# PHEM Feedback Terms of Service v3.2

**All project participants are expected and required to adhere to these terms of service.**

The PHEM Feedback Executive 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 teams** consist of a range of staff whose focus is on safely, proportionately and efficiently receiving requests from prehospital teams for hospital-based confidential patient information and then transferring a report with this information to the prehospital organisation requesting it.

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. The member of clinical staff attending or actively contributing to the healthcare of the patient will be known hence force as the '**clinician'.**

Prehospital staff members who arrange for the request, receipt and delivery of hospital-based patient information on behalf of prehospital clinicians who saw the respective patient are known as '**facilitators'**. Facilitators will be approved by PHEM Feedback according to a specification agreed between the respective prehospital service and PHEM Feedback.

**'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.

**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

Or,

Assurance from the respective information governance hospital team that the hospital organisation is satisfied with the activities performed by their hospital team

1.2. Must adhere to these Terms of Service

1.3. Must collaborate to achieve appropriate completion of the feedback cycle shown in Appendix A

1.4. Must demonstrate a cultural concordance with PHEM Feedbacks values for

1.4.1. A just culture

1.4.2. A focus on learning rather than blaming from incidents

1.4.3. Providing effective and compassionate support for those who are involved in incidents

1.4.4. Positive role modelling of behaviours from the executive committee to the front line which is conducive to a safe culture for patients and staff

1.4.5. Presumption of positive intent on the part of those involved in incidents

1.4.6. Expectation of professional accountability for those involved in the system in which incidents occur

1.4.7. Recognition of and appreciation for the efforts expended by fellow participating organisations and how these efforts collectively contribute to greater safety for patients in our shared communities

1.5. The current participating organisations with legal support from the Secretary of State for Health and Social Care through Section 251 of the NHS Act 2006 to operate and exchange patient information at this time are:

1.5.1. Princess Alexandra Hospital NHS Trust

1.5.2. East of England Ambulance Service NHS Trust

1.5.2.1. Associated British Association of Immediate Care (BASICS) schemes

1.5.3. Essex and Herts Air Ambulance Trust

1.5.4. West Hertfordshire Hospitals Trust

1.5.5. East Suffolk and North Essex NHS Trust

1.5.6. Mid and South Essex NHS Trust

1.5.7. Barts Health NHS Trust

1.5.8. East Anglian Air Ambulance

1.5.9. West Suffolk NHS Foundation Trust

1.5.10. James Paget University Hospitals NHS Foundation Trust

1.5.11. East and North Hertfordshire NHS

1.5.12. North Middlesex University Hospital NHS Trust

1.5.13. Norfolk and Norwich University Hospitals NHS Foundation Trust

1.5.14. Bedfordshire Hospitals NHS Foundation Trust

1.5.15. The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

1.5.16. Barking, Havering and Redbridge Hospitals NHS Trust

1.6. Of the participating organisations in 1.5, the ones which are currently operational and active are:

1.6.1. Princess Alexandra Hospital NHS Trust

1.6.2. East of England Ambulance Service NHS Trust

1.6.2.1. (None of the British Association of Immediate Care (BASICS) schemes as yet)

1.6.3. Essex and Herts Air Ambulance Trust

1.6.4. West Hertfordshire Hospitals Trust

2. **The Committee**:

2.1. **PHEM Feedback Project Lead** whose responsibilities include

2.1.1. Chairing committee meetings

2.1.2. Overseeing all aspects of the project and delegate tasks as appropriate to other members of the project

2.1.3. Give final approval for new locations to be added to the project which demonstrate they can fulfil the aims of the project and uphold the integrity of the project

2.1.4. 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(s)** (not mandatory) 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 Secretary** whose responsibilities will include

2.3.1. Ensure project activities meet the required internal and external standards

2.3.2. Leading the committee with regards to the appropriate management of paper and digital records and materials required and generated by the project during its activities

2.3.3. Taking minutes at committee meetings

2.3.4. Recording who is responsible or accountable for action points

2.3.5. Arranging meetings as regularly as is required

2.3.6. Manage and direct communications made by and to the project committee

2.3.7. Chair meetings when the Project Lead and Deputy Project Lead is unable to do so and in such circumstances delegate minute taking (as per 2.3.3) to another committee member

2.3.8. Assuming the responsibilities of the PHEM Feedback Publicity and Media Officer whenever vacant

2.4. **PHEM Feedback Patient Representative** whose responsibilities will include

2.4.1. Representing the patient voice when amendments to PHEM Feedback's Terms of Service or methods are proposed

2.4.2. Liaising with local and national patient groups, when requested by them, to ensure that these groups understand the patient-related issues surrounding PHEM Feedback such as its methods and how patients can opt-out (dissent)

2.4.3. 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

2.5. **PHEM Feedback Patient Safety Representative(s)** (aspirational) whose responsibilities will include

2.5.1. Ensuring the culture, strategy and operational processes of the project are aligned with the principles of patient safety and a just culture

2.5.2. Act as a 'Freedom to Speak Up' point of contact for members of the committee, facilitators, and clinicians to contact with any concerns relating to patient safety

2.5.3. Engage with external organisations in relation to any patient safety concerns

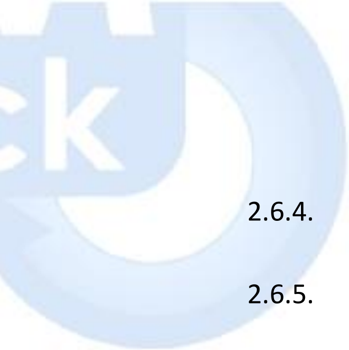
2.5.4. Oversee the process involved when a patient-safety incident is discovered during the feedback process

2.6. **PHEM Feedback Lead Paramedic** whose responsibilities will include

2.6.1. Overseeing the strategic activities of PHEM Feedback with prehospital organisations

2.6.2. Representing PHEM Feedback in discussions with the leaders of ambulance service, British Association of Immediate Care (BASICS) and air ambulance (HEMS) organisations

2.6.3. Overseeing the prehospital organisations using PHEM Feedback to ensure adequate support and adherence to these Terms of Service



2.6.4. Facilitating integration of the project's activities and processes with respective prehospital services wherever possible and practical

2.6.5. Work alongside the PHEM Feedback Lead for Hospital Teams to translate these opinions into more effective service

2.6.6. Monitoring the key performance indicators of the project which relate to the prehospital based activities

2.6.7. Assuming the responsibilities of the Deputy Lead Paramedic whenever this role is vacant

2.7. **PHEM Feedback Deputy Lead Paramedic** whose responsibilities will include

2.7.1. Overseeing the operational activities of PHEM Feedback with prehospital organisations within their region

2.7.2. Managing the network of facilitators

2.7.3. Representing PHEM Feedback in discussions with facilitators and clinicians

2.7.4. Taking responsibility for the cascade of training and information for facilitators and clinicians

2.7.5. Ensure that the project's methods reflect the needs of the facilitators and clinicians by seeking opinions from these users in order to maintain a high standard of service

2.8. **PHEM Feedback Hospitals Lead** whose responsibilities will include

2.8.1. Overseeing the strategic activities of PHEM Feedback with hospital organisations

2.8.2. Determining and ensuring best practice for the completion of reports and general training requirements of members of hospital teams

2.8.3. Liaising with hospitals and their management teams to promote opportunities for hospital team members to engage in prehospital and medical education training for their own development

2.8.4. Monitoring the key performance indicators of the project which relate to the hospital based activities

2.8.5. Assuming the responsibilities of the Deputy Hospitals Lead whenever this role is vacant

2.9. **PHEM Feedback Deputy Hospitals Lead** whose responsibilities will include

2.9.1. Liaising with hospital Site Leads in their region to ensure adequate support is available to achieve PHEM Feedback's goals

2.9.2. Liaise with the Deputy Lead Paramedic to ensure reports are constructed in educationally and emotionally beneficial ways based on the opinions of the prehospital clinicians and facilitators, recognise sites and team members where practice is excellent and support sites where issues are raised

2.9.3. Ensure site teams have adequate local data security/information governance training

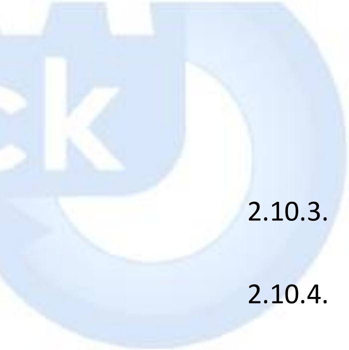
2.10. **PHEM Feedback Lead for Safeguarding Patient Data** whose responsibilities will include

2.10.1. Ensuring project activities meet the necessary internal and external standards of data protection and security

2.10.2. Assisting Site Leads with the process for

2.10.2.1. Writing Information Sharing Agreements

2.10.2.2. Adhering to the National Data Opt-Out Policy



2.10.3. Liaising with local Information Governance Teams and Caldicott Guardians to achieve satisfactory Information Sharing Agreements or assurances

2.10.4. Assist the Project Lead with submissions to the Health Research Authority Confidentiality Advisory Group

2.11. **PHEM Feedback Technical Officer** whose responsibilities will include

2.11.1. Amending and maintaining the PHEM Feedback website

2.11.2. Working with hospitals, prehospital organisations and other services to ensure good service and technical innovation

2.11.3. Liaise with local Information Technology departments to address any technical queries or issues

2.12. **PHEM Feedback Publicity and Media Officer** (aspirational) whose responsibilities will include

2.12.1. Working with the Patient Representative to promote awareness of the project among patient populations

2.12.2. Working with Technical Officer to keep public-facing areas of website up to date

2.12.3. Working with the Deputy Lead Paramedic to

2.12.3.1. Increase potential user awareness by publicising the project in new areas

2.12.3.2. Encourage ongoing engagement in existing areas

2.12.4. Working with Site Leads and hospitals’ media teams to

2.12.4.1. Generate appropriate press releases

2.12.4.2. Deal with subsequent press enquiries

2.12.5. Identifying and pursuing new ways to publicise the project, it's methodology, and it's results to both hospital and pre-hospital clinicians.

2.13. **PHEM Feedback Psychology Lead** (aspirational) whose responsibilities will include

2.13.1. Advising the committee on matters of psychological safety and psychology theory

2.13.2. Assisting in the design of the Facilitating Feedback Course to ensure that psychological safety is adequately considered and addressed

2.14. **PHEM Feedback Lead for Allied Emergency Services** (aspirational) whose responsibilities will include

2.14.1. Reporting to the PHEM Feedback Lead Paramedic

2.14.2. 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

2.14.3. Working with the Lead for Safeguarding Patient Data to legally include such organisations in project activities

2.15. **Hospital Site Supervising Consultant, Matron or Manager** whose responsibilities will include

2.15.1. Locally supervising the Site Lead and their team, providing guidance and support where required to maintain the standards expected by their hospital and PHEM Feedback

2.16. **Hospital Site Leads** whose responsibilities include

2.16.1. Managing the hospital team at their hospital

2.16.2. Reporting anonymised information for project performance, academic and quality control purposes to the PHEM Feedback Hospitals Lead

2.16.3. Engaging with local clinicians, patient groups and departments to establish and maintain the service locally

2.16.4. Assembling a team whose members are will uphold the standards of PHEM Feedback

2.16.5. Supporting the development of hospital team members while they work for the project

2.16.6. Ensuring all team members adhere to the terms of reference

2.16.7. Ensuring all team members are up to date and compliant with local Information Governance Statutory and Mandatory Training or Security Awareness Training

2.16.8. Assist in the generation of reports and the receipt of questionnaires and other feedback from clinicians and facilitators

2.16.9. Overall local responsibility for maintenance, monthly backing-up and completion of the PHEM Feedback database

2.16.10. Assisting the PHEM Feedback Hospitals Lead with timely reporting of project outcomes to stakeholders the Heath Research Authority and other organisations as appropriate

2.16.11. Work with the Deputy Lead Paramedic to identify trends in learning objectives which may be of merit through larger scale teaching activities

2.16.12. Encourage team members to undertake training opportunities with prehospital care organisations and medical education departments

2.17. **Hospital team members** who will adhere to the report authoring guidelines and assist the Hospital Site Lead with

2.17.1. Data collection

2.17.2. Report generation and distribution to facilitators, taking note of the Sensitive Data Sets in Appendix B

2.17.3. Receipt of questionnaires from clinicians and facilitators

2.17.4. Maintenance of the database

2.17.5. Team management, by declaring clearly if they are no longer able to discharge their duties to the required level

2.17.6. Staying up to date with Statutory and Mandatory Training

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

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

2.19. **PHEM Feedback non-Executive Committee Members** whose responsibilities involve

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

2.19.2. Proposing new ideas for the committee to consider

3. **The Facilitator** will:

3.1. Follow the steps shown in Appendix A

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

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 facilitator. This will vary from service to service

3.5. Complete the PHEM Feedback Facilitating Feedback Course as it becomes available. (This is optional if already part of a HEMS service)

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

3.7. Commit to allowing themselves to be approached by other substantive or honorarily contracted clinical staff members of their organisation to discuss the potential for placing a request for follow up to a hospital team

3.8. Ensure the clinician for whom they plan to request a report is asking for information for legitimate reasons

3.9. Submit requests from their approved local Facilitators inbox to the hospitals' approved secure email inbox. These approved inboxes must meet NHS Digital's Secure Information Standard as determined by the Lead for Safeguarding Patient Data and their participating organisation

3.10. Not submit requests where the clinician's learning goals can be satisfied by learning from other sources and which do not require the confidential information held by the hospital to be disclosed

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

3.11.1. Cases with significant diagnostic uncertainty. This includes one or more of the following:

3.11.1.1. 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)

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

3.11.1.3. 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

3.11.2. Cases which relate to critically unwell patients such as those attended by Air Ambulance organisations, those with polytrauma, those in cardiac arrest or peri-arrest etc.

3.11.3. Cases which have led to a significant, adverse emotional impact which is adversely affecting professional performance, ability to rest or mental health

3.12. Commit to using reports returned to them from PHEM Feedback as part of one or both of a learning conversation or wellbeing conversation

3.13. Facilitate the learning or wellbeing conversation in a confidential manner and not breach this confidence unless immediate and serious concerns about clinician wellbeing. In these

instances the Deputy Lead Paramedic or Lead Paramedic should be contacted for further advice on how to proceed

3.14. Complete the facilitator questionnaire after each case

3.15. Ensure that if a single request for information is made from a hospital but provided to more than one legitimate clinician that every clinician completes a separate clinician questionnaire

3.16. In the instance that the case and report contents are appropriate and intended to be used 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,

- 3.16.1. Remove all patient identifiable information including NHS Numbers, Emergency Department numbers, names, dates of birth, etc.
- 3.16.2. Prohibit the use of names and specific dates
- 3.16.3. Ensure that the participants of such meetings
  - 3.16.3.1. Commit to maintaining the confidentiality of the case
  - 3.16.3.2. Are appropriately attending in their 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 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. Be sure that they cannot satisfy their learning objectives through self-directed learning before approaching the facilitator in order to minimise the number of confidential information transfers and the workload on the hospital team

4.6. Request information within an appropriate educational capacity for patients in whose care they have been directly involved

4.7. Approach the facilitator for appropriate cases as described in 3.11

4.8. Complete and return a clinician questionnaire for each case which clinical information is provided for and delivered by the facilitator. If multiple clinicians get the feedback from the same request then each of those clinicians must return a separate questionnaire

4.9. Complete the clinician questionnaire honestly, accurately, objectively and constructively

4.10. Accept that failure(s) to return the clinician questionnaire will risk the clinician being disqualified from future use of the project

5. Failure of any party to adhere to these conditions may result in escalation to one or more of the PHEM Feedback team, local managers, participating organisation Information Governance Teams, the Information Commissioners Office, General Medical Council and/or Health and Care Professions Council as appropriate

PHEM Feedback

# Appendix A:

## Information transfer map and process

GOAL SETTING
Use clinician's experiences to:
- Help set learning objectives
- Early anticipation or recognition of wellbeing insult(s)
- Check for request legitimacy

Selection of a case & approach of a facilitator ①

Formal request to hospital for information ②

Prehospital Clinician

Prehospital Facilitator

Hospital Report Writing Team

Request for information

Return of information

④ Learning Conversation

③ Return of completed report

SAFETY NET AND PREPARATION
Use hospital report as an adjunct to
- Facilitate learning and reflection
- Appropriately portion significance of processes vs outcomes
- Signpost as required to support services

⑤ Clinician and facilitator questionnaires

## The PHEM Feedback cycle

1. Following a clinician encounter:
    a. A prehospital clinician (the clinician) manages a patient and identifies that information regarding the patient's hospital care would be valuable
    b. The clinician approaches a facilitator and explains why they think this would be valuable.
2. If the facilitator agrees that passing the request onto the hospital team would be educationally or psychologically beneficial and requires specific patient information, they mutually agree specific learning outcomes which they would like the hospital team to address. The facilitator then submits a request to the relevant hospital team's NHSmail inbox (which is different for each hospital or trust)
3. The hospital team complete a report based on the cited learning objectives and return the report to the facilitator, NOT the clinician

4. After receipt of the information from the hospital:
    a. The facilitator checks the report and plans for how they will deliver the information within it to the clinician
    b. A learning conversation takes place, ideally face to face (although we recognise that this is made more challenging due to the COVID-19 pandemic so secure digital solutions like Microsoft Teams may be necessary)
5. Ongoing service evaluation and project review is in two parts:
    a. The clinician completes a questionnaire and submits it to the PHEM Feedback team in the hospital. The facilitator will NOT see the results from this and data are anonymised prior to analysis
    b. The facilitator will also need to complete a brief questionnaire to help us track our key performance indicators

# 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 conditions are listed below but the list is not exhaustive. Patient groups with these conditions still require well trained emergency service personnel who are familiar with these pathologies so their inclusion is permissible where it is necessary for legitimate learning goals.

Where in doubt the Site Lead and Supervising Consultant (or equivalent leader) should give an opinion as to whether their inclusion is important enough for the specified learning objectives to justify the inclusion.

If still uncertain then the team should side with not disclosing the sensitive data, rather than disclosing it.

- 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
- Phthisis pubis - pubic 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
- Prostatitis in gonorrhoea
- Prostatitis in trichomoniasis
- Chlamydial epididymitis
- Female chlamydial pelvis 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 and will be amended over time)