Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
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Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 January 2019**
Subject:	**Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust - Update**

Summary:

This paper is an update on previous the papers presented to the Health Scrutiny Committee.

It describes the current position regarding the interim paediatric service model in place at Pilgrim Hospital, Boston and also the continuing work to address the significant challenges faced by the children and young people's services (C&YP), which also has clinical interdependencies with neonatal and maternity services at United Lincolnshire Hospitals NHS Trust (ULHT).

The interim service model described in previous papers is in place and remains operational. The medical Trust-wide rota continues to develop to further integrate the site based teams.

In addition, the paper informs the Health Scrutiny Committee for Lincolnshire on the status of the review report by the Royal College of Paediatrics and Child Health and its relevance to the interim model.

Actions Required:

To note the information presented by United Lincolnshire Hospitals NHS Trust on children and young people's services.

1. Interim Model

Background

To address the severe difficulties and challenges caused by a severe shortage of doctors and nurses faced by the paediatric service at Pilgrim Hospital, Boston, ULHT set up a task and finish group, including representatives from the wider NHS system, as described in the papers presented previously to the Health Scrutiny Committee.

The temporary service model described at the June meeting of the Health Scrutiny Committee is in place and became operational on 6 August 2018. This consists of an enhanced paediatric presence in the Pilgrim hospital emergency department and an acute paediatric assessment unit with a twelve-hour length of stay standard. Outpatient clinics and paediatric surgery continue at Pilgrim hospital.

This matter has been considered at each monthly Board of Directors meeting of United Lincolnshire Hospitals NHS Trust (ULHT) since April 2018.

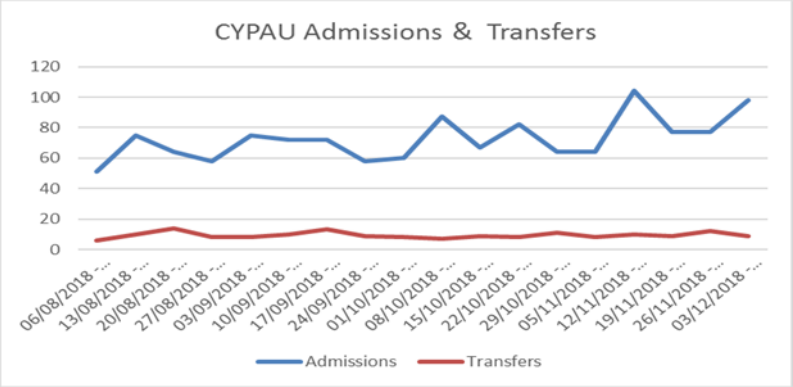
Dedicated Transport Arrangements

Dedicated ambulances were brought in by the Trust to ensure safe transfer of all women and children who require transfer away from Pilgrim hospital under the interim model. A further contract for the dedicated transport provision has been awarded to the existing provider with an option to extend for a further six months. The new contract includes arrangements for transfer of level 1 patients not covered by the existing arrangements with EMAS and Comet, for example the transfer of patients requiring high flow oxygen therapy support.

Patient Activity

Since the interim arrangements were implemented, the paediatric assessment unit (CYPAU) at Pilgrim hospital has seen, assessed and treated over 1,300 children, of which 161 have been transferred to other hospitals using one of our dedicated ambulances, far less than was originally estimated. Whilst these transfers were mainly to Rainforest Ward at Lincoln Hospital, 37 were transferred to other hospitals, 15 being transferred for further specialist care.

In addition, there have been seven in-utero transfers of pregnant ladies with a gestational age of below 34 weeks. Other transfers occurred but they did not cover the gestation age of 30-34 weeks. The total number of transfers out of Pilgrim hospital, as a result of the interim arrangements, is 168 overall.



Impact on Patients

Since the introduction of the interim model, no patient safety incidents have been experienced or reported as a result of the change. One patient complaint is currently under investigation. It is acknowledged that the transfers of patients have caused disruption to those patients involved and their families.

During the first few months of the interim model, there have been a number of occasions when children have stayed longer on the unit than the agreed twelve hours maximum stay. Decisions are made to allow children to exceed the specified time limit on an individual basis only when it is safe to do so and in the best interests of the child. The twelve hour standard is also used flexibly when the transfer would be for a short time period required to complete observations or tests.

Practical experience and international best practice have highlighted a number of conditions and circumstances where it would be sensible for children to stay longer than twelve hours. Over the last few months, this has included cases of children who have high dependency needs and require more lengthy periods of hospitalisation for stabilisation, such as patients requiring high flow oxygen therapy for respiratory relief. The twelve hour standard is still appropriate for the majority of our children and feedback from parents has been positive.

The system of open access for some children with ongoing health needs has continued at Pilgrim Hospital under the interim service model. Whilst it may be necessary for some patients to be transferred to Lincoln County Hospital if they require a prolonged length of stay, access to the staff and support remains freely available through the pre-existing channels. The Trust has sent a second letter to all registered open access families to remove any doubt, and a meeting will soon take place with a group of parents with children with ongoing health needs. An invitation has also been extended to anyone interested in attending this meeting to contact the Trust and details will be forwarded when they are finalised.

Children on Adult Wards

The Trust can also report that no children have been cared for on adult wards against the child or parent/carer's wishes. No children have been transferred to an adult ward from the assessment unit, although one patient chose to exercise their choice to be admitted to an adult ward during October.

Staffing

As in previous months, the recruitment activity continues at pace. The requirement for a full complement of consultants at Pilgrim Hospital for paediatrics has not changed and remains at 8 x whole time equivalents. The service currently has four full time consultants and two agency locums, making a complement of six whole time equivalents.

The middle grade workforce remains heavily dependent on locum and agency doctors to provide weekend shifts. To assist in the mitigation of this risk, an additional middle grade doctor to support the rota was agreed last month. There is now one substantive middle grade doctor to complement the six agency locum middle grade doctors within the current rota.

The medical staff rota, with named doctors on each shift, is in place and under constant review regarding fill rates as the proportion of locum and agency staff required to sustain the service remains high. The rota remains as in previous months with Tier 1 (junior) doctors on a 1:16 and Tier 2 (middle grade) doctors on a on a 1:10 on call. A new Trust-wide rota is in place to operate the interim model at Pilgrim.

The international recruitment has been successful and after an initial period of induction and supervision these doctors are playing an increasingly important part in the service. We will continue to recruit through this process. We are also offering other incentives around training and personal development. There has been a successful outcome from discussions with Health Education East Midlands to allow juniors to undertake additional locum work to fill some of the gaps in the rota.

The Tier 2 rotation of doctors to Lincoln managed by Health Education England will reduce in February, putting additional pressure on recruitment and meaning we will require additional agency staff. Whilst an active plan is in place, the consultants remain very concerned over the impact on the service.

The consultant paediatric medical team remains concerned about maintaining the safety of the middle grade medical rota including the current level of locum / agency doctors.

Risk Management

Risks continue to be managed through the project risk register, which has been presented to the stakeholder oversight group. Incidents are being tracked through the Trust's incident reporting system Datix. No incidents of patient harm have been reported although we are very aware that patient transfers can be inconvenient and a cause for concern.

Feedback from Engagement Events and Communications Plan

Communication around the current service model, ongoing engagement activity and addressing any public concerns continues through the execution of the communications and engagement plan.

The Programme Director met with members of SoS Pilgrim and interested parents on Monday 19 November 2018 and will be holding similar meetings at Skegness and Spalding in the New Year. The Programme Director has responded to all outstanding questions from the communications events including concerns about advice given by NHS 111 about the availability of services at Pilgrim, the current low levels of activity, a wish to return to a 24/7 full ward at Pilgrim and the difficulties of attracting doctors to work at Pilgrim.

He will also be meeting with parents of children with ongoing medical needs in January.

In addition, engagement activity continues as per the plan. This includes public engagement sessions, regular staff engagement meetings and a planned patient survey.

The findings of all engagement activity are fed directly into the Directorate team, for consideration as part of continuing monitoring and development of the interim model. Full feedback notes from the event have been shared with our women's and children's managers, to be used in development of the service and to ensure current and future service models meets the needs of our patients. Details of a patient survey, carried out earlier in the year and attracting over 700 responses, have also been shared with the service.

The communications plan remains with regular newsletters, public engagement and staff engagement sessions.

The next engagement session is planned for Thursday 17 January 2019.

2. Royal College of Paediatrics and Child Health (RCPCH) Independent Review Report

The report of the Royal College of Paediatrics and Child Health (RCPCH) [*Appendix A to this report]* provided affirmation that change was necessary and that the interim arrangements were in accordance with their professional considerations. It also acknowledged that the Trust has made extensive efforts to mitigate the situation, since the scale of the problem became apparent during Care Quality Commission inspections at the start of 2018 and the hard work being done by all stakeholders to ameliorate the current situation and the absolute focus on safety and quality over cost.

The RCPCH was invited to review the paediatric services at the Pilgrim and Lincoln County Hospitals during a period of extreme challenge to the staffing of the service at Pilgrim. A culmination of factors over several years had led to a high number of medical vacancies at Tier 2 (middle grade) level, combined with difficulties in recruiting consultants, changes to Tier 1 (junior) doctor deployment and children's nursing vacancies.

The remit of the RCPCH review was to examine the current arrangements for paediatrics across both sites and propose an interim solution and longer term viable vision which would be workable, attract new staff and provide the population with the assurance of safety and sustainability, although not necessarily the same provision as they had traditionally received. The review involved a multi-disciplinary team examining documentary evidence and interviewing a range of staff across the Trust and from other

stakeholder organisations. In parallel, a survey of patients, parents, staff and the public was carried out which generated over 820 responses.

The report proposes a model of low-acuity overnight paediatrics for the Pilgrim, supported by a guideline-led short stay paediatric assessment unit, matching demand and minimising the need for transfer of patients whilst providing on-site skilled cover and access to a consultant on call from home. To achieve this will require an increase in substantive medical staff from the current situation and depends upon maintenance of a daytime Tier 1 junior doctor or equivalent rota. The overnight Tier 2 cover could be supplemented through development of the Advanced Nurse Practitioner role with a mixture of Medical Training Initiative, Trust grade and specialty doctors, Clinical Fellows and consultants working resident shifts.

Alongside the acute Paediatric Assessment Unit model a whole-system programme should be implemented to reduce attendance through strengthening community children's nursing, developing rapid-access clinics, building strong links with GPs and the community maternity hubs, and developing telemedicine and other technological solutions to reduce travel and speed consultations. There are clear examples in Scotland and increasing evidence from elsewhere that more can and should be done safely in primary care.

The report suggests that the changes will take three to four years to complete but once established should be sustainable if the vision is clear. Strong leadership across all three sites (including Grantham) and a commitment to and by clinical and managerial staff to work differently with a focus on outcomes, quality improvement, swift clinical decision making and strong teamwork with colleagues across the Trust will be required.

It recommends a single plan with shared protocols, guidelines and investment in Quality Improvement to stimulate recruitment and ensure efficient working across both nursing and medical staff.

The report also suggests that an experienced project manager is appointed to work with the medical and clinical directors and directorate management to develop a clear vision based on the recommendations and communicate it widely to assist recruitment and encourage innovation. Monitoring of progress against the new model should be rigorous through the Clinical Services Transformation Board to build confidence in the future, demonstrate quick-wins and communicate improvement, and needs external scrutiny and accountability to patients and the public. If there is insufficient progress or the model is not starting to show potential for improvement and sustainability after a period of, say, a year, then the contingency plan of moving all inpatient services to Lincoln, with its consequent implications for maternity services will need to be planned for.

The Trust accepts the RCPCH report in full and has developed an outline action plan to deliver the required improvements and is discussing with staff how it can be most effectively achieved. The Trust is consolidating a number of initiatives into one plan and will consult with stakeholders throughout the process. [*The Action Plan is set out in Appendix B.]*

3. Consultation

This is not a consultation item.

4. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

N/A

5. Conclusion

To address the significant difficulties and challenges caused by a severe shortage of doctors and nurses in the children's and young peoples' services at Pilgrim hospital, an interim service model became operational on 6 August 2018.

The paper describes the performance of the interim model over the first four months of operation, the number of transfers completed, activity on each site, the issues encountered, and actions undertaken to resolve those issues and the importance of the RCPCH Independent Review.

5. Appendices – These are listed below and set out at the end of the report.

Appendix A	United Lincolnshire Hospitals NHS Trust – Paediatrics *(Service Design Review by the Royal College of Paediatrics and Child Health – 9 October 2018)*
Appendix B	United Lincolnshire Hospitals NHS Trust – RCPCH Action Plan

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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