CHILD PROTECTION PEER REVIEW

Supportive as well as developmental?

Aim of presentation

Consider what makes peer review an effective supportive and developmental activity in child protection medical work

Background to the establishment of the peer review process

- Pre-2009:
  - Expectation of clinical supervision & peer review for paediatricians
  - Peer review developed from research processes
  - Not well defined for child protection work
  - Variation nationally
  - Uncertainty/interest by courts

- 2009:
  - Report commissioned by RCPCH – Alison Mott & Amanda Thomas & the Child Protection Standing Committee
  - Defined clinical supervision
  - Defined peer review
  - Agreed good practice guidelines

- 2012:
  - Review commissioned by RCPCH – Alison Mott & Amanda Thomas
  - Updated definitions
  - 14 point good practice guidelines

What is peer review?

- "Persons of the same ability or expertise providing an impartial evaluation of the work of others"
- "… group of peers discussing and providing opinions which the individual can accept or reject"
- cf supervision which is hierarchical and involves reflection and direction

RCPCH May 2012

RCPCH : 14 point Good Practice Recommendations

1. All organisations to provide
2. All paediatricians should participate
3. Monthly meetings
4. Other forms of reflective practice inc supervision
5. TOR
6. Minutes including attendance and non-attributable learning points & actions
7. Examining doctor present (unless agreed)
8. Lead consultant retains accountability and responsibility
9. Challenging unbiased & supportive environment
10. Colleagues names not used without consent
11. Avoid bias
12. All evidence provided
13. Evidence for annual appraisal and revalidation
14. Reflected in job plans

TOR/Process

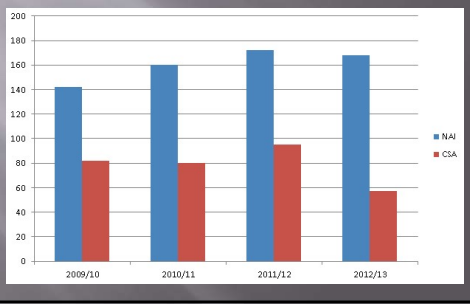
DEVELOPMENTAL	SUPPORTIVE
Sharing experience and best practice	Decrease professional isolation
Increased case exposure	Dealing with complexities and uncertainties
Photographs of injuries/findings*	Wording of reports (useful phrases)*
Identification of training needs	Help with multiagency communication
Identification of process & practice improvements*	Evidence base
Quality standards and clinical audit*	
Research updates	

History of Peer Review in Derby

- 2004:
  - Start of Child Sexual Abuse (CSA) Peer Review
  - Monthly
  - All cases
  - 0.5PA/month in job plans
- 2007:
  - Start of Non-Accidental Injury (NAI) Peer Review
  - 1PA/month in job plans

Annual audits and reports since beginning

Number of cases discussed at Peer Review 2009 - 2013

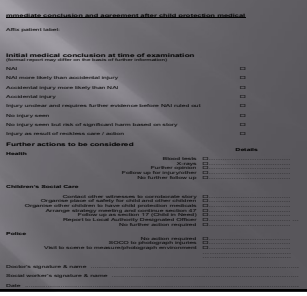


Consent/ confidentiality- Hx/ Examination/ Investigations/ photos/ Dissemination of reports

FHx- Bleeding disorders/abnormal bleeding after surgery/ injections/ any large bruises following accidental injuries/ nosebleeds/gums

Summary of significant findings/Interpretation- Injury should be described consistently with recognised medical terminology & phrases understandable by other agencies (eg. the term "mark" is nonspecific & should be qualified

Immediate conclusion form filled & signed by Dr & SW



immediate conclusion and agreement after child protection medical

Affix patient label

Initial medical conclusion at time of examination
(Social report may differ on the basis of further information)

NAI ☐
NAI more likely than accidental injury ☐
Accidental injury more likely than NAI ☐
Accidental injury ☐
Injury unclear and requires further evidence before NAI ruled out ☐
No injury seen ☐
No injury seen but risk of significant harm based on story ☐
Injury as result of reckless care / action ☐

Further actions to be considered

	Details
Health	
Blood tests	☐
X-rays	☐
Further medical	☐
Follow up for two weeks	☐
No further follow up	☐
Children's Social Care	
Conduct other witnesses to corroborate story	☐
Organise plans of safety for child and other children	☐
Organise other children to have child protection medicals	☐
Arrange strategy meeting and continue section 47	☐
Arrange Initial Child Protection Conference	☐
Report to Local Authority Designated Officer	☐
No further action required	☐
Police	
No action required	☐
ROCO to photograph injuries	☐
Visit to scene to measure/photograph environment	☐

Doctor's signature & name
Social worker's signature & name
Date

Derbyshire Healthcare NHS
NHS Foundation Trust

NAI PEER REVIEW AUDIT SHEET

Date: _____ Venue: _____

Chair's Initials	Doctor's Initials	Peer Agreement With Dr's Conclusion + Opinion	Any other actions Agreed by Peer Goup	Photographs	Exception reporting	Exception reporting		Immediate Conclusion Form	
					Booking rooms	Reports sent on time			
		Yes / No	Please state:	1. Satisfactory 2. Not satisfactory 3. Good for training	Any Issues?	Yes / No	If not, why?	Completed at medical Yes / No	Completed later - Why?

CSA peer review audit sheet **Date**

NHS Number	Child initials	Child DOB	Doctor initials	FME initials	Agreement (Yes/No)	Photograph quality (if unsatisfactory, why not?)	Actions	Training

PEER REVIEW – DISCUSSION/PHOTOGRAPHS

Name:
Dob:

Date discussed:
Discussed by:
Points discussed:
Conclusion:

Quality Standards

- Attendance record & attendance at 2/3rds (66%)
- All cases must be presented
- Agreement/Disagreement of conclusions
- Completion of "Immediate Conclusion forms" at time of examination
- Photo/DVD quality
- Exception reporting, e.g:
  - Facilities
  - Timely reports (5 working days)
  - Electronic record entry

Quality Standards for CSA Peer Review

	2009/10	2010/11	2011/12	2012/13
Numbers Discussed	82	80	95	57
Examiner's conclusions not fully agreed by group	3 (3.7%)	3 (3.7%)	1 (1.1%)	0 (0.0%)
Individual case actions identified	9 (11.0%)	8 (10.0%)	4 (4.2%)	15 (26.3%)
Practice/process and training actions	6 (7.3%)	5 (6.3%)	5 (5.3%)	3 (5.3%)
Unsatisfactory photographs not allowing full view	10 (12.2%)	12 (15.0%)	5 (5.3%)	4 (7.0%)

Annual NAI/CSA reports

- Quantitative- number of cases seen, discussed per financial year
- Qualitative- Quality standards
- Practice Issues for action
- Additional specific training needs of team eg haematological disorders, update of contraceptive advice, blood- borne virus infection, improving report writing guidelines
- Future objectives

Possible QA dashboard?

(Liz Adamson & Fawzia Rahman: July 2016)

For the last financial (preferably) or calendar year

- **What number and % of children were seen within 24 hours of referral?**
- **What number & % of cases (csa, nai) are peer reviewed within two calendar months of the examination date?**
- **What is the number & % of agreement at peer review with the conclusions of the examining doctor for the service?**
- **What is the number & % of reports sent out within 5 working days of the examination date?**
- **What are the service standards for child protection update training/ CPD?**
- **What is the number & % of satisfied stakeholders (cyp/ families, social workers, gps)?**

Supportive?

- "Particularly stressful area of paediatric work"
- "..supervised but isolated" - peer review provides professional support
- De-briefing forum for difficult cases
- Presenting cases prompted literature review
- Good experience of presenting cases
- Good place to share child protection updates
- Reflective practice
- Transfer to e-portfolio and used for Case Based Discussion

Dr Natalia Cartledge
ST6
RCPCH website

Professional Impact Audit 2010

Area of Possible Impact	CSA	NAI
Taught something new	4.8	4.3
Improved personal practice	4.9	4.3
Increased confidence	4.8	4.4
Supported and valued	4.7	4.4
Improved report writing	4.4	4.4
Improved multiagency working	4.2	4.2
Increased motivation	4.2	4.4

(1 = no impact or even negative, 5 = significant impact/changed practice)

Legal perspective

- Establishes the credentials of the examining doctor
- Assurance that evidence meets a certain standard
- Consensus opinion will result
- NOT multiple second opinions
- All participants carry a liability for the opinion (??)

Dealing with supportiveness "pitfalls"

- Dominant/domineering opinions/lack of challenge:
  - Leadership
  - Supervision
- Feeling of intimidation:
  - Supervision
  - (Softening the anti-bias procedure)
- Avoidance of meetings:
  - Quality standards & monitoring
- Delay in discussion:
  - Ad hoc review/supervision
- AMBIENCE – "COFFEE AND CAKES"

Questions/discussion?