Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
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	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 March 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 the Pilgrim hospital and also the continuing work to address the significant challenges faced by the Children & Young Peoples Services (C&YP), which also have clinical interdependencies within 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 operate the interim model at Pilgrim and is being developed to integrate the site based teams.

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

Actions Required:

To note the information presented by United Lincolnshire Hospitals NHS Trust on Children and Young Persons Services.

1. Interim Model

Background

To address the severe difficulties and challenges caused by a severe shortage of doctors and nurses faced by the Children and Young Persons Services at Pilgrim Hospital, Boston, the Trust 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.

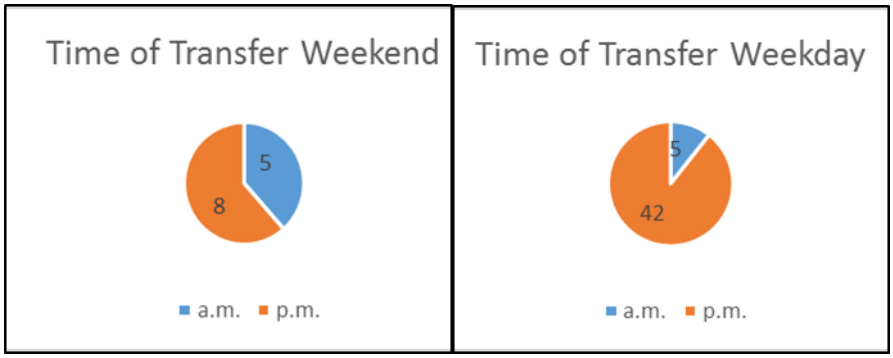
The temporary service model described at the June meeting of the Health Scrutiny Committee is in place and became operational on 6 August 2018. This consists of an enhanced paediatric presence in the Pilgrim Hospital Emergency Department and an acute paediatric assessment unit with a twelve-hour length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

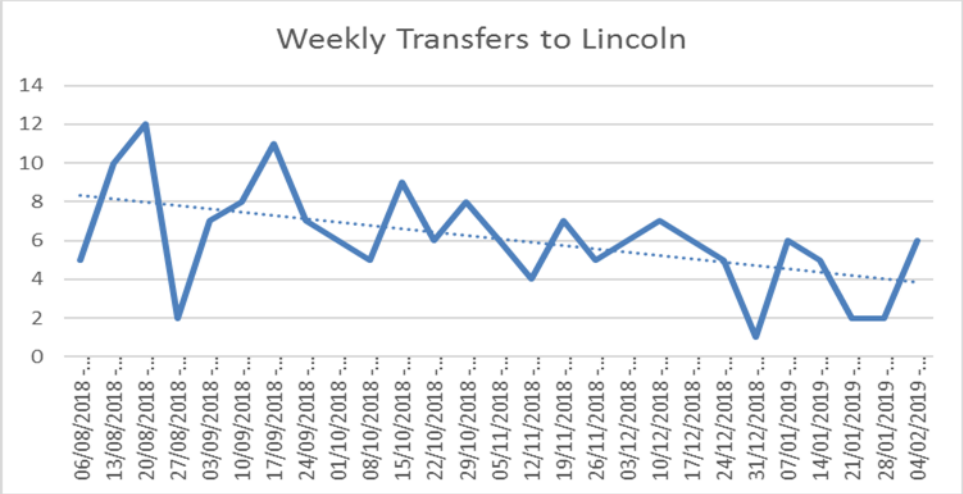
Dedicated Transport Arrangements

Since the introduction of the dedicated ambulance transfer service there have been no instances where an ambulance has not been available to meet the needs of the service. The maximum number of children transferred to Lincoln on any single day has been three. The original contract was to provide two ambulances on site at Pilgrim hospital with a third on standby. This was subsequently reduced to one ambulance on permanent standby and a second for peak periods.

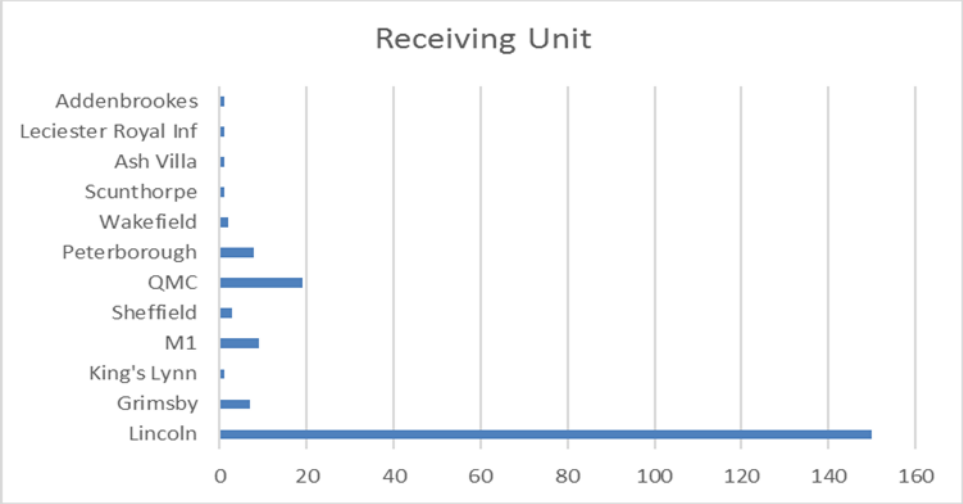
Analysis of the time of transfer over a twelve week period supports the planning assumption on journey times.



During the first twenty six weeks of operation of the interim service model 203 patients transferred to other units. Ten mothers have been transferred with babies in utero.



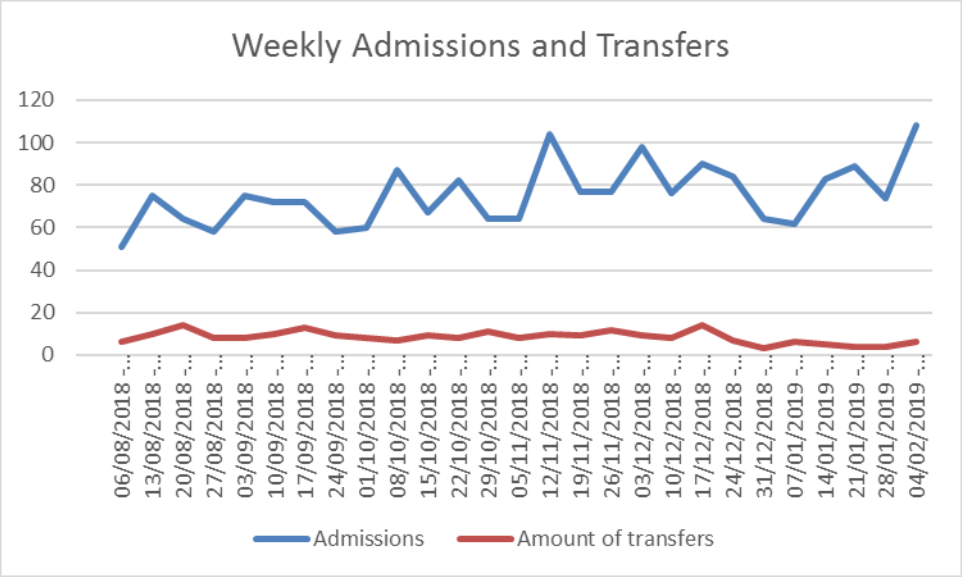
53 children were transferred to other inpatient units rather than Rainforest Ward at Lincoln County Hospital. 21 were to specialist centres for ongoing treatment (as per agreed protocols), nine were transferred internally to ward M1 at Pilgrim, 21 because beds were not available at Lincoln and 2 were repatriated closer to home. The ambulance resource continues to provide an ultra-safe provision for patients, whereby transfers required can be completed in the shortest possible timeframe. No incidents have been reported as a result of delays in the transfer of patients under these arrangements.



Patient Activity

Since the introduction of the interim model at Pilgrim hospital there has been a significant improvement in throughput at the same time as improving the patient experience.

During the first twenty six weeks of operation of the new service model, 1,869 patients have been seen in the paediatric assessment unit



A breakdown of source of referral is given below.

Referral Source	Number of Referrals
Emergency Department	479
Direct from General Practitioner	572
Direct Access (those with long term direct access)	64
Midwife (mainly babies with prolonged jaundice)	31
Community Children's Nurses	1
Out of Hours Primary Care	43
Direct from the Urgent Care Centre	19

The other attendances to the Paediatric Assessment Unit are day patients e.g. surgery and MRI.

Emergency department referrals-
A system of 2 hourly calls has been introduced between Emergency Department and the wards which is helping to reduce delays in patients being transferred from Emergency Department and to help anticipate high volume activity in the Department.

Direct from GP-
In order to reduce delays in the GP referral system, dedicated phones have recently been provided allowing direct access for the GP to a senior decision maker in the paediatric service.

Direct access (those with long term direct access)-
The system of open access for some children with ongoing health needs has continued at Pilgrim hospital under the interim service model. Whilst it has been necessary for some patients to be transferred to Lincoln hospital if they require a prolonged length of stay, access to the staff and support remains freely available through the pre-existing channels.

SoS Pilgrim have been instrumental in helping identify issues being faced by families with direct access. Families have now been contacted directly by a consultant to clarify the position and improved patient information has been issued.

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.

During the first six months of the new way of working, there have been a number of occasions when children have stayed longer on the unit than the agreed 12 hour guideline. Decisions have been 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 12 hour guideline is also used flexibly when the transfer would be for a short time period required to complete observations or tests.

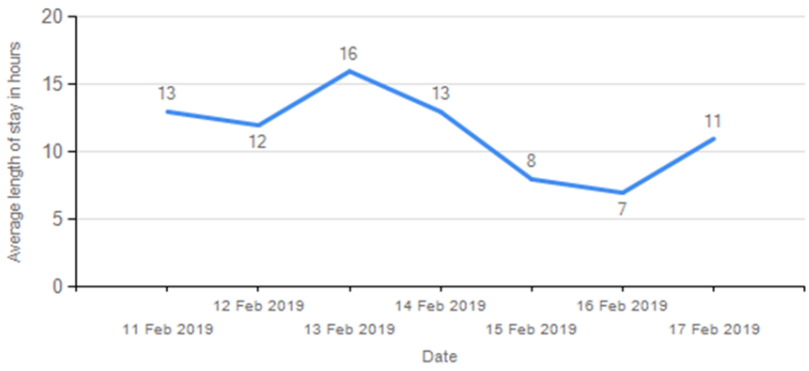
Practical experience and international best practice have highlighted a number of conditions and circumstances where it would be sensible for children to stay longer than 12 hours. This has included cases of children who have high dependency needs and require more lengthy periods of hospitalisation for stabilisation, such as patients requiring high flow oxygen therapy for respiratory relief and newly diagnosed diabetics. The 12 hour guideline is still appropriate for the majority of our children and feedback from parents has been very positive. Individual condition specific clinical guidelines will be added to the Standard Operating Procedure for the unit as evidence dictates.

The impact of additional guidelines is shown in this snap short of length of stay.

Date	Min LoS in hours	Avg LoS in hours	Max LoS in hours	Number of discharges
11 Feb 2019	7	13	18	5
12 Feb 2019	1	12	26	14
13 Feb 2019	0	16	53	11
14 Feb 2019	1	13	30	13
15 Feb 2019	1	8	20	10
16 Feb 2019	1	7	18	9
17 Feb 2019	2	11	23	5

Whilst these figures show significant variation in length of stay the average remains below 12 hours.

CYPAU Average Length of Stay in Hours



Children on Adult Wards

The Trust can also report that no children have been put on adult wards, against the child or parent/carer's wishes. No children were transferred to an adult ward from the assessment unit.

Staffing

Medical

The recruitment activity continued at pace, the requirement for a full complement of consultants at Pilgrim for paediatrics has not changed and remains at 8 x whole time equivalents. The service currently has 4 x full time consultants and 2 x agency locums, making a complement of 6 x whole time equivalents.

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 doctors on a 1:16 and Tier 2 (middle grade) doctors on a on a 1:10 on call.

	Establishment		Substantive in post		Locums in place	
	LCH	PHB	LCH	PHB	LCH	PHB
Consultants	8.0	8.0	6.0	4.0	0	2.0
Middle Grade	10	6.0	9	1.0	1	6.0

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 and 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 reduced in February putting additional pressure on recruitment and 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.

Agreement has been reached to increase the consultant establishment by two to facilitate the introduction of "one team – two sites" in paediatrics commencing with the new arrangements for "hot weeks" (consultant on take) in March 2019.

Nursing

The recruitment of children's trained nurses continues to be a challenge. The latest HR scorecard for child health shows an improvement of a full 1% in vacancy rate and turnover. There has also been a reduction in both the overall and short term sickness rates. A staff survey is to be undertaken in March to obtain their views on the impact of the interim arrangements.

A number of initiatives to improve nurse recruitment are underway;

- Revamped recruitment material
- Recruitment of existing Advanced Paediatric Nurse Practitioners
- In-house programme for trainee Advanced Nurse Practitioners
- Clinical Educator has been appointed and taking up post shortly
- A further RSCN has been appointed at Lincoln following a recruitment drive.
- Case being finalised for range of specialist nurses

CYPAU NURSING STAFF SUMMARY							
Band	Registered Nursing Establishment	RN In post	Block Agency	RN In Post But Unavailable to work on ward (includes sickness / absence)	WTE Long-Term Sickness / Absence	Current WTE Available to Work minus sickness/ Absence	Current Vacancies
6	5.2 (INC uplift)	4.5wte	0	1.0wte	0.0wte	3.5 wte	0.9wte
5	28.71wte (inc HDU)	RN(C) 11.04 wte	2.0 wte	1.6wte	1.4wte	RNC 8.04wte	13.43 wte
		RN(A) 4.24 wte	0	1.64 wte	0	RN 2.6 wte	
Total	33.91	19.78wte	2.0wte	4.24wte	1.4wte	16.14 wte incl agency	14.33wte

No incidents of patient harm have been reported.

Risk Management

Risks continue to be managed through the project risk register (Appendix A), which has been presented to the stakeholder oversight group. Incidents are being tracked through the Trusts incident reporting system, Datix. No incidents of patient harm have been reported

In addition all risks were reviewed at the Children and Young Persons Steering Group on the 26th February. A revised risk register is attached at Appendix A.

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 latest public engagement event held on 17th January 2019 was well attended and in a break from previous events SoS Pilgrim were invited to provide an update which highlighted a number of good reports on maternity services as well as giving the opportunity for first hand feedback.

The Trust is increasing its efforts to ensure a clear and consistent narrative is shared with all stakeholders to minimise the risk of confusion and of messages and proposals being misinterpreted. This is supported by providing regular written briefings and the use of agreed campaign materials, including a power point presentation.

Following the successful meeting at Boston the programme director met with members of SoS Pilgrim, interested parents, local people and councillors in Skegness on Tuesday 19 February, which was very positive. A further meeting will be held in the Spalding area.

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

The next engagement session is planned for April 2019.

Lessons Learned From Complaints Specific to the New Paediatric Model of Care

The summary of lessons learned has been broken down in to a number of themes.

12 Hour Maximum Length of Stay

Decisions have been made to allow children to exceed the specified time limit on an individual basis when it is safe to do so and in the best interests of the child. The 12 hour guideline is also used flexibly when the transfer would be for a short time period required to complete observations or tests.

The Trust has learnt from practical experience and international best practice of a number of conditions and circumstances that indicate it would be sensible for children to stay longer than 12 hours. 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 and newly diagnosed diabetics. Individual condition specific clinical guidelines will be added to the Standard Operating Procedure for the unit as evidence dictates.

The 12 hour guideline is still appropriate for the majority of our children and feedback from parents has been very positive.

Open Access Pathways:

The pathway has been clarified to incorporate the continuation of open access arrangements to Pilgrim for patients transferred to Lincoln for extended inpatient care.

The Open Access register has been crossed check for accuracy and completeness.

Paediatric Nursing Shortages:

- A number of initiatives to improve nurse recruitment are underway;
- Revamped recruitment material;
- Recruitment of existing Advanced Paediatric Nurse Practitioners;
- In-house programme for trainee Advanced Nurse Practitioners;
- Clinical Educator has been appointed and taking up post shortly;
- A further RSCN has been appointed at Lincoln following a recruitment drive;
- Case being finalised for range of specialist nurses.

Transfer Arrangements

- Information to parents:
    - Parent information literature has been reviewed and updated.

- Car Parking and Travel Arrangements:
    - Parents who have to leave their car at Pilgrim when child is transferred to another hospital will not be charged.
    - Taxis are provided for families who are unable to organise transport to return from Lincoln to Boston.

- Facilities for Parents on Rainforest Ward:
    - Provision is now available for parents of children transferred from Pilgrim.

Communication & Engagement

- Improved engagement:
    - The Trust has increased its efforts to ensure a clear and consistent narrative is shared with all stakeholders to minimise the risk of confusion and of messages and proposals being misinterpreted. Additional public engagement sessions have be held with SoS Pilgrim in Boston and Skegness.

- Mixed messages from other agencies:
    - CCG and Trust have reissued advice to other providers about services available at Pilgrim.

Neonatal Service

- Reassurance that babies are repatriated back to Pilgrim when possible, if transferred away in the first place.

- Babies return to Pilgrim, following birth at Lincoln, where this is clinically appropriate.

Improved Community Services

- Rapid Response Children's Respiratory Service
    - The CCG has commissioned a new service to provide specialist assessment, treatment and management of children with complex physical disabilities with additional respiratory problems in the community.

2. Royal College of Paediatrics & Child Health Independent Review Report

An update on the considerable progress on the recommendations following the Royal College of Paediatrics & Child Health report is being included in the six month review of the interim service which will be made available to the Health Scrutiny Committee when completed.

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 person's services at Pilgrim Hospital, a temporary 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 Royal College of Paediatrics & Child Health independent review.

5. Appendices

Appendix A	Paediatric Project Risk Log

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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