

Agenda Item 6

		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:	19 February 2020
Subject:	United Lincolnshire Hospitals NHS Trust - Children and Young Persons' Services Update

Summary:

This paper is an update on previous paper presented to the Health Scrutiny Committee in July 2019. The report is in four parts:

Part 1: The Model

- **Introduction** to the interim paediatric service model in place at Pilgrim Hospital, Boston
- **Effectiveness** including admissions, length of stay, transfers, postcode analysis and readmissions
- **Safety** including the recent letter from CQC, incidents and the Risk Register
- **Workforce** issues and developments
- **Next Steps**

Part 2: Royal College of Paediatrics and Child Health Report

- **Recommendations**
- **Actions**

Part 3: Care Quality Commission Report

- **Findings** for Children's and Young People's Services
- **Update** on current position by domain

Part 4: Section 29A Warning Notice

- **Section 29A Notice**
- **Current position**

Actions Required:

To consider the information presented and be assured in relation to safety, progress and direction of travel.

PART 1 – THE INTERIM SERVICE MODEL

Introduction

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).

At its core, the decision was made in response to concerns expressed by senior medical staff relating to an inability to recruit middle grade doctors at Pilgrim Hospital and therefore, difficulty in maintaining the three-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 daytime work at Pilgrim Hospital Monday to Friday.

This interim service 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 Royal College of Paediatrics and Child Health Report (RCPCH) undertook a review and was in support of a Paediatric Assessment Unit at Pilgrim Hospital, Boston as it would limit the impact of withdrawing inpatient beds on children, young people and their families.

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 a Health System Board chaired by the NHS Improvement 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.

Effectiveness

Data is available on admission rates, length of stay, transfers, patient address (a postcode analysis) and readmission rates.

1. Admissions

The monthly admissions to both Lincoln County Hospital and Pilgrim Hospital have increased over the last two years. Between this time, Lincoln County Hospital has shown an increase from an average of approximately 310 to 340 admissions per month. The increase in Pilgrim is more marked, starting at an average of approximately 170 admissions and ending at 305 per month. Please refer to table in Appendix A.

2. Length of Stay

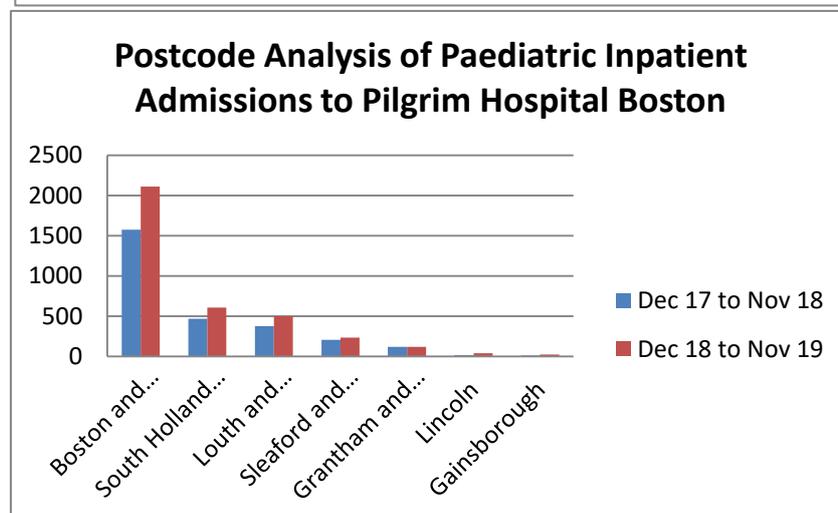
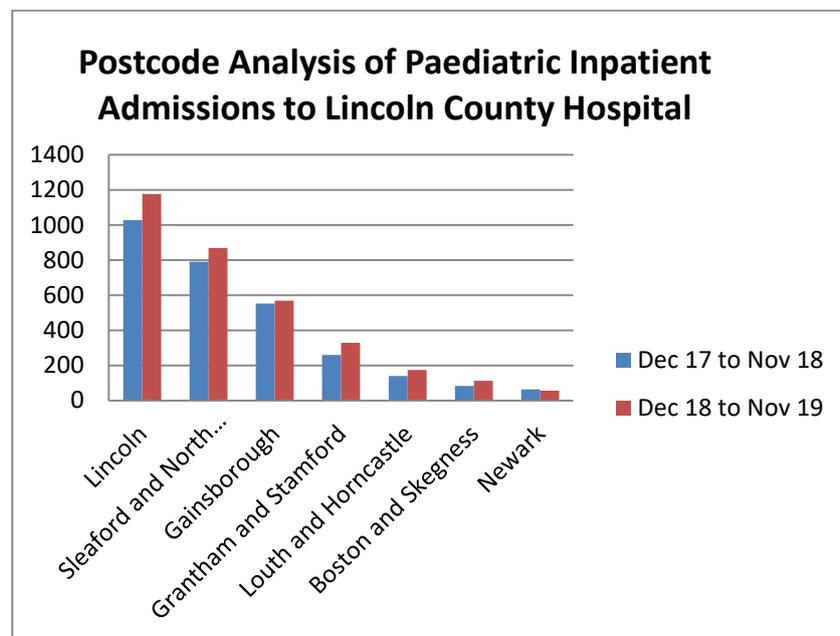
Lincoln has demonstrated a gradual increase in the average length of stay. The average length of stay at Pilgrim Hospital has significantly decreased. Please refer to table in Appendix A.

3. Transfers

The transfers to Pilgrim showed a noticeable spike following the introduction of the interim model. It has decreased since September 2019 but has shown considerable variation. Please refer to table in Appendix A.

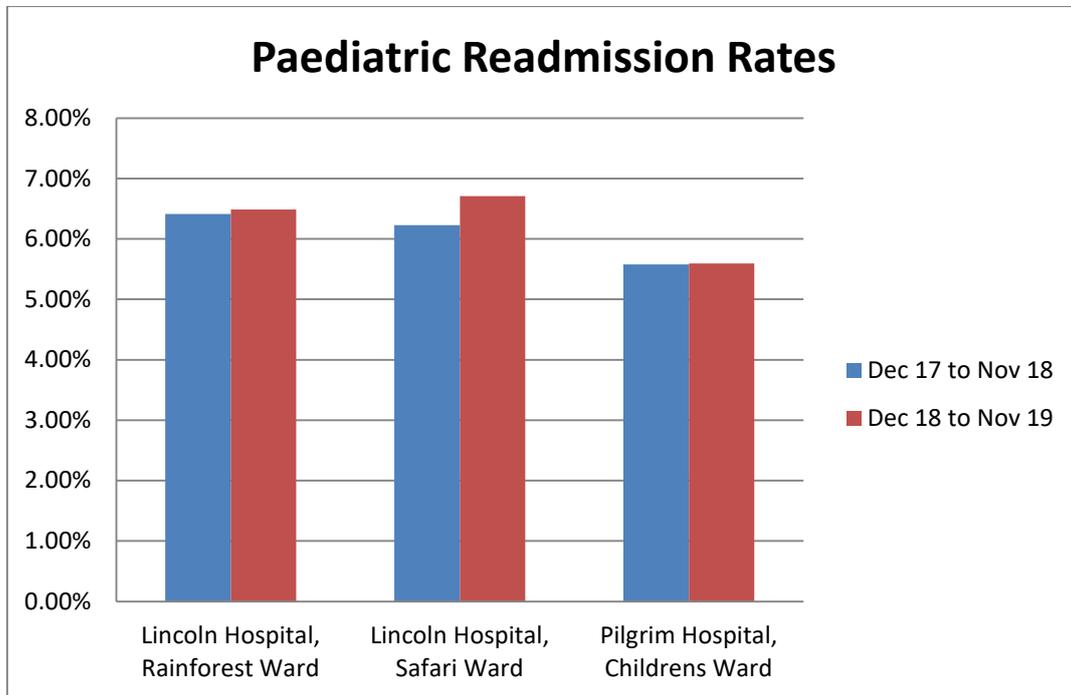
4. Postcode Analysis

A postcode analysis was conducted on inpatient admissions to ULHT sites. The admissions to Lincoln County from patients with a Boston postcode have increased, but the increase is moderate and in line with increases from other postcodes.



5. Re-Admissions

Readmission rates have remained relatively consistent. Safari Ward has shown the most marked increase. This was also reflected in the July assurance paper.



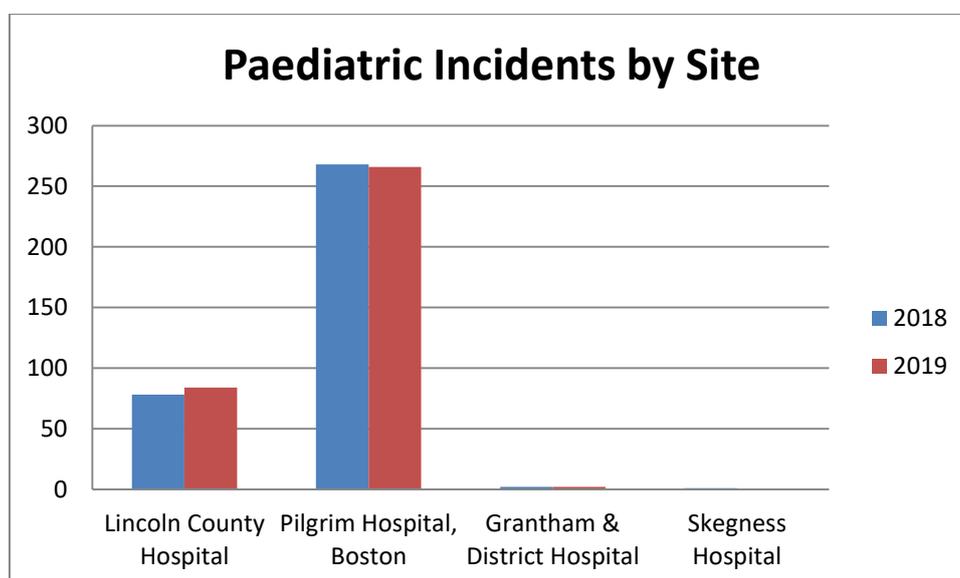
Safety

Safety is a key priority for Paediatrics and was highlighted in the section 29A improvement notice received from the Care Quality Commission (CQC). Data is available on incidents, serious incidents and the Risk Register:

1. Incidents

Incidents by Category	2018
Access, Appointment, Admission, Transfer, Discharge	124
Implementation of care or ongoing monitoring/review	81
Medication	35
Infrastructure or resources (staffing, facilities, environment)	26
Clinical assessment (investigations, images and lab tests)	17
Patient Information (records, documents, test results, scans)	13
Accident that may result in personal injury	10
Consent, Confidentiality, Data Protection or Communication	10
Treatment, procedure inc. Pressure Ulcers and Infection Control	10
Abusive, Assault, violent, disruptive or self-harming behaviour	8
Diagnosis, failed or delayed	7
Information Governance Incident	4
Medical device/equipment	3
Labour or Delivery	1

Incidents by Category	2019
Administrative Processes (Excluding Documentation)	184
Medication/Biologics/Fluids	45
Documentation	37
Diagnostic Processes/Procedures	26
Communication	17
Therapeutic Processes/Procedures	9
Behaviour	8
Medical Devices, Equipment, Supplies	6
Neonatal/Perinatal Care	5
Patient Accidents/Falls	5
Injury of unknown origin	4
Personal Property/Data/Information	4
Infection Control Incident (Healthcare Associated Infection)	1
Maternity Care	1



It is important to note that the high number of incidents at Pilgrim Hospital reflects the fact that staff have been asked to record an IR1 when length of stay on the PAU exceeds 12 hours.

2. Serious Incidents

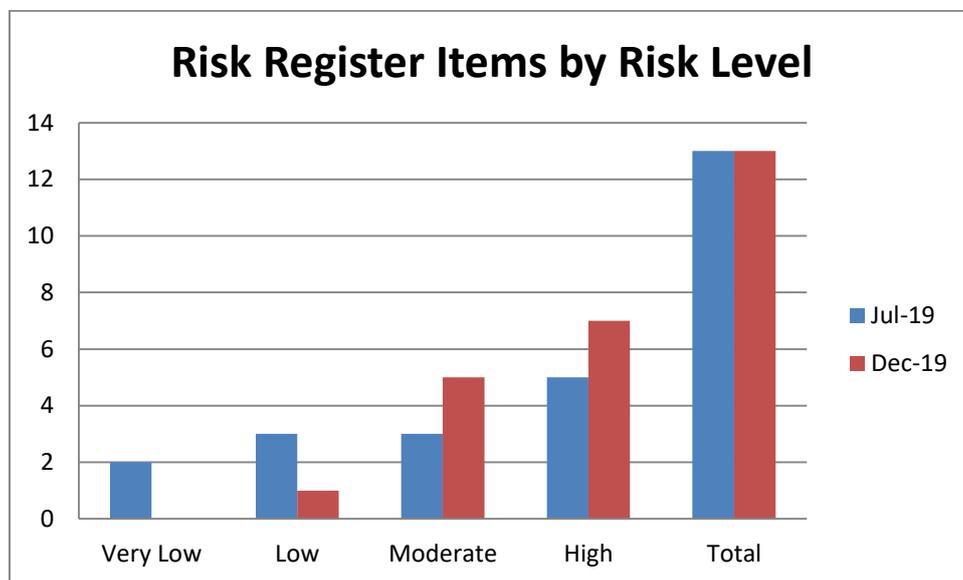
There have been three serious incidents during the last two years. All took place on Rainforest Ward. All have now been closed as of 2 January 2020

Date Reported	Location (Exact)	Incident Category	Primary Contributing Factor	Never Event?	Severity	Closed Date
14/11/18	Rainforest Ward	Diagnostic Processes / Procedures	Investigation delayed	No	3 - Moderate Harm	02/01/20

Date Reported	Location (Exact)	Incident Category	Primary Contributing Factor	Never Event?	Severity	Closed Date
02/07/19	Rainforest Ward	Diagnostic Processes / Procedures	Other diagnostic incident	No	2 - Low Harm	27/11/19
17/04/18	Rainforest Ward	Communication	Omission of important facts	No	4 - Severe Harm	09/10/19

3. Risk Register

There are currently thirteen items on the risk register. This is the same number as when reported in July, but the risk profile has changed.



Title	Risk Level (Current)
Confidentiality & integrity of personal information (Children & Young Persons CBU)	Low risk
Availability of essential information (Children & Young Persons CBU)	Moderate risk
Delayed patient discharge or transfer of care (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
Compliance with regulations & standards (Children & Young Persons CBU)	Moderate 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
Exceeding annual budget (Children & Young Persons CBU)	High risk
Delayed patient diagnosis or treatment (Children & Young Persons CBU)	High risk
Access to essential areas of the estate (Children & Young Persons CBU)	High risk
Workforce capacity & capability (Children & Young Persons CBU)	High risk

Workforce

The workforce issues and plans mainly focus on nursing and medical recruitment. Progress in this area is noted since the July assurance report. As a summary:

- Considerable progress has been made in relation to recruiting to the middle grade tier. Pilgrim Hospital now has a sustainable service on par with Lincoln.
- Two middle grades still need to demonstrate Tier II competence. This is expected shortly.
- A Consultant post has been filled on a twelve-month fixed term contract.
- Culture is the next focus for development of the medical workforce.
- The nursing position has improved.

Nurse Recruitment

Notable changes include:

- The Lead Nurse for Children's Transformation has been appointed within the Trust. This post will oversee the 'Hidden Child' agenda from October 2019. At time of writing, the division has not been able to recruit to the Lead Nurse for Children post.
- The Trust's senior HR team have worked with the service and a specialist recruitment company to launch a specialised national recruitment campaign. The aim of this campaign is to attract registered children's nurses to Lincolnshire. This went live during early October 2019.
- Internally, staff have now commenced two-year undergraduate level High Dependency Unit (HDU) modules. Additional nursing qualifications have been compiled and a request made for three years' funding through Learning Beyond Registration.
- The University of Lincoln have now commenced a degree programme for Children's Nursing. This began in September 2019 and will have significant positive benefits for ULHT from 2022.
- Discussions have been arranged to develop the specialist nursing roles across the service, to include advanced nurse practitioners.

Staffing breakdown:

Staffing	Ward			
	Rainforest		4a	
	Establishment	Actual	Establishment	Actual
Registered	32.05	19.67	32.84	20.21
Unregistered	11.13	11.4	13.16	12.2

NOTE: Agency and bank are used to maintain safe staffing. Ward 4a establishment remains at level for an in-patient ward as current model is "interim" in nature.

Medical Recruitment

Notable changes include:

- The medical staffing position has significantly improved during the last six months. This is reflected at both consultant and SAS [Staff grade, Associate specialist and Specialty doctors] level. A refreshed and tailored recruitment campaign will result in a full complement of substantive Consultant staff at Lincoln and a gap of no more than one substantive consultant post by the date of February's Health Scrutiny Committee.
- The gaps amongst middle grade doctors have largely been addressed and the posts are now filled. The service has a full complement of staff. The focus will now be on overseeing the development of training to enable staff to gain accreditation which will enable them to participate with the senior Tier II rota.
- The Trust plans to explore this much improved position with Health Education East Midlands (HEEM), with the aim of reconfiguring how medics are allocated to Pilgrim and Lincoln.
- The focus is now on appointment of a clinical lead for paediatrics. This will complement the clinical lead for neonates.

Staffing breakdown:

Paediatrics - Current Medical Workforce Position at 27/01/2020					
Grade	Site	Funded Establish-ment	In Post	Agency Locum Cover	Recruitment Plan
Consultant	Lincoln	8	7	1	AAC booked for 17/04/20. Trust locum offered post at Pilgrim Hospital.
	Pilgrim	8	5	2	
Non-training Middle Grades	Lincoln	5	2	3	Named doctor starts 27/1/2020, will need competencies to move to tier 2. Specialist doctor post advertised. Recruitment agency trying to source international recruits.
	Pilgrim	6	8*	2	*5 currently cover Tier 1 rota until accredited for Tier 2 duties. 1 moves Feb 2020, 1 moves March 2020. 3 applying for training posts from August.
Training Middle Grades (ST4 and above)	Lincoln	8	5	3	All trainees currently based at Lincoln. 2 travel to cover PAU at Pilgrim weekdays (short and long day shifts) on a rota basis.
	Pilgrim	0	0	0	

Paediatrics - Current Medical Workforce Position at 27/01/2020					
Grade	Site	Funded Establishment	In Post	Agency Locum Cover	Recruitment Plan
Trainees - ST1 / GPVTS / F2	Lincoln	16	16	0	
Non Trainees - ST1 / F2	Pilgrim	3	2	0	MTI [Medical Training Initiative] starts March 2020 (6 months tier 1, then tier 2) *5 non-training Middle grades above work on this rota currently

Next Steps

The interim service model is now mature enough to be incorporated into a larger children's programme of work. This will ensure it develops as part of an integrated service for children that will serve the whole population of Lincolnshire. Planned developments will be brought to Trust Board in February 2020.

Simon Hallion and Dr Suganthi Joachim have initiated talks with Health Education East Midlands (HEEM) to bring the trainees back to Pilgrim Hospital. The first meeting with HEEM was on 23 January 2020. A proposal will be sent on 14 February 2020.

The current planned actions include:

1. Continued consultation with service users, including ULHT's regular paediatric listening events. Trust successful in application to join the Sweeny Project to progress best practice in engagement of C&YP (delivered by national charity in collaboration with Alder Hey).
2. Working with hospital staff to ensure that the PAU models are described and opportunities for further developments are identified.
3. Recruitment initiatives as described above.
4. Review the dedicated ambulance model to ensure it is aligned to service need.
5. Continue to develop pathways between the Emergency Departments and Paediatric hospital services.
6. Work with system partners to deliver the opportunities within the Lincolnshire Children and Young Persons' Strategy for:
 - o Hospital admission avoidance.
 - o Local delivery of care.
 - o Earlier discharge schemes.
7. Discussion with HEEM to understand what actions are required to fully return training grade doctors to Pilgrim Hospital.

PART 2 – ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH REPORT

The Trust invited the Royal College of Paediatrics and Child Health (RCPCH) to conduct a review into paediatric services at ULHT. A number of recommendations were given when the report was published in October 2018. A full breakdown of actions is included as Appendix B. All recommendations have been either completed or closed.

PART 3 – CARE QUALITY COMMISSION

The CQC report highlighted issues which need to be addressed. Overall, Lincoln received a rating of 'Requires Improvement' and Pilgrim received a rating of 'Inadequate'.

Site	Safe	Effective	Caring	Responsive	Well-led	Overall
Lincoln	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Pilgrim	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Domain 1 – Safe

The safety domain has been split into four work-streams:

1. Medical Staffing.
2. Nurse staffing.
3. Neonatal
4. Children's

Medical Staffing

Progress on medical recruitment is set out in Part 1 of this report and includes:

- Successful recruitment initiatives which has increased the number of Consultants in post.
- Meetings are being arranged with HEEM to explore returning trainees to Pilgrim.
- An externally facilitated event on clinical leadership has taken place with the consultant team.
- Job plans have been completed.
- A lead for audit and governance is now in place.
- The division is pursuing a fixed term appointment arising from recent a AAC.
- Despite efforts, the clinical lead for paediatrics post remains unfilled.

Nurse Staffing

Progress includes:

- The recruitment and retention plan is in place and progressing.
- An acuity and dependency audit has been conducted and used alongside the activity for under two-year olds. Establishments have been reviewed for both areas, with an uplift required for Rainforest Ward due to the HDU and the move to 24 beds.
- A letter to offer additional hours to part-time nurses has been sent. This offer has been taken up in some cases.
- The trainee nursing associate role is being explored.
- A domestic recruitment campaign is in progress.
- A rotational post between Urgent Care and Children and Young People (CYP) is being developed and advertised.
- The matron for Acute CYP Services commenced with Trust.
- The Lead Nurse for CYP Transformation is now in post.
- The Division continues to have a reliance on agency, but the supply is limited.
- A trajectory and plan is in place to reach 75% Qualified in Specialty (QIS) neonatal nurses by July 2020.

Staffing	Ward			
	Rainforest		4a	
	Establishment	Actual	Establishment	Actual
Registered	31.05	17.9	31.84	20.01
Unregistered	10.13	10.4	10.98	12.2
Ratio (R:U)	75:25	63/37	74/26	62/38

Neonatal

Progress includes:

- A reduction of babies admitted to neonatal services.
- Avoidable term admissions in the neonatal unit reviews are taking place.
- Five improvement plans are in place and being monitored through governance and LMNS.
- A deep dive of the risk register has been completed and approved to ensure accuracy.
- Neonatal safety champions have been identified at service level. Maternity board level safety champion is now in place.

Children's

Progress includes:

- A deep dive of the risk register has been completed and approved to ensure accuracy.

- A review of the Ward 4A Pilgrim model has been conducted. Proposals have been drafted for internal discussion and approval.
- Work has commenced to describe a revised PAU model for Lincoln County.
- Overall training compliance for Child Health is now 91%. Further improvement is required for Safeguarding.
- The matron compliance tool is now in place. Metrics for IPC, appraisals and core learning are improving.
- Monthly IPC compliance rounds are ongoing. This is conducted by the matron and a representative from Facilities.

Domain 2 – Effective

The effectiveness domain has been split into two work-streams:

1. Neonatal.
2. Children's.

Neonatal

Progress includes:

- An improvement in the number of in-date guidelines can be demonstrated. The current figure is 89% with more awaiting approval.
- Terms of Reference and agendas for governance meetings have been revised and are in place.
- The neonatal dashboard has been introduced and shared across the network.
- Site visits to other trusts have taken place, with the aim of learning from governance processes.
- NNAP key performance Indicators have improved.
- Learning bulletins are now in place.

Children's

Progress includes:

- The Terms of Reference for the Trust's Children and Young People Oversight Meeting has been revised and re-launched by the Executive Chair.
- The quality dashboard is now in place.
- A process of ward accreditation is in development.
- An audit plan is now in place.
- The mortality and morbidity process for family health has been developed and is awaiting approval.
- Learning bulletins are now in place.

Domain 3 – Caring

The caring domain is not a current focus for the Division due to the rating of 'Good' within this domain.

Domain 4 – Responsive

The responsiveness domain has been split into two workstreams:

1. Neonatal.
2. Children's.

Neonatal

- The Neonatal Voices Partnership is now in place with the aim of ensuring the views of families are heard. There is national recognition for this endeavour.
- The Family Integrated Care Improvement Plan is now in place.
- There has been progress in meeting the BLISS charter.
- Network funding has been secured for FIC nurse to assist with the programme of improvement.

Children's

- Lincolnshire's CYP Strategy – Work Programme is currently being drafted.
- The integrated Health, Social Care and Education CYP Transformation Board is now in place for Lincolnshire.
- Surgical Pathways Improvement Groups are now in place, reviewing pre-operative processes and surgical pathways.
- System working is being investigated, with the aim of transforming the Behavioural Conditions pathway in the community.
- The 'Hearing the Voice of the Child' project is underway.

Domain 5 – Well-Led

The well-led domain has been split into two workstreams:

1. Neonatal.
2. Children's.

Neonatal:

- The new Clinical Lead is now in post.
- The new Governance Lead is now in post.
- Staff Development programmes are being developed.
- Governance processes are being reviewed.

Children's:

- Two senior nurses have completed the NHS Improvement's QSIR Programme.
- One trainee ANP is now in place.
- The new Clinical Lead is now in post.
- The new Governance Lead is now in post.
- There is now a governance training arrangement for the medical workforce.
- Governance processes are being reviewed.
- Improvement oversight meetings are in place with the aim of driving pace.
- Considerable staff engagement activities have already been undertaken.
- Efforts are being made to foster improved relationships with wider stakeholders.

Enablers

Four factors are needed to achieve complete success of all requirements:

1. Project management infrastructure. Options are currently being explored.
2. HEEM support to fund children's nurse conversion courses. This will provide a shorter supply pipeline which will in turn reduce agency expenditure.
3. Capital investment into facilities.
4. Continued recruitment initiatives.

Summary

Significant improvement has been demonstrated since the last CQC inspection. The need for further improvement is acknowledged. The divisional leadership team is confident in an improved CQC rating at the next inspection.

PART 4 – SECTION 29A WARNING NOTICE

On 2 July 2019, the Trust was issued with a Section 29A Warning Notice by CQC. Of the warning actions identified by the CQC, three remain outstanding. Details on the actions are set out in Appendix C to this report.

CONCLUSION

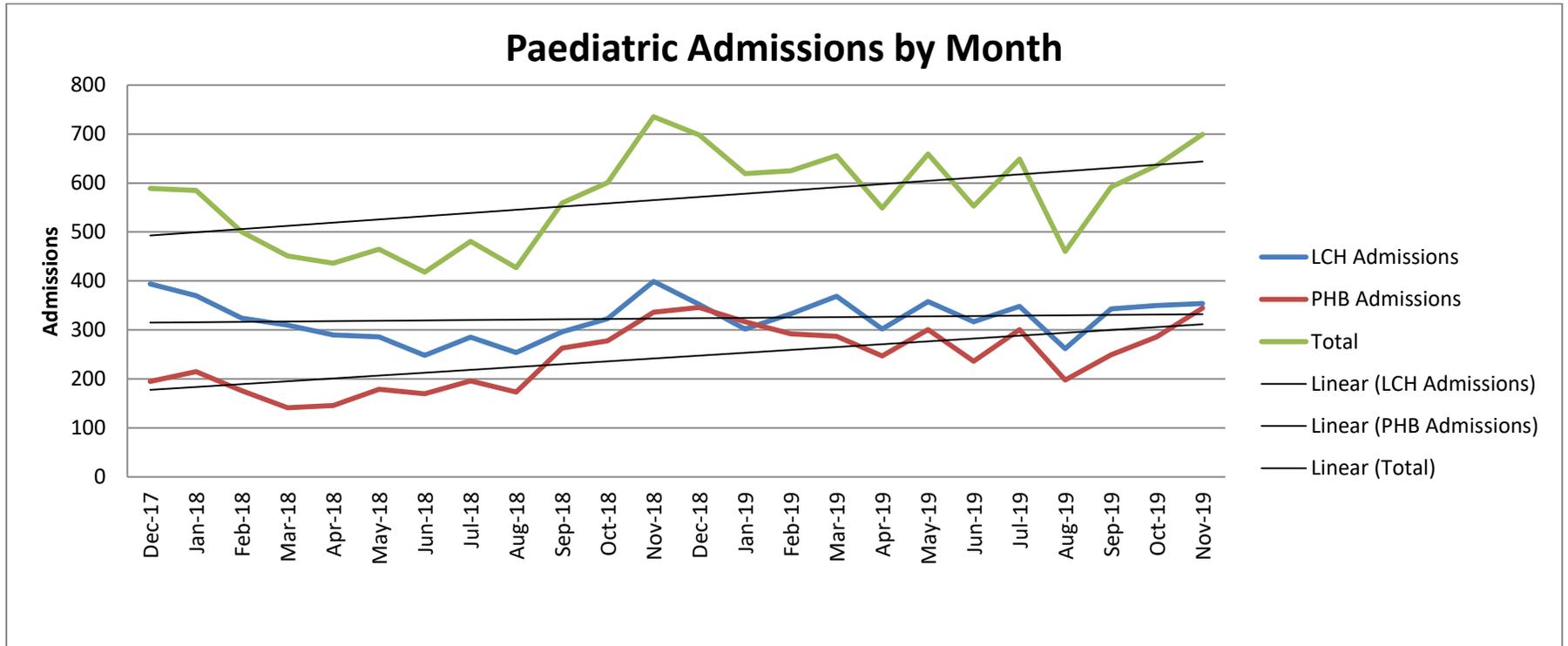
The Health Scrutiny Committee is requested to consider the information presented on the children and young people services provided by United Lincolnshire Hospitals NHS Trust.

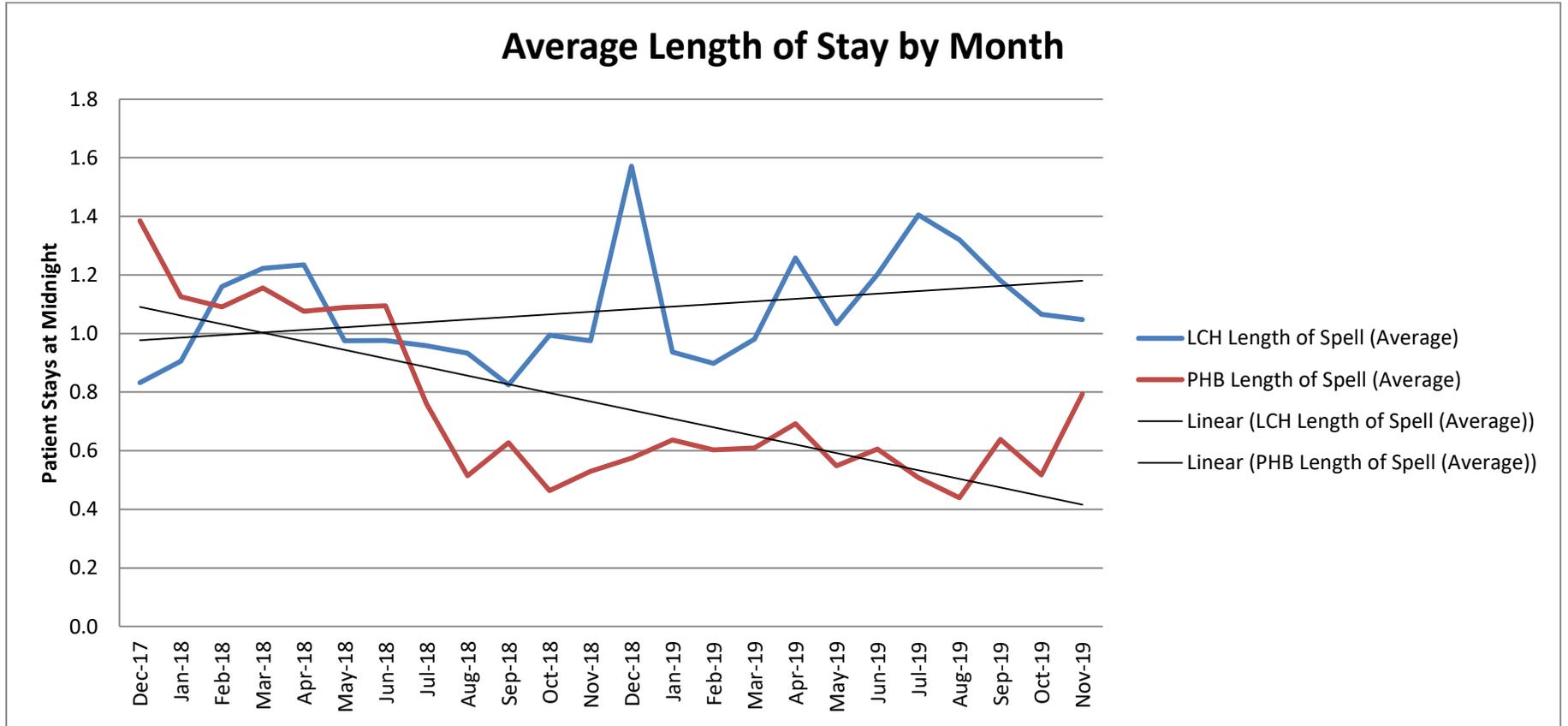
CONSULTATION

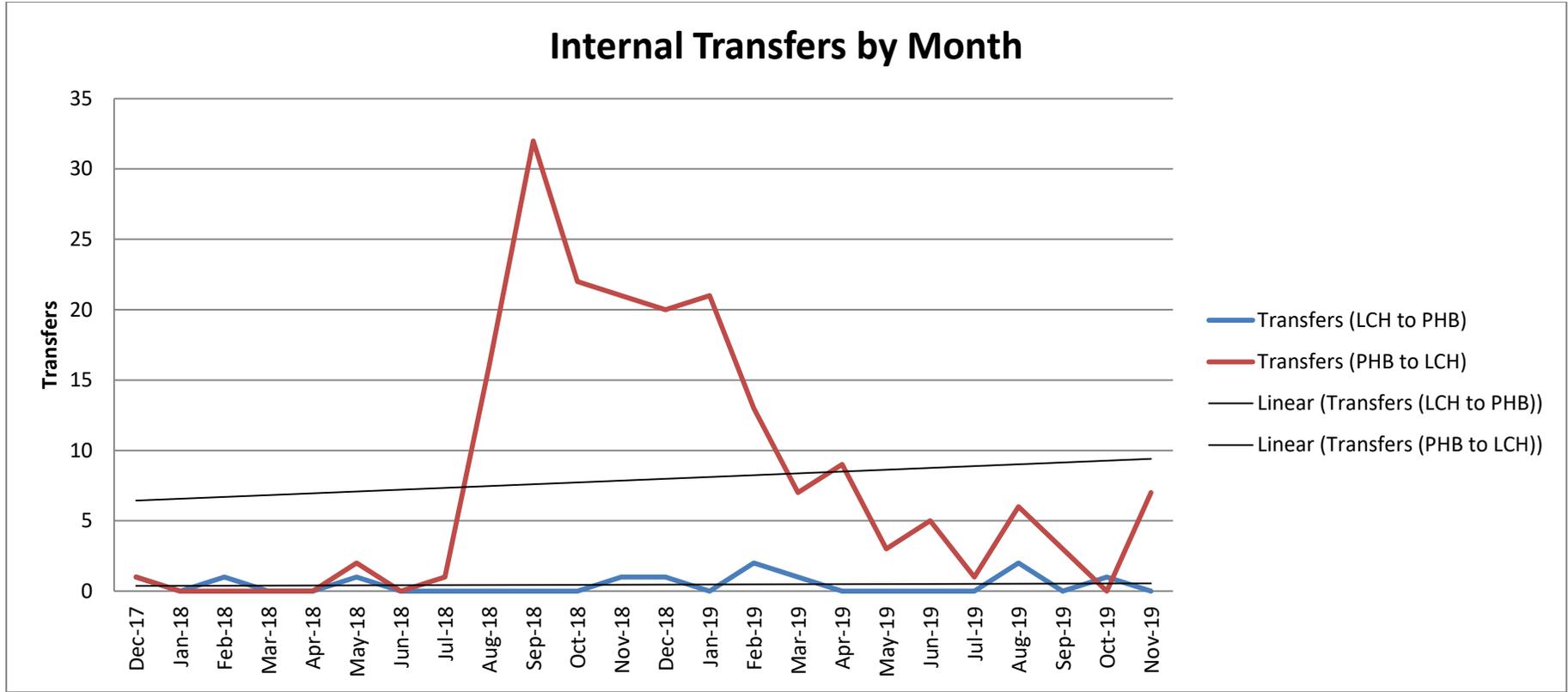
This is not a direct consultation item. The change in service since August 2018 is an interim model. Children and Young People Services are one of the eight elements in the Lincolnshire Acute Services Review, which will be subject to full public consultation.

APPENDICES – these are listed below and attached to this report.

Appendix A	Tables (Referred to in Part 1 of this report): <ul style="list-style-type: none">• Paediatric Admissions by Month• Average Length of Stay by Month• Internal Transfers
Appendix B	Royal College of Paediatrics and Child Health Report (October 2018) – Progress and Evidence in Relation to Recommendations
Appendix C	Part 4 – Section 29A Warning Notice – Actions in Response to Warning Notice







ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH REPORT

All 24 recommendations from the Royal College of Paediatrics and Child Health report (October 2018) have been either completed or closed. Details are set out below:

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
1	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	To secure project director	Complete	Experienced Project Director appointed 22.10.18 with extensive programme management and paediatric experience. Children and Young Persons Lead Nurse for transition in place October 2019 to continue improvement.		COMPLETE
2	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	To implement interim model	Complete	New Paediatric Assessment Unit was implemented in August 2018 and monitored using patient experience, adverse event and operational data. First Advanced Practice Nurse Prescriber in training through Sheffield. Further training requirements submitted.	Children and Young Persons Paediatric Assessment Unit Standard Operating Procedure Training contact	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
		To develop Advanced Practice Nurse Prescriber workforce		Job Planning completed to ensure alignment with the new Paediatric Assessment Unit Model. Six months review of Paediatric Assessment Unit completed and presented to Quality Governance Committee.	Job Plans Paper	COMPLETE
		To ensure job plans are aligned to new working hours of the Paediatric Assessment Units To evaluate the Paediatric Assessment Unit		New Triumvirate team working with Clinical team given that some children stay longer than 12 hours for stabilisation or for safeguarding issues. Proposal paper for phase 2 planned to be submitted for January Quality Governance Committee. Proposal is for an assessment function, short stay and a facility to support stabilisation/ safeguarding.	Minutes of Quality Governance Committee Meeting – June/July 2019 Meeting notes	COMPLETE
3	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	To develop governance process to provide oversight	Complete	Weekly Task & Finish in place to develop interim model and support implementation. Project plans in place and upwardly reports to the Lincolnshire Children and Young People Transformation Programme Board.	Action Logs Project Plans	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
				<p>Fortnightly meeting recently convened to progress phase 2 of Pilgrim Paediatric Assessment Unit and update model on Lincoln County Hospital site to ensure consistency.</p> <p>Trust Children and Young People oversight Committee in place.</p> <p>Quarterly progress reports drafted for Quality Governance Committee.</p>	<p>Minutes, agendas</p> <p>Reports</p>	
4	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	To develop a pro-active, honest and transparent relationship with stakeholders	Complete	<p>Communication Strategy for implementation of interim model developed and delivered.</p> <p>Public Engagement Events Facilitated</p> <p>Healthy Conversation discussions held throughout Lincolnshire</p> <p>Regular meetings with SOS Pilgrim held</p>	<p>Communication</p> <p>Plan</p> <p>Events</p> <p>Meeting correspondence</p>	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
				<p>Stakeholder in developing Lincolnshire's Children and Young People Strategy</p> <p>Improved relationships with other stakeholders and commissioners through the Children and Young People Transformation Board, Women's and Children's Board</p>	<p>Strategy</p> <p>Minutes of meeting</p>	COMPLETE
5	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	To ensure data captures operational delivery	Complete	<p>Daily monitoring has been put in place.</p> <p>Information Services developed performance reports</p> <p>DATIX submitted for cases over twelve hours and then cases outside of criteria</p>	Performance Reports	COMPLETE
6	Adopt the RCPCH standards for Paediatric Assessment Units at both sites as an approach to managing ambulatory patients not requiring long term stays, with pathways of care and standard operating procedures that focus on discharge and decision making in the Emergency Department	To ensure consistent assessment and ambulatory pathways in place across the two sites	Closed as included in Ambulatory and Assessment Improvement Plan	<p>Baseline assessment undertaken by new triumvirate.</p> <p>Clinical Engagement activities undertaken by new Triumvirate including external training for consultant workforce</p> <p>Letter written to all staff regarding children who require observation longer than twelve hours</p>	<p>SIB presentation</p> <p>Meetings</p>	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
	and Paediatric Assessment Unit and monitor length of stay and outcomes			Paediatric Assessment Unit model meetings – fortnightly convened to progress now clinical engagement achieved. Lincolnshire Community Health staff engaged with transformation Ambulatory and Assessment Plan now in place so this action transfers to that plan and can be closed	Ambulatory and Assessment Plan	COMPLETE
7	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	To ensure that there is provision of safe inter site transfer arrangements	Complete	Contract in place and monitored weekly. Contract extended after an initial 6 months following a tender process Ambulance provision reduced based on demand	Contract QIA	COMPLETE
8	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.	To ensure good working relationships with the local population	Complete	See above progress regarding stakeholder management	Recruitment	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
9	Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach	To improve staffing levels working towards achieving national standards	Closed as nurse recruitment is being progressed through Workforce improvement Plan	<p>Medical recruitment campaign developed including overseas recruitment</p> <p>Latest position is that Lincoln County Hospital has full complement of consultants.</p> <p>Improved position at Pilgrim Hospital Boston with 6/8 posts filled with a further post being offered.</p> <p>Improved middle grade rota</p> <p>Health Education East Midlands requested to review trainee doctors at Pilgrim given the improved medical staffing</p> <p>Recruitment and Retention plan for Registered Sick Children's Nurse in place and progressing. Limited success with Trust's domestic campaign.</p> <p>Rotational post between children's ward and Emergency Department being progressed</p>	<p>Job Plans</p> <p>Rotas</p> <p>Letter and meeting</p> <p>Recruitment and Retention Plan</p> <p>Job Description</p> <p>Emails</p>	COMPLETE
10	Focus on retention and development of existing staff through genuine involvement and listening and acting on their concerns	To improve staff engagement	Closed as included in on-going workforce improvement plan	<p>Linked to action 9.</p> <p>Attendance at Consultant Meetings</p> <p>Increased response rate in staff survey</p> <p>Staff Engagement activities undertaken by triumvirate</p> <p>External Training for Consultant Team</p>	<p>Meetings</p> <p>Emails</p> <p>Newsletter</p> <p>Open forums Twitter</p> <p>Programme</p>	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
11	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	To provide senior leadership	Closed as monitored through FH Cabinet	<p>Children's Lead Nurse recruited to by organisation on a year's secondment to focus on improvement.</p> <p>External Children and Young People Head of Nursing seconded for months to assist with Emergency Department</p> <p>Health Education East Midlands clinical fellows assisting with staff's competencies in caring for children in Emergency Department</p> <p>Liaised with national Children and Young People lead regarding potential candidates – difficult role to recruit to due to shortage of appropriate experienced staff, location of Trust and challenges the Trust faces</p> <p>Funding for Children and Young People Lead Nurse – substantive out to advert twice and not recruited to. 1 year fixed term Lead Nurse for Children and Young People Transformation now in post with the role being shortly advertised.</p> <p>An additional Matron in the in the service which has been recruited to.</p>	<p>Job Description</p> <p>Adverts</p> <p>Interviews</p> <p>Workplans</p> <p>Presentation of work undertaken</p> <p>Emails</p> <p>Budgets</p>	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
12	Strengthen paediatric nursing competencies in Emergency Department and neonatal life support through advanced nursing roles to improve patient care and reduce the demand for medical intervention	To ensure appropriately trained staff care	Closed as included in workforce improvement plan	<p>Plan in place to support Emergency Department. Oversight and 90 minute whiteboard rounds from the ward to be carried out offering advice and guidance. Additional 6 agency nurses requested (2 found). AQPs are also under review to support Emergency Department. Health Education East Midlands fellow in place providing training to staff in Emergency Department Paediatric Observation Priority Score Triage training implemented for all staff in Emergency Department and on Ward 4A Rotation posts between Rainforest and Emergency Department currently being recruited to Proposal paper for a trust-wide clinical education team being formulated</p> <p>Trainee Nursing Associate for Children and Young People competencies drafted</p> <p>Actions included in the Workforce plan as part of business as usual</p> <p>First Advanced Practice Nurse Prescriber in training</p>	Engagement Event programme	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
13	<p>Develop a strategy for children's community nursing to reduce hospital attendance and increase engagement with the NHS through:</p> <ul style="list-style-type: none"> Expanding the Children's Community Nursing Team Enabling a seven-day service across the county Enable early discharge from the Emergency Department and Paediatric Assessment Units. 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. 	To provide strategic direction through the development of a Lincolnshire Children and People Strategy	Closed	<p>Strategy engagement event held November 2018</p> <p>User engagement events undertaken by STP team</p> <p>Draft Strategy written and circulated for comments</p> <p>Agreement to modify the draft strategy to be system wide (health, education and social care)</p> <p>First strategic priority is to reduce hospital attendances</p> <p>Suggestion improvements included in the Strategy workplan</p> <p>Progression of the Strategy implementation monitored through the System Children and Young People Transformation Programme Board</p>	<p>Healthwatch report</p> <p>Women's & Children commissioners and providers meeting minutes</p> <p>Strategy</p> <p>Budget</p>	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
14	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.	To ensure Children and Young People receive the correct support to manage their Long Term Condition	Closed as included in the Home First improvement plan which also focuses on clinical pathways	Funding in budget for a respiratory nurse Best practice for diabetes progressing Long Term Condition in Children a key work-stream in the Lincolnshire Strategy Will be Included in the Home First Improvement plan	Twinkle business case Strategy Improvement Plan	COMPLETE
15	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.	To ensure staff receive appropriate development which in turn promotes retention	Complete	Clinical educators now in post on both wards Working collaboratively across sites and currently developing an education plan Proposal paper for Children and Young People Clinical education team currently being developed These actions are part of the workforce improvement plan for continued quality improvement		COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
16	Develop nurse led clinics to manage children attending the ward following discharge and to support medical colleagues in managing children with long term conditions	To create nurse led services in Children and Young People services	Closed	Not progressed currently due to the nurse vacancy rates but moving forward will be included in the Ambulatory and Assessment Improvement Plan		COMPLETE
17	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	To recruit to middle grade rotas	Complete	Recruitment undertaken Fully established rota	Rota	COMPLETE
18	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.	To scope the role of the Advanced Practice Nurse Prescriber in the Children and Young People service	Closed	1 nurse in training Visit to Northumbria Special Care Baby Unit undertaken Included in the Lincolnshire Children and Young People Strategy	Job description and rota Strategy	COMPLETE
19	Conduct an audit review of the quality and implications of the locum provision including incident analysis and risk assessment.	Undertake audit	Complete	Methodology to be agreed at Task & Finish 31.12.18. Audit report completed 31.01.19. Findings fed back		COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
20	Work closely with Health Education East Midlands to Increase the profile for training and compliance with requirements to enable continuing rotation of Tier 1 doctors through Pilgrim		Complete	Arrangements in place to support trainees to travel to Pilgrim within work hours. Not working unsupervised Not working unsocial hours at Pilgrim		COMPLETE
21	Rethink the 'offer' for trainees, increase the profile of training through websites and promotional materials to attract more trainees to Lincolnshire's hospitals		Complete	Increased supply of trainees Meeting scheduled with Health Education East Midlands regarding return to Pilgrim		COMPLETE
22	A focus on Quality Improvement, including working differently, learning from findings and shared whole-team goals should be implemented as soon as possible	To ensure staff have the appropriate knowledge and skills to lead quality improvement	Complete	Continuous Quality Improvement part of the Paediatric Assessment Unit design Improvement plans in place Leading Change for Consultants training undertaken Members of Children and Young People staff on Quality, Service Improvement and Redesign training – all undertaking improvement projects Governance arrangement strengthened as per the section 29A notice improvement work	Task and finish group action points QS05 plan Training programme	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
				<p>Fortnightly meeting to lead service improvement regarding ambulatory and assessment models in place</p> <p>Dashboards in place to monitor quality</p> <p>Ward accreditation being developed as part of the Continuous Quality Improvement Programme</p>	<p>Quality, Service Improvement and Redesign training programme and attendance</p>	COMPLETE
23	Work with the CCGs to reconsider the future of Pilgrim and opportunities to expand rather than contract the service within the STP.	To develop system wide Children and Young People services	Complete	<p>Children and Young People Strategy developed</p> <p>Clinical Senate review of Acute Services Review options completed</p> <p>Acute Services Review progressing</p> <p>Involved in the Healthy Conversation events</p> <p>Stakeholder in the System STP Children and Young People Transformation Board</p> <p>Stakeholder in the redesign of the behavioural conditions pathway</p> <p>STP/CCG representative on the Trust's Children and Young People oversight meeting</p>	<p>Strategy</p> <p>Acute Services Review and Clinical senate papers</p> <p>Acute Services Review papers</p> <p>Events</p> <p>Minutes of meeting</p>	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
24	Retain and develop a day surgery service at the Pilgrim site with a catchment across the Trust's footprint.	To ensure accessible services	Closed	4 day case beds on Ward 4A. Day Case lists three times a week. Additional Registered Sick Children's Nurse on shift to care for Children.	Theatre lists	COMPLETE

Part 4 – Section 29A Warning Notice

No.	Objective	Action	Lead	Timescale	Progress	RAG
1	Key patient safety issues are addressed and the quality of care is monitored and improved through effective governance processes within Neonates and Paediatrics.	<ul style="list-style-type: none"> – Write terms of reference, standardise agenda to include review of incidents/investigations. – Develop neonatal quality improvement. 	Penny Snowden	Complete	<ul style="list-style-type: none"> – Terms of Reference for Children and Young People and Neonatal Speciality Governance approved. – Standard Agenda for Children and Young People and Neonates drafted and piloted from September 2019. New governance process from April 2020 so will require further update. – Dashboard for Neonates developed and implemented from September 2019. – NNAP data included in August Neonatal Speciality Governance. – Outlier report from 2018 data written and presented at Quality, Safety & Oversight Group Nov 2019. – Paediatric Dashboard developed and going to governance from November 2019. – Organisation Children and Young People Oversight Group Terms of Reference written and approved in September. Inaugural meeting held in September (see minutes & agenda). – Lincolnshire Children and Young People Transformation Programme Board in Place (See minutes & agenda). – Lincolnshire Commissioners Children and Young People meeting in place (See minutes & agenda). – Five neonatal improvement plans developed including workforce, safety, term admissions, patient experience and cot configuration 	COMPLETE

No.	Objective	Action	Lead	Timescale	Progress	RAG
		Identify staff to support the admin process	Bev Bolton	Complete	<ul style="list-style-type: none"> - Minute taker for Children and Young People and Neonates identified 	
		Provide training to staff to enable effective chairing of meetings, minute taking etc	Jacky Lloyd / Simon Hallion	Sep-19	<ul style="list-style-type: none"> - TOM support to the chairs HR& Organisational Development contacted to request bespoke training package in effective chairing meetings and minute taking. - No internal offer at United Lincolnshire Hospitals NHS Trust – HRBP raising issues internally. - Minute crib sheet in place. - Neonatal team have visited peers at other hospitals to learn lessons (Northampton and Sherwood Forest) – learning feedback at Governance. 	MAJOR RISKS
		Provide adequate VC facilities to enable effective meetings	IT	Complete	<ul style="list-style-type: none"> - New video-conferencing facilities currently being replaced across the Trust. - Rooms booked for Children and Young People governance all have video-conference facilities. Video-conference facilities included in the terms of reference of the meetings. - Terms of reference also request that chairs alternate sites. 	COMPLETE

No.	Objective	Action	Lead	Timescale	Progress	RAG
2	Have robust audit systems in place to monitor, review and improve services by developing an effective clinical audit programme.	Identify a clinical audit lead.	Suganthi Joachim	Complete	– Audit Lead for Children and Young People and Neonates confirmed and included in Job Plan	COMPLETE
		Develop annual clinical audit plan.	Sharon Sinha	Complete	– Audit Plan developed. – No interest in audit nurse for Children and Young People, so temporary resources allocated. – Audit meetings now in place on both sites.	COMPLETE
3	Have robust audit systems in place to monitor, review and improve services by effective, shared learning following investigation and audit to prevent future incidents.	Develop process to ensure action plans following investigation link with audit programme, eg NEWS Audit	Sharon Sinha	Complete	– Trust policy in place that outlines procedure for Clinical Audit. – Audit included in governance reports (Neonates) March 2020. – Thematic review of serious incidents and audits required to inform next year's projects.	COMPLETE
4	Risk Register accurately reflects risks.	Undertake deep dive on risk register and ensure it accurately reflects all risks, mitigation etc.	Penny Snowden	Sep-19	– Deep Dive by Division undertaken in Children's and Neonates to review existing risks and identify those missing so risk register accurately reflects the service. – Meeting to complete uploading arranged between Matron for Children and Young People and Governance. – Paper presented at Speciality and Family Health Cabinet Meetings outlining timescale for deep dive. Delay to that timescale due to capacity but plan in place.	MAJOR RISKS

No.	Objective	Action	Lead	Timescale	Progress	RAG
5	Provide clear set of actions to mitigate risk.	Review all risks and ensure mitigation is in place and recorded on risk register.		Aug-19	<ul style="list-style-type: none"> Standard Operating Procedure drafted on managing the risk register, ratified in September Family Health Cabinet (see minutes). Risk Assessment with actions completed for each risk using the template. Currently being updated by Corporate Team 	MAJOR RISKS
6	Identify improvements and take actions following deaths.	Implement Paediatric morbidity / mortality meetings, including terms of reference.	Penny Snowden / Debbie Flatman	Complete	<ul style="list-style-type: none"> Morbidity & Mortality process drafted by Division. Morbidity/Mortality process approved at speciality governance. Children and Young People Standard agenda item is feedback from Sudden Unexpected Deaths in Childhood and Child Death Overview Panel. Next step is a report template. Trust's policy Learning from Deaths updated and now ratified Neonatal Standard Agenda item includes feedback from Perinatal Mortality Review Tool, Regional Mortality Meeting. Learning bulletin from Regional Mortality in place. Agreed to hold Morbidity/Mortality Meeting on Governance Day from January 2020. 	COMPLETE
		Provide admin support for these meetings.	Bev Bolton	Complete	<ul style="list-style-type: none"> Trust Mortality Lead will assist with administrative support so consistent with other areas of the hospital. 	COMPLETE

No.	Objective	Action	Lead	Timescale	Progress	RAG
7	Care to be provided in line with evidence based practice.	Review and benchmark guidelines to ensure they comply with evidence based practice.	Sharon Sinha	Complete	<ul style="list-style-type: none"> – Guidelines Tracker in place providing up to date position. – Additional support implemented for Neonatal Guidelines to clear backlog . – Progress reported through Governance Meetings. – Tracker in place to achieve 100%. Monitored through Governance Team. – Q1 progress report to Quality, Safety & Oversight Group. – Now being monitored through governance and cabinet meetings. 	COMPLETE
8	Embed process for guideline review to ensure care and treatment is delivered in line with current best practice guidance.	Set up Paediatric / Neonate guideline Group, including terms of reference.	Suganthi Joachim and Dr A Chingale	Complete	<ul style="list-style-type: none"> – Clinical Lead now in place for Neonates and Children and Young People. – Guideline meeting in place – see minutes/agenda at No 7. 	COMPLETE
		Provide admin support for this process.	Bev Bolton	Complete	<ul style="list-style-type: none"> – Admin review 	COMPLETE
		Ensure staff are aware of guidelines and that these are accessible on the intranet.	Audit Project Leads/ Governance Team	Complete	<ul style="list-style-type: none"> – Learning Bulletins now re-established. – Newsletter has been re-launched (see Family Health Newsletter and Learning to Improve Bulletin). 	COMPLETE

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