

Adult Critical Care Network Peer Review Process

Standard Operating Procedure

Organisation	West Yorkshire Adult Critical Care & Major Trauma Network & South Yorkshire & Bassetlaw Critical Care Network
Document purpose	Standard Operating Procedure for Adult Critical Networks Peer Review Process for West and South Yorkshire Critical Care Units
Title	West Yorkshire and South Yorkshire & Bassetlaw Adult Critical Care Networks Peer Review Process: Standard Operating Procedure
Author/s & Contributors	Claire Horsfield Dr Nicholas Barron Dr Paul Stonelake Alison Richmond Andrea Berry Eve Geldart Samantha Rogers
Date & Version	Final
Agreement	WY and SYB Critical Care Network Teams
Description	Adult Critical Care Network Peer Review Standard Operating Procedure
Point of contact	Claire Horsfield, Networks Manager & Lead Nurse Claire.horsfield4@nhs.net
Contact details	West & South Yorkshire Critical Care Networks & West Yorkshire Major Trauma Network 2 Park Lane, 2nd Floor (WYCCODN), Leeds, LS3 1ES Tel:07500973076 www.wyccn.org

Contents

Introduction	4
Inclusion criteria	4
Process	4
Prior to the peer review visit	5
Documents Required	5
Unit data submission	5
Network data	5
360 service assessment	5
The peer review visit team	6
Peer Review visit	7
Documentation	7
Feedback	7
Peer Review Report	8
Action Plan	8
Follow Up Arrangements	8
Governance	8
Evolution of peer review	8
Appendix 1-Peer Review Timeline	9
Appendix 2 – Documents to support peer review and self-assessment	10
Appendix 3 - 360° Questions	11
Appendix 4 - Peer Review Visit Schedule	12
Appendix 5 – Template Report	13

Introduction

Peer review is an established component of good clinical practice. Peer review has been successfully established across West Yorkshire and South Yorkshire & Bassetlaw Critical Care Networks and it is anticipated that the continuation of peer reviews will largely follow the previously established processes.

Peer review is different from a Care Quality Commission (CQC) visit in that it is carried out by colleagues in the region and can be more specific and tailored to each unit. A systematic cyclical approach will be taken for peer review to ensure that each unit gets reviewed every three years. It should be seen as a supportive measure for the unit being reviewed as well as a learning opportunity for all individuals involved.

Network service specifications direct operational delivery networks to have a peer review system in place NHS England : [Adult Critical Care Clinical Network Specification \(england.nhs.uk\)](https://www.england.nhs.uk/publication/adult-critical-care-clinical-network-specification/)

Benefits of a Network peer review process are:

- Satisfies NHS England Adult Critical Care: [220502S-adult-critical-care-service-specification.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publication/220502S-adult-critical-care-service-specification.pdf) and Network Service Specifications. It also provides an assessment against professional standards including the Guidelines for the Provision of Intensive Care Services: [Intensive Care Society | GPICS V2.1](https://www.gpics.org.uk/gpics-v2-1/)
- Provides external review and networking for critical care units
- Provides a rounded assessment of the critical care service, including external views
- Provides development and networking opportunities for Network clinicians of all professions
- Complements existing Network quality assurance
- Supports unit development and promotes Network engagement
- Identifies system wide opportunities for development

Inclusion criteria

This SOP applies to all hospitals within the West Yorkshire & South Yorkshire and Bassetlaw Adult Critical Care Networks, and includes:

- All commissioned Level 2 and Level 3 critical care areas

The peer review visit will also include:

- Critical care outreach and early warning systems
- Critical care rehabilitation systems
- Walkthrough of key critical care referral, admission and discharge pathways
This is to inform the critical care area peer review, rather than to review these areas.

Process

There will be an agreed 3 year schedule for visits, with the intervals set to allow unit development and follow up in between visits.

Intervals may be flexed for more frequent monitoring where there is cause to do so. Notice period will be a minimum of two months.

The peer review process follows a cycle, as set out below and in the Peer Review Timeline (appendix 1);

1. Date agreed between network and clinical team
2. Formal notification issued to trust including expectations and visit schedule
3. Prior to the visit there will be a requirement to submit a self-assessment and provide additional documentation evidence along with participation in a 360° service assessment
4. The peer review visit
5. Peer review report disseminated within 6 weeks of visit
6. Action plan developed by unit /service leads and submitted to network 3 months after report issued
7. Network team follow up meeting 18 months after peer review visit

Prior to the peer review visit

Once the date has been agreed the Trust is informed of peer review date and methodology, including scope (all funded Level 2 and Level 3 units)

Documents Required

Some data will require unit submission to the network and other data can be collated and reviewed by the network team (Appendix 2)

Unit data submission

Sent to the network (latest 2 weeks prior to review) consisting of:

- Unit self-assessment incorporating NHSE ACC Service Specification Standards, GPICS standards and specific network criteria. (*See Appendix 1 - Network Peer Review Self-Assessment*)
- Documents to support self-assessment listed in Appendix 2

Network data

- Attendance list for network forums (last 12 months)
- Directory of Services (DOS) data entry submissions
- Latest ICNARC report
- Specialised Services Quality Dashboard (SSQD)
- Network benchmark data
- Network Global Measures data
- Previous peer review report and action plan

360 service assessment

Unit Leads will be asked to provide email addresses for 360° service assessment within hospital for the relevant staff. The Network will commission an external provider manage the online assessment invitations, data collection and reports. 360° service assessment reports will be returned directly to relevant Unit Leads and Network team. These may inform discussions during peer review visit and will be included as an appendix in the final report.

The 360° service assessment includes service users/outside referrers to provide ICU feedback. Experience has indicated that areas for improvement may often also be identified by clinical staff outside critical care, particularly at the referral, admission and discharge stages. Including service users (i.e., referring specialities' such as acute medicine or surgery) as well as unit staff of all seniorities and professions in a 360° review, is more likely to provide a more rounded impression of unit functionality than a self-assessment, or review with senior unit staff only, and may be a sensitive detector of issues such unit culture and leadership.

The 360° service assessment will also inform team competencies such as:

- Collaboration
- Communication
- Cooperation

The 360° service assessment questions are available in Appendix 3.

The 360° service assessment will be sent to a selection of staff and unit leads are requested to provide the email addresses of 30 staff (15 internal to the unit, 15 external to the unit) and a list of example contacts is provided below.

External to unit:

- Emergency Department
 - Lead clinician/Clinical Director (CD)
 - Consultants
 - Registrars
- Medical
 - Lead clinician/CD
 - Consultants
 - Registrars (involved in referring patients to Intensive Care Unit (ICU))
- Surgical
 - Lead clinician/CD
 - Consultants (4)
 - Registrars (4) (involved in referring patients to ICU)
- Anaesthetics
 - Lead clinician/ CD (unless critical care falls within remit)
- Outreach
 - Outreach nurses
 - Outreach medical lead
- External Referring Hospitals
 - unit leads for referring hospitals

Internal to unit:

- Matron
- ICU nurses
- ICU trainees/residents
- AHPs
- Consultants

The peer review visit team

The network peer review team will ideally be supplemented by peers from other critical care units such as Intensivist, Matron /Senior Nurse, Educator, AHP, Pharmacist, Outreach Lead

Peer reviewers will be of sufficient experience to make an informed observation of unit operations. Reviewers are not required to hold lead positions.

The peer review process relies on volunteers to nominate themselves to be part of the peer review team. The network will always provide this opportunity for staff and where possible the visiting team will include representation from other units in the network.

Peer Review visit

See appendix 4 for the peer review visit example schedule

- a) Peer review team meet to agree roles, responsibilities and discuss visit.
- b) Meet critical care leadership team, agree scope, objectives, and sequence of items.
- c) Observe critical care unit operations, using data pack /self-assessment as a guide, including ward rounds, multidisciplinary interactions, admission and discharge process, training, patient and carer communications, relatives' facilities, audit activities, data collection.
- d) Meet staff (including trainees), patients & relatives during visit (without unit leads) to allow informal discussion, 360° questionnaires and previously submitted self-assessment may be used as a guide for discussion.
- e) Peer review visiting team convene to discuss key areas for feedback or further detail required.
- f) Unit leadership team provide brief 10 minute presentation on key achievements since last peer review and challenges. This is an open invite session to all MDT and Trust Executives (unit leads to extend invite)
- g) Feedback summary provided by peer review visiting team

Documentation

At the time of the visit, the visiting team will use the templates provided by the network to document the data anonymously which will form part of the report. Peer review team members to submit documentation /observations to the network within 10 days of visit.

Feedback

The initial findings and recommendations will be reported to the management team of the unit being reviewed and any immediate concerns flagged up on the day of the review.

If there are serious and immediate concerns raised by the review, that may put patient safety at risk, this will be raised with the Trust at the time of the visit

and formal notification to the Trust will follow with copy to Network SRO and NHSE specialised Commissioning Team.

Peer Review Report

The Network will issue a draft peer review report to unit leads within 3 weeks following the visit.

Any queries are addressed between the unit's leadership team and the network team. Agreement is reached on these, considering evidence provided and compliance criteria. This process should take no longer than 2 weeks

The final report is published within 6 weeks of the visit. This is sent to the unit leads, the Chief Executive of the Trust and Yorkshire and Humber NHS England Specialised Commissioners.

Action Plan

3 months after publication of the report, the leadership group of the unit visited to provide an action plan to the network including areas where standards are not met. This action plan would include steps taken and confidence in resolving the issues. It can also include specific requests for assistance.

Follow Up Arrangements

A follow up discussion will be arranged with unit leads 18 months after the peer review visit to discuss progress and opportunities for network support.

Governance

The SYB and WY Adult Critical Care Networks peer review process will be developed and reviewed periodically by the network teams based on feedback from stakeholders.

The peer review process and reports will remain the responsibility of the WY and SYB ACC ODN.

Evolution of peer review

The peer review process will be subject to continuous improvement and will therefore utilise feedback to evolve. In addition, there may be a requirement to align with regional and national initiatives. Therefore, the peer review process may change between individual hospital peer reviews, however every endeavour will be made to ensure that there is continuity in practice.

Appendix 1-Peer Review Timeline

Action	Lead	Timing
Pre peer review		
Agree date of peer review with unit	Network and unit /Hospital	2-3 months prior to PR
Agree review panel	Network	2-3 months prior to PR
Hospital identifies individuals for 360 service assessment	Hospital	8 weeks prior to PR
Send 360 survey	Network	6-8 weeks prior to PR
Network collate and review unit data (appendix 2)	Network	4 weeks prior to PR
Hospital completes self-assessment (appendix 1) and shares with ODN along with evidence documents (appendix 2)	Hospital	2 weeks prior to PR
Receive and review 360 survey results	Network	3-4 weeks prior to PR
Share 360 results with unit lead	Network	2 weeks prior to PR
Share 360 results, ICNARC report, and self-assessment with review panel	Network	2 weeks prior to PR
Peer review visit		
Peer review visit (separate timetable for day)	Network and Hospital	Peer Review
Post peer review		
Draft peer review report	Network	3 week post PR
Feedback on draft peer review report	Hospital	5 weeks post PR
Final peer review report	Network	6 weeks post PR
Action plan developed and returned to network	Hospital	12 weeks post PR
Follow up discussion	Hospital and Network	18 months post PR

Appendix 2 – Documents to support peer review and self-assessment

Unit submit prior to visit	Network review prior to visit
Completed self-assessment document	Annual Census (workforce)
Equipment Decontamination Procedure	QSI data, ICNARC, Global Measures, (Patient Flow)
Critical Care Escalation Plan	Directory of Services
CVC Blood Stream Infection Data	ICNARC Transfer Data
Massive Haemorrhage Protocol	Delirium Benchmarks
Guidelines to include; NIV, VAP, Weaning, ARDS, Sedation, Prone Positioning	Tracheostomy Benchmarks
Nutrition guideline (including risk of refeeding syndrome)	QSI data -follow up clinic
Obstetric admission plan /guideline	Arterial & CVC Benchmarks
Protocol for Paediatric resus, stabilisation, accessing advice, critical care provision	ICNARC report
List of research activities	Network forums attendance lists
Audit calendar	
Minutes from 2 x recent MDT Clinical Governance Meetings	
Copy of risk register	
Fire evacuation policy	
Major Incident Plan	
Highly Contagious Infectious Diseases Policy	
Patient/carer feedback process	
Number/Summary of Critical Care related Serious Incidents in the last 12 months	

Appendix 3 - 360° Questions

Referral, admission and discharge external

1. Is the critical care service responsive and approachable for opinions and referrals?
2. Are the criteria for admission transparent, consistent and easily understood?
3. Is it always clear that admission decisions go through an ICU consultant?
4. Is the critical care service able to meet emergency and elective demand?
5. Are the critical care team always involved in critical care transfers to other hospitals?
6. Are discharges from critical care carried out appropriately, within working hours and with good handover and clear onward planning?

Process of critical care internal

1. Is the critical care service well-organised and adequately resourced?
2. Is there a strong culture of safety in critical care?
3. Is it clear who is in charge and responsible, on a given day or shift?
4. Is it easy to raise issues or concerns with senior staff?
5. Are identified issues rapidly resolved or appropriately escalated?

Internal Relationships

1. Are there good working relationships between staff of all grades and professions?
2. Do you feel you are able to contribute to the development of this team?
3. Are multidisciplinary opinions listened to and acted upon?
4. Do you think that you are given the support and encouragement to make decisions in your daily work based on your level and area of responsibility and knowledge and skills?
5. Do you enjoy coming to work and if so tell us why, if not, please also tell us why?

Appendix 4 - Peer Review Visit Example Schedule

Peer Review Visit Schedule	
08.00	Peer Review Team convene at Critical Care Unit
08.30	<p>Team spend time on unit:</p> <p>It would be helpful to talk to the following staff during the morning:</p> <ul style="list-style-type: none"> • Outreach • Physiotherapist • Dietician • Pharmacist • Clinical Educator • Trainee Doctor • IP&C
11.30	Review Team reconvene
12.30	<p>Peer Review Meeting:</p> <p>Meeting Agenda</p> <ul style="list-style-type: none"> • Introductions • ITU Team brief presentation (10 mins) <ul style="list-style-type: none"> ○ Overview of service ○ Achievements and successes over last 12 months ○ Challenges for future ○ 360 Review Feedback • Review Team Feedback / Self- Assessment • Discussion/ Actions required • Next steps
13.30	Close

Appendix 5 – Template Report

1. Title
2. Introduction
3. Peer Review Team
4. Summary
5. Data Reviewed
6. Results
 - a. Critical Care Structure
 - b. Workforce
 - c. Process
 - d. Clinical Care
 - e. Governance
 - f. Emergency Preparedness
 - g. Interdependencies
7. Next Steps
8. Appendix 1 -Self Assessment
9. Appendix 2 - 360° Report