United Lincolnshire Hospitals NHS Trust

To:	Trust Board
From:	Dr Neill Hepburn
Date:	29th June 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 as a response to 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 within the middle grade doctors 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.

This paper asks the Trust Board and Divisions across the trust to continue to work with W&C Directorate to ensure the continuation of a safe service for children for paediatric inpatient services at both Lincoln County Hospital and Pilgrim Hospital Boston.

The paper goes on to provide an update to the actions 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 Report is provided to the Board for:

Information	X	Assurance	X
Decision	X		

Summary/Key Points:

- The C&YP Services provided at Pilgrim Hospital cannot be sustained in their current form beyond 31st July 2018 unless additional middle grade doctors can be found to fill significant gaps in the rota.

- The issues with the middle grade rota at Pilgrim for Children's Services will also impact on the Obstetric (Maternity) and Neonatal services at Pilgrim Hospital, which will no longer be sustainable from 31 July 2018 unless additional medical cover can be found to cover the middle grade rota.

The paediatric directorate situation remains that;

- There is a continued deterioration in medical staffing rotas at Middle Grade, Junior doctor level and Nursing in Paediatrics and the medical and nursing rotas remain under stress at both acute sites. With effect from 31 July 2018, it is expected that there will be only 1.0 substantive whole time equivalent (wte) middle grade doctor on the rota at Pilgrim out of an establishment of 8.0 wte.

- A new Trust wide rota is being developed and negotiated with the Consultant body.

- National and international recruitment is still being 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.

- There is concern raised by the Consultant Paediatric Medical Team of the safety relating to a potential middle grade medical rota, if recruitment of locums was possible, where 7.0 wte out of an establishment of 8.0 wte are locum/agency doctors.

- The paper includes a Quality Impact Assessment of the proposed model, (appendix 4) and also includes an Equality Impact Assessment for consideration.

- A twice weekly Task and Finish Group, chaired by the Project Director, has 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 Trusts vision of “one team, two sites” and that the proposed model of care, project mobilisation, project governance and contingency planning process is 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 also asked to consider recommending a full work up a contingency plan with implementation plans as mitigation in the event of a failure of delivery of the proposed model.

- To agree with the recommendation that once the proposed model has been agreed, that the use of option terminology is ceased and that the terminology going forward refers to the “planned model “and /or the “contingency plan”.

REPORT TO TRUST BOARD – 29TH JUNE 2018

1. Background

Women & Children clinical directorate have been managing the significant medical and nursing staff vacancies for a number of years within paediatrics. The medical staffing issues have escalated in recent months resulting in the Trust, in conjunction with partners, being required 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).

Paediatric nursing and medical staffing rotas are 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 has previously been reduced to 8 from 12, in February 2018 and subsequently reinstated back to 12 in June 2018. This model is not sustainable and has been mobilised as a short term measure. A 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 will be devised and implanted to ensure that a single, accurate message goes into the public domain.

The formal project to ensure that engagement with staff, agreement of pathways and the sharing of information has commenced within a timescale which coincides with Health Education East Midlands, middle grade doctor rotation.

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 staffing deployed across the Trust.

3. Body of report

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

1. **Mobilisation** has been established - a working group with agreed terms of reference is in place. This is a weekly internal working group 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.

1.1 As a result of the Paediatric Stakeholder Review Meeting on 8th June 2108, a "Supergroup" was convened, attended by The Trust, NHSI, HEEM, NHSE Specialised Commissioning and CCG, in order to identify workable solutions, create an operational model in the short

timescale required

2. **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.

2.2 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.

3 **Activity** - Patient flow, capacity and demand modelling has taken place and fed into the proposed model (appendix 1), demand modelling (appendix 6). It is proposed that Pilgrim hospital is configured;

3.2 8 x bedded Paediatric assessment unit open 24 hrs, co-located with the neonatal unit,
3.3 Paediatric outpatients
3.4 4 x day surgery beds
3.5 Neonatal – managed at 34 weeks gestation - 8 x SCBU cots, 2 x transitional care cots
3.6 Consultant led maternity unit
3.7 Gynae inpatient ward

4 **Contingency Plan** - two elements of the plan are worked on;

4.1 Estates and Facilities have enacted the required building works necessary to accommodate a contingency plan which may involve centralising some services at the LCH site and to ensure the facilities will be, if required, fit for purpose.

4.2 Business Continuity plans are to be drawn up in two ways;

4.2.1 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.

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

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

4.2.3.1 One day (no staff report for duty) – actions clearly identified
4.2.3.2 Two days (no staff report for duty) – further actions identified

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

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

5 Communications Plan - General and individual staff meetings / sessions are to be held, in line with the communication plan (Appendix 3) and will continue throughout the period of change with support from HR.

5.1 The communications strategy is required which is specifically aimed at 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).

5.2 There is a considerable confusion for patients and all stakeholders both internally and externally regarding the use of “option #” to explain the service going forward. It is recommended that once the model has been agreed, that the use of option terminology is ceased and that the terminology going forward refers to the “planned model “and /or the “contingency plan”. This change will illustrate to all audiences that the scoping element of the programme has been completed and that the resolution phase is in place.

6 **Quality Impact Assessment** (QIA), appendix 5, has been updated following stakeholder comments and the details of the project plan.

7 **Minimising Risk** - A number of specific actions to minimise risk are being considered in the model generation to ensure that the service remains safe for patients;

- Modelling is being undertaken on the principle that women and children who present to Pilgrim will be seen and assessed there. The public will not see a difference or have to behave differently as the vast majority of activity will remain and will not change. Approximately 98% of children seen and treated at Pilgrim on a daily basis will continue to be managed there.

- Outpatient clinics will continue to be offered at the Pilgrim site and may be, as a result of the new operational model, additional outpatient clinic activity to alleviate inpatient activity on the wards.

- PHB will manage low risk neonates e.g. above 34 weeks,

- A children’s assessment and observation unit to be open 24/7, consisting of 6 x beds, providing restricted periods of observation

(e.g. up to 8- 12hrs). Any needing longer periods of observation will be transferred to Lincoln,

- The aim of the model is to define a service where risk is reduced and workload manageable with 1 x tier 2 doctor resident overnight, covering the ward and neonates,

- Evening presence of consultants is essential at both Lincoln County and Pilgrim as peak periods of activity, this will require a minimum of 8 consultants at each site. The presence of consultants will give assurance to HEEM regarding suitable supervision

8 **Timescales** - This is a proposed short term model to manage the current situation that fits with the STP plan in terms of service delivery. There are three timelines:

- June 2018 to 1st August 2018
- 1st August to end of year
- Longer term

9 **Workforce** - It is likely, that in order to ensure that the service remains safe and sustainable that the workforce plan will require significant change to staff the model as described in Appendix 1.

9.1 Detailed medical staff rotas, with named doctors were requested by the Stakeholder group at the meeting on the 22nd June. NHSI requested this be completed by 29th June,

4 Actions Required

- The Trust Board to recognise and endorse the formal project, risk register and audit trail will be maintained to provide assurance to all stakeholders

- The Trust Board are aware of the timelines and implementation of the short, medium and longer term models and agree the proposed operational model for paediatric inpatient services

- The Trust Board are appraised of the public and stakeholder communication plan

- The Board to agree with the recommendation that once the model has been agreed, that the use of option terminology is ceased and that the terminology going forward refers to the “planned model “and /or the “contingency plan”.

- Continuation of the positive cross divisional planning and working.

Dr Neill Hepburn
Medical Director

Appendix 1

Proposed Model

Women, Children and Young People's services United Lincolnshire Hospital – 1st 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 and obstetrics engagement plan

1. Objectives

As we develop plans for the future of paediatric and maternity services across Lincolnshire, it is vitally important that we provide the opportunity for our patients and public to input into the process.

Strong public engagement on this subject will:

- Shape the direction of travel
- Help us to develop service models that meet both the needs and expectations of our patients
- Understand what the impact of the changes will have on patients and their families, to then mitigate against impacts.
- Help our public to understand and support any changes
- Meet legal duty to involve

2. Key audiences

Engagement on this subject should primarily be with the users of current services, but will also include other local residents, interested parties and stakeholders.

Engagement needs to be done on a number of levels to ensure everyone gets a voice. This will range from focussed meetings with special interest groups (youth councils. Young people's groups, charitable organisations and groups representing children and families of children with health needs, campaign groups) to broader engagement with the wider population through surveys, social media and street engagement.

3. Key messages

- In May, ULHT Board committed to continue to run current paediatric and obstetric services at Pilgrim beyond 1 August as long as safety can be maintained.
- Since Board, all partner organisations, local and national, have committed to supporting the Trust, and to the continued provision of paediatric and obstetric services at Pilgrim.
- There are no plans to close paediatric or obstetric services at the hospital.
- ULHT has a moral duty to prepare for the worst. Alongside this, the Board also agreed to develop a full contingency plan to temporarily move paediatric and obstetrics services by 1 September to Lincoln if needed in case the safety of current services cannot be sustained.

- We don't know what the short to medium term model at Pilgrim will look like, but what we do know, is ULHT's primary focus will be on keeping paediatric and obstetric services at Pilgrim.
- The service is likely to look different due to the challenges the Trust faces in recruiting and retaining paediatric staff.
- We will engage people on developing these service models.

- All partners have committed to support the Trust in maintaining services and a small group of key partners agreed to work with the Trust to quickly develop plans to provide safe paediatric services at Pilgrim Hospital.
- No decision has been made and any changes will be temporary.

- Pilgrim hospital has a bright future and our aim is to have both paediatric and obstetric services at Pilgrim if we can get the staff.
- These temporary options are not linked to the Sustainability and Transformation Partnership. This is about maintaining safe paediatric services at Pilgrim and Lincoln hospitals for our patients now.
- This is nothing to do with money, it's only about patient safety.

4. Engagement carried out so far

Over the last two years, ULHT and STP partners have engaged the population of Lincolnshire on the future of women and children's services. This has included a mix of qualitative and quantitative techniques to reach harder to reach people and a wider representation of the population.

In total, we've engaged more than 2,500 people on paediatric and maternity services. We have spoken to over 130 parents in face-to-face meetings specifically about paediatric and maternity services over the past 18 months, as well as a further 1,000 people about our 2021 strategy, which has included discussion on maternity and paediatric services.

In addition, more than 800 people responded to our 2021 strategy survey in 2017, and comments around paediatrics and maternity in particular were collated.

We have also run staff briefings across hospital sites since April 2018 to keep staff updated on the ongoing staffing situation within paediatric services, attended a number of public meetings arranged by campaign groups and discussed the situation with ULHT members at our members forum meeting on Monday 14 May.

A survey is also currently underway asking specific questions about experiences and expectations of childrens, young peoples and maternity services. This has been shared via social media, through our paediatrics and members newsletters and also via partners and stakeholders.

The survey has so far attracted 561 responses. A full report on the results will be available in the coming weeks.

A survey is also being carried out currently by the Royal College of Paediatrics and Child Health (RCPCH) to inform their review of childrens' services in Lincolnshire's hospitals. The results of this survey may also be used to inform our work.

5. Summary of views of patients and the public

The main themes from all of this engagement so far were:

Paediatrics

- Parents generally have no issue with their child being transferred away from their local hospital for specialist non-emergency treatment.
- In an emergency, some would expect child to be stabilised locally first
- No consensus on travelling for emergency care – some expected this to be provided locally, yet others would travel an hour to receive care for their child
- Some are concerned about safety if they needed to travel in an emergency/ feel that centralising services will cost lives
- Generally parents praise the staff, nurses and doctors at Pilgrim. They feel the medical staff are helpful and caring.

  - In case of emergency, the majority of parents take their children to A&E in Pilgrim. Few said they called 111 and followed the process. Very few tried to get an appointment at GP surgery, which seemed to have been a challenge.
  - In case of emergency, most parents say they wouldn't mind their child being seen by a nurse or GP instead of consultant as long as they were trained appropriately.
  - Outpatients appointments – preferably local hospital however prepared to travel for specialist appointments; to be seen by a specialist with paediatric background.
  - Inpatient stay – majority of parents would expect to be admitted to local (Pilgrim) hospital. Some families had to travel to Leicester or Nottingham. They would expect paediatrician to care for their child at all times.
  - Most agreed that emergency paediatric care needs to stay in Boston.
  - A handful suggested that if you centralise maternity and paediatric service, there needs to be a way for partners and other children to stay overnight with you.
- There was a concern around lack of paediatric provision for holidaymakers on the East Coast at peak times
- Need proper consideration for children with special needs who need stability and familiarity, as well as those with heart conditions, epilepsy, chronic asthma and bleeding disorders who need immediate attention.
- Worry that if we centralise, more children will be sent out of county for care as Lincoln won't be able to cope with the numbers. Some expressed concern about poor reputation of Lincoln paeds service.
- Issues with travelling for care if family has no car- public transport can be difficult
- Patient transport needs to keep pace if services are centralised.
- It is very difficult to get a GP appointment so people end up going to Pilgrim A&E.

Maternity

- Most women said they accept going out of county for very specialist care if baby is born early/ needs a certain level of care.
- Boston mums said they worry about having to travel for maternity care more often- cost, stress, appointment times (difficult to get to early appointments if they are far away)
- The overall feeling was that Lincoln maternity could not cope if everything was centralised there.
- Many people in the Boston area said they are worried that babies will die if there isn't a consultant presence at Boston.
- A large number of women said they would not use a midwifery-led unit at Pilgrim. Too scary and something might go wrong. Expect pain relief and consultant care close to home.
- Every woman spoken to said they would like maternity scans, antenatal appointments and check-ups locally.

Views of protected groups

- People may rely on taxis to get to hospital, not affordable for those on low incomes
- Low social-economic backgrounds will rely on ambulances alone, so will be disadvantaged compared to those with transport.
- Number of parents do not own a car therefore they have to reply on public transport.
- Eastern European mums expect to be admitted to hospital earlier to give birth, more availability of c-sections and less focus on natural birth. They want a doctor present for all births.

6. Plan

Going forward, we plan to continue engagement around maternity and paediatric services countywide, jointly as an NHS system.

The plan is informed by the actions in the equality impact assessment and will be targeted at those groups adversely affected by any potential changes and in one of protected groups.

The findings of this engagement activity will inform future equality impact analyses for any short-term service change that may take place as a result of staffing shortages, as well as informing long-term planning for the future delivery of paediatric and maternity services.

As before, this engagement will take a number of forms to ensure all engagement is two-way and enables us to gather people's ideas and input to shape future models. This approach will include surveys, social media engagement, attendance at group meetings, focus groups and street engagement in public areas. Attendance at public meetings for information sharing is not within the scope of engagement activity.

All activities will be led by NHS communications and engagement team members, with clinicians where possible/ necessary.

We will continue engagement using the questions already in use (Appendix A) but as we gauge the ongoing impact of any change they may alter.

In addition to this public engagement, we will continue ongoing engagement with our stakeholders listed above.

7. Engagement activity

Group meetings- The table below outlines the groups that have been identified as possible contacts for engagement meetings, and where meetings have already taken place. Where this is the case, we propose to continue an ongoing dialogue as service models develop, to test options, preferences and mitigating factors.

We also intend to continue identifying relevant groups to contact and visit, particularly focussing on young people's groups and third sector/ support groups for children with health needs and their families (asthma support groups, disabled children's groups, epilepsy support groups etc)

Groups contacted	Done	Date planned
NCT Spalding and Boston (Black Sluice café)		
NCT Lincoln		
Boston Baptist Church toddler group		
Honeypot toddler group		
Black Sluice NCT Boston		
Boston Youth Council		
Grantham college		
St Thomas Parent & Toddler Group		
Swineshead pre school		

Wyberton Play School		
Rosebery Avenue Community Playgroup		
Totschool Spilsby		
Little SNAPPS group		By end of July
Fishtoft Road childrens centre		
Norfolk Lodge children centre		
Norfolk Lodge childrens centre - International group		
Norfolk Lodge childrens centre - baby and toddler groups		
Sutterton childrens centre - baby explorers		
Sutterton childrens centre - toddler explorers		
Skegness childrens centre		
Alford childrens centre		w/b 25.6.18
Horncastle childrens centre		w/b 2.7.18
Caistor childrens centre		
Market Rasen childrens centre		
Binbrook childrens centre		
Louth childrens centre		
Holton le Clay childrens centre		
Tattershall childrens centre		
Bardney Parent and Toddler Group *Friday from 9:30-11:30		
Tiny Tots Horncastle *Tuesday and Thursday at the Methodist Hall 9:45am to 11:15am.		
Sunbeams Mum's & Toddlers Group Louth		
Legbourne Community Centre, Legbourne, Louth *Friday mornings, 10:30am - 11.30am, term time only		
Little Fishes - Woodhall Spa *Tuesdays at 09.30 to 11.00am		
Scopwick and Kirkby Green Parent and Tiddlers Tuesday Mornings 10.00 till 11.30 a.m		
Baby & Toddler group Louth		
Parent & Toddler Group - Louth		
Rushmoor Country Park - Toddler Playtime		
Market Rasen - Stay and play at Sure Start Children's Centre *Mondays 9:00 -11:00am.		
North Thoresby Early Years Group		
Scotter Parent & Toddler Group *Tuesday: 1.30pm - 3.00pm		
Little Angels Toddler Group Wragby *Monday mornings, 9am to 11.30am term time only		
Old Leake childrens centre		
St Christophers childrens ecntre		
Butterwick Parent and Toddler Group		
Revesby Toddler Group at Red House		
Rompers Mother & Toddlers		

St Thomas Parent & Toddler Group *Every Tuesday, 9:30am - 11:30am		
Mablethorpe childrens centre		
Spilsby childrens centre		w/b 9.7.18
Wainfleet childrens centre		
Burgh Le Marsh Pram & Toddlers *Wednesday 10.00 - 12.00 noon (2nd, 3rd & 4th in the month)		
Spilsby - Come and Play Toddlers *Mon and Tue 10:00- 11:30		
Spilsby -Great Steeping Parent & Toddler Group *Thursdays 1.30 - 2.50pm		
Halton Holegate Parent & Toddler Group		
Partney Parent & Toddler Group		
Spilsby Pavillion Parent & Toddler Group *Fridays 10 - 11.30am		

Workshops - We propose an approach to engagement that gets a group of interested parties in a room to discuss particular issues, approaches to service delivery and mitigating factors to gather meaningful constructive feedback. This will be facilitated jointly by engagement staff and clinicians.

It is proposed that these will be convened with the help of partner organisations, third sector support, inviting members of the above listed groups, advertising among NHS membership and through social media promotion.

The vision would be to have a discrete group each session, working together on one subject area to offer opinion and help shape services.

Public meetings- We will arrange a series of public meetings, hosted by us, to allow us to share our developing plans and offer the public the chance to input into the development of these.

These meetings will be hosted by ULHT, with execs and clinicians making up a panel to present on background, developments and current thinking. There will then be the opportunity for the public to ask questions of the panel and offer their feedback.

These structured meetings will enable us to gather public opinion and feedback in a constructive way.

These meetings will begin from w/b Monday 2 July and take place at locations across the Boston and East Coast area, both during the daytime and in the evening.

Street engagement- To ensure that our engagement reaches not only the actively interested but the wider population of the towns and villages that we serve, we propose a range of street engagement activities.

Engagement leads will place themselves in high-traffic public areas where they can speak to people and gather opinion and feedback using structured questions/ survey questions. The areas where this could be done include outside schools/ children's centres, shopping centres, high streets and at public events.

Appendix 3

Engagement questions

The structured questions used during this engagement:

1. Do you have experience of using paediatric (children's) or maternity services in Lincolnshire's hospitals?
2. If so, which services?
3. What is your opinion and experience of paediatric services provided in Lincolnshire's hospitals? (answer in relation to accessibility, quality of care, staffing, variety of services provided, specialism covered)
4. What is your opinion and experience of maternity services provided in Lincolnshire's hospitals? (answer in relation to accessibility, quality of care, staffing, variety of services provided, specialism covered)
5. If your child was ill in an emergency, where would you first expect them to be seen and by whom?
6. If your child had an outpatient appointment, where would you expect them to be seen and by whom?
7. If your child had an inpatient stay, where would you expect them to be cared for and by whom?
8. If you needed antenatal care whilst pregnant, where would you expect to receive it?
9. If you were having a baby, where would you expect to give birth?
10. What are your specific concerns around the possible centralisation of paediatric services?
11. What would relieve your concerns/ mitigate?

Appendix 6

Quality Impact Assessment (QIA)

Title of scheme/ project/programme:	Consolidation of Paediatric Services due to Workforce Challenges at ULHT potentially impacting on Neonatal and Maternity Services.
SRO	Tracy Pilcher
Lead CCG:	Lincolnshire East CCG
CCGs involved:	LECCG, LWCCG, SLCCG, SWLCCG
Author:	Penny Snowden
Brief summary of scheme/project/programme:	The paediatric service at ULHT is facing significant medical staffing challenges impacting on the middle grade rota. Subsequently, there is a real threat to sustaining paediatric services at Pilgrim which has the potential to destabilise neonatal and maternity services as well as impacting on the care of children in Accident and Emergency. There will also be a loss of paediatric life support in the case of suddenly unwell children in other areas of the hospital.

Area of Quality	**P/N or N/A**	**Risk score (if N)**	**Comments (reasons for identifying impact as positive negative or neutral)**	**Risk>8 Y/N If Yes complete stage 2 assessment tool**
Duty of Quality • Compliance with NHS constitution • Impact on partner organisations • Impact on organisations duty to safeguard children and vulnerable adults • Impact on other services within the organisation Any other risk indicators relevant to the Duty of Quality:	N N N N N	25	Service redesigns impacts on the Lincolnshire Population of Children and Young People. In the case of maternity , potentially 1300 mothers may access maternity care outside the county Significant impact on neighbouring Trusts in terms of displaced activity Increased journey times and the absence of public transport impacts on access of services for children including those with disabilities.	Yes
Patient Safety • Impact on patient safety • Impact on avoidable harm	N N N	25	Increased reliance on EMAS to transport greater distances who	

• Impact on reliability of safety systems and processes • Impact on clinical workforce levels, competencies and experience • Impact on treatment times and procedures • Impact on safeguarding • Impact on systems and processes for ensuring that the risk of HCAIs is reduced • Impact upon clean and safe environments Any other risk indicators relevant to patient safety:	N N N N/A N/A N		require urgent care leading to potentially delayed initiation of treatment Delayed handovers at A&E's will impact on EMAS's responsiveness to transferring children Lack of paediatric medical review at Pilgrim Accident and Emergency Increased potential for children to wait longer in ED whilst waiting for transport to regional centres or LCH as no facility to stabilise until transfer. No Paediatric support for children attending diagnostics, OPD and services in other areas of the Trust Lack of paediatric support for babies born on the maternity unit – even if the gestation is increased to 34 weeks – obstetrics will still include caesarean sections and instrumental deliveries	
Patient Experience • Impact on patient informed choice and autonomy • Impact on patient access • Impact on dignity, respect and compassion • Impact on patients self-reported satisfaction on national/local surveys/ FFT • Impact on patients self-reported experience through	N N N N N	25	Despite the development of information regarding choices, the absence of local services impacts on choice Restricted access due to distance to travel, time to travel and availability of public	Yes

the complaints process/PALS contacts • Impact on patient waiting times • Impact on the provision of individualised care Any other risk indicators relevant to patient experience:	N N		transport Poor reputation of Trust services amongst population which may lead to informal migration which places risk on other providers Capacity of in-patients – escalation plan may lead to even further travel Experience of children with long term conditions with open access – perception of reduced support Increase in complaints Reduced FFT scores Poor outcomes in national patient experience scores	
Clinical effectiveness • Impact on provision of NICE compliant treatment • Impact on the implementation of evidence based practice • Impact on clinical outcomes • Impact on clinical leadership • Impact on the promotion of self-care • Impact on clinical engagement Any other risk indicators relevant to clinical effectiveness:			Non-compliance with national guidance regarding paediatric standards in A&E, neonatal and maternity if paediatric staffing withdrawn Lower thresholds from families regarding accessing acute care due to the distance to travel Lack of ambulatory or day case facilities Increased travel times may lead to treatment not being provided in a timely	Yes

			fashion or within time critical limits	
Non clinical/operational impact • Impact on cost effectiveness • Impact on infrastructure • Impact on staff satisfaction and welfare • Impact on the public perception of the organisation • Social value impact	N N N N/A		Risk regarding sufficient capacity at LCH to consolidate paediatric services Poor public perception of organisation Has the potential to widen health inequalities	
Equality A full equality assessment must also be undertaken	Yes			

Name of person completing assessment: Penny Snowden
Position: Deputy Chief Nurse
Signature: Date of assessment: 26/04/2018

Reviewed by:
Position:
Signature: Date of review:
Proposed frequency of review:

*Score of **6** or below- every 6 months. Score of 8-**9**- every 4 months. Scores of **10-12-** Quarterly. Scores of **15-20**- Monthly*

*Score of **25** – weekly reviews*

United Lincolnshire Hospitals NHS Trust

Full Quality Impact Assessment

QUALITY IMPACT ASSESSMENT			
SUBJECT OF ASSESSMENT	Consolidation of Paediatric Services due to Workforce Challenges at ULHT potentially impacting on Neonatal and Maternity Services.		
REASON FOR PROPOSED CHANGE	Insufficient medical workforce to staff paediatric services at Pilgrim		
Please list any relevant standards / regulatory / statutory requirements and confirm the proposal complies with these	• RCPCH's *Facing the Future: Standards for Acute General Paediatric Services – revised 2015.* • Defining staffing levels for children and young people's services. *RCN standards for clinical professionals and service managers. 2013* • Department of Health (2009) *Toolkit for high quality neonatal services*, London: DH. • RCPH Guidance of Short Stay Paediatric Assessment Units • Section 11, Children's Act, 2004 • Working together to safeguard children, 2015 • Children's and Families Act, 2014 • Special Educational Needs and Disability Code of Practice: 0 to 25 Years (January 2015) • Equality Act, 2010		
NAME OF ASSESSOR:	**Paediatric Task & finish Group**	**DATE**	**May 2108**

RISK INDICATORS	IMPACT		IMPACT DESCRIPTION	RAW RISK			MITIGATION STRATEGY	MITIGATED RISK			MONITORING	LEAD
	POSTIVE	NEGATIVE		C	L	Total		C	L	Total		
DUTY OF QUALITY												
Compliance with NHS Constitution		X	The NHS provides a comprehensive service, available to all which includes a social duty to ensure equality and that sections of the population that have poorer health are not disadvantaged – full equality impact assessment undertaken	5	5	25	To develop intensive models of care locally to address health inequalities such as teenage pregnancy midwifery model To scope feasibility of other providers delivering local services To enhance the GP and UCC offer to children To redesign community pathways so that women can be cared for closer to home	4	2	8	Clinical outcomes such as breastfeeding rates, infant mortality, complaints	CCG Quality Teams

							To enhance support for self-help for families such as "handiApp"					
Impact on partner organisations		X	Informal migration may occur due to the loss of confidence in ULHT services Other Paediatric and Maternity sites may be closer and easier to travel to – the anticipated maternity displaced activity is 1300. Self-presentation at Urgent Care Centres that may be more local	5	5	25	Revise commissioning intentions with neighbouring providers Exploration of a different provider of local services Development of new models of care	4	3	12	Activity data DATIX and SI's	GEM Arden Federated quality team
Impact on organisations duty to safeguard children and vulnerable adults		X	Reduced access to health care has the potential to adverse impact	4	4	16	Review available data regarding need for additional support	4	1	5	SG notifications Learning from SCR	Federated Safeguarding Team

			on organisations to protect the well-being of children. More out of area children are being cared for on the East Coast who have safeguarding needs Less responsive services to temporary populations such as Travellers, migrant workers and holidaymakers				for safeguarding and highlight required improvements GP surgeries, UCC, localities to have safeguarding champions with Lincolnshire wide network meetings Revise training requirements To review safeguarding pathways Impact paper to be presented to LSCB for wider discussion of SG issues				Feedback from other Stakeholders at LSCB	
Impact on other services within the organisation		X	Loss of paediatric life support so affecting ability to resuscitate children in other parts of the Trust	5	5		Develop a Paediatric Assessment model at PHB Scope Advanced	5	3	15	Activity data Si's and DATIX Service Specifications	Gem Arden Fed Quality Team LECCG and

			such as diagnostics, A&E Loss of critical mass for anaesthetic competence in intubating children will impact on resuscitation area in A&E No area to stabilise children prior to transfer to a tertiary unit or LCH – leading to either admission to adult ITU who may not have paediatric competencies or to longer stay in A&E No play team support to the hospital No paediatric				Paediatric Nurse Practitioners Expand community paediatric care following review Commission a more integrated community acute service including community paediatrics leading a PAU Increase offer for paediatrics at UCC safely which will include implementing additional diagnostics, paediatric nurses. To train ED consultants and GP's in paediatrics – recruit GP's with a paediatric				and contracting Workforce strategy and associated plan Revised Pathways	LWCCG contracting team LWAB SRO Women's and Children's

			support for A&E – 3000 attendances under 19 in 2016/17 at Pilgrim Consolidation onto LCH may lead to demand that exceeds capacity Staffing may not wish to transfer to LCH				interest. To explore the provision of play specialists across paediatric services – perhaps one team covering clinical pathways Develop ITU staff competencies in stabilising children prior to transfer					
Any other risk indicators relevant to the Duty of Quality		X	Commissioners have a responsibility to commission safe services that reduce health inequalities	3	5	15	To develop intensive models of care that focus on reducing health inequalities To explore different commissioning routes that may reduce health inequalities	2	5	10	Revised pathways Service Specifications and Contacts	SRO Women's and Children's SLCCG
TOTAL												

PATIENT SAFETY												
Impact on patient safety		X	Management of Bronchiolitis Children, Treatment of Children with Meningitis/ Sepsis/ Immediate management of testes torsion/ Management of Children with DKA All required time responsive treatment which will be impacted on by increased travel times which if using EMAS will be impacted by ambulance availability	3	5	15	Development of paediatric ambulance pathways Development of Integrated Clinical Pathways	2	5	10	Revised pathways SI's and DATIX Sepsis compliance data	SRO Women's and Children's FED quality Team CCG's Quality Teams
Impact on avoidable harm		X	Analysis reports that significant proportion are admitted to hospital for less than 12 hours so consolidation of	3	4	12	Development of a community led paediatric assessment unit at Pilgrim Development of	2	4	8	PAU operational policy Service Specification	SRO Women and Children's LECCG contract team

			services leads to children travelling further to access services, stress on being admitted when a paediatric assessment unit locally may be a more responsive service Delayed diagnosis in A&E at Pilgrim due to the lack of paediatric expertise which may lead to inappropriate initial treatment or delayed treatment				video technology that maybe utilised to remotely assist with assessing patients				Introduction of video assisted technology	SRO women and Children's and ULHT
Impact on reliability of safety systems and processes		X	Impact on safe transfer of children	4	3	12	Consult with EMAS regarding transfer pathways SOP's regarding where children are seen	3	3	9		

							Review of GP referral pathways					
Impact on clinical levels, workforce competencies and experience		X	Consolidation of medical staffing onto LCH will improve the quality of inpatient care and paediatric services at Lincolnshire Consolidation leaves paediatric support at Pilgrim absent – so absence of paediatric support for accident and emergency, diagnostics, etc. Increased workload on ambulance staff Potential impact on UCC staff, GP's and Practice Staff.	5	4	20	Workforce strategy which incorporates enhancing paediatric competencies amongst a wider workforce.	2	4	8		

			Increased calls to Health Visitors									
Impact on treatment times and procedures		X	Up to 3 hours additional travelling time and also lack of public transport will impact of access treatment in a timely fashion	5	4	20	Revision of clinical pathways Commissioning of more local services			16		
Impact on safeguarding		X	Need to consult with children regarding design of services – this requires further engagement	3	3	9	Engagement work to be undertaken	2	3	6		
Impact on systems and processes for ensuring that the risk of HCAIs is reduced	N	N		1	5	5		1	5	5		
Impact upon clean and safe environments	N	N		1	4	4		1	4	4		
Any other risk indicators relevant to Patient Safety												
											16-20	

TOTAL													
RISK INDICATORS	**IMPACT**		**IMPACT DESCRIPTION**	**RAW RISK**			**MITIGATION STRATEGY**	**MITIGATED RISK**			**MONITORING**	**LEAD**
PATIENT EXPERIENCE												
Impact on patient informed choice and autonomy		X		5	3	15	Signposting leaflets Promotion of self help Increased local offer through GP surgeries, community clinics, UCC and pharmacies	3	3	9	A&E and UCC attendances Patient surveys Patient engagement Communications plan	Gem Arden Comms and Engagement Team
Impact on patient access		X		5	4	20	Development of a paediatric assessment unit at Pilgrim See above section	2	4	8	Service specification for a PAU	
Impact on dignity, respect and compassion		X		5	2	10	To be included in all SOP's regarding transfer, stabilisation To provide	3	2	6	Patient feedback	CCG quality teams

							overnight accommodation facilities for parents To develop close links between ULHT and Rainbows for children with palliative care needs					
Impact on patients self-reported satisfaction on national/local surveys/ FFT		X		5	3	15	To undertake patient engagement sessions To implement recommendations from feedback	3	3	9	ULHT Patient Experience reports Survey reports	CCG quality teams
Impact on patients self-reported experience through the complaints process/PALS contacts		X	Increased complaints and negative comments due to dissatisfied patients	5	3	15	To undertake patient engagement sessions To implement recommendations from feedback	3	3	9	ULHT Patient Experience reports Survey reports	CCG quality teams
Impact on patient waiting times		X	Reduced inpatient at LCH so may affect	4	3	12	To explore alternative commissioning	3	2	6	GP referral activity figures	Gem Arden

			elective activity due to cancellations				options						
Impact on the provision of individualised care		X	Individualised care is negatively impacted by the loss of local services	4	3	12	To scope new models so promote care closer to home	3	3	9	Hospital admission figures	
Any other risk indicators relevant to Patient Experience													
TOTAL													
CLINICAL EFFECTIVENESS													
Impact on provision of NICE compliant treatment		X	NICE Guidance for meningitis, sepsis, DKA may be impacted by increased	2	5	10	To review compliance with NICE guidance and revise pathways	1	5	5	Revised service specification with associated quality metrics	LECCG

			travelling time									
Impact on the implementation of evidence based practice	N	N	Lack of paediatric support and competence									
Impact on clinical outcomes		X	Potential to lead to increased DNA's for clinics, poorer child health due to less access	2	4	8	Improved transport infrastructure Review of clinic timetables	1	4		DNA rates Public Health Data	ULHT Public Health
Impact on clinical leadership	X		Consolidation of consultants at LCH has the potential to strengthen leadership									
Impact on the promotion of self-care	X											
Impact on clinical engagement	X											
Any other risk indicators relevant to Clinical Effectiveness												
TOTAL												
NON CLINICAL/ OPERATIONAL												
Impact on cost	N	N	Reduced locum	2	3	6	Neutral impact as	2	3	6	Financial	Chief finance

effectiveness			expenditure for the Trust Increased costs due to Trust's proposal to commissioning private ambulance				savings from locum staff possible offset expenditure for a private ambulance				performance of ULHT	Officer - LECCG
Impact on infrastructure		X	Requirement to expand paediatric estates at LCH Space available at Pilgrim for additional services- however will be impacted by staffing levels Requirement for additional space at Children Hubs and UCC if community paediatric services expand	4	4	16	Review of midwifery led units and paediatric unit for PBH to ease demand on LCH services Consider sites for future children hubs Estates work completed at LCH to increase capacity Reduced referral activity to ULHT	2	4	8	Unit closure numbers for LCH maternity unit Number of IUT's due to lack of capacity Number of children diverted to other areas	
Impact on staff satisfaction and welfare			Improved staff satisfaction amongst medical	5	4	20	Alternative models may be able to utilise	2	3		Staff engagement reports and	ULHT

			staff due to consolidation of medical rota Insecurity amongst nursing staff who may have to travel further or unable to due to family commitments Wider concern amongst maternity and neonatal staffing regarding future of services and job security				staffing in different care settings Increased staff engagement				sessions New Models commissioned	Joint Shadow CCG Commissioning Board
Impact on the public perception of the organisation		X	Loss of public confidence in ULHT so may access alternative providers Increased concerns regarding personal and family safety	5	5	25	Development of local services in a new model Working with local MP's and Councillors to scope future options Work with Health Scrutiny overview	5	3	15	Minutes of Meetings Development of Options	LECCG Governing Body

			Anger amongst the wider population regarding loss of services – may lead to migration for other services as a protest measure Increased calls to CQC Increased complaints All leading to very poor view of the organisation				Committee to scope future options					
Social value impact		X	Inequitable service provision across the County									

SUMMARY OUTCOME OF IMPACT ASSESSMENT (To be completed by the QIA Panel)		
AREA OF QUALITY	**OVERALL RISK RATING**	**Key Risk (based on mitigated score)**
Duty of Quality		Restricted access to services that the potential to widen health inequalities and increase risk to vulnerable groups
Patient Safety		Increased reliance on EMAS if children present at UCC, transfer to LCH from PHB or to tertiary unit leading to

		increased delays to treatment and children being stabilised in inappropriate care settings
Patient Experience		Negative patient experience due to longer travelling times and lack of paediatric competencies at PHB
Clinical Effectiveness		Greater compliance with RCPCH standards for emergency and inpatient care at LCH but some pathways such as testes torsion which require immediate treatment are adversely affected by consolidation of services
Non Clinical/Operational		Informal migration to other services due to a loss of confidence in ULHT
TOTAL	**20-25**	

RECOMENDATIONS

1. To develop a Commissioner's Task and Finish Group
2. Develop a Commissioning Health Strategy for Children and Young People
3. Explore alternative commissioning options
4. Explore new models of care that increase integration and promote care closer to home

Appendix 5

2018/19 Contract Pilgrim Hospital and peripheral sites

Data Source

\\finance-l1\finance$\Information\Karen Data\1q for budget setting and FEP - karen1.xlsx

Paediatrics (Specialty 420)

	Activity
Daycases	86
Elective Spells	25
Non Elective Spells	2,595
Outpatient Firsts - Consultant Led*	4,392
Outpatient Firsts - Non Consultant Led	99
Outpatient FUPs - Consultant Led	2,305
Outpatient FUPs - Non Consultant Led	30

* Consultant First attendance inc Ward Attenders

Neonatology (Specialty 422)

	Activity
Neonatal Care	2,839
Non Elective Spells	490

Obstetrics (Specialty 501 & 560)

	Activity
Elective Spells	89
Non Elective Spells	4,478
Inc Birth Spells	*1,811*
Outpatient Firsts - Consultant Led	2,050
Outpatient Firsts - Non Consultant Led	1,808
Outpatient FUPs - Consultant Led	4,179
Outpatient FUPs - Non Consultant Led	4,762

Gynaecology (Specialty 502)

	Activity
Daycases	755
Elective Spells	347
Non Elective Spells	1,358
Non Face to Face	579
Outpatient Firsts - Consultant Led	4,092
Outpatient Firsts - Non Consultant Led	2,648
Outpatient FUPs - Consultant Led	2,236
Outpatient FUPs - Non Consultant Led	3,371

Current Bed Usage

Ward Bed Use inc DC	PH-CHW
Average	10.3
90th Centile	13.8
Max	17.2
Summer average	9.4
Summer 90th	12.8
@87% Occupancy	**14.7**
Winter average	10.5
Winter 90th	13.8
@87% Occupancy	**15.9**

Source Data

S:\Analysis Team\2018-19\Adhoc\1819-0011 Paediatrics\1819-0011 Paed Ward Beds.xlsx

All Non Paediatric Activity - Using CHW
2017/18 Actual

	Spells
Non Elective	288
Elective	109
Daycase	376

Source Data

S:\Analysis Team\2018-19\Adhoc\1819-0011 Paediatrics\Paed Ward Data.xlsx