

PHEM Feedback Terms of Service v2.0

The PHEM Feedback Committee, henceforth known as '**The Committee**' consists of a group of staff who are responsible for the initiation, maintenance, improvement, appraisal and quality of PHEM Feedback.

The PHEM Feedback Hospital Team consists of a range of staff whose focus is on safely, proportionately and efficiently receiving requests for confidential patient information from a hospital and then transferring a report with this information to the prehospital organisation requesting it. It will hence force be known as '**The Team**'.

Employees operating within hospital environments receiving patients via ambulance and air ambulance services will hence force be known as 'in-hospital' clinicians and teams

Employees operating in the prehospital phase of care (from the time of injury or request for help outside of hospital to the time care is handed over to the inpatient team) such as ambulance trusts and air-ambulance charities will be known as 'prehospital' clinicians or teams

'**Participating organisations**' include the hospital (which holds responsibility for maintaining a patient's confidential information) and those organisations who provided prehospital care to the patient and are requesting the information.

The debriefing clinician, who will have been approved by the PHEM Feedback Debriefer according to a specification agreed between the prehospital service and PHEM Feedback will hence force be known as the '**Debriefer**'

The member of clinical staff attending the patient and subsequently approaching the Debriefer will be known hence force as the '**Clinician**'

1. Participating organisations

- 1.1. Must have and follow reciprocal Information Sharing Agreements signed by the Caldicott Guardian, Medical Director (or equivalent) or Information Governance Manager/Lead (or equivalent) of the respective organisations
- 1.2. Must adhere to these Terms of Service
- 1.3. Collaborate to achieve appropriate completion of the feedback cycle shown in Appendix A

2. The Committee:

2.1. PHEM Feedback Project Lead whose responsibilities include

- 2.1.1. Chairing committee meetings
- 2.1.2. Oversee the activity of each location and ensure the terms of service are adhered to
- 2.1.3. Oversee all aspects of the project and delegate tasks as appropriate to other members of the project
- 2.1.4. Appoint new locations to the project which demonstrate they can fulfil the aims of the project and uphold the integrity of the project
- 2.1.5. Terminate the project at certain locations if concerns about the quality or practice of the location are deemed significant enough to warrant such an action or the project is no longer required to satisfy its aims

2.2. PHEM Feedback Deputy Project Lead whose responsibilities will include

- 2.2.1. Performing the roles of the Project Lead when the lead him/herself is absent (either planned or unplanned) or unable to perform their duties

2.3. PHEM Feedback Patient Representative whose responsibilities will include

- 2.3.1. Representing the patient voice when amendments to PHEM Feedback's Terms of Service or methods are proposed
- 2.3.2. Liaising with the PHEM Feedback Implementation Lead and Site Leads so that local and national patient groups understand the patient-related issues surrounding PHEM Feedback such as its methods and how patients can opt-out (dissent)
- 2.3.3. Being a point of contact for patients to contact PHEM Feedback directly in the event that patients have concerns or comments and don't wish to use their local hospital or ambulance service patient groups

2.4. PHEM Feedback Lead Paramedic whose responsibilities will include

- 2.4.1. Representing PHEM Feedback to Ambulance, BASICS and Air Ambulance (HEMS) organisations
- 2.4.2. Oversee the prehospital organisations using PHEM Feedback to ensure adequate support and adherence to these Terms of Service
- 2.4.3. Lead on the design and implementation of the Paramedic Debriefing Programme
- 2.4.4. Taking responsibility for the cascade training for Debriefers and Clinicians in each region
- 2.4.5. Ensure that the project's methods reflect the needs of the Debriefers and Clinicians and work alongside the Hospitals Lead to seek opinions from these users in order to maintain a high standard of service
- 2.4.6. Work alongside the PHEM Feedback Lead for Hospital Teams to translate these opinions into more effective service

2.5. PHEM Feedback Hospitals Lead whose responsibilities will include

- 2.5.1. Determine and ensure best practice for the completion of reports and general training requirements of members of Hospital Teams
- 2.5.2. Liaise with Hospital Site Leads to ensure adequate support is available to achieve PHEM Feedback's goals
- 2.5.3. Liaise with Hospitals and their management teams to promote opportunities for Team Members to engage in prehospital and medical education training
- 2.5.4. Liaise with the Lead Paramedic to ensure reports are constructed in educationally and emotionally beneficial ways based on the opinions of the prehospital Clinicians and Debriefers

2.6. PHEM Feedback Information Governance Lead whose responsibilities will include

- 2.6.1. Assisting Site Leads with the process for authoring Information Sharing Agreements
- 2.6.2. Liaising with local Information Governance Teams and Caldicott Guardians to achieve satisfactory Information Sharing Agreements
- 2.6.3. Assist the Project Lead with submissions to the Health Research Authority Confidentiality Advisory Group

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- 2.6.4. Work towards ensuring adherence to the National Data Opt-Out Policy
 - 2.7. **PHEM Feedback Implementation Lead** whose responsibilities include
 - 2.7.1. Working alongside Hospital Site Leads, the Lead for Hospital Teams and hospital departments to establish PHEM Feedback at new sites
 - 2.7.2. Coach Site Leads so that they can ensure local Patient Group, Information Governance Team and Emergency Department support for establishing PHEM Feedback at each site
 - 2.7.3. Maintain records of progress for new sites as they progress to the point of becoming operational, at which stage the oversight will transition to the Lead for Hospital Teams
 - 2.8. **PHEM Feedback Technical Officer** whose responsibilities will include
 - 2.8.1. Amending and maintaining the PHEM Feedback website
 - 2.8.2. Working with hospitals, prehospital organisations and other services to ensure good service and technical innovation
 - 2.8.3. Liaise with local Information Technology departments to address any technical queries or issues
 - 2.9. **PHEM Feedback Psychology Lead** (aspirational) whose responsibilities will include
 - 2.9.1. Advising the committee on matters of psychological safety and psychology theory
 - 2.9.2. Assisting in the design of the Debrief Course to ensure that psychological safety is adequately covered
 - 2.10. **PHEM Feedback Lead for Allied Emergency Services** (Phase 3) whose responsibilities will include
 - 2.10.1. Reporting to the PHEM Feedback Lead Paramedic
 - 2.10.2. Liaising with representatives from the Fire Service, British Association for Immediate Care, Hazardous Area Response Teams, Community First Responders and other rescue services to expand the scope of PHEM Feedback to encompass other colleagues who contribute to casualty management prior to their transport to hospital
 - 2.10.3. Establishing mechanisms by which colleagues who do not accompany the patient to hospital can partake in the project
 - 2.11. **PHEM Feedback Academic and Quality Improvement Lead** (aspirational) whose responsibilities will include
 - 2.11.1. Supervising the completion of academic journal articles, posters and other resources
 - 2.11.2. Applying quality improvement methodology to chart the progress of the project and its outcomes
 - 2.11.3. Empowering other members of the extended PHEM Feedback Team to become involved in academia and quality improvement and in doing so complete their own work
 - 2.11.4. Coordinating these works in such a way so as not to have duplicate efforts
 - 2.11.5. Liaise with academic publications, conference organisers etc. to secure opportunities to display PHEM Feedback's work
 - 2.12. **Hospital Site Supervising Consultant, Matron or Manager** (aspirational) whose responsibilities will include

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- 2.12.1. Locally supervising the Site Lead and their team, providing guidance and support where required to maintain the standards expected by their Emergency Department and PHEM Feedback
 - 2.12.2. This role is not mandatory but the PHEM Feedback Implementation Lead must be satisfied that the local Emergency Department's Head of Department (or equivalent) supports the project

2.13. Hospital Site Leads whose responsibilities include

- 2.13.1. Reporting information for academic and quality control purposes to the PHEM Feedback Lead for Hospital Teams and Lead for Academia and Quality Improvement
- 2.13.2. Overseeing the project locally
- 2.13.3. Engaging with the PHEM Feedback Implementation Lead local clinicians, patient groups and departments to establish and maintain the service locally
- 2.13.4. Assemble a team whose members will uphold the standards of PHEM Feedback and support their development while working for the project
- 2.13.5. Ensuring all team members adhere to the terms of reference
- 2.13.6. Ensuring all team members are up to date and compliant with local Information Governance Statutory and Mandatory Training
- 2.13.7. Assist in the generation of reports and the receipt of user feedback
- 2.13.8. Overall local responsibility for maintenance and completion of the PHEM Feedback database
- 2.13.9. Assisting the PHEM Feedback Lead with timely reporting of project outcomes to stakeholders the Heath Research Authority and other organisations as appropriate
- 2.13.10. Identify trends in learning objectives which may be of merit to larger scale teaching session
- 2.13.11. Encourage Team Members to undertake training opportunities with prehospital care organisations and medical education departments

2.14. Hospital Team members who will assist the Hospital Site Lead with

- 2.14.1. Data collection
- 2.14.2. Report generation and distribution to Debriefers, taking note of the Sensitive Data Sets in Appendix B
- 2.14.3. Receipt of feedback from Clinicians
- 2.14.4. Maintenance of the database
- 2.14.5. Team management, by declaring clearly if they are no longer able to discharge their duties to the required level
- 2.14.6. Staying up to date with Statutory and Mandatory Training

2.15. Locality Lead Debriefers whose responsibilities will include

- 2.15.1. Reporting to the PHEM Feedback Lead Paramedic
- 2.15.2. Ensuring local Debriefers are performing to appropriate standards
- 2.15.3. Ensuring local Debriefers are appropriately trained
- 2.15.4. Ensuring that local Clinicians are able to get access to their reports via Debriefers in a timely manner (within two weeks) and seek solutions where this is proving difficult
- 2.15.5. Assist the dissemination of PHEM Feedback learning and promotional material locally



2.15.6. Escalate concerns from Clinicians, Debriefers or potential project participants to the Lead Paramedic

2.16. **Site or Trust Caldicott Guardian** or equivalent whose responsibilities include

2.16.1. Overseeing the project at each hospital site to ensure it adheres to the hospital's and PHEM Feedback's standards

2.17. **Site or Trust Information Governance Manager** and their team whose responsibilities include

2.17.1. Oversee the project to ensure it adheres to the hospital's information Governance standards

2.18. **PHEM Feedback Committee Members** whose responsibilities involve

2.18.1. Assisting the Leads with tasks necessary for the maintenance and improvement of PHEM Feedback

2.18.2. Proposing new ideas for the committee to consider

3. **The Debriefers will:**

3.1. Follow the steps shown in Appendix A

3.2. Be a substantive employee of their respective participating organisation and abide by the confidentiality policies of that organisation (or honorarily/secondarily employed to a participating organisation in the case of BASICS)

3.3. Be on the register of the General Medical Council and/or Health and Care Professions Council and abide by their respective standards

3.4. Meet the specifications set by PHEM Feedback and their employer to be to perform the role of Debriefers. This will vary from service to service

3.5. Complete the PHEM Feedback Debriefers Course (when it becomes available) if not part of a HEMS service

3.6. Not generate requests for information as a Debriefers if they are themselves also the Clinician. In these circumstances a different Debriefers is required and the Clinician should follow the steps in 4

3.7. Commit to allowing themselves to be approached by other substantive or honorary contracted clinical staff members of their organisation to discuss the potential to place a request to the team

3.8. Ensure the Clinician for whom they plan to request a report is asking for information within an appropriate educational capacity

3.9. Submit requests from their NHSmail account to PHEM Feedback's NHSmail email unless using an email address which meets NHS Digital's Secure Information Standard

3.10. Submit requests for reports in the following categories of patients in whose care the Clinician has been directly involved

3.10.1. Significant diagnostic uncertainty. This includes:

3.10.1.1. The range of reasonable differential diagnoses made by the Clinician have conflicting management strategies that may potentially lead to harm or lack of efficacy with respect to achieving the treatment goal(s), and/or

3.10.1.2. No reasonably accurate diagnosis can be made for reasons including rarity of the clinical features or atypical nature of the presentation and/or

- 3.10.1.3. Destination hospital or hospital pathway decision was difficult to make, such as whether or not to take a person to a tertiary stroke, trauma or heart attack centre, or whether a patient could be managed in a non-emergency department pathway such as an urgent care centre or by a General Practitioner
- 3.10.2. Relate to critically unwell patients such as those attended by Air Ambulance organisations, those with polytrauma, those in cardiac arrest or peri-arrest etc.
- 3.10.3. Are of significant emotional impact which is adversely affecting professional performance, ability to rest, mental health or as otherwise determined by the Debriefers
- 3.11. Commit to using reports returned to them from PHEM Feedback as part of an educational (and/or emotional) debrief solely for the education of the Clinician(s) or
- 3.12. In the instance that the case and report contents are appropriate for training a wider number of clinicians (such as training days, clinical update days, clinical governance days, death and disability meetings or morbidity and mortality meetings) due to valuable learning points,
 - 3.12.1. Remove all patient identifiable information including NHS Numbers, Emergency Department numbers, names, dates of birth, etc.
 - 3.12.2. Prohibit the use of names and specific dates
 - 3.12.3. Ensure that the participants of such meetings
 - 3.12.3.1. Commit to maintaining the confidentiality of the case under the 'Chatham House Rule'
 - 3.12.3.2. Are appropriately attending in their associated roles as clinicians who could reasonably be expected to encounter similar experiences from which the learning points in the report are drawn

4. The Clinician will:

- 4.1. Follow the steps in Appendix A
- 4.2. Be a substantive employee of, or under honorary contract with, their respective organisations
- 4.3. In the case of doctors or paramedics, be on the register of the General Medical Council and/or Health and Care Professions Council if Paramedics and abide by their respective standards
- 4.4. In the case of Emergency Medical Technicians, Community First Responders and Dispatchers, abide by the standards of the Health and Care Professions Council, and must be employed or awarded their position from an ambulance service participating in the project
- 4.5. Make efforts to satisfy their learning objectives through self-directed learning before approaching the Debriefers in order to minimise the number of confidential information transfers which are required to satisfy requests from Debriefers
- 4.6. Request information within an appropriate educational capacity for patients in whose care they have been directly involved
- 4.7. Approach the Debriefers for appropriate cases as described in 3.9.3.10
- 4.8. Use the reports in ways as described in 3.10 and 3.11
- 4.9. Complete feedback regarding the PHEM Feedback Team's performance, the educational merit of the feedback and subsequent learning objectives identified by the Clinician and the Debriefers as part of their 'Satisfaction Survey'
- 4.10. Complete the 'Satisfaction Survey' and send it to the relevant PHEM Feedback NHS.net email using their own NHS.net address
- 4.11. Accept that failure(s) to return the Satisfaction Survey will risk the Clinician being disqualified from future use of the project

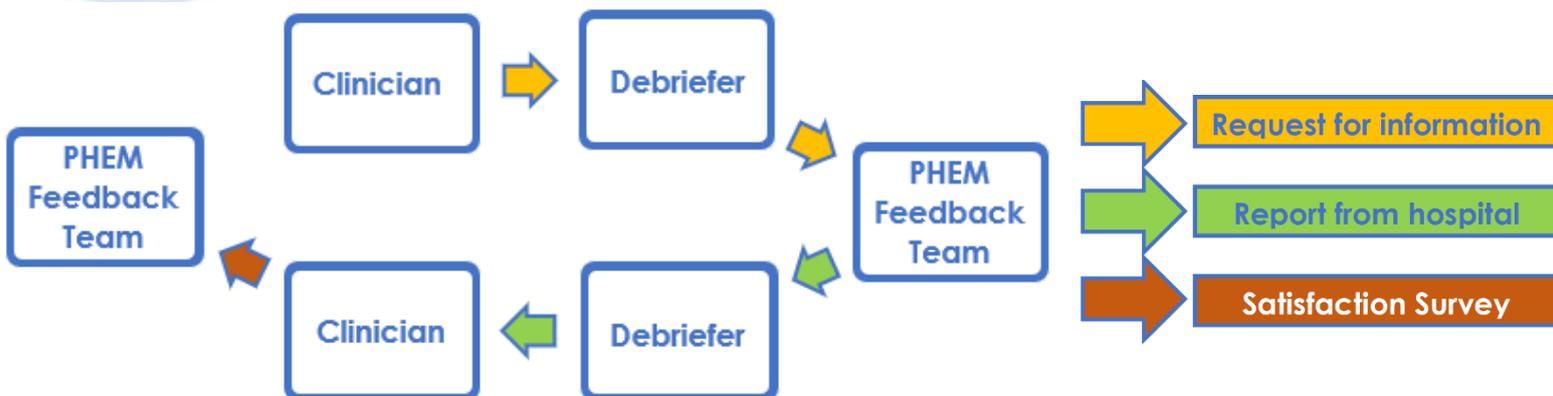


5. Failure to adhere to these conditions will result in escalation to the PHEM Feedback team, local managers, Participating Organisation Information Governance Teams, Information Commissioners Office, `General Medical Council and/or Health and Care Professions Council as appropriate



Appendix A:

Information transfer map and process



1. Clinician attends a patient and is involved in their care
2. Clinician identifies learning objectives which are only possible to achieve with access to the destination hospital's patient information.
 - a. The Clinician takes note of the patient's unique record number if accompanying the patient to hospital
 - b. Some Clinicians does not accompany the patient to hospital (such as solo responders, BASICS, HART, HEMS without escorting, etc.). They may notify Emergency Operations Control (EOC) of their desire to learn what happened in hospital and EOC will request that the conveying team make a note of the identifier and add it to the Computer Aided Dispatch (CAD) record. As long as the CAD number is retained the Debriefer will be able to access the hospital identifier. **This process must only be used if The Clinician is not accompanying the patient to hospital**
3. Clinician approaches a Debriefer who must agree
 - a. With the need for patient information from the hospital
 - b. That this meets one or more criteria from section 3.8. Together they identify learning objectives
4. Debriefer submits a request to The Team citing the learning objectives and case identifier (ED Number, Hospital Number or NHS Number- To be confirmed for each site). This will be via NHS.net or referapatient depending on the area and the hospital involved
5. If an appropriate request, The Team complete the report and return it to the Debriefer using NHS.net email or referapatient as appropriate
6. Together, The Debriefer and Clinician review the case using this newly provided information in a debrief
7. Following the completion of a Debrief, The Clinician completes a Satisfaction Survey for the PHEM Feedback Team using NHSmail

Appendix B

Sensitive Data Sets

In some cases, there will be sensitive data held about a patient which PHEM Feedback may decide is of insufficient educational merit to disclose as part of the report. These data are listed below.

Where in doubt the Site Lead should give an opinion as to whether their inclusion is important enough for the specified learning objectives.

If still uncertain then the team should side with not disclosing the sensitive data, rather than disclosing it. These patient groups still require well trained emergency service personnel who are familiar with these pathologies.

- HSA1-therapy
- Abortion or Termination of Pregnancy
- Venereal disease
- Hysterectomy
- Dilation cervix uteri & curettage products conception uterus
- Curettage of products of conception from uterus NEC
- Suction termination of pregnancy
- Dilation of cervix and extraction termination of pregnancy
- Termination of pregnancy NEC
- Cervical Smear - Wart Virus
- Gonorrhoea carrier
- Venereal disease carrier NOS
- AIDS carrier
- Notification of AIDS
- Introduction of abortifacient into uterine cavity
- Treatment for infertility
- Genital herpes simplex
- Viral hepatitis B with coma
- Viral (serum) hepatitis B
- Viral hepatitis C with coma
- Viral hepatitis C without mention of hepatic coma
- Chronic viral hepatitis
- Unspecified viral hepatitis
- Cytomegaloviral hepatitis
- Acquired immune deficiency syndrome
- Human immunodeficiency virus resulting in other disease
- HIV disease resulting in cytomegaloviral disease
- Chlamydial infection
- Chlamydial infection of lower genitourinary tract
- Chlamydial infection of anus and rectum
- Chlamydial infection of pelvic peritoneum or other genitourinary organs
- Chlamydial infection, unspecified
- Chlamydial infection of genitourinary tract, unspecified
- Human papilloma virus infection
- Papillomavirus as a cause of diseases classify to other chapters
- Syphilis and other venereal diseases
- Trichomoniasis – trichomonas
- Phthiasis pubis - public lice
- HIV disease resulting/other infection parasitic diseases
- Gender role disorder of adolescent or adult
- Dementia in human immunodeficiency virus (HIV) disease
- Gender identity disorders
- Gender identity disorder, unspecified
- Cystitis in gonorrhoea

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- Prostatitis in gonorrhoea
 - Prostatitis in trichomoniasis
 - Chlamydial epididymitis
 - Female chlamydial pelvic inflammatory disease
 - Chlamydia cervicitis
 - Legally induced abortion
 - Illegally induced abortion
 - Unspecified abortion
 - Failed attempted abortion
 - Complications following abortion/ectopic/molar pregnancies
 - Failed attempted abortion
 - Other specified pregnancy with abortive outcome
 - Pregnancy with abortive outcome NOS
 - Maternal syphilis in pregnancy/childbirth/puerperium
 - Maternal gonorrhoea during pregnancy/childbirth/puerperium
 - Other venereal diseases in pregnancy/childbirth/puerperium
 - Laboratory evidence of HIV
 - Complications associated with artificial fertilization
 - Asymptomatic human immunodeficiency virus infection status
 - Gonorrhoea carrier
 - Hepatitis B carrier
 - Hepatitis C carrier
 - Pregnancy with history of infertility
 - Admission for administration of abortifacient
 - In vitro fertilization

(Adapted from GP SNOMED codes listed in Barts Health's 'East London Patient Record' Information Sharing Agreement)