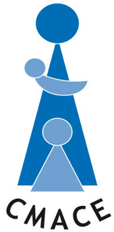

Centre for Maternal and Child Enquiries

Improving the health of mothers, babies and children

National Confidential Enquiry into Head Injury in Children

INFORMATION FOR PANEL ASSESSORS

This document provides information regarding the purpose and process of panel enquiries and the role of the panel assessor.

Contents

1. **Purpose of panel enquiries** 2
2. **Panel membership** 2
3. **Process of panel enquiries** 3
4. **The role of panel assessors** 4
5. **The role of the presenter** 4
6. **Panel assessment tool** 4

If you are interested in becoming a panel assessor of observer for the Head Injury Enquiry please read the following before completing the contact information form.

Please return your completed form to headinjury@cmace.org.uk.

Alternatively please contact your local CMACE Regional Office to express your interest.

Thank you

1. Purpose of panel enquiries

The confidential enquiry panels seek to review care against current guidance (e.g. NICE) and determine the associated outcome for the child with a head injury. Panels, formed of practicing clinicians and health care professionals, carry out a review of the case notes to assess where, how and why standards of care may not have been met and what the potential impact may be. Panels will draw out environmental, social, clinical care and management issues, determine characteristics of the service type, identify preventable and avoidable factors, and highlight good practice.

Approximately 75 confidential enquiry panels will review a sample of 300 of these cases. The panels will take place between 1st September 2010 and 31st December 2011.

2. Panel membership

Each CMACE region will have a pool of panel assessors. Panel assessors must be in current practice at a senior level in an NHS organisation (or other professional body as appropriate). Potential assessors are asked to provide their professional registration details and preferred contact information to their local regional manager prior to the panels commencing.

Panel assessors will be required to commit to prepare for and attend at least 3 meetings in the 15 month period. If panel assessors are unable to attend any of the meetings, once they have had confirmed initially their attendance, it will be the responsibility of that assessor to inform their local regional office, and to find a replacement. All new assessors will be briefed by the regional manager prior to their first panel meeting and given a copy of the information contained in this document. Each panel will have the following clinicians/professionals:

Essential:

- Emergency Department Consultant
- General Paediatrician (who participates in a rota for child protection) (from either acute or community)
- Lead nurse for Child Protection
- Neurosurgeon who regularly operates on children in an emergency capacity
- Nurse with experience in the care of head injured children
- Paediatric Intensivist from a neurosurgical centre
- Paediatric radiologist from a neurosurgical centre or a neuroradiologist
- Senior Ambulance Paramedic or senior manager in a prehospital care/ambulance service

Desirable or optional:

- Clinical neuropsychologist
- Lay
- Pathologist (if a death that occurred before 72 hours is being reviewed)
- Police/highways
- Social care

3. Process of panel enquiries

Approximately 75 panel meetings will be conducted between 1st September 2010 and 31st December 2011 across participating regions, reviewing a total of 300 cases. The number of panel meetings to be held in each region will depend on the size of the region. However it is anticipated that each CMACE region will hold approximately 10-11 panel meetings in this time period. Some regional offices may carry out additional panel meetings in return for extra funding agreed by the central office, and some may carry out fewer. The detailed arrangements for conducting panel meetings will vary between regions, but it is anticipated that each meeting will review four cases in approximately 3 hours.

Assessments will be made using the relevant documentation for each individual case. The panel (including the chair and CMACE regional manager) are blinded to the progress of the case *beyond 72 hours* from hospital admission. This includes blinding to the conclusions of any other retrospective inquiry, audit or case review. However they have access to anonymised medical records relating to health care up to that point in relation to the head injury including a summary of the core dataset, copies of CT scans etc. Case notes will be drawn from a national pool and will not be assessed within the region of care.
Panels will be notified of the eventual outcome in each case at the end of the meeting.

The panel assessment tool is designed to help panels work through the relevant issues in a structured and reproducible fashion, and to prompt them to make judgments about the importance of any factors that they discover. We suggest that following a short presentation of the case, the panel work through the panel assessment tool after first familiarising themselves with its structure.

The number of meetings you will be invited to attend will depend upon the number of panel members per region and upon the relevant personnel required for each group of cases. However panel assessors will be required to commit to attend at least 3 meetings in the 15 month period.

Panel meetings will generally be held in NHS or University venues located within the CMACE region in which you are employed, however there may be some instances where travel is required to a neighbouring region.

We also welcome observers to panel meetings as this provides an excellent learning experience, however it is expected that they do not contribute to the dialogue during the assessments.

4. The role of panel assessors

Each panel will assess 4 sets of notes. All sets of notes will be forwarded to the panel members at least 2 weeks prior to the panel. Each assessment will commence with a presentation of the case history by a nominated panel member. Case history presentations will be shared amongst the assessors.

Once the presentations have been given, all panel members are requested to contribute to the discussion regarding the care the child received as per the questions in the pro forma. The panel chair will ensure that enquiries are carried out in a timely manner and are conducted to a national standard.

During the meeting the regional manager will be responsible for completing the panel assessment tool for each case, with the consensus assessment of the standards of care.

5. The role of the presenter

- To have a detailed knowledge of the case you are to present
- To prepare your own detailed, written summary of the case - see *Case history presentation – Guidance for presenters*
- To present your summary at the start of the enquiry of this case (5-10 minutes maximum), in order to convey a picture of the care and management provided to your panel members
- To be able to point out the salient points and direct the members to the relevant area of the notes relating to various episodes of care and in so doing initiate discussion around the management and related outcomes.

6. Panel assessment tool

The regional manager will have the panel assessment tool for each case being discussed, and will complete this during the panel meeting under direction from the panel chair.

Case notes sent to panel assessors and the panel chair prior to the meeting will be accompanied by a copy of the panel assessment tool, *to help assessors to focus on the areas for discussion.* Panel assessors and the panel chair are **NOT** required to complete this tool as it is provided for information purposes only.

If you require any further information on the role as a panel assessor please contact 0207 467 3223 or email your query to headinjury@cmace.org.uk