Royal College of Paediatrics and Child Health
‘Quality Improvement in Child Health’
Strategic Framework

1. Purpose
1.1. The Royal College of Paediatrics and Child Health (RCPCH) jointly commissioned a report, “Why Children Die”¹, jointly with the National Children’s Bureau. The report, written by leading child health experts, estimated that approximately 2,000 additional children die each year in the UK than in the best performing country, Sweden.

1.2. The report highlights the importance of access to high quality healthcare for infants, children and young people, calling for a reduction in preventable deaths through better training of healthcare professionals to enable confident, competent, early identification and treatment of illness, and better use of existing tools.

1.3. The Quality Improvement in Child Health Strategic Framework ("the framework") details how the RCPCH as a whole will support, educate and develop paediatricians and the wider child health workforce to deliver high quality care for infants, children and young people, to reduce the number of preventable deaths and improve their experience of healthcare.

2. Quality Improvement: Everyone’s Duty
2.1. There are many definitions of quality improvement. At its core, quality improvement in healthcare is about making all aspects of care better. However, most definitions outline the methodological approach that underpins good quality improvement, based around introducing small tests of change backed by data collection.

2.2. A core concept of quality improvement is that everyone involved has a duty to deliver the highest quality care and therefore has a role in improving that quality. This reflected in the following definition of quality improvement:

“the combined and unceasing efforts of everyone - healthcare professionals, patients and their families, researchers, payers, planners and educators - to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning).”

(Batalden et al, 2007)²

2.3. To support this approach, the framework aims to support a multidisciplinary approach to quality improvement. In addition, the RCPCH shall take the same approach and ensure that improving the quality of infant, children and young people’s healthcare is the focus of all of its employees and members, embedding quality improvement as part of the RCPCH culture.

3. A Four Nations Approach
3.1. The RCPCH is committed to supporting quality improvement efforts in all four nations, building strong networks with existing quality improvement initiatives. These include:


3.1.2. The HSC Safety Forum⁴ in Northern Ireland, created in 2007 to support HSC organisations as they strive to provide safe, high quality care.

3.1.3. The NHSScotland Quality Improvement Hub⁵, a national collaboration of special health boards and Scottish Government Health Directorates which aims to support NHS boards to implement the

¹ http://www.rcpch.ac.uk/sites/default/files/page/Death%20in%20infants,%20children%20and%20young%20people%20in%20the%20UK.pdf
⁵ http://www.qihub.scot.nhs.uk/default.aspx
Healthcare Quality Strategy through effective partnership working between the collaborating organisations.

3.1.4. ‘1000 Lives Plus’ in Wales, a national improvement programme supporting organisations and individuals to deliver the highest quality, safest healthcare for the people of Wales.

4. Delivering Quality Improvement: Core Principles

4.1. In delivering this framework, the College will work with the following principles:

4.1.1. Leadership: The RCPCH shall be at the forefront of quality improvement in paediatrics and child health, and supports its members and the wider child health workforce to be individual leaders.

4.1.2. Engagement: The RCPCH shall engage with everyone involved in the health and wellbeing of infants, children and young people in the delivery of this framework, specifically with infants, children, young people, their parents and carers.

4.1.3. Support and Education: The RCPCH shall enable and support existing networks, collaboratives and initiatives in paediatric and child health, providing wider opportunities to develop and share best practice and a robust quality improvement education programme.

4.1.4. Monitor and Improve: The RCPCH shall use robust monitoring and evaluation activity to ensure the framework is delivered, refined, and approved as appropriate.

4.1.5. Evidence Based: The RCPCH shall ensure that all activity is evidence-based (i.e. informed by robust research and, where appropriate, practice-informed consensus). Quality improvement activity will also contribute to setting research priorities.

5. Quality Improvement Methodology

5.1. The College, through its quality improvement activities, does not promote or support the use of any one methodology. Instead, it supports paediatricians and the wider child health workforce sharing best practice and experience gained through the delivery of quality improvement activity using any quality improvement methodology.

6. The Six Domains of Quality

6.1. The concept of quality in healthcare is often broken down into six domains:

6.1.1. Safe: Care should not harm the patients it is intended to help.

6.1.2. Effective: Care should be evidence-based.

6.1.3. Person-centred: Care should be respectful, responsive and aligned to patient values and needs.

6.1.4. Timely: Care should be given at the right time, and minimise delays.

6.1.5. Efficient: Care should minimise waste and be cost-effective.

6.1.6. Equitable: Equal quality care for all.

6.2. In supporting, educating, and developing paediatricians and the wider child health workforce to deliver high quality care, the framework will support activities in each of these domains.

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6 http://www.1000livesplus.wales.nhs.uk/home
7 https://cahps.ahrq.gov/consumer-reporting/talkingquality/create/sixdomains.html
7. **Domain One: Safe Care**

7.1. The delivery of safe care is rooted in the capability of those working in healthcare for infants, children and young people. This capability is dependent on training, continued education, strong leadership, and sharing good, safe practice.

7.2. In supporting the delivery of safe care, the RCPCH shall:

7.2.1. Ensure the highest standards of training and continuing education for the paediatric workforce and work collaboratively with other organisations to assure similar standards are applied across the wider child health workforce;

7.2.2. Develop and embed a culture of safety and transparency in paediatrics and child health, both in the healthcare and services provided by members, and the activities of the RCPCH in supporting members;

7.2.3. Support the development of quality improvement capability and leadership in paediatrics and child health through continuing education; and

7.2.4. Support and enhance existing networks, aligning its quality improvement programme with interests and activities already underway within new and existing groups, and promoting the exchange of good and safe practice.

7.2.5. Work in collaboration with Government and other external stakeholders across the UK to raise the profile of any College safety initiatives, and engage with international organisations to share best practice globally.

8. **Domain Two: Effective Care**

8.1. Effective care requires that guidelines, tools, techniques, and practice used in the delivery of care are evidence-based, with a known impact on outcomes. This applies not only to direct care, but also to tools and techniques employed to improve the quality of care.

8.2. In supporting the delivery of effective care, the RCPCH shall:

8.2.1. Undertake and collaborate in a range of research activities with a rigorous approach to support the delivery of effective care;

8.2.2. Take an evidence-based approach to all activities, ensuring that paediatricians and the wider child health workforce view the RCPCH as a trusted resource in relation to all aspects of paediatrics and child health;

8.2.3. Undertake an audit programme to assess compliance with the guidelines and develop recommendations based on local quality improvement efforts; and

8.2.4. Support creativity and innovation in delivering quality improvement through the provision of appropriate resources, tools and training, supporting local teams to showcase, publish and spread evidence-based quality improvement projects; and

8.2.5. Provide external, independent advice and access to paediatric expertise for commissioners, service planners and service providers through its invited reviews programme, including follow-up and provision of ongoing contact, tools and support.

9. **Domain Three: Person-Centred Care**

9.1. Person-centred care ensures that the patient is seen as a person, and that they, and their family, are involved in decisions about their care. To deliver this, parents and patients should be truly engaged, not only at the level of frontline care, but also in the many activities that support and shape healthcare.
9.2. In supporting the delivery of person-centred care, the RCPCH shall:

9.2.1. Ensure it has robust mechanisms for engaging children, young people, and their parents and carers

9.2.2. Embed person-centred care in all of its activities by ensuring that children, young people, and their parents and carers are actively engaged in their development and delivery; and

9.2.3. Encourage and support paediatricians, the wider child health workforce, and providers of paediatric and child health service to involve children, young people, and their parents and carers in the delivery of care.

10. Domain Four: Timely Care

10.1. For care to be timely, it should be delivered at the right time, by the right person, with minimal delays. This relies on robust guidelines in place for those working in paediatrics and child health, measuring performance and adherence to these guidelines, and the provision of the appropriate resources to deliver the required quality of care.

10.2. In supporting the delivery of timely care, the RCPCH shall:

10.2.1. Develop, publish and promote evidence-based guidelines for the provision of timely paediatric and child healthcare;

10.2.2. Influence the political agenda on healthcare for infants, children and young people to ensure that the resources available to healthcare providers meet the needs of delivering high quality care.

11. Domain Five: Efficient Care

11.1. In the current climate, delivering efficient care is a priority as it minimises waste and allows redistribution of resources to get greater value of the resources committed to delivering care.

11.2. In supporting the delivery of efficient care, the RCPCH shall:

11.2.1. Undertake service and workforce activities that provide strategic direction, service design and workforce information best placed to deliver high quality services in the right place, and that support paediatric and child health services in understanding the impact of quality improvement changes on their workforce requirements; and

11.2.2. Ensure that spread and sustainability are core concepts of all projects and programmes undertaken.

12. Domain Six: Equitable Care

12.1. Equitable care relies on maintaining the same quality of care regardless of the varying personal characteristics of patients. “Why Children Die”¹ also identifies the importance of improving social determinants of health in improving outcomes for infants, children and young people, specifically poverty, inequality, social and health policy.

12.2. In supporting the delivery of equitable care, the RCPCH shall:

12.2.1. Use its influence to ensure that infants, children and young people are at the centre of the political agenda; and

12.2.2. Incorporate, where appropriate, activities outlining the impact of inequality on infants, children and young people’s healthcare and recommendations for addressing this in projects and other activities undertaken.

¹ http://www.rcpch.ac.uk/sites/default/files/page/Death%20in%20infants,%20children%20and%20young%20people%20in%20the%20UK.pdf