Crisp QI Ltd

External Review of the RCPCH Invited Reviews Service

Executive Summary and Recommendations

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Executive summary

Introduction

The RCPCH Invited Reviews programme has been running for over nine years and has undertaken around 100 reviews. The purpose of Invited Reviews is to assure patient safety and improve the quality of care in child health services. The programme responds to requests from healthcare organisations for independent expert review of aspects of their paediatric and child health services.

This review was commissioned in recognition that it is good practice to periodically review an established programme of work, to ensure that it is fit for purpose, meets current needs and the corporate objectives of the College. The RCPCH is considering how reviews are approached and believes strongly in promoting an open culture in healthcare. It recognises the anomalies within the Invited Reviews service, partly as a result of how they were developed and also commissioned. There is a strong call for an open culture and the review was therefore also asked to explore this area in detail.

The review methodology has been to use qualitative research methods; reviewing the documentation supporting the programme, interviewing a wide range of stakeholders and carrying out an analysis of findings set against the context of current issues and pressures for child health services.

It is clear from the stakeholder interviews for this review that many of the processes to support Invited Reviews are well established and function smoothly. Governance is managed by a Programme Board which has appropriate membership of College Officers, senior staff and programme reviewers. The Programme Board meets a minimum of three times per year and is focussed on programme governance and risk management. Reviewers interviewed feel supported by the Invited Reviews staff, although there were concerns raised about how quickly draft reports are written, given the window of opportunity for change immediately after a review has taken place. The two commissioners that were interviewed reported that the administration of the reviews is efficient and well-organised.

Confidentiality issues for Invited Reviews

One of the major issues that was raised in many of the stakeholder interviews, was the difficult balancing act between maintaining confidentiality, as a key value of Invited Reviews, and transparency, as an overarching principle of the College. This is particularly focused on the use, ownership and dissemination of Invited Review reports. The perspective among many members of the public and the healthcare professions is that keeping findings of reviews as confidential within the service should be reconsidered. By requesting this review, the RCPCH has identified the reputational asset of being seen as forward-thinking, embracing transparency and committing to sharing information with regulators and as appropriate with service users and the public. It now needs to agree how this operates in practice and to communicate it to relevant stakeholders so that it can demonstrate how it is working to support improved child health outcomes and service delivery for patients and their families.

Amongst the interviewees there was consistent and strong support for a move towards sharing reports with CQC and other appropriate regulators/inspectorates. There was also desire to strengthen the Invited Reviews response if serious concerns/ immediate risks are identified and the ways in which this is followed up with client organisations and the steps to ensure that this is reported to regulators/ inspectors.

Stakeholders interviewed had mixed views on the benefits of wider circulation/publication of Invited Reviews reports. Many strongly felt that report findings (either the complete report or a summary) should be shared with those involved in an Invited Review process. There were concerns about instances when this had not happened, particularly when the findings had not been shared with the service staff concerned. It was recognised that there could be potential harms from putting all Invited Review reports in the public domain. Whether this is appropriate is seen to depend on the type of review. It would be expected that there would be wide publication of a service reconfiguration review, where the matter is already in the public domain. However, the publication of case reviews on the care of individual children

and individual practitioner reviews, were rightly seen as being very different matters, where people's privacy and reputation could be at risk or public confidence undermined if these are published in full.

Risk management for Invited Reviews

It is recognised that there is a need for proactive risk management for an Invited Reviews service as there will inevitably be problematic reviews. Many services only consider a review at the stage where problems are entrenched, and internal efforts have failed to solve them. The programme has risk assessment processes in place and these need to be strengthened and an overarching approach to risk management developed and fully implemented.

The Invited Reviews programme has clear systems for governance and a detailed procedures manual to guide the conduct of reviews. A few cases were reviewed of issues that had arisen on Invited Review visits that illustrated where the current guidance needs to be strengthened and some ambiguities clarified. A revision of the procedure manual will enable the reviewers to access clear guidance while they are undertaking reviews.

The drafting and implementation of an escalation policy has been a welcome and essential development. This must set clear trigger points for when review findings need to be reported to the College and when to pass on concerns to CQC and other regulators, and who has responsibility for this. The application of the escalation policy needs to be monitored to check that it is working as intended and a timely review should be planned, so that revisions to the policy can be made if needed.

The programme currently offers a wide range of types of review and this is seen as a risk, the question being whether the design of the service, the tools available and the skills which clinical reviewers bring are able to support a properly robust review and actionable recommendations across the range of issues; these range from clinical notes, to individual practitioner issues, to in-service concerns, to multi-organisation whole service reconfiguration. There may be a case for review and rationalisation of the range of review types offered.

Service reconfiguration reviews are complex and high risk in that they are often high profile and subject to much public and medical passion about where services sit geographically. They require a wider range of experience than child healthcare professionals may have. They need an investment in planning time and to secure the necessary additional experience for the review team. The benefits of undertaking these reviews are that they respond to current concerns in services and can be relatively high value for the programme, contributing towards programme running costs.

There is a potential risk in terms of the emotional burden that reviews can place on reviewers and on the Invited Reviews staff, due to the emotionally charged issues at stake, such as professional credibility, concerns about children's safety and probing of professional and collegiate relationships. The review situation can be stressful, so reviewers and staff members need to have somewhere to take these experiences and confidentially de-brief and gain support.

The programme also faces financial risk as individual reviews have tended to be under-costed. In the past, budgets may have been based on a sense of what the NHS organisation has indicated it could afford, rather than the full costs of providing the review service and covering all staff costs, overheads, direct review visit costs, plus evaluation and service development costs. There is leeway to adjust costs upwards, while still offering good value for money compared to other providers of review-type activities. It is likely that potential clients may need some support to help them draw up a sound business case for a review and this should be proactively offered. Over the medium to long term, a higher level of revenue will mitigate short-term risks of losing some potential reviews.

Building internal and external relationships

The Invited Reviews programme needs to ensure that its work is well understood across the College and that opportunities to integrate learning from reviews to inform College work in other departments are pursued. This includes opportunities for collated review findings and recommendations to feed into developments such as leadership training, practice standards development and policy developments around workforce issues.

The Policy and External Affairs team would like comprehensive information on what reviews have been completed and advance notice of the schedule of planned reviews. The team would welcome an early discussion when there are potentially issues that may spark media interest. This team would support a move to greater transparency on review findings and routine sharing of information with regulators, in line with the College policy direction on openness and candour. Trustees would like more regular updates on the service so that they are fully aware of the risks and mitigating factors as part of their Board responsibility.

The programme runs in association with the Royal College of Nursing (RCN) and while there is representation from RCN on the Programme Board it would be advantageous to strengthen the collaboration. Nursing input to reviews is a crucial component of the multi-professional review service and it is important that there is a sense of 'ownership' of the reviews by the RCN.

Externally, the Invited Reviews team has good links with the staff of other colleges' Invited Review services. These can be built on to ensure more proactive sharing of good practice and methodology developments. In terms of sharing information about reviews externally, the Invited Reviews programme needs to build the relationship with CQC and other regulators. Interviews showed that awareness of the service among the regulators (CQC, HIS and HIW) was low. It will be necessary to develop routes for systematic information flows, as well as more informal relationship building, so that the appropriate staff at the regulators understand more about the scope and ethos of invited reviews and how these can complement regulatory processes.

The reviewer role

There are currently 70 reviewers and there has been good feedback on the competency and approach of reviewers, enabling them to deliver successful reviews. The commissioners interviewed for this review were very satisfied with the professionalism, thoroughness and approachability of the reviewers. The programme needs to continually refresh the reviewer pool, as many are senior clinicians toward the end of their careers. The current cut-off point for reviewing is two years post-retirement.

Interviewees felt that the current recruitment process for reviewers was not robust and that people in the pool are 'deselected' by not being used, rather than through any formal process. The programme has a suitable application process, and the training at development days was felt to be useful and appropriate. However, there are currently no selection criteria applied during the initial training. It is recommended that this becomes a selection event with documented criteria for selection, with assessment based on demonstrating the application of the skills and attributes of a reviewer.

Internal administration of the reviews

While the processes on the whole are working well to support the current model, this review has necessarily focussed on where these need to be improved. The service runs with two full-time staff and input from the Director of Research and Quality Improvement. This resource supports the day-to-day management and administration, (although there have been delays in report production) but does not allow for review and development of the service.

There is a wealth of relevant documentation in place for the management of the Invited Reviews service, this gives a clear sense of how the service is organised and the processes to be undertaken. However,

some form of document control needs to be developed. We found the current Invited Reviews master spreadsheet to be unwieldy and incomplete in terms of the data recorded. There is also a risk of having all the information in one spreadsheet in case it becomes corrupted. Better use of IT would enable efficient management of the review process from enquiry, through commissioning, to completion and follow up of review. A client relationship management (CRM) system such as 'Salesforce' would be a solution, enabling progress tracking of potential clients and review visits and facilitating the reporting of this to the Programme Board.

Programme guidance sets out the target for report production, however this seems ambitious at three weeks, given the small staff team and it does not appear to be achievable. Records show that reports are subject to delays, averaging 11 weeks to produce the draft report. Reviewers find that the lengthy timelines make it hard to remember the issues after the review. Clients are also concerned about the delayed reports, meaning that the 'window for action' post review has been eclipsed. There are plans to review report production and these need to consider better use of templates, the best way to use reviewer time and the options to protect staff time for report writing.

Follow up of reviews
Follow up after reviews is currently a weak part of the programme. The intention is for there to be a formal meeting on average six months after the review to check progress. Due to staff constraints this has not always happened. It is recognised that the College has no power to enforce action on recommendations. However, there is support for there to be a shift in the expectations around follow up, so that this is highlighted in review planning and an expected part of the process. Clients who were not followed up were disappointed, feeling this showed a lack of interest from the College. The commissioner would have welcomed the 'boost' from external support to push for changes. The follow up should, as a minimum, review progress with recommendations, action plans as well as outcomes, impact (quantitative & qualitative data) and learning. More creative approaches could include workshops with service staff, to discuss improvements to date and how to build on these.

Child and family involvement in reviews
The programme needs to develop the involvement of service users, children and their families in Invited Reviews. Patient and public engagement is likely to figure significantly as part of service reconfiguration reviews and the approach should reflect current expectation that service users are at the centre of review and development activities for healthcare services and are involved in meaningful, not tokenistic, ways. It is recognised the Invited Reviews team is working with the RCPCH&Us Network team on how to develop children and young people /parent and carer involvement in reviews.

Opportunities for developing programme reach and impact
The Invited Reviews programme is not well known across the NHS. Despite presentations and stands at RCPCH conferences and the information on the RCPCH website, the service appears to mostly be known through word of mouth and personal connections. It is important to identify who the potential commissioners/ clients will be once there is more clarity about the scope of the reviews to be undertaken. A stakeholder analysis would help to identify these groups for each type of review. Targeted marketing approaches and materials can then be developed for each group.

There appears to be demand for Invited Reviews although the number and frequency of requests is very variable. When a lot of requests are received it is hard for the small staff team to respond with proposals in a timely manner. Demand analysis would help to understand the volume and pattern of requests and will aid decision making about future planning. The analysis would highlight any patterns through the year and over longer periods of time, reflecting the NHS financial year/ budget setting, high profile events in the health service, political events, and major NHS reorganisations. Marketing materials need to emphasise the benefits of the Invited Reviews programme, such as the offer of expert advice from

experienced and well-respected senior clinicians as peers from the field, and how it is different to possible competitors.

Many interviewees highlighted the lack of information on the impact of the Invited Reviews. There is one short document on the website "Examples of how we've made a difference" which provides ten brief examples of findings from past reviews and recommendations made. The programme collects useful learning about the issues facing child health services but has not done so in a properly managed way in the past; it would be beneficial to capture, collate and disseminate this. Themes of clinical leadership and organisational culture are consistently raised. The review reports explore what is going badly in services and this could be generalised to inform College strategy. The examples of the challenges faced could help to inform the College's policy influencing role.

Conclusions

The Invited Reviews service is valued inside the College and externally. However, we were only able to speak to two commissioners of the service and there is a limited evaluation of the service, but it is seen by child health services who have used the service to offer a thorough and in-depth review service provided by a committed group of reviewers and the small staff group. The programme has a valid role to support improvement and although often focussed on reviewing issues of concern, there is an opportunity to support the development and integration of child health services.

Internally the programme needs to consider its positioning in the College and improving the awareness of its remit and potential value. Externally the major opportunity is to publicise and promote the programme to healthcare providers, regulators and policy makers.

The programme needs to modernise to make full use of technology and new ways of working to 'future-proof' the review offering, so there is flexibility to respond to the evolving needs of child health services. The College can stimulate demand for service reconfiguration reviews at the point when the NHS is poised for system change, rather than reactively responding to enquiries. This will open up opportunities with potential client organisations that may not otherwise consider approaching RCPCH for support.

This review makes many suggestions on how to up-date, improve and re-design the Invited Reviews programme. These all have opportunity and monetary costs associated and the College will need to decide what to take forward and what to set aside. Some of the changes are 'tweaks', others challenge the service to change quite dramatically and if implemented will need careful planning to take reviewers, commissioners and other stakeholders along with the changes. It will be important to ensure that College staff, Officers and reviewers have the necessary time, resources and support to deliver what is asked of them.

Collated List of recommendations

Recommendations on areas where the Invited Review service could take actions to improve its systems, processes and governance are included in each section of the report as appropriate. They are collated here to provide a basis for prioritisation and action planning in response, and grouped according to whether they:

- require a **strategic decision** at **College** level
- require a programme **policy decision** by the **Programme Board**
- or require a **management decision** at **staff team** level

Group 1 - Strategic decisions by the College

3d The Invited Reviews programme routinely and systematically shares all reports with the appropriate national regulator / inspectorate.

3e The change in procedure to share reports with regulators is made transparent to potential clients and that RCPCH Invited Reviews marketing materials and client contracts are amended to reflect this.

3g The Programme Board should consider how its work and key areas of impact are shared with the Board of Trustees and how the key risks carried are reflected on the College risk register.

4b Consideration is given to RCPCHs appetite toward risk for Invited Reviews and this is built into the acceptance criteria and risk assessment frameworks used.

5d Client contracts are reviewed, and a precise, legal explanation included on the purpose and standing of findings in the review report.

5e The application of the Escalation Policy is monitored to check if it is working as intended and a timely review planned, so that revisions to the policy can be made if needed.

5f Costing models for Invited Reviews are developed covering the full running costs of the service, to include a budget for development and investment in areas such as IT.

6f There is active exploration of how to strengthen the partnership with the RCN to meet their needs and benefit the programme.

6g RCPCH proactively contributes to the CQC and AoMRC review.

6h RCPCH independently explores the relationship and mechanisms with the CQC, HIS and HIW that will provide a practical route for information sharing and possible sharing of reports.

6i Information about Invited Reviews is developed to share with regulators and there is exploration of the most effective channels for dissemination.

10h The service recalculates and regularly reviews the fee structure for each type of review to include all programme running costs (from initial enquiry to follow up and a contribution toward service evaluation and development).

10i A listening exercise is undertaken with RCPCH members and potential clients to understand their needs and priorities.

Group 2 – Programme policy to be decided by the Programme Board

1a A summary of findings and recommendations from this report be circulated to those involved in the review.

3a   Consideration is given to how patient/ family/ public involvement feeds into the programme and the Programme Board. The role for a family representative at Programme Board level should be kept under review as this area develops

3b   The Clinical Advisor role is reviewed and established with a clear brief and remit, agreed with the Chairman of the Programme Board

3c   Consideration is given to the risks of working with organisations that have a 'confidentiality-focused' mindset, as this may be a marker for a potentially high-risk review.

3f   A range of options are considered for the sharing and discussion of the findings and recommendations, or the locally developed action plans, with staff and families involved in an invited review.

4c   Clarification is needed at acceptance decision making stage about whether an Invited Review is most appropriate method for the specific issues (such as investigation of high mortality rates) or whether to signpost to another organisation.

4e   Review the public information about Invited Reviews (on the RCPCH website for example) and all information sent to clients regarding their responsibilities and expectations for the review, to ensure that the expectation that review findings and recommendations will be shared by the review commissioner with stakeholders is clearly stated.

4g   The contract for clients is revised to consider how wording on sharing reports can be strengthened to indicate that the complete report should be shared with regulators and commissioners.

4h   The 'Process and Guidance' document is strengthened at section 9.4 to give more comprehensive guidance as to what level of changes it is appropriate to make in response to client comments and when review findings should remain unaltered. This would provide back-up when a client aims to get findings substantially changed which would not align with the review team's view, or if subsequent claims are made about 'watering down' reports.

4i   Scenarios are run to follow through the stages of the escalation policy, to test if it provides sufficient guidance and the implementation of the escalation policy is reviewed in practice.

4j   New guidance is added to section 10.9 the 'Process and Guidance' document on the considerations of when to call off a review in the light of events /findings revealed once the review has started, and/or the steps to record the decision making on continuing or calling off a review in difficult circumstances. This section of the guidance should also be referenced to the escalation policy.

4k   The 'Process and Guidance' document section 10.8 is reviewed and revised as appropriate to set out the circumstances in which reviews would not be undertaken if a healthcare professional to be subject to the review is already under professional or legal investigation, or been referred to PPA. This should also provide guidance on involving, or not, suspended staff members in a review process.

4m   Any potential conflicts of interest between the College, the reviewers, the commissioner and the commissioning organisation to be set out in the review report, together with the steps taken to mitigate the potential conflict.

5c   The Programme Board seeks legal advice on the implications of review reports being used in legal proceedings.

6a   The programme actively demonstrates to colleagues in other departments how findings and impact from reviews can help to develop leadership training programmes, practice standards and provide background information for workforce policy development.

7e   Key Performance Indicators are set for the Invited Reviews system and processes, monitored and the information is acted on. These could be monitored through the CRM reports.

7h The case note review process is risk assessed to decide whether to continue this offer. If so, tools are reviewed and advice is sought from other Colleges carrying out case note reviews, to ascertain best practice.

7k Costing of time for follow up activity is built into the scope for each review, setting a clear expectation with the client that this is integral, not optional.

7l The role of children young people and parents is developed for Invited Reviews as 'experts by experience' and they are involved in meaningful, not tokenistic ways.

9a The role for reviewers, post-retirement is reviewed.

9d The recruitment policy is reviewed to allow more targeting to recruit to the missing skill sets or experience/ specialism gaps, as currently not all reviewers are used.

9f Clarification is given to the role of Lay Reviewer and consideration of how to recruit appropriate individuals to this role.

9m Feedback and evaluation of reviewer training is analysed and reported to stakeholders, including trainees.

9o A profile for the associate expert role is developed with a procedure for securing such additional expertise for reviews.

10a A stakeholder analysis is undertaken to identify the potential commissioners for each type of review. Targeted marketing approaches and materials can then be developed for each group.

10j Review teams for service reconfiguration reviews are broadly configured to ensure that the various types of pertinent expertise are available for the review.

10k Completion of the follow up client questionnaire is a formal expectation of the review process. The questionnaire to be designed to gather information about the process and experience of the review. All questionnaires to be collated and analysed.

10m Client follow up questionnaires and reviewer feedback are regularly reviewed by the Programme Board.

Group 3 – Management decisions by the staff team

4a The 'Invited Reviews Process and Guidance' document is strengthened in section 8 with regard to the 'Pre-visit' discussions and information to the review team at section 8.7 to clarify that the concerns behind the review and any intelligence about organisational tensions gathered to date are shared with the review team so that they are well prepared for possible tensions or defensiveness.

4d Procedures are systematically followed, to ensure that the Lead Reviewer for a review is involved in the scoping of the review and the Pre-visit meeting. This will help to ensure that they are aware of nuanced information regarding the background and context for the review, enabling review teams to be mentally prepared.

4l Training for reviewers is revised to provide guidance on making firm recommendations, based on evidence, which do not shy away from serious concerns.

5a The enquiry risk assessment is remodelled so that it dovetails into the themes for the Invited Reviews Programme risk register.

5b Existing College guidance on risk management is adopted for enquiry risk assessments to ensure that there is consistent interpretation of the risk categories and the approach to rating risks using a risk matrix.

6b The programme systematically provides information on completed and planned reviews to the External Affairs and Policy Directorate.

6c   Links are developed with the RCPCH Ambassadors programme to gather information on client needs and raise awareness of the service with College members.

6d   The programme proactively links into the College's Quality Improvement work with case studies of 'closing the loop' on improvement activities.

6e   The staff team proactively strengthen links with other colleges' invited reviews services, seeking and sharing examples of good practice.

7a   An analysis of the Invited Reviews management, administrative processes and workload is undertaken to provide clarity on the tasks and the prioritisation of these for effective management of the programme.

7b   A system of document control is developed which includes nomenclatures, approval processes, version control, review cycle and change logs.

7c   Work instructions are developed for each of the key stages of the review process (these should be document controlled), linked to the steps in an updated process flowchart.

7d   A client relationship management (CRM) database is implemented to record the whole review process from enquiry to close-out, reviewer data, training, performance, and evaluation. This will enable greater ease of reporting.

7f   Review question lines are developed in advance and discussed and agreed by the review team, then shared with review staff to aid report writing.

7g   A template to link shared documents for the review to points in the ToRs is created to enable surveyors navigate the information.

7i   Resources allocated for report production are reviewed to consider 'protected time' for staff input to reports and additional Reviewer time to fully contribute to reports.

7j   The approach to the post-review questionnaire is refreshed and developed to try to improve response rates.

8a   The virtual review model is tested on a small scale, on a potentially low risk review, with reviewers willing to test out the new process and provide a thorough report back on their experience.

8b   Virtual review meetings are planned for two-hours maximum at a time.

8c   Consideration is given to a flexible approach to virtual review timetabling to take advantage of the benefit of asynchronous timing.

8d   The training needs of reviewers for virtual reviews are collated and addressed.

8e   A guide for the virtual review is developed.

8f   Invited Reviews continues to learn from and share experience with the Diabetes Peer Review Programme and others switching to virtual review approaches.

9b   An annual review of the skill-mix of reviewers is undertaken.

9c   The recruitment, selection and usage of reviewers is risk assessed. This should be undertaken as part of the annual review.

9e   Competencies for reviewers are defined and linked to the outcomes of the education modules.

9g   Selection criteria are developed for reviewers and an assessment methodology for how trainees are selected, to include scoring and guidelines for feedback if not selected.

9h   Methods for evaluation and feedback of reviewers are created, including training and post review.

9i   An annual reviewer training plan is developed.

9j   Initial training and ongoing development training are separated with specific team-leader training.

9k   Attendance at training is monitored.

9l   A SharePoint folder is created to store information and guidance that has open access for all reviewers.

9n   Criteria are set for how reviewers become Lead Reviewers.

10b The demand (requests) for reviews is captured as close to real time as possible to aid timely response and reminders, as well as providing information for future capacity planning.

10c The types of reviews to be offered in future is agreed and then ensure consistency of descriptions (i.e. type, reason for choosing, benefits) across all published and internal documentation.

10d Marketing materials emphasise the USP of the service e.g. Independent review; peer to peer, advice from leading experts in the field.

10e Clear criteria and request proformas for each type of review are created and made available.

10f A directory of alternative support organisations is created for staff to use for signposting when requests do not fit Invited Reviews criteria.

10g Published guidance (including standardised process) for each type of review including fees charged is made available.

10l A method for formal feedback from reviewers about their experience of participation in reviews is established.

10n The learning from across the completed reviews is extracted and thematically collated to inform future programme focus and planning.

10o Information collection proformas (e.g., Review reports, 6-month follow up questionnaire and close out reports) are reviewed and designed to address key lines of enquiry and to collect appropriate information (in a standardised format lending itself to analysis).

10p Information on the website and downloadable documents are updated as soon as strategic decisions made about the Invited Reviews future offer.

10q New case studies are developed on the benefits of Invited Review and these are grouped under the specific heading of each review type in order to help signpost the reader.

10r An updated publication outlining lessons learned and impact is overdue. This should incorporate evidence of actions taken by clients, impact or value for money, which are all increasingly important considerations for NHS organisations managing constrained financial resources