

# Agenda Item 5

 <p><b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i></p>		<p><b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b></p>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 June 2018</b>
Subject:	<b>Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust - Risk to the Safety of the Service</b>

**Summary:**

This paper presented as an update to the paper presented to The Health Scrutiny Committee on 16 May 2018.

The children’s and young persons' services at Pilgrim Hospital, Boston face severe difficulties and challenges caused by a severe shortage of doctors and nurses. This service also has clinical interdependencies with neonatal and maternity services at United Lincolnshire Hospitals NHS Trust.

The concerns were originally raised by the consultant paediatricians and senior nurses, who have said that although current services are safe, who they explained they may struggle to provide safe care in the future if things remain as they are due to severe staffing shortages.

The Trust set up a Task and Finish Group which continues to working up the options described in the paper presented to Health Scrutiny Committee in May. A further paper was presented to the Trust Board on 25 May with more detailed analysis and impact assessments.

A key issue which has arisen since the last report is the proposal by Health Education England to remove all trainee doctors in paediatrics (including tier one doctors) from Pilgrim Hospital which would make it very challenging to maintain the current service.

In May, the Trust Board directed that work continue to maintain current services but that work to further develop a contingency plan for implementation of co-location of paediatric and obstetric services at Lincoln in the event that is not possible.

A Health system wide Risk Summit is being coordinated by NHS Improvement and scheduled for 8 June. This is now seen as a major (potential crisis) issue so NHS Improvement Medical Director is directly leading this Risk Summit, which will involve all healthcare partners locally and nationally to support plans to sustain the service and if this is not possible to look at most safe options.

### **Actions Required:**

To note the contents of the report.

## **1. Background**

- The children's services provided at Pilgrim Hospital cannot be sustained in their current form beyond 1 August 2018, when it is expected that there will be only 1 substantive middle grade doctor on the rota at Pilgrim out of an establishment of 8 wte (whole time equivalent).
- The Trust have, and are continuing, to work relentlessly with medical agencies, irrespective of financial cost, to find agency and locum medical staff to support the rota at Pilgrim in order to keep the children's services running safely.
- To date the Trust has been successful in attracting some agency locum middle grade doctors to these posts. The medical team have raised concerns around safety relating to a potential medical rota where 7 wte out of an establishment of 8 wte are locum/agency doctors. To address these issues the Trust have appointed two additional locum consultants to support the middle grade doctors and are exploring alternative ways of working to mitigate these concerns.
- A further issue is that Health Education England are now plan to remove Tier 1(junior doctor) trainees from Pilgrim Hospital in paediatrics. Such a move would make staffing the paediatric unit very difficult as this an 8 doctor rota of which 6 posts are normally filled by such doctors. The locum middle grade doctors and the consultants do not support working without a Tier 1 rota.
- Nursing staff numbers have improved allowing an increasing in inpatients beds from 8 to 12 at Pilgrim and paediatric surgery has been restarted.
- The issues with the middle grade rota at Pilgrim for children's services will also impact on the obstetric (maternity) and neonatal services at Pilgrim, which will no longer be sustainable from 1 August unless additional medical cover can be found to cover the Tier 1 and Tier 2 rotas.

- On 25 May 2018, the Trust Board considered the options in the paper and directed that work continues to maintain the current services at Pilgrim Hospital, but that a contingency plan is prepared, in conjunction with healthcare partners, in the event that this is not possible.
- The Healthcare system is being actively canvassed for support at the highest levels and Health System-wide Risk Summit will be held on 8 June 2018. This is now seen as a major (potential crisis) issue so NHS Improvement Medical Director is directly leading this Risk Summit, which will involve all healthcare partners locally and nationally to support plans to sustain the service and if this is not possible to look at most safe options.
- The proposed Clinical Senate Review, commissioned by NHS England and NHS Improvement, had been stood down following receipt of the Trust papers. ULHT has asked the Royal College of Paediatrics and Child Health to undertake a review of children's and young persons' services, which will start on 14 June.
- The Trust Board will review the issue on 29 June 2018.
- The task and finish group continues to develop the work required to mitigate the current risks and ensure the safe and sustainable running of children's, obstetrics and neonatal services at ULHT.
- The task and finish group is now developing contingency plans, in consultation with surrounding healthcare partners. This work involves addressing issues such as transport, patient transfers, pathways and individual patient risk assessments. The group is in contact with other healthcare systems that have faced similar difficulties.
- A detailed communications and engagement plan is being further developed to inform and engage the communities as they develop their work to ensure safe services for mothers and children.

## **2. Consultation**

This is not a consultation item.

## **3. Conclusion**

The Health Scrutiny Committee is asked to:

- To note the update on the current position and the extensive work that has taken place so far and is planned to mitigate the staffing risks.
- To note the new threat to medical staffing at Tier 1 following the proposal by Health Education England to remove those doctors in training posts.
- To note the options being considered by ULHT and the timescales for the decision.

- Provide comment on the more developed, but incomplete, quality and equality impact assessments.
- To comment how the plans and impact assessments can be improved through local engagement.

#### 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	United Lincolnshire Hospitals NHS Trust (ULHT) Board Paper: Children and Young Persons Services at ULHT - Risk to the Sustainability of the Service - 25 May 2018.
Appendix A1	Appendix 5 to the United Lincolnshire Hospitals NHS Trust (ULHT) Board Paper: Children and Young Persons Services at ULHT - Risk to the Sustainability of the Service - 25 May 2018 – <u>Activity Data Per Option</u> .
Appendix A2	Appendix 6 to the United Lincolnshire Hospitals NHS Trust (ULHT) Board Paper: Children and Young Persons Services at ULHT - Risk to the Sustainability of the Service - 25 May 2018 – <u>Recommended Mitigation Plan Per Option</u>

*Note: Appendices 1-4 to the United Lincolnshire Hospitals NHS Trust Board paper are not enclosed with this report, but are available on the Trust's website:*

<https://www.ulh.nhs.uk/about/board-meetings/friday-25-may-2018/>

#### 6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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