Too little, too late!

Improving the quality and timeliness of Child Protection Medical Reports

Dr. Isabel Wilson[1], Dr. Zoe Porteous[2], Nicola Davey[3]
[1] Homerton Healthcare NHS Trust, [2]University College London Hospitals NHS Trust, [3]Quality Improvement Clinic

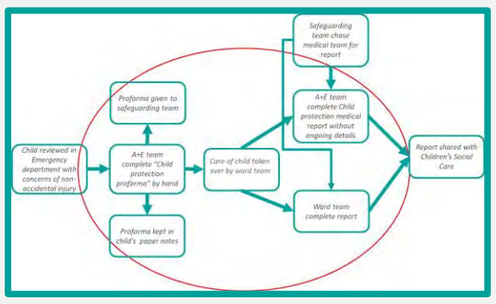
BACKGROUND

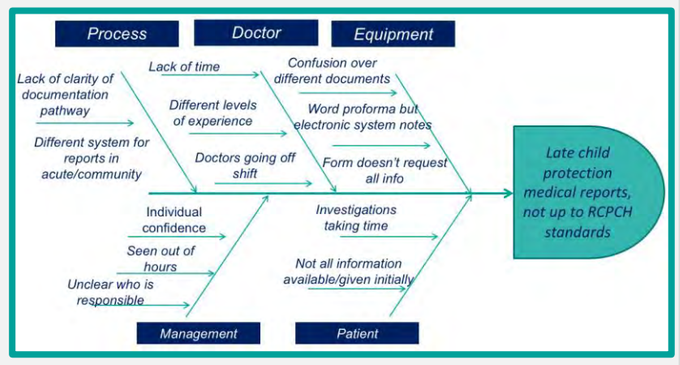
- Children seen by the Homerton Hospital Paediatrics team due to concerns of abuse require a Child Protection Medical Assessment
- The resulting Medical Report is a vital piece of safeguarding information and must be shared with social care to inform their decision making.

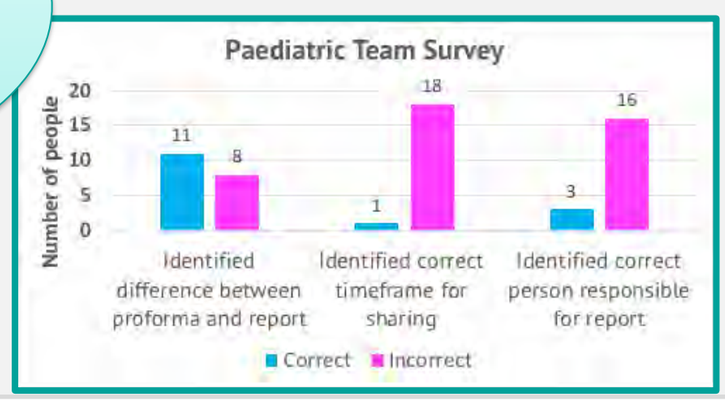
THE PROBLEM
Many of our child protection medical reports are **not complete** with Royal College recommended information.[1] Many are **shared late** with Children's Social Care.

Baseline data:
Median time to share report = 9 days
Median % complete = 80%

DIAGNOSTICS







- 38% don't know where to find the documentation
- 44% don't know the difference between the proforma and the report
- 1 person knew the right time-window, 38% not sure, the rest incorrect
- Only 15% correctly identified who was responsible for the report

AIM & MEASUREMENT DEFINITION

AIM
By March 2024, all hospital child protection reports will contain all RCPCH recommended information and will be shared with Children's Social Care within 10 days (ideally 5 days).

MEASURE
1. Time taken for report to be shared with social care.
2. % completeness for each report, audited against Royal College standards

Inclusion	Any child who has a child protection medical + strategy meeting with social care.
Exclusion	Any child protection case which does not lead to a strategy meeting with social care.
Sampling	Weekly review of child protection medical folder in Safeguarding shared drive

CHANGE IDEAS

1. Raise Awareness.
- Peer review with consultants
- Presentation in QI week
- Training in every induction

2. Go digital
- Create electronic proforma
- New 'reports in process folder'

3. Edit documentation
- Documentation guideline
- New standard operating procedure
- Edit report template

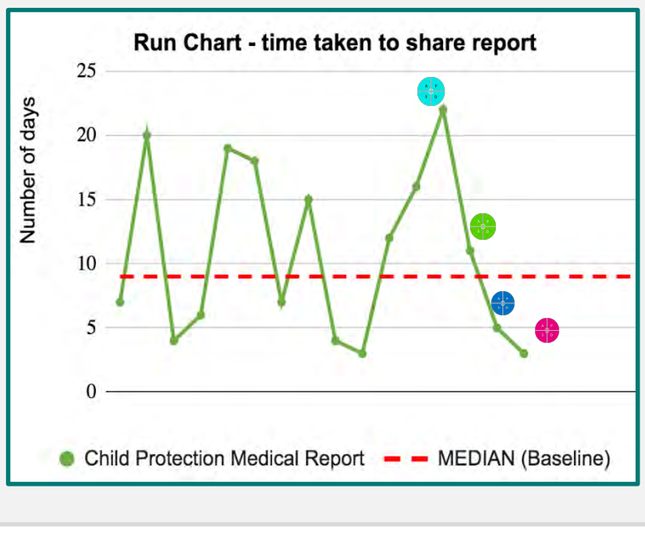
4.Constant oversight
- Safeguarding team review all reports.
- Safeguarding team add deadline to handover

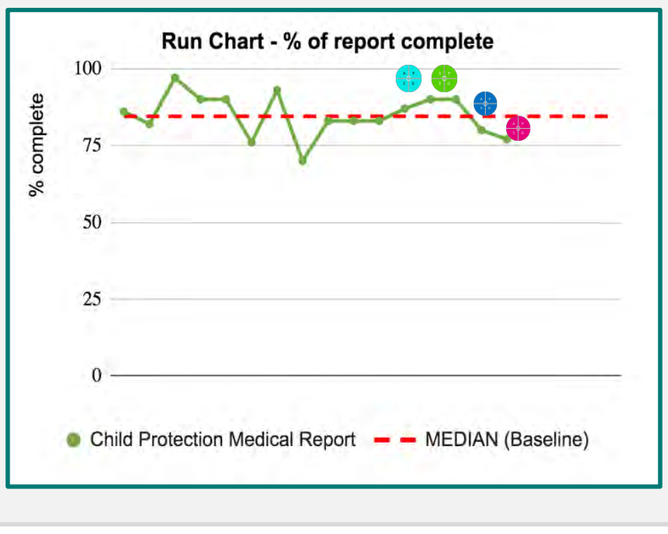
PDSA CYCLES

PDSA Test #	PLAN	Do	STUDY	ACT
1a	Safeguarding peer review held with consultants sharing baseline data and problem	Review subsequent reports	1 report - shared in 22 days, 90% complete. Maybe too early to see difference.	**AGAIN** Regular recaps at all safeguarding meetings is useful
1b	Follow-up email clarifying documentation responsibilities and timeframes			
2	Meeting with hospital safeguarding team + community safeguarding team leads	Review subsequent reports	1 report – shared in 11 days, 90% complete	**EXTEND** Community team involving me in standard operating procedure (PDSA5+6)

PDSA Test #	PLAN	Do	STUDY	ACT
3	Presentation to paediatric team in QI week – shared baseline data and recommendations	Review subsequent reports	1 report: shared in 5 days, 80% complete.	**AGAIN** Regular presentations to paediatric team would be useful
4	Email clarification/whatsapp reminder sent to all registrars clarifying documentation process.	Review subsequent reports	1 report: shared in 3 days, 77% complete.	**AGAIN** Regular email/ whatsapp reminders to paediatric team, but not sustainable
5	New Child Protection Medical Standard Operating Procedure with clear instructions	Review subsequent reports .	In progress	

RUN CHART





REFLECTIONS & LEARNING

Measure 1: No reduction in median time to share but beginning to see trend towards improvement.
Measure 2: Increase in median completeness of reports from 80 to 85%.

- More robust, sustainable changes required to change practice consistently. (PDSAs 5,6,7)
- Frequency of child protection medicals is low, hindering PDSA cycle measurements
- Cumulative effect of each PDSA important for maximum improvement.

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1. RCPCH Child Protection Service Delivery Standards, 2020. Available at: https://childprotection.rcpch.ac.uk/resources/service-delivery-standards/