

Working together to support early intervention and prevention

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Rationale

The Children and Young People (Scotland) Act 2014 provides the legal framework to deliver the Getting it right for every child vision. As part of this vision relevant service providers require to "Request Assistance" to support, promote and safeguard a child's wellbeing. This partnership project reflects the ambitions of the Quality Strategy (Scottish Government, 2010) by ensuring that children across Ayrshire receive the most effective assistance, support and care, at the right time by the right service.

A significant number of Requests for Assistance forms were declined by receiving services due to inconsistent completion of forms resulting in children not receiving the additional support required. It is anticipated that children will receive support from service requested in a timeous manner ensuring improved health and wellbeing outcomes. In addition the Named Person will be up skilled and have increased confidence in completion of Request for Assistance forms.

Aims

To ensure 95% of RFA forms for early childcare are completed by Health Visitors and will contain three core elements to ensure a clearer rationale and will be child outcome focussed by November 2018.

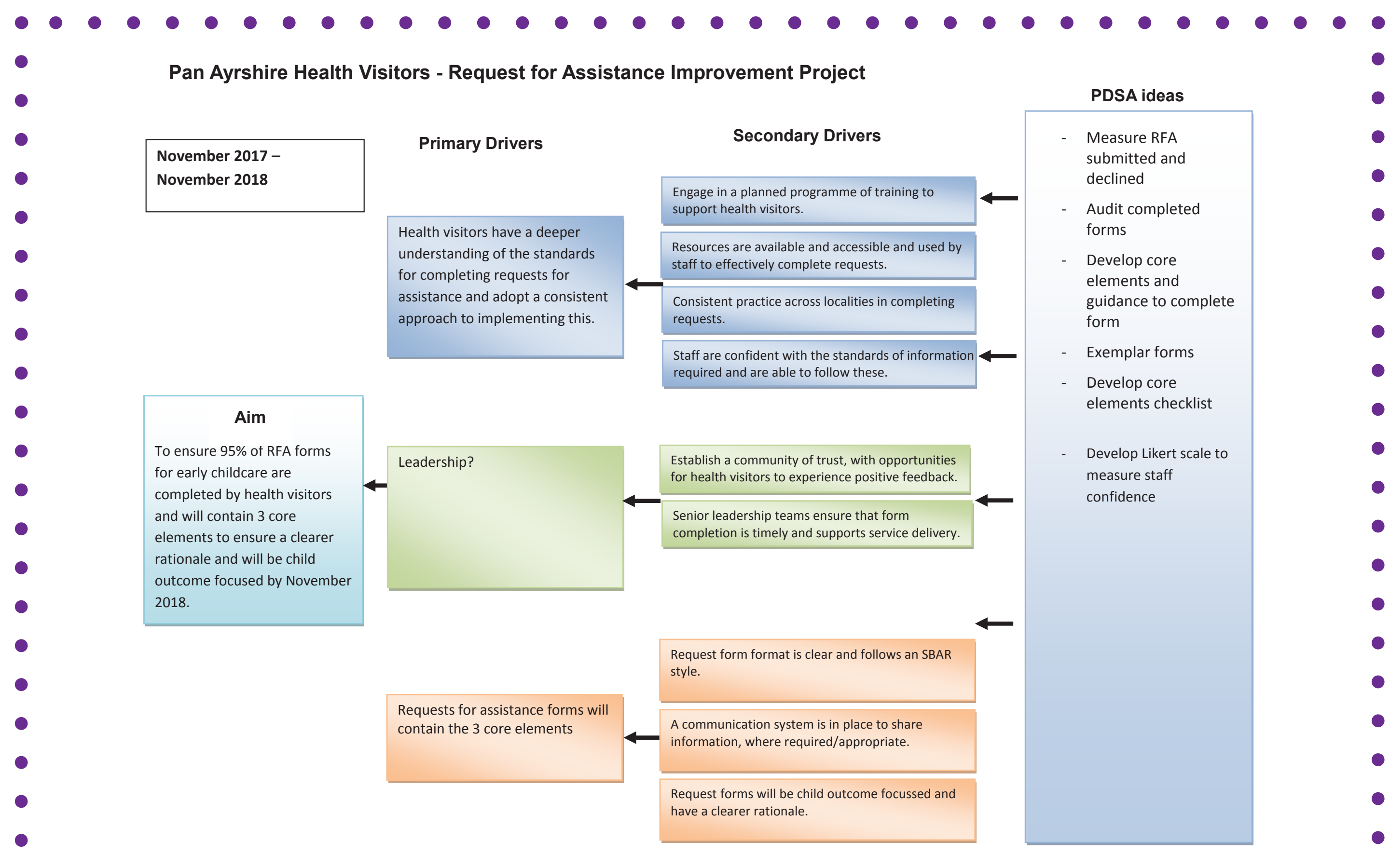
A 90 % reduction in the number of declined requests for assistance for Early Childcare across the three Ayrshire Authorities by November 2018.

Method

Anecdotal evidence was the driving force for the project. We carried out a scoping exercise to establish the quality of completed "Request for Assistance" forms across the three Ayrshire areas.

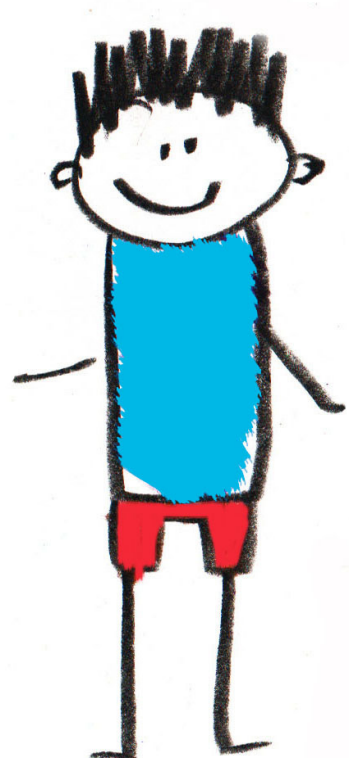


QI methodology and tools were utilised; a driver diagram helped us to both identify and prioritise areas for improvement; a PDSA captured small scale testing; measurement plan; data analysis using run charts; Force Field Analysis highlighted driving forces and restraining forces; Likert charts measured staff confidence, all gave direction and structure to the project. Process mapping helped us identify all the different stages and processes involved in making a request across the three Ayrshire areas.



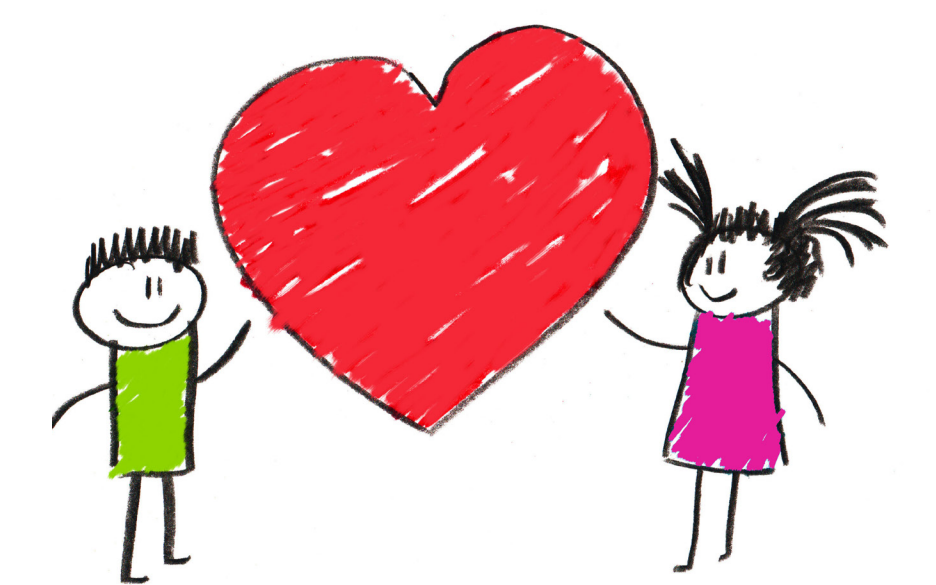
Process change

Our first change was streamlining the existing referral processes and documentation across Children's Services in Ayrshire into a single "Request for Assistance" process and form, in doing so, eradicated inappropriate referrals, wasteful variation and duplication. In addition, robust leadership was essential to the success of the project by cascading vital information to practitioners. We ensured that the three core elements were captured in the RFA by involving practitioners in the improvement project. This was achieved through communication at team meetings and clinical supervision. This was further enhanced by collating feedback from various agencies and colleagues across the three Ayrshire partnerships. This allowed staff to work more collaboratively and see a genuine improvement in the quality of their own work.



Achievements

- Improvement in the quality of information provided in the RFA form which assisted in decision making. This ensured that the correct supports were in place for a child to have positive outcomes.
- Staff became more skilled in applying the SBAR format which provided structure to the documentation.
- Staff satisfaction- that the quality for the RFA forms are recognised as an improvement (forms not being returned or declined as poor quality).
- Appropriate supports achieved more timeously due to RFA not being declined.
- Staff engagement was positive as they recognised that this change resulted in an improvement in their practice.



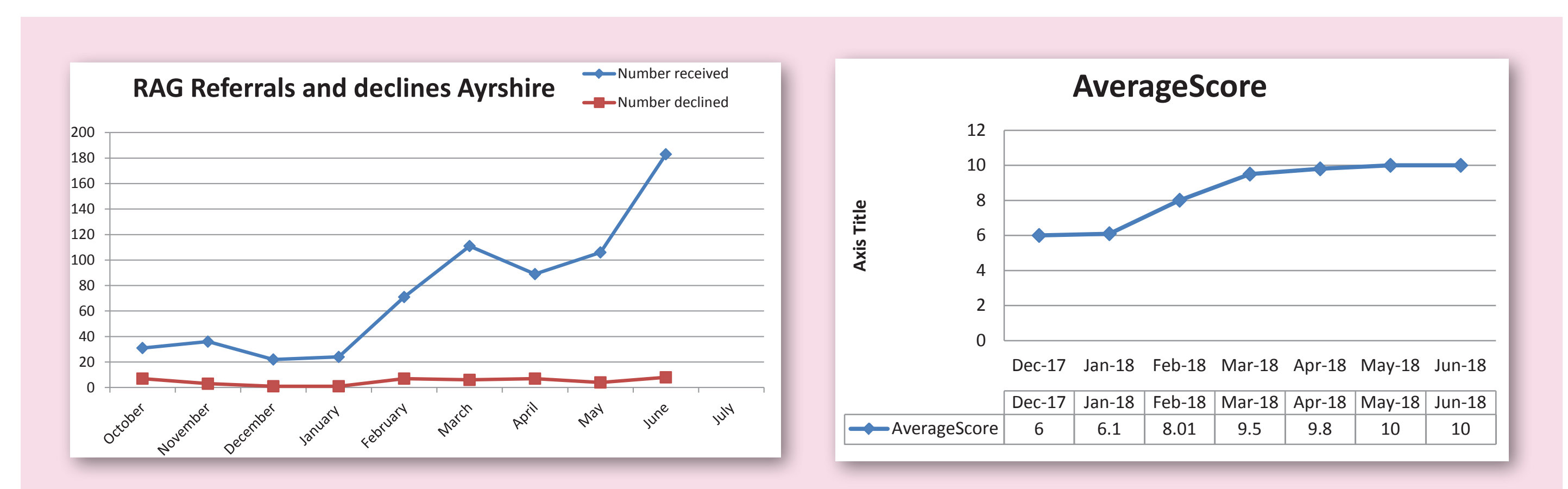
Key Learning Points

- Leadership; Clinical Team Leaders commitment to the improvement project helped to drive the practice changes that were required.
- Getting buy- in from staff; their compliance assisted in the success of the project.
- Positive feedback from Clinical Team Leaders and other agencies increased staff confidence in the completion of the RFA and the core elements required.
- That the "change" is no longer seen as a "change" but as a normal standard of practice.

Results

Run charts demonstrate evidence of number of RFA being declined over a 10 month period.

Improvement of Core Elements being completed within the RFA form was captured in monthly audits. Supports provided quickly as less RFA being declined.



Conclusion

The aim of our quality improvement project was achieved and the impact has made a significant improvement to health visiting practice across NHS Ayrshire & Arran. RFA forms are now clearer in rationale, as core elements are completed in an SBAR format and intended child focussed outcomes are clearly identifiable on the form.

References

Children and Young People (Scotland) Act 2014 [Online] Available: <http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

Scottish Government Getting it right for every child National Practice Model [online] Available: <http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model>

