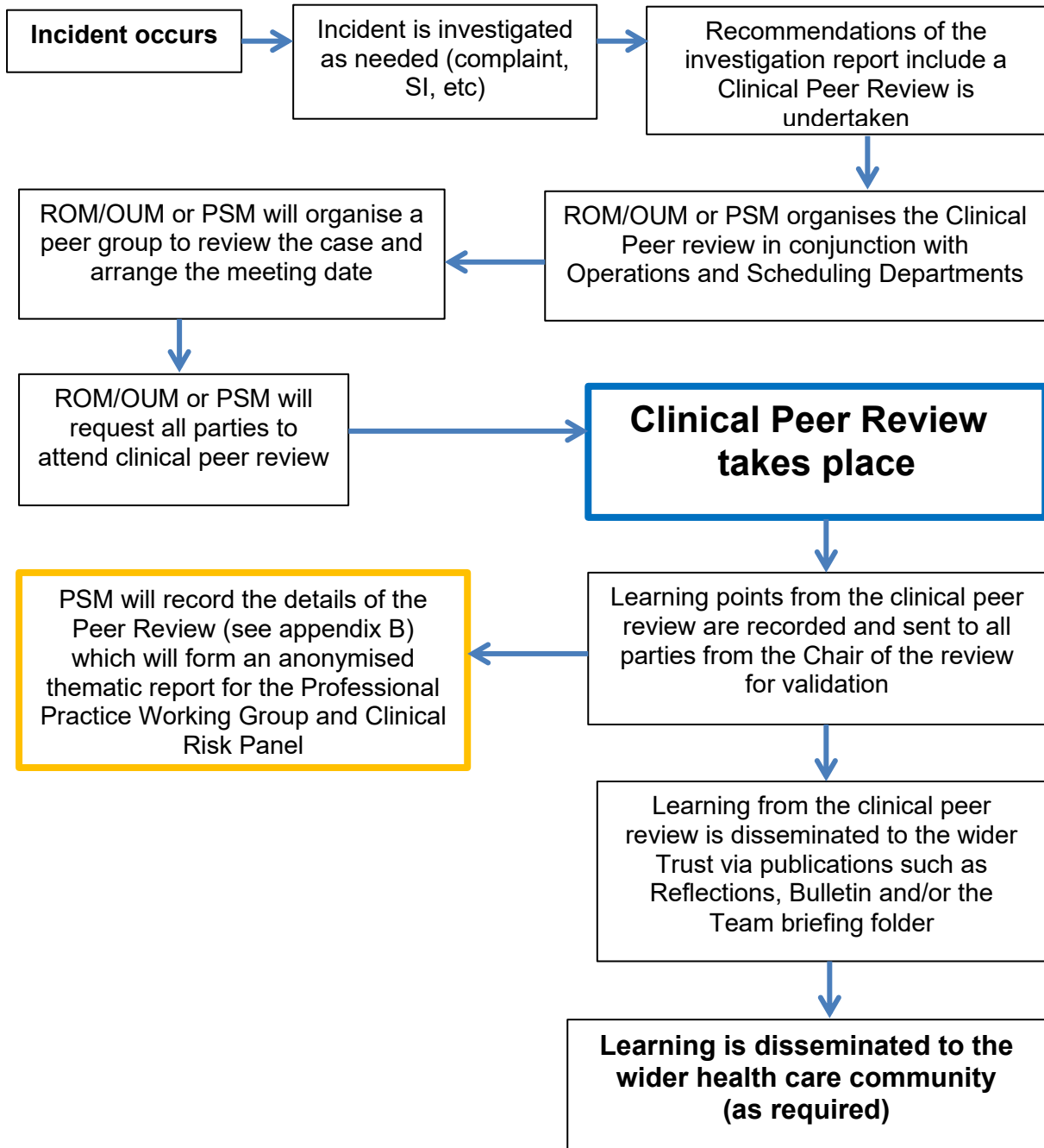
- 5.1. Health and Care Professions Council Standards of Proficiency – Paramedics
- 5.2. Health and Care Professions Council Standards of Education & Training



- 5.3. Health and Care Professions Council Standards of Conduct, Performance & Ethics
- 5.4. The National Patient Safety Agency website
<http://www.nrls.npsa.nhs.uk/>
- 5.5. NHS Code of conduct for managers: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005410



Appendix A: Clinical Peer Review Process





Appendix B: Peer Review Record

This form should be collated centrally by the Professional Standards Team, and stored on SharePoint.

The form MUST be collated confidentially, and not include staff or patient names.

Example given on first line of table below

Date of Incident	Date of Peer Review	Operating Unit or EOC (or other location)	Grade of staff subject to review	Nature of incident	Key Findings	Outcomes and actions
1/11/16	3/12/16	Name of Operating Unit	Paramedic	Unsafe discharge from care	Peer group found that the paramedic failed to follow the guidance provided by the Trust, and that the standards of care were not sufficient. No mitigation was recorded.	1) Paramedic to complete reflective practice. 2) Review all Trust documents on safe discharge. 3) Spend shift with PP to observe safe discharge