

# Agenda Item 6

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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>10 July 2019</b>
Subject:	<b>United Lincolnshire Hospitals NHS Trust - Children and Young Persons' Services Update</b>

<p><b>Summary:</b></p> <p>This paper is an update on previous paper presented to the Health Scrutiny Committee in 19 March 2019. The report is in five parts:</p> <ol style="list-style-type: none"> <li>1. An introduction to the interim paediatric service model in place at Pilgrim Hospital, Boston and updates on the continuing work to address the significant challenges faced by the Children &amp; Young Persons' Services (C&amp;YP), which also have clinical interdependencies within Neonatal and Maternity Services at United Lincolnshire Hospitals NHS Trust (ULHT).             <ol style="list-style-type: none"> <li>a. The interim service model has delivered a safe service for the children's population of Lincolnshire. However, recruiting children's doctors and nurses remains a constraint and an area of concern for the service and the Trust.</li> <li>b. Next steps: The interim service model is now at the stage where it can be incorporated into a larger children's programme of work to ensure it develops as part of an integrated service for children for the whole population of Lincolnshire.</li> </ol> </li> <li>2. The Royal College of Paediatrics and Child Health Report (October 2018).</li> <li>3. The 6-month review of the interim Paediatric service model in place at the Pilgrim hospital.</li> <li>4. The risk register for the Children and Young Persons' service.</li> <li>5. The contingency in place to manage any possible inability to maintain the interim service model.</li> </ol>
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## **Actions Required:**

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

### **1. Introduction and Updates**

The inpatient paediatric service at Pilgrim Hospital, Boston was suspended from August 2018 and replaced by an interim service model which included a Paediatric Assessment Unit (PAU). The case for this change was presented to the Health Scrutiny Committee in June 2018 and has been the subject of updates since that date.

At its core, the decision was made in response to concerns expressed by senior medical staffing relating to an inability to recruit middle grade doctors at Pilgrim Hospital and therefore, difficulty in maintaining the 3 tier rota to staff the ward and the neonatal units required for consultant led obstetrics. This was compounded by Health Education East Midlands relocating trainees from Pilgrim Hospital to the Lincoln site, although trainees have been able to continue day time work at Pilgrim Monday to Friday.

This model was supported with an increased Consultant presence (on-site until 10pm weekdays) and the provision of an on-site dedicated ambulance to transfer children (or pregnant women) with a second ambulance available as needed.

Alongside the switch to a PAU, it was agreed to only provide special care to babies of 34 weeks gestation or above.

The RCPCH undertook a review and was in support of a Paediatric Assessment Unit at Pilgrim Hospital, Boston to limit the impact on children, young people and their families of the withdrawal of inpatient beds.

The development and implementation of the interim service model was developed by a task and finish group involving health system partners and overseen by the Trust Board and also a Health System Board chaired by the NHSI Medical Director. Now the Interim model is established and operating well, oversight has been passed from the System Improvement Board to the Trust and progress is reported to the Trust Board quarterly.

#### Updates

There are six main areas for updates: the PAU Model, the Emergency Department, Neonatal Services, Workforce Issues, Postcode Analysis and Readmission Rates.

PAU Model:

- Initial model was for a 12-hour maximum length of stay Paediatric Assessment Unit (PAU).

- Principle of a PAU is to ensure early appropriate assessment by a senior clinician to direct diagnostics and treatment plans. Nationally, PAUs deliver fewer hospital admissions and usually lead to reductions in the length of stay for anyone admitted to hospital. It is an integral element of the best practice model for acute paediatrics promoted by the RCPCH.
- At Pilgrim Hospital the new model has seen the average paediatric length of stay reduce from 43 hours to 8 hours. This reflects rapid assessment, prompt investigation and management as well as better coordination of care with other agencies. This model is now being developed at Lincoln County Hospital.
- The Trust actively monitors the numbers of children staying over 12 hours (Datix reporting) but the model has flexibility. Consultants can keep any child beyond 12 hours if this is clinically required (usually to stabilise the clinical condition), or deemed in the best interest of the child and their family, (where it is expected that the child will be discharged to a timescale that does not justify the transfer). Any decision to breach the 12-hour standard needs Consultant support and a risk assessment.
- There are facilities on the Pilgrim PAU unit to care for children who have higher dependency needs (up to 2 beds). These are usually utilised for patients needing stabilisation with respiratory needs or newly diagnosed diabetic ketoacidosis (DKA), these account for a number of stays exceeding 24 hours.
- As reported to the System Improvement Board, 72% of admissions at Pilgrim are for less than 12 hours and 89% are for less than 24 hours – so 11% of children currently stay above 24 hours.
- The on-site ambulance is available 24/7. If the dedicated ambulance undertakes a transfer, the contract ensures a second crew is immediately available to support the service.
- For the period to 30 April 2019, 2,790 children attended the Pilgrim PAU (average of 75 per week). 272 of these patients were transferred to other hospitals, of which 190 were taken to Lincoln, 36 to tertiary units (predominately Nottingham) and 46 were transferred to other hospitals, usually reflecting availability of beds.
- The Acute Services Review process as part of the Lincolnshire Sustainability and Transformation Partnership (STP) has proposed that the model of a PAU at Pilgrim Hospital should continue and, subject to planning, that a PAU also be created at Lincoln County Hospital. This is a key element of the ongoing 'Healthy Conversation 2019' process.

#### Emergency Department:

- Health Education England Fellows (all senior nurses from specialist children's units) have been working to introduce the Paediatric Observation Priority

Score (POPs) assessment model to the Trust's Emergency Departments, with competency training for all clinical staff. This tool directs clinicians in a structured assessment of children in the ED environment and provides a clear clinical priority rating as the assessment output. Work on this is now completed.

- Paediatric nursing staff from the hospital wards have supported colleagues in ED at peak periods.
- Plans are being finalised to recruit to specific rotational children's nursing roles between ED and paediatric areas. Experience elsewhere suggests that such roles can attract specific candidates.
- Further work is planned to develop the pathways from ED to PAUs to maximise opportunities to get children to specialist opinions as appropriate.

#### Neonatal Services:

- Currently the service is delivering a level 2 neonatal service at Lincoln County Hospital (29-week gestation) and a special care baby unit at Pilgrim Hospital (34-week gestation).
- Work plans are established to ensure that the ULHT services meet the recently revised national criteria for full accreditation which will ensure the Trust is providing the appropriate level of care. This would move to 27-week gestation at Lincoln and 32-week gestation at Pilgrim Hospital, leading to fewer transfers out of the local hospitals.

#### Workforce Issues:

##### Nursing

- The current band 5 nursing vacancies across Rainforest Ward, Safari Unit (Lincoln) and Ward 4A (Boston) are running at around 50% of establishment. This is mitigated by the use of additional hours and long-term agency nursing appointments.
- The Trust's senior HR team have worked with the service and a specialist recruitment company to develop a specialised national recruitment campaign to attract registered children's nurses (RNCs) to Lincolnshire – this will include the recruitment of the Lead Nurse for Children.
- In discussion with current staff, it has been suggested that the service may previously have seen staff leave to secure more flexible working opportunities. The family health division has agreed to introduce more flexible opportunities to attract staff back to the Trust/attract new staff.
- Development of specialist nursing roles across the service, to include advanced nurse practitioners.

- University of Lincoln will commence a degree programme for Children's Nursing in September 2019. This will have significant positive benefit to the local hospitals as first graduates emerge.

Medical

Paediatric medical staffing numbers as at 25/6/19					
	Establishment WTE's	In post WTE's	Locum cover (Agency staff only)	Establishment Totals	Updates from 25 <sup>th</sup> June 2019
<b>Consultants</b>					
Lincoln	8	5	3	8	Lincoln consultant leaves August 2019, will reduce to 4 in post and 4 locums. 2 substantive consultants recruited – start dates TBC
Pilgrim	8	4.5	2	6.5	0.5 consultant Safeguarding Lead. Consultant August, will reduce to 3.5 in post and 3 locums. 1 substantive consultant recruited – start date TBC
<b>Specialty Doctors</b>					
Lincoln	3	3	0	3	
Pilgrim	7	8	3	11*	4 currently covering the Tier 1 s at Pilgrim until they are accredited for Tier 2 duties.
<b>Specialist Trainees ST2 and above (from Deanery)</b>					
Lincoln	7	4	3	7	
Pilgrim (no trainees)	0	0	0	0	
<b>Specialist Trainees ST1/GPVTS/F2 (From Deanery)</b>					
Lincoln	16	10	0	16	Running a 10 person rota
Pilgrim (non-Deanery trainees)	7	6	2	8	*1 on mat leave. Includes 4 Spec Drs as above

- Advertisements for 8 WTE Consultant Paediatricians posts attracted 8 applicants, interview on 24 June 2019 with 3 offered appointments (2 LCH and 1 PHB).

- Further advertisements to be placed in September. HR are also working on a bespoke recruitment campaign (UK and international).

#### Postcode Analysis:

A postcode analysis was conducted which shows where patients are coming from.

In March 2018, the total paediatric admissions to Pilgrim from Lincoln postcodes was 10. In March 2019, the total paediatric admissions to Pilgrim from Lincoln postcodes was 9.

The top five postcodes for Lincoln admissions are:

1. Lincoln.
2. Sleaford and North Hykeham
3. Gainsborough
4. Grantham and Stamford
5. Louth and Horncastle

The top five postcodes for Boston admissions:

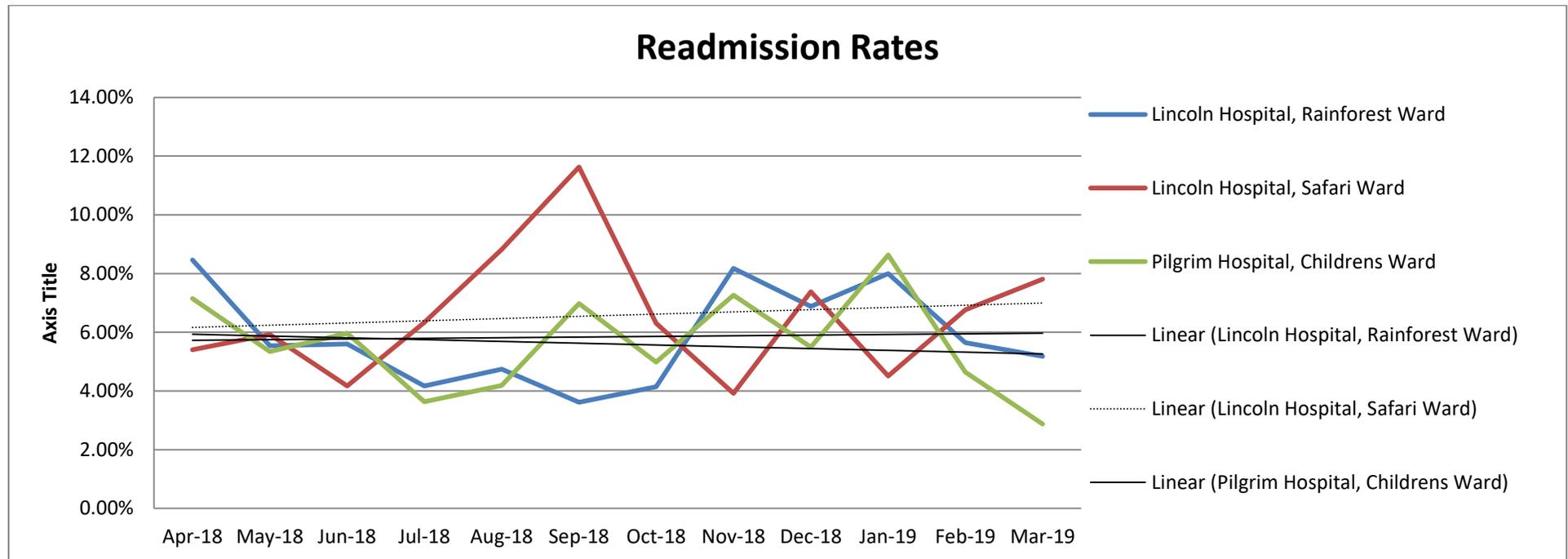
1. Boston and Skegness.
2. South Holland and The Deepings
3. Louth and Horncastle
4. Sleaford and North Hykeham
5. Grantham and Stamford

Additional information on the postcode analysis can be found in Appendix A.

Readmission Rates:

Readmission rates have remained relatively consistent, with the exception of Safari Ward which appears to be trending upwards. However, there was a notable spike in September 2018.

Ward	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Lincoln Hospital, Rainforest Ward	8.46%	5.54%	5.60%	4.17%	4.75%	3.61%	4.14%	8.17%	6.88%	8.00%	5.64%	5.18%
Lincoln Hospital, Safari Ward	5.41%	5.92%	4.17%	6.33%	8.82%	11.63%	6.31%	3.92%	7.38%	4.51%	6.77%	7.81%
Pilgrim Hospital, Children's Ward	7.14%	5.34%	5.96%	3.63%	4.19%	6.98%	4.98%	7.27%	5.49%	8.63%	4.64%	2.88%



Additional information on readmission rates can be found in Appendix B.

## Planned Actions

- Continued consultation with service users, including specific events for Children and Young Persons' services in the "Healthy Conversation 2019" and ULHT's own regular paediatric listening events
- Work with hospital staff to ensure that the PAU models are described (via guidelines) and opportunities for further developments are identified.
- Recruitment initiatives as described above.
- Review the dedicated ambulance model to ensure it is aligned to service need.
- Continue to develop pathways between the Emergency Departments and Paediatric hospital services.
- Work with system partners to deliver the opportunities within the Lincolnshire Children and Young Persons' Strategy for hospital admission avoidance, local delivery of care and earlier discharge schemes.
- Discussion with Health Education East Midlands to understand what actions are required to fully return training grade doctors to Pilgrim Hospital.

## Conclusions

The interim service model has delivered a safe service for the children of Lincolnshire. However, recruiting children's doctors and nurses remains a constraint and an area of concern for the service and the Trust.

The interim service model is now at the stage where it can be incorporated into a larger children's programme of work to ensure it develops as part of an integrated service for children for the whole population of Lincolnshire.

## **2. Royal College Of Paediatrics And Child Health Report (October 2018)**

The RCPCH, on invitation from the Trust, conducted a review into paediatric services at ULHT. The Recommendations section from the Executive Summary has been reproduced verbatim.

### **Recommendations**

The following recommendations combine short term enabling actions with a longer-term vision of the future of the service, to retain obstetric and paediatric services across both Lincolnshire sites.

#### Immediate

Identify an experienced Project Manager/Clinical Director to continue to work with the Clinical Leaders to lead and shape the vision and drive implementation and innovation for the maternity and paediatric teams going forward (5.8.7)

Develop a model and plan for a 'low acuity' overnight service at Pilgrim through development of hybrid Tier 2 working and explore with the medical and nursing teams a migration towards this arrangement (6.3.5)

Appoint a 'Project Board' from stakeholders or use the Clinical Services Transformation Board to monitor progress with the vision and plan and provide external scrutiny (6.3.11)

Actively promote a positive vision backed with a robust communications plan that drives forward change and develops confidence and commitment to a whole-county solution that embeds a sustainable service at Pilgrim (6.3.11)

Introduce a monitoring and outcome analysis process to review admissions transfers and outcomes to demonstrate the model is working safely at the current time and through transition to new ways of working (6.3.10)

#### Enabling actions

Adopt the RCPCH standards for PAUs at both sites as an approach to managing ambulatory patients not requiring long term stays, with pathways of care and SoPs that focus on discharge and decision making in the ED and PAU and monitor length of stay and outcomes. (6.4.2)

Continue to support and audit use of the dedicated ambulance vehicle for safe transport of sick children and maternity patients who require transfer from Pilgrim (5.6.6)

Actively involve local user groups as well as children young people, parents and those from minority communities to "change the narrative" and improve engagement with the public, including development of written, web based and social media resources. (5.11.9)

Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach (5.8.5).

Focus on retention and development of existing staff through genuine involvement and listening and acting on their concerns (5.8.6)

### Nursing

Recruit a Head of Nursing/ADN with experience of developing and modernising nursing services, to develop the children's nursing service at ULHT to meet the needs of children across Lincolnshire (5.3.2)

Strengthen paediatric nursing competencies in ED and neonatal life support through advanced nursing roles to improve patient care and reduce the demand for medical intervention (5.3.6)

Develop a strategy for children's community nursing to reduce hospital attendance and increase engagement with the NHS through (5.3.12):

- Expanding the CCN Team
- Enabling a seven-day service across the county
- Enable early discharge from the Emergency Department and PAUs.
- Review referral process to enable direct GP access to community nursing

Consider recruiting specialist nurses for long term health disorders such as asthma and epilepsy to support the medical team and promote self-management of conditions from an early age. (5.3.13)

Ensure the practice development nurse role is clear to promote an effective impact on recruitment and retention of nurses and good working relationships between the clinical areas and the university. (5.3.6)

Develop nurse led clinics to manage children attending the ward following discharge and to support medical colleagues in managing children with long term conditions (5.3.13)

### Medical Staffing

Continue to support MTI recruitment for a steady supply of Tier 2 paediatricians. (5.4.12)

Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach. (5.8.5)

Explore the benefits of developing advanced practice children's nurses and review how these operate in other services, with a view to establishing the role at both sites to support the medical rotas. (5.4.14)

Conduct an audit review of the quality and implications of the locum provision including incident analysis and risk assessment. (5.4.10)

Work closely with HEEM to Increase the profile for training and compliance with requirements to enable continuing rotation of Tier 1 doctors through Pilgrim (5.4.21)

Rethink the 'offer' for trainees, increase the profile of training through websites and promotional materials to attract more trainees to Lincolnshire's hospitals (6.4.6)

#### Other recommendations

A focus on Quality Improvement, including working differently, learning from findings and shared whole-team goals should be implemented as soon as possible (5.7.4)

Work with the CCGs to reconsider the future of Pilgrim and opportunities to expand rather than contract the service within the STP. (6.1.1)

Retain and develop a day surgery service at the Pilgrim site with a catchment across the Trust's footprint. (6.4.14)

### **3. Six Month Review**

A six month review of the interim paediatric model has been conducted. The full report is attached at Appendix C. The Key Findings section from the Executive Summary has been reproduced verbatim.

#### **Key Findings**

There has been strong clinician, nursing and executive leadership.

RCPCH recommendations have been addressed, actioned or completed with future proofing work to continue.

There are ongoing recruitment issues and thus the model, while developing well, will require continued recruitment to full clinician and nursing establishment.

It is essential to retain a Paediatric Assessment Unit (PAU) at Pilgrim.

The model has proved safe for children at Pilgrim but remains fragile.

The Pilgrim PAU has delivered good quality of care and has the potential to be replicated in Lincoln.

Availability of experienced medical and nursing staff is important, and there is more to be done on getting the balance right with potential to develop new roles.

The balance of access, workforce, quality and finance played out differently for some patients as there were different levels of risk and complexity. There is a financial risk as the model is costly.

Proposals required strong clinician, public and regulator engagement and there is evidence of this.

#### 4. Risk Register for the Children and Young Persons' Service

There are currently thirteen items on the risk register. A list of titles with associated risk is included. The full risk register is attached.

Title	Risk Level (Current)
Access to essential areas of the estate (Children & Young Persons CBU)	Very low risk
Availability of essential information (Children & Young Persons CBU)	Very low risk
Delayed patient discharge or transfer of care (Children & Young Persons CBU)	Low risk
Exceeding annual budget (Children & Young Persons CBU)	Low risk
Confidentiality & integrity of personal information (Children & Young Persons CBU)	Low risk
Delayed patient diagnosis or treatment (Children & Young Persons CBU)	Moderate risk
Availability of essential equipment & supplies (Children & Young Persons CBU)	Moderate risk
Quality of patient experience (Children & Young Persons CBU)	Moderate risk
Workforce capacity & capability (Children & Young Persons CBU)	High risk
Sustainable paediatric services at Pilgrim Hospital, Boston (Children & YP CBU)	High risk
Safety & effectiveness of patient care (Children & Young Persons CBU)	High risk
Health, safety & security of staff, patients and visitors (Children & Young Persons CBU)	High risk
Compliance with regulations & standards (Children & Young Persons CBU)	High risk

The full risk register is attached at Appendix D.

## 5. Paediatric Contingency Plans

The contingency plan presented to the Trust Board on 26 October 2018 remains operational and have been / will be implemented if required.

The contingency plan is to centralise paediatric services from the Pilgrim site onto the Lincoln County Hospital site if services cannot be maintained at the Pilgrim site.

The extensive reconfiguration and building update managed through estates build programme dictates the timeline for which any contingency area is available for use in extremis.

Over the next six months, there are three, incremental, plans dependent on build.

1. Immediate capability – the following areas can be available should they be required:
  - a. An increased bed capacity on Rainforest ward from 19 to 24 beds,
  - b. Side rooms available on Nettleham ward to use as birthing rooms to accommodate any displacement of birthing rooms at Pilgrim,
  - c. Nettleham ward can accommodate 8 x maternity beds displaced from Pilgrim,
2. Short term capability:
  - a. An additional 5 x Neonatal cots from Pilgrim to Neonatal unit at Lincoln (space exists currently for the additional cots),
  - b. 12 x Paediatric beds to be available on 1st Floor Maternity tower block (resulting in the total Paediatric bed base at Lincoln site to be 36 beds)
3. Long term capability - The enabling works commenced in November 2018 and are now at an advanced stage resulting in further space being made available:
  - a. Relocate Breast services from 4th floor tower block to refurbished old microbiology block in order to create additional space / potentially create space for a Midwifery led unit,
  - b. Vacated maternity wing on 4th floor, tower block, the space on this floor will be configured with ward facilities, but not designated as additional beds to allow for a fluid designation to be undertaken dependent on the needs of the service at the point when contingency plan needs to be invoked.

Daily ward safety huddles continue three times each day at both Pilgrim and Lincoln hospitals where capacity and bed status are discussed. Each site ward lead contact each other and identify demand, capacity and any resourcing issues. A daily capacity plan is decided upon and communicated.

Consideration has been given to the existing winter capacity plan, in order to create the best fit for the changes needed should the contingency plan be required, whilst enabling the Trust to concurrently manage winter bed pressures.

## 6. Consultation

This is not a consultation item.

## 7. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

N/A

## 8. Conclusion

To address the significant difficulties and challenges caused by a 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.

This paper provides a further update on recent developments.

## 9. Appendices

These are listed below and attached at the back of the report	
Appendix A	Postcode Analysis
Appendix B	Readmission Rates
Appendix C	Paediatric Six Month Review A review of the Paediatric Assessment Unit – Pilgrim (March 2019)
Appendix D	Risk Register for the Children and Young Persons' Service

## 10. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

Document title	Where the document can be viewed.
United Lincolnshire Hospitals NHS Trust – Paediatrics Service/design review	Democratic Services <a href="mailto:DemocraticServices@lincolnshire.gov.uk">DemocraticServices@lincolnshire.gov.uk</a>
The Royal College of Paediatrics and Child Health	

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