United Lincolnshire Hospitals NHS Trust

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| **To:** | Trust Board |
| **From:** | Dr Neill Hepburn |
| **Date:** | 5th February 2019 |

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| **Title:** | **Children & Young Peoples Services at United Lincolnshire Hospitals NHS Trust (ULHT) Risk to the sustainability of the Service** |

**Author/Responsible Director:**

Dr Neill Hepburn, Medical Director

**Purpose of the Report:**

This paper is to provide an update 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 Trust Board 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 provides an update on operational performance of the service.

The Trust Board is asked to note progress and to consider the current position and options.

**The Report is provided to the Board for:**

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| Information | X | Assurance | X |
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**Summary/Key Points:**

In order to update the Board, the paediatric directorate reports that:

- The interim service model described at previous Trust Board continues to be in place. The workforce remains heavily dependent on locum and agency doctors to provide weekend shifts. 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. Inevitably some of these doctors will fail to progress and others will move on to new opportunities so we will continue to recruit through this process. We are also offering other incentives around training and personal development.

- The Tier 2 rotation of doctors to Lincoln will reduce this month putting additional pressure on recruitment and require additional agency staff. Every effort is being made to fill these vacancies however the Consultants remain very concerned over the impact on the service.

- Since the interim arrangements were implemented in August the Paediatric Assessment Unit (PAU) at Pilgrim Hospital has seen, assessed and treated 1,638 children of which 190 have been transferred to other hospitals using one of our dedicated ambulances, far less than was originally estimated. Whilst these transfers were mainly to Rainforest Ward at the Lincoln County Hospital, 52 were transferred to other hospitals, 21 being transferred elsewhere for further specialist care.

- The gestational age for delivery at Pilgrim Hospital has been increased from 30 to 34 weeks; however as at 17th December only 10 in-utero transfers had taken place due to the increase in gestational age alone. Other transfers occurred but they did not cover the gestation age of 30-34 weeks. Bringing the total number of transfers since the implementation of the interim model to 200.

- Since the reduction in dedicated transfer ambulances (one 24/7, one 12/7 plus on call) there have been no instances where an ambulance has not been available to meet the needs of the service.

- The SOP for the interim model has been agreed at the Children and Young Persons Task & Finish Oversight Group and has been submitted to Quality Governance Committee for ratification. The plan will be expanded as additional pathways are agreed.

- Risks continue to be managed through the project risk register, which has been presented to the stakeholder oversight group.

- During the first few 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 hours maximum stay. Decisions are made to allow children to exceed the specified time limit on an individual basis only when it is safe to do so and in the best interests of the child. The 12 hour limit 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 were it would be appropriate for the 12 hour limit to be waived in favour of a treatment based protocol. For example children with newly diagnosed diabetesmay stay over 12 hours due to patient/carer education and training. The 12 hour limit remains appropriate for the majority of our children, whilst feedback from parents has been generally positive the impact of transfer remains a major topic of discussion at public engagement sessions.

- In keeping with the original criteria for the interim service, there has been no change of referral or ambulance conveyance arrangements. Each occasion where a patient stays on the PAU in excess of 12 hours continues to be recorded on Datix and will be used to inform our deliberations at the T&F about reviewing pathways.

- The Programme manager, Clive Brookes, is meeting with parents from the Skegness on 19th February, the meeting in the Spalding area has yet to be fixed.

- The latest public engagement session took place on the 17th January and was attended by 29 members of the public. The meeting began with presentation by Project Manager who was joined by members of SOS Pilgrim who outlined a number of positive maternity stories as well as areas of concern.

- The system of open access for some children with ongoing health needs has continued at the Pilgrim Hospital. However areas of concern were again raised at the public engagement session which are being followed up by Dr Reddy and feedback will be given at the next meeting.

- Because of the overlap with the delivery of the interim model the implementation of the recommendations of the RCPCH report are now being managed through the T& F group. From February it is our intention to move to a programme board as per RCPCH recommendations, this will ensure we begin to transition to a more strategic approach for the care of children and the young person in Lincolnshire.

- The Trust Communications Plan is being revised to build on the regular stakeholder and staff newsletters, social media messaging, public and staff engagement sessions which will remain in place.

- As the model has been in place we will do a six month report reviewing how the model has progressed to date. This will be presented to the Executive team in February 2019.

**Recommendations:**

- The Trust Board to acknowledge the performance of the interim model over the first five months of operation, the number of transfers completed, activity on each site, the issues encountered, and actions undertaken to resolve those issues.

- The Trust Board is asked to note the progress with the action plan in response to the RCPCH Report.

- The Trust Board to acknowledge the improvements to the patient experience for children and their families whilst undergoing assessment on the PAU at Boston and the commitment of staff at Lincoln to support the interim model.

- The Trust Board to acknowledge improvements 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.

**REPORT TO TRUST BOARD – February 2019**

## 1. Purpose of the Report

This report is intended to update the Trust Board of progress to date and the potential impact of the changes in services and in staff deployed across the Trust.

## 2. Body of Report

To update the Board regarding progress of the project is summarised:

2.1 Mobilisation

The Paediatric Assessment Unit (PAU) commenced on Monday 6 August at 9am. The internal operational group continue to meet on a weekly basis, attended by the Paediatric clinical leadership team, directorate team and internal support functions to update on progress, review and resolve the risks and cross divisional issues.

2.2 Workforce

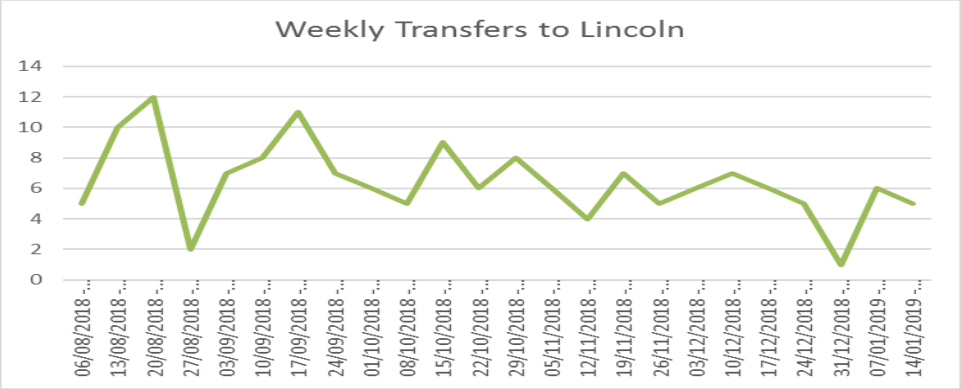
As in previous months, the recruitment activity continues at pace, the requirement for a full complement of consultants at Pilgrim for Paediatrics has not changed and remains at 8 x whole time equivalents and the service currently has 4 x full time consultants and 2 x agency locums, making a complement of 6 x whole time equivalents.

The middle grade workforce remains heavily dependent on locum and agency doctors to provide weekend and shifts. To assist in the mitigation of this risk, an additional middle grade doctor to support the rota has now been in place for a few months and is working well. There is now one substantive middle grade doctor to complement the six agency locum middle grade doctors within the current rota.

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

2.3 Transport Solution

Since the introduction of the dedicated ambulance 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 3.




The ambulance resource continues to provide the ultra-safe provision for patients, whereby transfers required can be completed in the shortest possible timeframe. Formal tendering has been undertaken for the continuation of the service for the duration of the interim model of care. The contract for the ambulance support which has been extended to include arrangements for transfer of level 1 patients not covered by the existing arrangements with EMAS and Comet is being submitted to the February Trust Board for approval.

SoS Pilgrim have provided the Programme Manager with a list of concerns they have received since November for him to investigate and report back. There was feedback from 15 separate incidents that can be grouped into eight themes; experience on Rainforest, additional costs incurred, open access Boston, open access Lincoln, transfer arrangements, transport difficulties, treatment in ED and multifactorial.

2.4 Activity

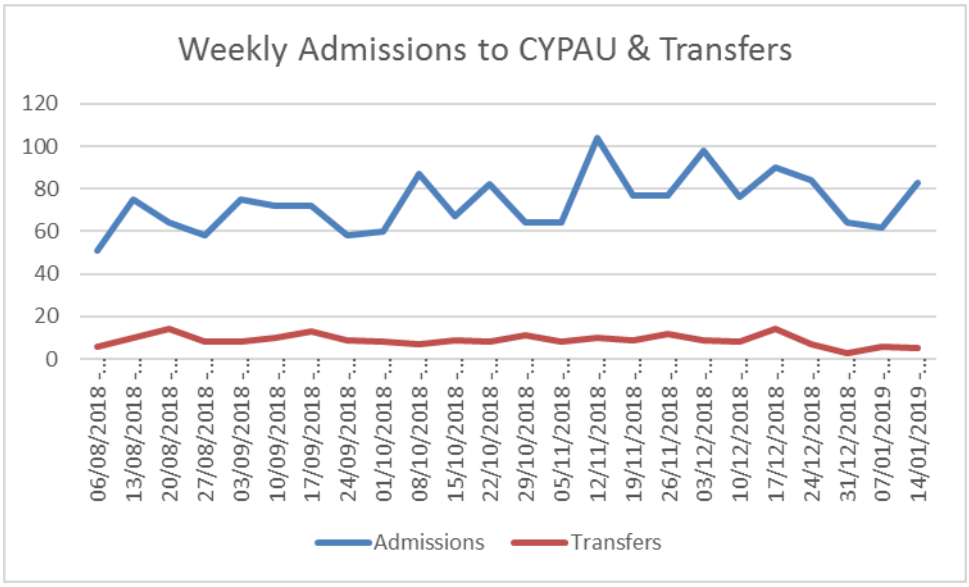
Since the introduction of the Paediatric Assessment Unit at the Pilgrim hospital there been a significant improvement in throughput at the same time as improving the patient experience.

During the first twenty five weeks of operation of the new service model, 1,638 patients have been seen in the paediatric assessment unit with 190 patients transferred to other hospitals. The slight increase in the number of patients reported last month has not been maintained and attendance levels have returned closer to previous levels.

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 |

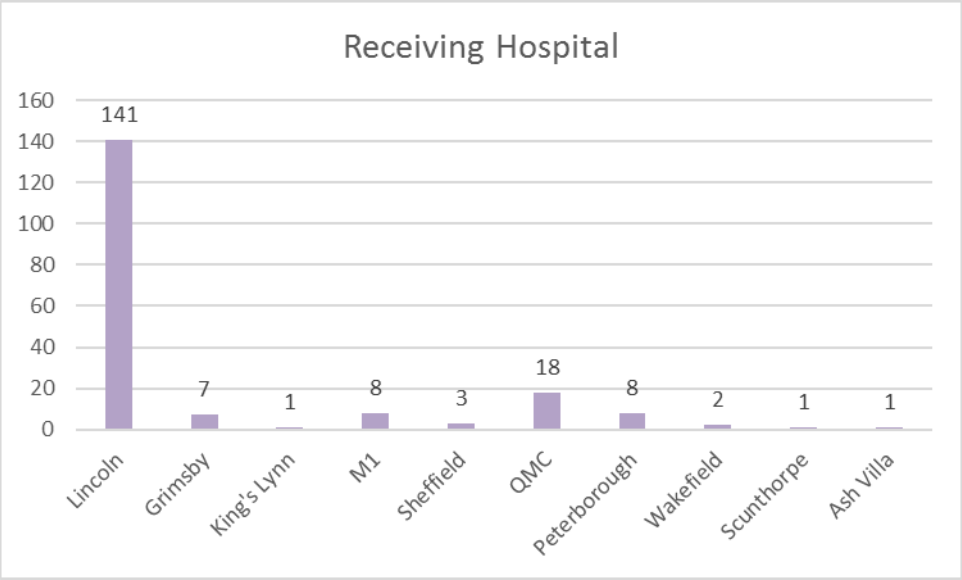
The balance of attendances to the CYPAU are day patients e.g. surgery and MRI.




Ten mothers have been transferred in utero.

All transfers were undertaken using the dedicated ambulance.One complaint has been received and is being investigated. The difficulties faced by some families when a transfers is necessary is a major cause of concern raised at public meetings. The Programme Director is exploring ways to mitigate the impact.

52 children were transferred to other inpatient units rather than Rainforest Ward. 21 were to specialist centres for ongoing treatment (as per agreed protocols), 8 were transferred to ward M1 at Pilgrim, 21 because beds were not available at Lincoln and 2 were repatriation closer to home.



2.5 Management of incidents

The Datix system has been configured to include a new mandatory field relating to the new service model. Each incident can be identified readily and managed appropriately. Incidents are being reviewed at each meeting of the operational task and finish group.

2.6 Contingency and future capacity plan

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

The plan is being re-evaluated in view of the emerging information concerning improved throughput associated with the more efficient patient assessment process on the Pilgrim PAU. The impact of similar pathways is being modelled for the service at the Lincoln County Hospital. If results confirm initial findings it may be possible to maintain existing levels of care in a smaller bed capacity reducing the need for additional beds.

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.

2.7 Health Scrutiny Committee

An update paper was presented to the January meeting which addressed the points raised by HOSC at the previous meeting.

2.8 RCPCH Independent Review October 2018

The action on the report has now been consolidated into the T&F programme.

2.9 Communications and Engagement 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 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 powerpoint presentation.

Following the successful meeting at Boston the Programme Director is meeting with members of SoS Pilgrim, interested parents, local people and councillors in Skegness on the 19th February. 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 and a planned patient survey.

The following points are amongst those raised by members of the public at the public engagement event on 17th January.

Points raised (related to paediatrics only):

- Request for staff survey results for the staff in the paediatric service to be put into the presentation for the next meeting.
- Questions and ideas over how we can recruit more doctors into the service.
- Concerns raised over access to paediatric services for families living in Skegness.
- Question about whether there is progress on getting the age limit for neonatal babies we take at Pilgrim reduced to below 34 weeks- returning to previous level of service.
- Question about progress on getting financial support for families who are sent elsewhere/ support with transport and accommodation
- Facilities for parents on Rainforest
- Transfer arrangements
- Want to see more partnership working with the community sector
- Request for more information on the attraction strategy.
- Request for more information on the future of services under the clinical strategy/STP.
- Need to see more promotion of these event including media coverage.
- People want this hospital to be the best and want confidence in this hospital.
- The findings of all engagement activity is fed directly into the Directorate team, for consideration as part of continuing monitoring and development of the interim model.

2.10 Project Plan

The formal, strategic project plan and audit trail are updated. Additionally, all relevant risks, mitigations and impact of costs in relation to the Trusts financial position are cross referenced to the risk register in order to “close the loop” in terms of governance assurance. As described we wish to progress this work into a more strategic Children and Young Persons Programme Board from February 2019.

## 3. Actions Required

3.1 The Trust Board to acknowledge 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.

3.2 The Trust Board to acknowledge the improvements to the patient experience for children and their families whilst undergoing assessment on the PAU at Boston and the commitment of staff at Lincoln to support the interim model.

3.3 The Trust Board to acknowledge improvements to the Communication Strategy to promote the co-production of a sustainable model of care with staff, carers and children.

3.4 The Trust Board is asked to note the progress with the action plan in response to the RCPCH Report.

**Dr Neill Hepburn**
**Medical Director**