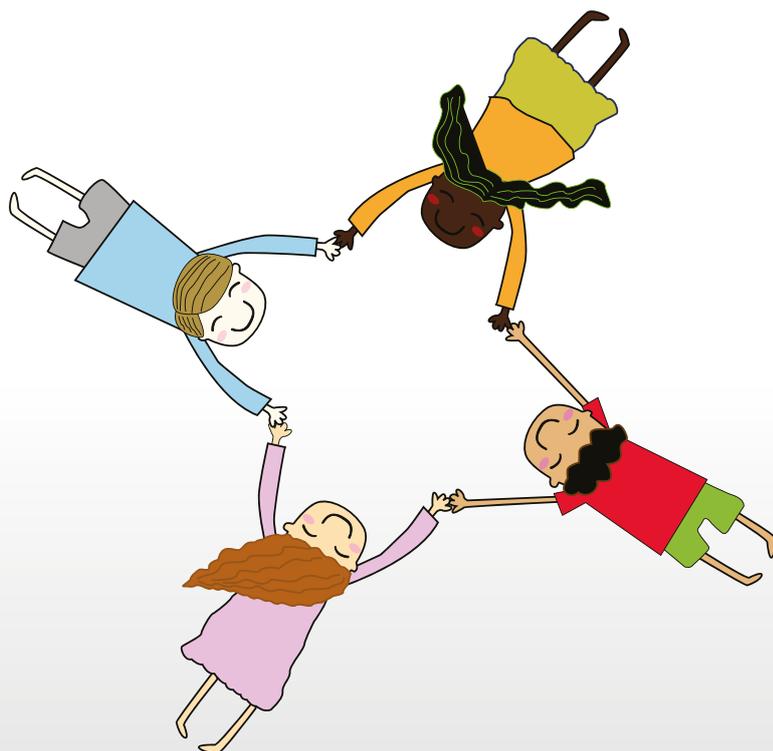




PiP Report

2012 - 2014

Working together to improve
the quality and accessibility of
health services for children and
young people





Foreword

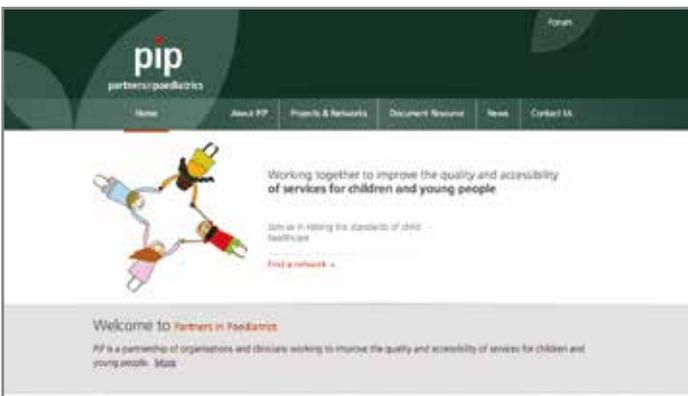
Welcome to PiP's report on activities for 2012 – 2014. In our last report, we reflected on the major changes affecting the NHS, in particular those relating to its structure and new commissioning arrangements.

Since then there have been further changes and challenges for the NHS, with the formation of Area Teams and Clinical Commissioning Groups and the establishment of the West Midlands Strategic Clinical Network (Maternity & Children) and the Clinical Senate.

During this time PiP has continued to be a stable and influencing advocate for children and young people. The focus on improving health outcomes for children and young people across the region remains as strong today as it did when the organisation started in 1997.

The organisation has actively responded to the 'external' challenges – whilst also reviewing itself as an organisation and strengthening its governance arrangements.

We have introduced better accountability to our members through the establishment of a Board structure and revised Terms of Reference, and ensured that members are actively involved in setting priorities. A dedicated Core Group supports the work of the Board, ensuring that actions are implemented and new opportunities for development researched.



Communication has improved. A regular newsletter is produced and a new website has been developed (www.partnersinpaediatrics.org) which is crucial to improving communication with members – and between members – and enabling ideas to be developed. One of the aims of the website is to act as a 'repository' of good practice and documents so that examples can be shared across the region. It also features a Forum where members can raise and comment on topics for discussion.

PiP has strengthened its relationship with partners across the healthcare economy and in social care and local authorities through its links with Directors of Children's Services and with Public Health England.

PiP's main aim of improving the quality and accessibility of services (for children and young people) has continued to provide many opportunities for healthcare professionals to come together to work on existing networks. These include gastroenterology, paediatric anaesthetics, rheumatology and safeguarding but also developing new initiatives such as work on engaging with children and young people.

The improved focus and accountability of these networks ensures that there are demonstrable outcomes in working to improve healthcare services whilst providing opportunities for professional development and dialogue.

We trust you will enjoy reading about some of our successes over the last two years on the following pages. If you are interested in getting involved with any of our networks or projects, or have an idea you'd like to discuss with us, please do get in touch.

Liz Nicholson
Chair





Changes in PiP Personnel

Two key changes took place in January 2013. Chair, Chris Sharratt, retired and we also announced the resignation of Clinical Lead, Andy Spencer, when he was appointed to the post of Clinical Director at the Strategic Clinical Network (Maternity & Children), with lead responsibility for paediatric services.

In April 2013 the Board appointed Liz Nicholson, the previous Vice-Chair, as its new Chair.

Liz has enormous experience of networking and partnership working through her previous role as a Director of Children's Services and she is currently a Non-Executive Director for South Staffordshire and Shropshire Foundation Healthcare Trust.

PiP's new Clinical Lead, Kathy Bailey was appointed in March 2013. Some members of the Birmingham Children's Hospital Young People's Advisory Group, helped with the interviews for the new post. They prepared well for the interview and gave the applicants some challenging questions to answer!



Left to right:
Chair:
Liz Nicholson
Clinical Lead:
Kathy Bailey

On being interviewed by the young people, Kathy said: "It was an honour to be interviewed by young people who were equally committed to getting involved and making a difference. I was inspired by their confidence and knowledge in relation to PiP, and the need for networks to ensure that high quality care is available to everyone."

The young people said: "It was a fantastic opportunity and knowing that PiP valued and took into consideration the opinion of young people was greatly encouraging. It was nice to see how much our opinions were valued and welcomed."

Kathy has brought a wealth of experience and knowledge to PiP's work. She is keen to ensure that the work continues to evolve and develop to support improved health outcomes for children and young people.

Julia Greensall
Network Development Manager

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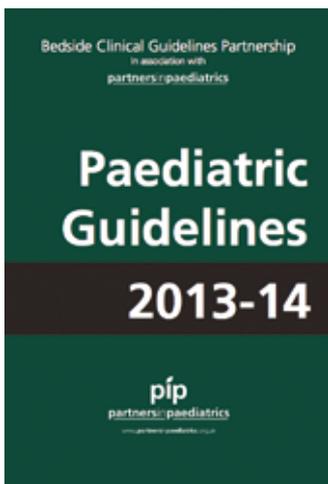
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Development of Paediatric Guidelines



From the inception of PiP, it was recognised that working together in developing clinical guidelines was an efficient use of time and would assist PiP in meeting one of its primary objectives: 'to improve the quality of services for children.'

It has been acknowledged that developing quality guidelines that would be useful at the patient / doctor interface, was very challenging. PiP joined with **The Bedside Clinical Guidelines Partnership**, who had already developed a methodology and a team approach to developing adult medical guidelines.



The Paediatric Guidelines are reviewed on a 2-yearly cycle. They use the best available evidence and practice, which involves continuous review of both new and existing literature.

Over 90 specialty areas are now covered and the 6th Edition of the Guidelines will be published this autumn. Copies are regularly sent to hospitals outside the West

Midlands – and requests for copies have been received from as far afield as Australia and New Zealand!

They continue to be successful - helping consultants, junior doctors and nurses maintain high quality and consistent practice. They use the same format across all specialties so they are recognised by junior doctors on rotations.

Moving Forward:

NICE Accreditation

Work is currently being undertaken to gain NICE accreditation for the process of developing the Guidelines (which also includes the Neonatal and Obstetric Guidelines). As a first step a gap analysis has been undertaken against the NICE criteria (25 criteria across 6 domains). The Strategic Clinical Network (SCN) is leading on this project and the Project Manager is Andrea Read: andrea.read@nhs.net

Involvement of Young People

A group of Young Health Champions working in Shropshire, has developed a number of important messages ('Top Tips') which they would like clinicians to take into consideration when working with them - see page 11. These have been included in the 6th Edition of the Guidelines.

Development of Guidelines across the primary / secondary interface

PiP is working with GP, Dr Jackie Lewin (appointed by the SCN), and other partners, to develop guidelines / care pathways which will cover community to secondary care, for the management of those conditions which are the commonest causes of admission to A & E (many of which result in less than a 24 hour stay). For further information contact Dr Lewin on: jlewin@nhs.net

Paediatric Care On-Line UK

The Royal College of Paediatrics & Child Health (RCPCH), together with other Royal Colleges, has received funding to develop Paediatric Care On-Line UK. This is similar to the American system (www.pediatriccareonline.org). The first meeting to progress this took place in September 2014. It is anticipated that some of the information in the Paediatric Guidelines will be incorporated in this work.



Do Managed Clinical Networks create value?

PiP has supported the work of a doctoral student from Keele University who has conducted a research project exploring the value that is created and realised in Managed Clinical Networks.

The aims of the research were to: a) Investigate how PiP delivers 'value' to its members, and b) Compare the work of a 'voluntary' clinical network, with other 'managed' operational delivery networks.

The work of PiP (the voluntary network) and a matched, mandated Newborn Neonatal Network (NNN)* have been the subject of the research. Around 40 participants were invited to take part in the study; approximately 20 from PiP and 20 from the NNN.

Those who have been interviewed from PiP include members of the Board and some of the key individuals who have been actively involved in work streams - lead clinicians and senior nurses from the following hospitals: George Eliot, Russells Hall (Dudley Group), Robert Jones & Agnes Hunt, Shrewsbury & Telford and University Hospital of North Staffordshire.

The research provided members with an opportunity to reflect on the role and scope of clinical or operational delivery networks, and for PiP members to consider what it has meant to them to work effectively through the PiP 'partnership' – and whether 'added value' has been realised.

Key Findings:

Members report that PiP provides valuable forums for debate and discussion of new ideas, problems and issues, and allows 'thoughtful interrogation of what practice is being undertaken.' Almost all the participants agreed that PiP has prevented their units from working in isolation; it provides a platform for collective planning and decision making – and with that comes a sense that PiP can provide

a collective voice, representing children and children's health services, that is heard. PiP is seen as a means of providing advice about service improvement and change. However, as a voluntary network, PiP is not an executive body in the NHS. It can influence but has no authority to implement plans. Securing understanding, agreement and the financial and organisational support from NHS Trusts and from commissioners needed to cement change has proved consistently difficult.

The majority of participants said that membership had given them personal benefits, particularly the ability to share ideas and expertise. One person said: "I feel I have like-minded individuals working in different hospitals, in different environments doing very similar things to me...we can help each other."

In summary, PiP has many of the characteristics of an informal, or voluntary clinical network – strong clinical engagement and facilitation of exchange and circulation of clinical expertise. It also has a presence and influence in policy circles. Whether and how that influence can make a significant impact on service and pathway development is a crucial question for the future.

A summary of the research findings will be shared at the Annual Conference in October 2014; results will then be reported and published. If you would like further information please contact Usman Zafar on: u.zafar@keele.ac.uk

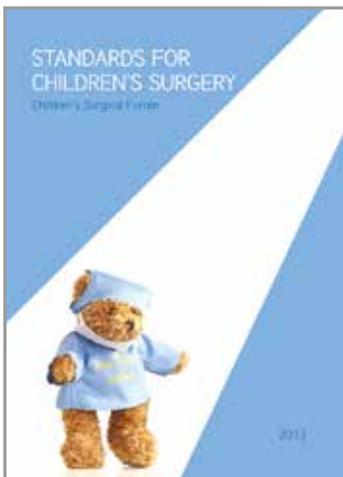
* There are approximately 24 Newborn Neonatal Networks across England – developed as a result of recommendations from the Department of Health's 'National Strategy for Improvement'. The main recommendation being that neonatal care is provided through managed clinical networks.



General Paediatric Surgery Project

In 2012, PiP and Birmingham Children's Hospital (BCH) secured funding to undertake a General Paediatric Surgery (and Urology) project. Staff from the two organisations are now working with the West Midlands Strategic Clinical Network (Maternity & Children) to progress this.

The overall aim is to develop a networked solution to ensure that a high quality and sustainable General Paediatric Surgery (GPS) service can be delivered across the West Midlands (and other geographical boundaries as appropriate).



The over-arching principle is that children should receive surgery in a safe, appropriate environment, which is as close to their home as possible – as outlined in the Royal College Standards for Children's Surgery (2013).

An inaugural meeting was held in September 2013, as part of BCH's InTent week. The evening was

intended to gather views and explore the current level of sustainability of GPS services across the region.

Progress made:

The Project Board has since met twice and a second Stakeholder event was held on 17th July 2014.

Two Clinical Leads have been appointed (working on a job-share basis): Mr Oli Gee, Consultant Paediatric Surgeon at BCH and Mr Doug Bowley, Consultant Surgeon at Heart of England NHS Foundation Trust.

The July Stakeholder event brought together a range of clinicians and commissioners from across the West Midlands. The purpose of the event was to demonstrate how a general paediatric surgery network across the West Midlands could be beneficial both to clinicians and to patients.

The Project Manager, Liz Bagley is working with the Clinical Leads, the key personnel from each organisation and all stakeholders, to develop the West Midlands General Paediatric Surgery Network to deliver the best general paediatric surgical care for children and young people across the region.

The Project Board has agreed the following objectives to be achieved by March 2015:

- A business case for the project to continue in the interim year 2015/16 to be developed
- A business case for the continued commissioning of the network past 2016 to be developed
- A number of agreed network pathways to be published
- Website to go live
- Continued engagement with stakeholders with relevant CPD events organised

The next CPD event is being held on Thursday 20th November 2014. For further details please contact Liz Bagley on: liz.bagley@nhs.net



Paediatric Anaesthetic Network (PAN)

The overall aim of the PAN is to address the issues relating to the safe delivery of paediatric anaesthetic services.

Since it was established in 2003, the network has provided a forum for paediatric anaesthetists to share issues and problems with other anaesthetists from both specialist and non-specialist units. Meetings are held three times a year.

The co-chairs are Dr Rob Alcock, Consultant Anaesthetist at Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Trust (Oswestry), and Dr Richard Crombie, Consultant Anaesthetist at Heart of England NHS Foundation Trust.

The main objectives of the PAN are to:

- Address the issues relating to the safe delivery of paediatric anaesthetic services across the region and partnership area
- Ensure a comprehensive, quality service dedicated to the care of all paediatric patients
- Develop educational packages dedicated to meeting the training and developmental needs of all staff

Key achievements:

Study Days

Members of the network organise an Annual Study Day. These are aimed at the children's anaesthetist working in the DGH and provide opportunities for CPD and networking.

At the last Study Day held in February 2014, there were several national and regional speakers, and a wide range of topics covered: The Immediate Management of Head Injuries, Early Management of Sepsis, Hypnosis, Anaesthesia & Anxiety in Children, Respiratory Emergencies and 'Interesting Cases.' There is usually an 'interesting' debate too!

The Study Days are well attended, with 84 delegates attending the Study Day in February. They represent excellent value for money, and evaluate well.

Guidelines for Acute Pain Management in Children

Members of the PAN have developed paediatric analgesia guidelines. They provide direction to medical and nursing staff on the safe and effective relief of acute pain and postoperative nausea and vomiting and are regularly revised (last revision – May 2014).

Standards for the Care of Critically Ill and Injured Children

Members provide anaesthetic input into the West Midlands Peer Review process and have helped to set achievable standards for the provision of paediatric anaesthesia.

Paediatric Guidelines

Members contribute to the development and revision of these guidelines.

Current work streams

Members of the PAN are participating in, and providing anaesthetic advice to, the General Paediatric Surgery project (see page 6).

A competency based training package – Paediatric Anaesthesia and Recovery Training (PART) – is being developed, to improve the quality and consistency of training for Theatre staff (those Nurses and Operating Department Practitioners who normally work with adults).

The next PAN Study Day is being held on Friday 27th February 2015 in Birmingham. See website for details.



Annual Conferences

Since our last report, we have held two successful Annual Conferences which provide a forum for clinicians, managers and commissioners to meet and explore new ideas. The following provides an overview of content and the key discussion points emerging from each.

October 2012 Conference:

'If Networks are the answer: what are the Questions?'

was set against a changing landscape for services for children and young people. The White Paper 2012 had outlined plans for a clinically led NHS and highlighted the importance of multi-professional involvement in clinical commissioning.

In July 2012, the NHS Commissioning Board (NHSCB) had published the 'Way Forward' for Strategic Clinical Networks (SCNs). The Single Operating Framework for SCNs was due to be published in November 2012.

The conference provided the opportunity to consider the benefits of working in clinical networks and address some of the challenges that networks present - for those providing and commissioning services.

Key Speakers:

Dr Kathy McLean – Clinical Transitions Director with the NHS Commissioning Board (NHSCB) - Clinical Networks & Senates

Carol Ewing – RCPCH Workforce Director – The Future for Clinical Networks from the RCPCH perspective

Mr Richard Stewart – General Paediatric Surgery Clinical Lead – East Midlands Specialist Commissioners

Dr Jackie Cornish – University Hospitals Bristol NHS FT - Paediatric Clinical Networks in the South West

Key discussion points:

We need to bring the existing local / informal networks into the work of the SCN for Maternity & Children and involve all stakeholders.

Development of clinical networks:

- Precise definitions of levels of skills are needed across networks
- Data sets are crucial, but where is the funding for these going to come from? Will this be CCGs or NHS Trusts?
- Risk Management / Governance Structures: What happens to the professional concerns about quality of care across a network?

Reconfiguration of services:

Reconfiguration is required but it is difficult to persuade clinicians in individual Trusts who are concerned about the future of their own Units. There is a benefit to having a region-wide approach to service provision and re-design.





For example in Manchester where clinicians said they couldn't deliver the Working Time Directive (WTD), paediatricians and obstetricians worked together, looked at the evidence and 'pooled together' all the Standards to plan the re-design of services across the region.

It was recognised that it's important not to destabilise Trusts; currently most DGHs will provide elective, daycase and outpatient care. There are Emergency Departments in most small DGHs. There has to be a balance – but we can't be bonded to 'buildings'.

Community:

Need to engage with those working in the community as this is where the majority of children are seen and where initiation of care often starts.

How we commission the whole pathway, from community through to tertiary care, needs to be addressed. Pathways should include initial 'prevention' through to appropriate transitional arrangements for young people.

Commissioning and working with CCGs:

- Commissioning cannot be fragmented; money can be saved through improving quality
- How will we link parts of these service pathways which CCGs will commission, to avoid any potential bottlenecks?
- We need to think about affordability. We need to 'give commissioners more quality' and commissioners have to empower networks to save money

Funding:

For the next 5 years, we are in a 'flat cash' situation. We have to change funding mechanisms and ensure commissioning is not 'fragmented'.

Workforce issues:

Collaborative working is essential to have a 'joined up' strategy in relation to the future workforce requirements.

Participation of users:

Important to work with commissioners to involve patients and carers.

Children and young people:

Need to ensure that future work links up with the findings of the Children and Young People's Outcomes Forum.

October 2013 Conference:

'Seen and Heard' explored how we can better engage with children and young people in determining and delivering better health care.

Liz Nicholson, Chair of PiP, opened the conference. In her previous role as Director of Children's Services in Shropshire, Liz was committed to ensuring that the voice of the child and young person was heard and taken into account in service provision and development and has set this as a priority for all PiP members and their organisations.

Key Speakers:

Kath Evans: Head of Patient Experience for Maternity, Neonates, Children and Young People

Jane Coad: Professor in Children and Family Nursing, Coventry University

Susan Read: Professor of Learning Disability Nursing - School of Nursing and Midwifery - Keele University

Janette Vyse: Lead for Patient Experience at Birmingham Children's Hospital

Claire Callens: User Involvement Co-ordinator: Medicines for Children Research Network



Annual Conferences continued

Key discussion points:

Engagement with children and young people, to improve their healthcare services, *is* happening and *is* possible. However, effective engagement requires resources and training. The cost of effective engagement needs to be built into expenditure plans and supported by managers.

There is a lot of good practice being undertaken; however, often initiatives are started, but not sustained. We need a new way of thinking about 'engagement'. There is no one 'right' methodology. We use a variety of methods, and have a range of tools.

Whichever technique is used, it is important to take a 'cyclical' approach, and ensure information and actions are fed back to the children and young people themselves.

To ensure that the engagement process is meaningful for children and young people, it is important that they understand the remit for their involvement; although their views are important, there may be good reasons why it may not be possible to fully implement all of them. This needs to be agreed at the start of the process.

When working with individuals with learning difficulties and their families, professionals need to respond to these challenges and consider what 'reasonable adjustments' need to be made to ensure genuine involvement.

The people who can make a difference to the quality of care provided are often the Health Care Assistants and Student Nurses. Investment in these members of staff needs to be made during their training, so that they fully understand the importance of engaging in an effective way.

There is a lack of 'structure' or validity in developing 'user engagement' in Quality Measures. It is important to ensure we evaluate the right things and review the outcomes.

The subject of 'meaningful engagement' needs to be on the agenda of Boards in all organisations.

We also need to embrace technology and social media - Twitter, Facebook - and websites such as 'I want great care'.

Children & Young People Event

A meeting took place after the conference with those who expressed an interest in supporting PiP in this work. A training event was then held in March 2014: ***'Engaging with Children & Young People in Service Development and Review'***.

"I feel really inspired and it reminds me of the reasons we all work with children and young people in the first place."

This was an immensely successful day, mainly due to the involvement of young people – eight 'Health Champions' from Shropshire and three students from the Ormiston Sir Stanley Matthews Academy, Stoke-on-Trent.

There were several presentations as well as a highly interactive and thought provoking quiz from the Health Champions from Shropshire based on the TV programme 'Are you smarter than a 10 year old?' The questions were based on the young people's different experiences of using health services.

We had a graphic facilitator who visually recorded the day and the young people also developed a number of 'Top Tips' to be taken into consideration when working with them.



Key discussion points:



Although a lot of good practice is currently taking place, it is clear that further work could be done. During the course of the day, several delegates said that they had been inspired and motivated to do more, and some people commented that they would now change how they take things forward.

Progress continues to be made and since the event :

Delegates have been asked to feedback how work is progressing in their respective organisations. We worked with some of the young people to design a questionnaire to gather this information.

We are liaising with the Young Health Champions Project Manager from Shropshire CCG; the intention is to re-do and video the interactive quiz that the young people developed, so that it will be available as an example of 'good practice'.

www.partnersinpaediatrics.org

includes a section dedicated to the work around engaging with children and young people. Please let us know about the work that is being undertaken in your organisation, so that a repository of good practice can be developed and shared.

Top Tips when dealing with children & young people

1. Always introduce yourself and say what your role is: 'hashtag hello my name is' (Dr Kate Granger's campaign)
2. Explain what you are doing to a young person and why
3. Don't talk down to a young person / don't patronise them
4. DUA! Don't use acronyms
5. If you need to use specialist language please explain it
6. Don't treat us as if we are a rag doll - we have feelings and value our personal space
7. Don't make us feel small - believe what we are saying
8. Don't make us feel guilty
9. Talk to us as well as our parent or carer and make our parent or carer feel valued. They're frightened too and we worry about them
10. Make us feel safe
11. Listen. Don't keep making us repeat ourselves
12. Try not to give us conflicting advice
13. Be aware of our feelings
14. It's OK to say you don't know something or to apologise
15. Don't be the bad apple; be the good example and be proud!



Designated Professionals Network

PiP has supported work around Child Protection and Safeguarding issues since 2003.

The primary objectives continue to be to provide professional support to the clinicians involved in this work, share good practice and gather information about the way services are organised and resourced.

A Child Protection 'Standing Group' was established in 2004 and between 2004 – 2006 shared clinical and organisational issues including strategic roles in Child Protection and Child Sexual Abuse (CSA). The work of the group evolved and it became a 'sub-group' of the West Midlands Designated Professionals Network (until the support given by the then SHA ended in March 2013, following reorganisation of the NHS).

PiP worked with safeguarding agencies and professionals (health, police and social care), to respond to problems faced in providing appropriate and consistent services to children and young people (where there is alleged or suspected CSA).

PiP reviewed the configuration and provision of CSA services across the West Midlands.

There was evidence of significant variation in how cases were handled from area to area and concern among Child Protection professionals about variations in the process of care. The forensic and medical assessment following disclosure / allegation of CSA was also considered.

In 2008 the group developed and produced CSA Care Pathway and Service Standards which were used across much of the West Midlands and Cheshire. PiP worked in association with NHS West Midlands Designated Doctors and Nurses Clinical Network to update the CSA Care Pathway and Standards in 2011. The CSA Care Pathway was adopted by Local Safeguarding Children's Boards across the West Midlands. The work was also recognised by the Department of Health and adopted by the Home Office.

PiP has organised training events to raise awareness of the skills and competencies required for issues relating to CSA, and to ensure that clinicians engaged in this work are confident and competent and that their training needs are recognised and addressed.

Current situation:

PiP is working with the West Midlands Network for Designated Health Professionals (Safeguarding Children) with support from Helen Hipkiss (Head of Safeguarding with the Regional Team). The aim is to provide support for designated doctors and nurses who have lead responsibility for safeguarding children across the West Midlands.

Terms of Reference for the Network have been developed. The Network is chaired by: Dr Geoff Debelle, Designated Doctor, Birmingham Children's Hospital, and two Designated Nurses - Eileen Welch, Sandwell & West Birmingham CCG and Heather Widdowson, South East Staffordshire & Seisdon Peninsula CCG.

A workshop for Designated Professionals took place on 25th September 2014. See report online at: www.partnersinpaediatrics.org For further details contact: eileen.welch.nhs.net

The main objectives of the Network are to:

- Provide clinical leadership to local child safeguarding systems
- Provide a consistent, strategic approach to child safeguarding in the fields of assurance, training, supervision and the provision of advice and support
- Provide peer support
- Share and promote good practice



Moving Forward

Looking at international comparisons and long-term trends¹ has shown that many children and young people in England today have poor health outcomes, compared with many other countries.

The changing landscape of the NHS and the many challenges it faces, has resulted in children and young people not being a high priority on the agenda of some Commissioning bodies, and falling off the NHS priority list with the 'Refreshed' NHS Outcomes Framework.

PiP is ideally placed to independently represent and support those who work with, and provide services for, children and young people and will continue to work, to mitigate these challenges, as it has done since its inception in 1997.

Working collaboratively with its member organisations, PiP has already achieved a significant amount to improve outcomes of care. It is becoming increasingly important to share expertise and best practice. Therefore in the forthcoming year, PiP will focus on the following areas:

- **Continuing to represent member organisations:** through meetings and fora at both local, regional and even national level
- **Supporting informal networks:** bringing professionals together to consider ways to reduce variation and improve care across the region
- **Sharing good practice:** This is critical to ensure that services continue to improve
- **Education:** PiP will continue to provide low-cost, high quality educational meetings and workshops, designed to share expertise and support professional development
- **Quality improvement:** PiP will ensure that any project it supports has a quality and performance focus
- **Engagement of service users:** This is a high priority to ensure the continual improvement in quality of services. All organisations are being challenged and supported by PiP to consider how best to work with children and young people, so that they *inform and influence* the services provided

- **Clinical guidelines:**

- a. PiP is working to achieve NICE accreditation for the process of developing the guidelines, thereby strengthening opportunities for their use, to reduce variation in the quality of practice across the region
- b. Working with the GP Clinical Lead at the Strategic Clinical Network (SCN) to develop guidelines from the 'home' through community to secondary care services

- **Developing the website:** To enhance communication with and between members, to support the sharing of good practice and opportunities for educational events - enabling groups to work collaboratively to improve outcomes for children and young people

PiP is working to continue to strengthen its links with the Clinical Senate, Strategic Clinical Network and Commissioners (Clinical Commissioning Groups and Specialised Services), and those in social care and local authority children's services, so that the opportunities for integrated working are explored.

The forthcoming year will bring further changes to the 'architecture' of the NHS. It will therefore be increasingly important for PiP to have a strong regional voice and to be able to provide support to its members.

Kathy Bailey
Clinical Lead

¹ Wolfe I, Cass H, Thompson MJ et al. Improving child health services in the UK: insights from Europe and their implications for the NHS reforms. *BMJ* 2011; 342:d1277



Acknowledgements

The success of PiP is down to the many dedicated and motivated people who contribute to the organisation and participate in the various work streams and networks.

There are too many people to acknowledge and thank individually, but we would like to show our particular appreciation to:

Those who have presented at, and contributed to, our Workshops, Study Days and Annual Conferences.

The young people who have worked closely with us and supported our work over the past two years. In particular:

- The members of the BCH Young People's Advisory Group (YPAG) and those from the Medicines for Children Research Network
- The three members of the YPAG who interviewed for our new Clinical Lead (March 2013)
- The eight 'Health Champions' from Shropshire and the three students from the Ormiston Sir Stanley Matthews Academy (OSSMA) in Stoke on Trent who presented at our Engagement Event (March 2014)

The Paediatric Guidelines are revised every two years and many people have contributed to the content of these. We would like to take this opportunity to thank all the Editors and contributors.

The Guidelines would not be developed without the hard work from the two Co-ordinators / Developers – Kay Hall and Marian Kerr. Their work is greatly appreciated.

Publications:

PiP members contributed to the DH's publication: 'A Guide to Promote a Shared Understanding of the Benefits of Managed Local Networks' (June 2005).

Examples of PiP's work were included in the RCPCH document: 'Bringing Networks to Life' (March 2012).

Accounts:

We apologise for the fact that the accounts are not included in this report. They are currently being audited. Members will be sent a copy when finalised and they will be presented at the next Board meeting in January 2015.



Comment from a member of the Designated Professionals Network:

“By working together clinicians are supported in what is a very sensitive and challenging area – and ultimately improve patient care.”

Comment from an anaesthetist who attended the last Study Day held on 28th February 2014:

“I can trust the PiP ‘Brand’ to deliver high quality education.”

“From discussions with many colleagues across the Region, I know that the work of the PAN, and the Study Days in particular, provide opportunities for Children’s Anaesthetists from all types of Acute Hospitals to come together to share experiences; this enables them to understand each other’s problems and discuss issues.”

Dr Rob Alcock – Co-chair of the PAN.

“As one of the longest established paediatric networks in the country, PiP has had a vital role not just in local quality improvement, but also in supporting child health communities to develop their own networks. I have worked closely with PiP over a number of years, and their work has been highly influential in developing networks, both nationally and regionally. Examples of their work have been included in key Royal College of Paediatrics and Child Health documents including ‘Bringing Networks to Life’ (2012).”

Hilary Cass, President, RCPCH.

PiP member organisations

Birmingham Children’s Hospital NHS Foundation Trust • Black Country Partnership NHS Foundation Trust
Burton Hospitals NHS Foundation Trust • Dudley Clinical Commissioning Group (CCG)
Dudley Group NHS Foundation Trust • East Cheshire NHS Trust • George Eliot Hospital NHS Trust
Heart of England NHS Foundation Trust • Mid Staffordshire Hospital NHS Foundation Trust
Robert Jones & Agnes Hunt Orthopaedic & District Hospital NHS Foundation Trust
Shropshire Community Health NHS Trust • South Staffordshire & Shropshire Healthcare NHS Foundation Trust
The Royal Wolverhampton Hospitals NHS Trust • The Shrewsbury & Telford Hospital NHS Trust
University Hospital of North Staffordshire NHS Trust • University Hospitals Coventry & Warwickshire NHS Trust
Walsall Healthcare NHS Trust • Worcestershire Acute Hospitals NHS Trust

All NHS and social care organisations involved in, or concerned with the provision, commissioning or regulation of services for children and young people are eligible to become a member. Contact us for more information about membership.

PiP is a partnership of organisations and clinicians working to improve the quality and accessibility of services for children and young people.

It is a non-profit making partnership, funded primarily by subscriptions from its member organisations and by undertaking 'commissioned' project work.

Since its inception in 1997, PiP has been a constant advocate for children and young people's services, with the overall aim of improving the quality of service provision. It has worked strategically with Children's Leads and Commissioners to explore options for service delivery, and to keep the importance of services for children and young people on the agenda.

An early 'promoter' of the value of working in networks, PiP has encouraged collaborative working across trusts and organisations - beyond conventional boundaries (geographical and organisational).

The strength of PiP is in its clinical and multi-disciplinary, cross-professional engagement, and strong links with Keele University.

The success of PiP is down to the many dedicated and motivated people who participate in the various work streams and contribute to the running of the organisation.

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