Our experience

Examples of how we’ve made a difference

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rcpch.ac.uk/invitedreviews
Why were we invited?
Reviews are always invited where there is a desire to improve the quality of patient care and health outcomes for children and young people.

Each client has their own reason but these have included:
- independent critique of a proposed model of care
- ‘health check’ on quality and effectiveness of service
- concerns around team working
- improving links between acute and community teams
- developing interfaces with other service providers
- assessing compliance with recognised standards and benchmark with other services
- workforce modelling
- reviewing clinical risks to the service
- assessing safety concerns following or ahead of reconfiguration
- examining capacity, capability and effectiveness to find new ways of working to improve outcomes and reduce costs
- assessing clinical practice

The following examples indicate the range and scope of reviews we have done in the past.
Example 1
Community and acute

We looked at the overall functioning of an integrated child health service. No specific clinical incident had raised concern, but the Medical Director felt that poor relationships within the department were affecting the efficient functioning of the paediatric service as a whole.

Following a two-day site visit the review team found a good service operating with competent and hardworking staff who were engaged and keen to make improvements. There were excellent examples of pathways, the service performed well against recognised published standards, and workforce and staffing was appropriate.

We offered recommendations on the following:
- establishing a shared strategy
- methods to increase operational efficiency and performance management
- strengthening managerial support and resolving job planning problems
- developing leadership skills for medical staff
- ensuring appropriate training and development of medical, nursing and junior staff
- refining clinical risk and governance procedures
- mechanisms for engaging patients and their families

Example 2
Community

The RCPCH was invited to examine a community paediatric service. Recent changes in leadership and a Trust restructure provided an opportunity to review high turnover, problems in recruiting, waiting time concerns, and delivery of outcomes. We read documents in advance and then interviewed individuals working with and in community paediatrics. We found a dedicated team keen to improve the service, despite the huge pressure they had been under in recent years.

We saw good working practice and positive links with other professionals, such as CAMHS and offered recommendations around:
- establishing a clear shared vision and aims for the service
- building confidence and clinical expertise into the team
- initiating a programme of training and leadership development for staff
- constructing clinical care pathways
- engaging stakeholders with a programme of liaison with local professionals
- developing a clear audit programme
- introducing mechanisms for formal support, mentoring and supervision
Example 3
Workforce
We conducted a review of an integrated acute and community paediatric service in relation to their staffing and resources. There were increasing pressures from referrals and activity, as well as both statutory and general referrals and changes to consultant deployment. Self-assessment against the RCPCH’s ‘Facing The Future’ standards had found non-compliance in some areas. The review team found a very pressured service delivered by a strong team of doctors working extremely hard to cover the demands placed upon them at increasing personal cost to themselves.

The RCPCH review team offered specific recommendations on:
- workforce modelling for the integrated service, including both medical and non-medical staffing
- improving the management of acute referrals
- establishing clear leadership roles within the service
- ensuring clinical time is used appropriately

Example 4
CCG
RCPCH was requested by a CCG to conduct an Invited Review of the proposals for provision of a Sexual Assault and Referral Centre service in relation to children and young people. A recent report had categorised some services as inadequate and report highlighted the absence of a local arrangement for support of children and young people who had been sexually abused. Despite a structured plan of improvement, the implementation process had been slow.

The RCPCH review team was able to offer specific recommendations on the following:
- increasing multi-agency engagement
- strengthening referral pathways
- improving identification of sexual abuse
- raising awareness of the service and developing engagement plans for children and young people
- maximising resources through existing partnerships
- developing increased support for local services

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Example 5
‘Health check’
A Foundation Trust was under new management and wanted a ‘health check’ on the quality and effectiveness of the paediatric, obstetric and maternity services. A pre-visit established the scope of the review and some concerns about safeguarding, and then a two-day site visit provided a chance to examine services in detail and understand the perspectives of staff and other stakeholders.

We found staff committed to delivering high-quality care and a ‘can-do’ approach from senior management making tangible changes to the profile of children’s services in the Trust.

We also fund the location of the hospital made recruitment difficult but we were able to offer specific recommendations on the following:
- management of children requiring High Dependency Care
- safe staffing levels
- improvement of divisional governance and multi-agency working
- care pathways
- consultant appraisal and job planning processes
- developing a cross-division safeguarding strategy
- consolidating professional safeguarding relationships

Example 6
Mental health provider
We looked at a team of consultant and SAS doctors working in community child health who had experienced multiple changes of hosts and were now lodged as part of a mental health trust requiring targets and expectations that were not being met and a perception of underfunding. We worked with the paediatric team to examine their approaches and concerns and with the Trust to understand expectations and knowledge about the service’s purpose and methods.

We were able to identify the shared vision and build on that to establish greater understanding, with recommendations and actions relating to:
- the importance of active management, and ‘being there’ for a team
- principles of governance, behaviour and respect for process
- assessment of actual workforce required based on activity/local need
- analysis of statutory functions add ideas for delivering these efficiently
- opportunities to ‘network’ with other teams to share ideas and support
- development of an agreed action plan
Example 7
Reconfiguration
We reviewed acute maternity and paediatric services to make recommendations on the current service and the Trust’s proposed reconfiguration plans, given the strength of public opinion about a possible site closure. We visited three sites in two days and were impressed by the attitude of staff and the enthusiasm and openness with which they approached the review.

We detected a lack of focus on the needs and concerns of the patients when considering reconfiguration models and made recommendations on:
- the range of reconfiguration options, including tips to consider
- possible courses of action to address specific areas of concern
- improving professional unity between medical staff across all sites
- nurturing leadership and management roles in new consultants
- increasing effectiveness of clinical staff
- decreasing the risk of harm and serious incidents occurring
- ensuring smooth integration of teams and services through the reconfiguration process

Example 8
Individual case note
We reviewed two cases where children had died on the same ward to assess whether there were any systemic issues within the paediatric service that required attention and action.

We studied a range of documentation and interviewed staff involved in the cases over two days and offered recommendations around:
- clarity of information for families so they are more involved with decisions
- strengthening medical input to communications and design of the transfer arrangements including out of hours
- improving the emergency paediatric services and ‘early warning’ systems
- confirming the sustainability of the current service
**Example 9**  
**Emergency pathways**

We were asked to review the emergency care arrangements for children and young people before and after a long-anticipated transfer of services from one (closing) hospital site to another nearby. We provided a thorough external view of arrangements and planning which reassured staff, commissioners and other stakeholders that the transfer plans were appropriate and safe and would benefit local families.

**Example 10**  
**Service design**

The RCPCH was requested to provide an independent review and critique of the proposed model of care for paediatrics at a small DGH. Reconfiguration of paediatric services had been mooted for ten years, with reviews by various organisations. Recent critical evaluations had raised concerns over patient safety and the quality of training, leading to junior doctor placements being withdrawn.

The RCPCH review team wanted to support innovative, creative workforce planning to meet local needs if safety and working practice standards are met. We provided a detailed analysis of the proposed model and its sustainability, and we understand that senior paediatricians and management have considered these suggestions and redesigned the model of care accordingly.
Talk to us
You can find out more about the RCPCH Invited Reviews Service with no obligation. Visit our website or contact us directly.
rcpch.ac.uk/invitedreviews

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