United Lincolnshire Hospitals NHS Trust

To:	Trust Board
From:	Dr Neill Hepburn
Date:	29th July 2018

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 has been developed to provide an update regarding 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 acute service is compromised by a shortage of middle grade doctors who make up the Tier 2 rota and the consequence of not being able to provide a safe, quality and consistent rota, which will effect the provision of the C&YP, Neonatal and Maternity Services at the Pilgrim Hospital site, Boston.

The paper describes the actions, plans currenty in place and the options available to consider and recommend for the immediate mitigation of the imminent risks to the current C&YP Services, until a longer term strategic direction can be confirmed.

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

The Report is provided to the Board for:

Information	X	Assurance	X
Decision	X		

Summary/Key Points:

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

- The C&YP Services provided at Pilgrim Hospital still cannot be sustained in their current form beyond 31st July 2018.
- Stakeholder meetings, chaired by NHS Improvement and involving key stakeholders from the Trust, NHSI, NHSE, CCG, GMC, HEEM, CQC continue.
- The temporary service model described at the June Trust Board continues to be developed, appendix 1.
- A new Trust wide rota to operate the proposed temporary model at Pilgrim has been developed and populated for August through negotiation with the Consultant body.
- Health Education East Midlands (HEEM) have agreed that the proposed rota can be implemented in the short term, with a profile of regular reviews, to enable the service to continue at Pilgrim in the short term, but with some stipulations for training grade doctors.
- Two new substantive Consultant positions have been authorised by the Trust Board to support the Lincoln site.
- National and international recruitment continues to be pursued by the Women & Children's Clinical Directorate (W&CCD), but, as in previous reports has failed to produce significant results to support the rota.
- The Clinical Directorate continue to work with medical agencies, irrespective of financial cost, to find agency and locum medical staff to support the rota at Pilgrim in order to keep Children's Services running safely.
- The Consultant Paediatric Medical Team, remain concerned about the safety of a potential middle grade medical rota consisting almost entirely of locum / agency doctors.
- The current position is that over 60% of weekend and night shifts would be covered almost entirely by the locum / agency doctors. This equates to 108 hours of the 168 hours of the week. To mitigate this risk an additional middle grade doctor to support the rota has been agreed.
- The transport solution for patients from Pilgrim to Lincoln for children needing inpatient care has been identified, has been costed and is be included in the recommendation.
- A detailed communications plan has been developed.
- Contingency plans continue to be developed. Currently under consideration is a six-stage plan decanting to the former microbiology building, Safari, Rainforest and Lancaster wards in order to create space on the 4th floor of the tower block.

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

- A twice weekly Task and Finish Group continues to develop the work required to mitigate the current risks and ensure the safe and sustainable running of C&YP, Obstetrics and Neonatal Services at ULHT. Oversight of this work will be through the Clinical Management Board.

Recommendations:

- Trust Board is asked to consider carefully the risks raised in this paper relating to the medical and nursing challenges that will significantly increase over the coming months.

- The Trust Board is asked to consider that the actions in place are consistent with the Trust's vision of "one team, two sites" and that the proposed model of care, project mobilisation, project governance and contingency planning process are acceptable.

- Trust Board is asked to consider each element of the model that has been discussed in this paper for mitigating the immediate risks relating to the medical staffing challenges.

- The Trust Board is asked to consider the recommendation for the use of non-EMAS transfer ambulance proposal for the transfer of patients from PHB to LCH

- The Trust Board is also asked to consider the proposed contingency plan with implementation plans as mitigation in the event of a failure of delivery of the proposed model.

REPORT TO TRUST BOARD – 29TH JUNE 2018

1 Background

Women & Children clinical directorate continue to manage the significant medical and nursing staff vacancies within paediatrics. In conjunction with stakeholder partners, and through Stakeholder meetings chaired by NHSI, actions to potentially change staffing levels and clinical pathways to ensure the continuing safe service at both Lincoln County Hospital (LCH) and Pilgrim Hospital Boston (PHB) are being developed.

Paediatric nursing and medical staffing rotas remain fragile with a number of consultants 'acting down' both in and out of hours to ensure adequate medical cover due to vacant middle and junior doctor posts on both sites. The number of operational, in-patient beds at PHB remains 12, since being reinstated to 12 in May 2018. This model is not sustainable and continues to operate as a short-term measure. A medium and longer-term solution is required, albeit with a different model to maintain Paediatric services at both locations.

Due to the importance of messages reaching a wide public audience, the Trust and directorate, a comprehensive communications plan has been developed and is included in appendix 2 to ensure that a single, accurate message goes into the public domain.

2 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.

3 Body of report

In preparation for the implementation of the new model, a number of actions have been taken:

3.1 **Mobilisation** continues - the internal working group meets on a weekly basis and is 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.

3.2 **Workforce** – significant work has been undertaken to generate a new Trust wide rota to operate the proposed temporary model at Pilgrim and has been populated through negotiation with the Consultant body and Health Education East Midlands (HEEM).

HEEM have agreed that the proposed rota can be implemented in the short term, with a profile of regular reviews, to enable the service to continue at Pilgrim in the short term, but with some stipulations for training grade doctors.

Medical staff rotas, with named doctors for each shift have been prepared. The rota has been developed which results in Tier 1 doctors on a 1:16 and Tier 2 (middle grade) doctors on a on a 1:10

on call.

The rotas have been designed to encompass:

- Three Tier 1 doctors at Pilgrim during day time shifts.
- One Tier 1 doctor on a long day covering the assessment unit, one covering SCBU and one covering the Labour ward.
- The SCBU or Labour Ward Tier 1 doctors will go to clinic from 1300 - 1700.
- The clinics additional consultant support and the opportunity to attend and lead in teaching programme at Pilgrim Hospital will provide an excellent training opportunity.
- This cover supports the GP Tier 1 doctors working in SCBU/Labour Ward, as there will be additional consultant support and the opportunity to attend and lead in teaching programme at Pilgrim Hospital.
- All the long days are 12.5 hours and do not have early start or late finish. (0900 start is standard compared to 0800 or 0830 start which are early starts). This is completely EWTD compliant.
- If needed, overnight accommodation can be arranged at Pilgrim to avoid travel. This overnight period of rest will not be not included in calculating their working hours.

Gaps have been identified and covered by the Consultant team, wherever possible, the instances where all three tiers of doctors are filled with agency and locums have been minimised.

3.3 **Governance** - A project oversight group, with external partners that includes CCGs, EMAS, NHSI and HEEM representatives has been constituted to provide strategic direction once the options have been identified, this group to discuss impact and agree plans to mitigate the identified risks.

3.4 **Project Plan** - There is a formal, strategic project plan, annexed to the project plan is an audit trail which details all decisions made, when and by whom / group. Additionally, all relevant risks and mitigations are cross referenced to the risk register in order to “close the loop” in terms of governance assurance.

Risk management and Incidents – The risk register is being simplified to provide greater clarity. Incidents reported will be monitored and examined to identify any emerging risks so appropriate action can be taken promptly.

3. **Contingency Plan**

3.5 The contingency plan to centralise consultant led maternity onto the Lincoln County Hospital site continues to be developed.

3.6 Currently under considerations is a six-stage plan decanting to the

former microbiology building, Safari, Rainforest and Lancaster wards in order to create space on the 4th floor of the tower block. This has been refined into a six stage build process.

3.7 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

3.8 Business Continuity plans continue to be developed in two ways;

3.8.1 Planned – protocols and escalation processes are being developed to ensure that any changes to the rota or cover are managed in an effective and timely manner. I.e. rota compliance will be monitored weekly, any gaps to be covered with the use of a Consultant led shadow rota, which would ensure that the gap is covered by the site team with any additional cover required by the other site team.

3.8.2 Unplanned – i.e. sickness notified in day. The shadow rota will be utilised in line with an escalation protocol.

3.8.3 Service failure escalation – An escalation protocol is being drafted which identifies immediate action based on;

3.8.3.1 One day (no staff report for duty) – actions clearly identified

3.8.3.2 Two days (no staff report for duty) – further actions identified

3.8.3.3 One week (lack of staff) – action plan creation which feeds into planned protocols and escalation

3.8.3.4 One Month – escalation to crisis meeting chaired by Executive Team in line with existing Trust major incident plan.

4 Communications Plan - General and individual staff meetings / sessions are to be held, in line with the detailed communication plan and these will continue throughout the period of change with support from HR. The Key messages and dates are at appendix 2.

4.1 The communications strategy is specifically aimed at:

- Patients – to emphasise that the service will remain at Pilgrim, albeit with a different model of care
- Staff - to emphasise that the service will remain at Pilgrim
- Partners – all stakeholders (health partners, local Councillors / MPs, public, education institutions).

- **Number of patients involved –** A number of groups of patients have been identified as being affected by the change in service. As the service change only affects the ability to provide inpatient beds and a change in gestational age to 34 weeks (under review) this affects a small number of patients.

- Paediatrics – average of 2 patients each day may need to be transferred to LCH or surrounding hospitals if the care required exceeds either the acuity of, or the time required in, the Paediatric assessment area
- Women / Maternity patients – a change in gestational age from 30 weeks to 34 weeks (under review), potentially affects 2 patients per week.

N.B. It is under consideration, that in order to try and manage risk to a minimal level for patients at Pilgrim that the gestational age could be extended from 34 weeks to 37 weeks. Such a change in gestational age from 34 weeks to 37 weeks, potentially affect 91 patients per year (average of 1.75 patients per week) This decision remains under review, a multi specialist consultant meeting with NHSI and Specialist Commissioning is planned to take place on Monday 23rd July at Pilgrim Hospital in order to identify whether this proposal has merit. It is intended that the outcome of this meeting will identify a recommendation to the Board to either:

- Agree that the change of gestational age is valid and will indeed manage and de-risk the change in service, including an agreed level of risk,
  Or
- Recommend that the change in gestational age does not change from 34 weeks as the risk is considered too great.

A verbal update following the meeting on 23 July will be given to the Trust Board to consider.

5 **Transport Solution –** The change in service will result in the small number of patients, identified above, having to be transferred to the Lincoln site.

EMAS are core members of the project group and have been integral to the development of the temporary service change. EMAS conveyance protocols have been, and are, being developed to reflect the change in status of Pilgrim, i.e. non-provision of Paediatric in-patient beds and are changing their criteria regarding conveyancing of patients to Lincoln, “stop and stabilise” protocols and the conveyancing of patients to surrounding Trusts.

Despite the assistance of EMAS, it is critical that the temporary change in service provision at Pilgrim does not have an adverse effect on the ambulance service, thus it is recommended that a separate, staffed, dedicated transfer ambulance service is provided to transfer patients from Lincoln to Pilgrim and vice versa.

Due to the time required for an ambulance to make a round trip to Lincoln and Pilgrim (3 hours), it is recommended that two dedicated ambulances are deployed during the first six weeks of operation of the temporary service 24/7.

6 **Timescales** - This is a proposed as a short-term model to manage the current situation that fits with the STP plan in terms of service delivery.

The stakeholder group meeting on Friday 13th July recommended that the change in service only take effect once assurance that the service is safe for all patients. Therefore, it was considered by the stakeholder group that the go live should be during August rather than on the 1st August, dependent on when assurance is provided that a safe service is in place.

4 Actions Required

- The Trust Board to recognise and endorse the formal project, risk management and incident tracking methodology that will be maintained to provide assurance to all stakeholders
- The Trust Board are aware of the timelines and implementation of the models and approve the proposed operational model for paediatric inpatient services
- The Trust Board are appraised of the public and stakeholder communication plan
- The Trust Board note the continuation of the positive cross divisional planning and working.
- The Board note the change in go live date from the 1st August to go live during August, once assurance that a safe service can be delivered.

Dr Neill Hepburn
Medical Director

Appendix 1

Proposed Interim Model

Women, Children and Young People's services United Lincolnshire Hospital – August 2018

Pilgrim Hospital Boston

- Paediatric Services
  - 8 Bedded Paediatric Assessment unit 24 hours
  - 24/7 support for ED
  - Co- located to neonatal unit
  - Paediatrics ambulatory care – assessment and observation
  - Paediatric Out patients
  - 4 beds – Day surgery – weekday/daytime
  - Open access, CYP with complex conditions – individual plan

- Neonatal Services
  - SCBU (8 Cots)
  - Transitional Care (2 cots)
  - Gestation > 34 weeks
  - Transfer back supported

- Obstetric Services
  - Consultant led maternity unit
  - Midwifery led maternity unit
  - OP maternity services

- Gynaecology Services
  - 24 hour - In Patient Ward (IP & Day case)
  - Ambulatory and OP's

NURSE STAFFING

- Paediatric Services

8 bedded Assessment Unit

- Neonatal Services

8 bedded level 1 unit

2 transitional care beds

- Obstetric Services
- Gynaecology Services

Lincoln County Hospital

- Paediatric Services
  - 24 hour - In Patient Ward (Medical & Surgical & Day case)
  - Level 1 2 x Beds [non-ventilated PHDU care only]
  - 14 hour - Assessment unit (9.00 am to 11.pm - 7 days per Week)
  - Out patients
- Neonatal Services
  - Local Neonatal unit (16 Cots)
  - Transitional Care
- Obstetric Services
  - Consultant led maternity unit
  - Co-Located Midwifery led unit
  - OP maternity services
- Gynaecology Services
  - 24 hour - In Patient Ward (IP & Day case)
  - Ambulatory and OP's

Community & Support Services

- Radiology
  - Onsite Paediatric & Interventional Radiology (For obstetrics) is only available on LCH site
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- Community Midwifery
  - Community Midwifery
- Transportation Service (Specifications required)
  - Emergency Retrieval Team (Minimal)
  - Transport for semi-urgent transfers

- Community Paediatric Nursing
  - Managing Acute illness at home
  - Trauma & Post-Operative Care
  - Long Term Conditions
  - Children's Cancer Care
  - Continuing Care
  - Palliative, End of Life & Bereavement
- C&YP Rapid Response Nursing Team **(new service required)**
  - Admission avoidance
  - Early discharge support
  - Single point of Access & Coordination

Appendix 2

Paediatrics interim model communications: Key messages and dates

1. Key messages

- The quality and safety of patient care is the Trust's number one priority. There's a national shortage of paediatric doctors and nurses. ULHT is greatly affected by this.
- For all of Pilgrim's children's and maternity services to run 24/7, there should be eight middle grade paediatric doctors at the hospital. With effect from 1 August 2018, it was predicted that there would only be only one substantive middle grade doctor available and there was a risk that some services may need to temporarily close to maintain patient safety.
- Despite extensive recruitment efforts and an improved picture, we still don't have enough paediatric doctors and nurses to provide emergency and non-urgent care on both Lincoln and Pilgrim children's wards 24 hours a day, 7 days a week.
- We considered a range of options for the temporary provision of the service due to these staffing shortages. As the staffing situation has improved and we now have 2 additional middle grades we have developed an interim model which sees us able to continue providing the majority of paediatric and maternity services at the hospital.
- It remains our intention to fully re-open the service when we have recruited enough doctors (medium-term plan)

2. Key dates

Action	Who	When
Before change		
Brief staff side	Director	w/b 23.7.18
Brief Pilgrim and Lincoln paediatrics staff face to face	Director/ Sue Bennion	w/b 30.7.18
Brief stakeholders (MPs, councillors etc.) – phone or F2F	Directors and Elaine	w/b 30.7.18
Send out paediatrics newsletter to all staff and NEDS	Comms	w/b 23.7.18
Send out paediatrics newsletter to stakeholders/ members (including CCG Comms colleagues to share with referring GPs)	Comms	w/b 23.7.18 (coinciding with stakeholder briefings)
Publish newsletter and FAQs on website	Comms	w/b 23.7.18
Social media messaging scheduled to remind public of change	Comms	Ahead of the day
Put up signs around A&E and hospitals	Comms/ facilities	Ahead of the day
Day of change		
Write and send reminder to Pilgrim staff	Comms	AM
Write and send reminder to referring GPs	Comms	AM
Social media messaging scheduled to remind public of change	Comms	Ongoing