CHILD HEALTH CLINICAL OUTCOME REVIEW PROGRAMME
HEALTHCARE IMPROVEMENT PLAN 2025

1. INTRODUCTION

The Child Health Clinical Outcome Review Programme assesses the quality of healthcare provided to children and young people by using clinical peer review to undertake a deep dive into a variety of conditions, procedures and processes to determine where improvements can be made and highlight learning from examples of good practice.

The programme includes a topic-specific study each year and each will have its own QI plan linking back to this one. Data will be collected from England, Wales, Northern Ireland and Jersey. A summary of how data flows through the process can be found here.

2. IMPROVEMENT GOALS

The overarching improvement goals for this programme will build on the previous ten years, aiming to:

- Assess the quality and safety of health services, highlighting variation, both positive and negative, in the provision, safety and quality of healthcare.
  To be demonstrated by producing the report summarising good and poor care.
- Promote improvements in service quality through local and national learning, and the provision of quality improvement resources.
  To be demonstrated by providing tools and monitoring downloads from the website as a surrogate marker.
- Reduce inequalities in access to, experience of, or outcomes from the delivery of care.
  To be demonstrated by asking local providers for any evidence of local improvements where the issue of health inequalities has been raised in a report.
- Influence clinical practice, commissioning, service provision, policy, and education by making recommendations to improve outcomes for patients.
  To be demonstrated by asking providers for evidence of local improvements in care in preparation for the stakeholder meeting.
- Ensure that all hospitals are aware of good practice examples of quality improvement initiatives for each topic area.
  To be demonstrated by asking providers for evidence of local improvements in care in preparation for the stakeholder meeting.
- Complement and contribute to the work of other healthcare organisations.
  To be demonstrated by recording where reports are embedded in other work programmes.

Topic-specific QI plans will be developed for each study using the results of engagement with the programme's study advisory groups (SAGs), the NCEPOD steering group and HQIP's independent advisory group.

3. IMPROVEMENT METHODS

Recommendations, agreed by consensus of all involved in the study (SAG, case reviewers and steering group) and evidenced from data in each report, will aim to improve care and reduce variation. These recommendations will be supported by quality improvement resources. In addition, the programme team will engage with opportunities for collaboration and alignment with other initiatives around the care under review to ensure longevity for both pieces of work and co-ordinate outputs for those implementing the findings to reduce duplication.

a. National

National stakeholder organisations, along with patients/parents/carers, and frontline healthcare professionals, including those with quality improvement expertise will be asked to develop the study as well as disseminate the findings, stimulating ownership of the actions needed.

Where other work programmes align with particular topics, e.g. NICE, GIRFT or national clinical audits/clinical outcome review programmes, NCEPOD will work collaboratively with those organisations to ensure that findings from our report are fed into their work and vice versa.

Recommendations will be targeted to specific groups such as NHS England/Department for Health and Social Care, Welsh Government, Department of Health in Northern Ireland and Jersey as well as royal colleges and specialist societies. Suggested areas for research where the current knowledge and evidence base is lacking will also be highlighted.

We will work closely with charities and patient-focused organisations relevant to each topic to ensure that the patient/parent/carer/lay voice is at the centre of the study from the start, and to help raise awareness of the outputs, encouraging the service users to drive change by questioning the care they receive.

Study outputs including a report and infographic summary will be produced to maximise impact. At publication a link to these will be emailed to all local reporters/ambassadors/clinical and patient stakeholders for forwarding - this equates to approximately 2,000 initial contacts, as well as being made available on our website www.ncepod.org.uk and through social media (X, BlueSky, Facebook, and LinkedIn).

In addition, to help disseminate the findings we will:

- Present the study findings at national conferences and local hospital meetings
- Use social media to stimulate discussions
- Provide YouTube videos summarising the findings.

Stakeholder workshops

One year after a report has been released, we will undertake a stakeholder workshop with national, regional, local and patient involvement to determine what impact the report has had. From this we will share examples of good practice and issue an update on the report to all stakeholder groups. The aim of this meeting will be to understand and document what QI has been undertaken on the report recommendations and what more can be done.

b. Local

Recommendations will be accompanied by suggested ideas for implementation, and methods by which hospitals can monitor their own activity and the effect of any changes they make:

- A recommendation checklist - a pre-populated gap analysis tool
- A fishbone diagram - to help users determine what will lead to improved care
- A driver diagram - to help users determine what will lead to improved care
- An audit tool – a ready-made tool for local clinical audit
- A commissioner's guide – summarising what the findings mean for them
- A slide set – with a narrative for local presentations.

In every hospital NCEPOD has a local contact based commonly in the audit/clinical governance department who acts as a liaison between us and the hospital.

The NCEPOD local reporters will likely be responsible for initiating the QI work streams when reports are released (covered in the 'national' section).

Many local reporters are supported by senior clinicians known as NCEPOD Ambassadors. Ambassadors will be expected to take report findings to executive board meetings for discussion and development of an action plan.

c. Patient/parent/carer and lay involvement

Patient/parent/carer and lay involvement is at the centre of the work programme:

- NCEPOD Steering Group

Two lay representatives recruited by open advertisement for a term of six years to comment on a wide variety of healthcare issues and who feel comfortable sitting on a high-level board with representatives from royal colleges and associations.

- Lay representatives

NCEPOD has a core group of lay representatives. This group is not study specific but take part in many SAGs, providing a continuity of NCEPOD knowledge and additional support for the patient representative who is only recruited on a study-by-study basis.

- Study Advisory Groups

For each new study at least one patient representative will be recruited to the SAG to design the study and review the outputs including sign-off of the recommendations. Patients/parents/carer/lay representatives will be involved in developing patient-focused outputs.

d. Communications

There will be regular communication with all stakeholders, including patients/parents/carers in the following ways:

- Keeping the website updated
- Patient leaflets on how to seek high quality care
- Using social media
- Newsletters
- Having stands at meetings/conferences

- Meeting with people to keep them updated and talk about the work
- Undertake local and national presentations
- Undertake stakeholder meetings once the report has been published
- Work with professional, sensible, health journal contacts for follow-up editorial pieces.

4. ANALYSIS PLAN

Data sources

- National data (HES, PEDW, NISRA) will be used to assess sample sizes.
- Additional topic-specific data sources will be assessed to determine if any existing data are available and whether it could be used in the review, e.g. national audit/registries.
- An organisational questionnaire (OQ) will be sent to each participating organisation.
- Online anonymous surveys will be used to gather the views of patients/parents/carers and views of healthcare providers.

To collate core data on a sample of patients for the study a patient identification spreadsheet will be sent to all relevant healthcare providers. For each included patient:

- A clinician questionnaire (CQ) will be sent to the consultant caring for the patient for the episode under review.
- Copies of the case notes relating to the episode under review will be requested and peer reviewed by a multidisciplinary group of healthcare professionals. They will complete a reviewer assessment form (RAF).

Data preparation

- Quantitative data will be checked to ensure no erroneous data have been added, to assess missing data, and to make sure that the data are sensible. Any absent data will be classified as 'not answered'.
- Qualitative data collected from the case reviewers' opinions and free-text answers in the clinician questionnaires will be coded, where applicable, according to content to allow quantitative analysis.
- Descriptive data summaries will be produced supported by tables and graphs.
- Anonymised case studies will be used to illustrate the themes with examples of good and poor care.

Data analysis rules

- Small numbers will be suppressed if they risk identifying an individual
- Any percentage under 1% will be presented in the report as <1%
- Percentages are not calculated if the denominator was less than 100 so as not to inflate the findings, unless to compare groups within the same analysis.
- There will be variation in the denominator for different data sources and for each individual question as it is based on the number of answers given.
- The sampling method of this enquiry, unlike an audit, means that data cannot be displayed at a hospital/trust/health board/regional level.

The findings will be reviewed three times prior to publication by the SAG, case reviewers and the NCEPOD Steering Group, which includes clinical co-ordinators, trustees, and lay representatives.

This improvement plan will be considered at the start and end of each study to keep it updated with lessons learned through the process.

Progress against improvement goals will be reported to:

- To the programme board
- The NCEPOD board of trustees and steering group
- To HQIP at contract review meetings.

An impact assessment linking back to any QI objectives for each report will be undertaken every six-months to review:

- The impact at the point of publication e.g. professional responses
- Report downloads
- Social media activity
- Talks given
- Editorials written
- Report citations
- Local impact and QI undertaken, notified to us by the NCEPOD Local Reporters
- National impact through the report being used by others e.g. NICE/specialist societies
- General and case reviewer feedback
- Learning from the stakeholder workshops.