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# Briefing

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**September 2017**

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## **Paediatric Admissions at Bassetlaw Hospital (A3)**

### **Background**

As a result of significant gaps in the rotas required to support safe and sustainable medical and nursing cover for paediatrics at Bassetlaw Hospital, a challenge for trusts both locally and nationally, a decision was taken early in 2017, in conjunction with NHS Bassetlaw Clinical Commissioning Group, to close to overnight admissions on Ward A3 until appropriate cover could be provided.

Following the closure of the beds the staffing levels allowed for the provision of a Children's Assessment Unit, open to 8am to 10pm seven days a week, and the provision of additional nursing support to the Emergency Department available 24/7.

As part of the changes we enhanced our day services and a paediatric consultant is on site until 6pm, and junior paediatric medical staff are on site 24 hours per day to support the Emergency Department and the Maternity Service. This means that any children presenting at the Emergency Department continue to be seen and offered the necessary treatment at Bassetlaw Hospital or transferred for admission to Doncaster Royal Infirmary if required.

Historical data from the Ward A3 indicated that a small number of children would require transfer to Doncaster Royal Infirmary however, this has been higher than expected with an average of 13 children per week transferred in the first three months, reducing to eight per week in more recent months\*. All transfers are undertaken by private ambulance.

All acutely unwell children continue to be transferred direct to Sheffield Children's hospital by EMBRACE (as has always been the case in both Bassetlaw and Doncaster).

## **The National Workforce Picture**

### *Nursing*

The challenges we are facing in recruiting and retaining staff is not unique to the local area. In December 2016 The Royal College of Nursing published the report 'RCN Safe and Effective Staffing: The Real Picture' which highlights that there are approximately 40,000 registered nursing vacancies in England. As part of that report nearly a quarter of all NHS Trusts reported a registered nurse vacancy rate of over 15%, and over a third of trusts reported a Band 5 vacancy rate of over 20%.

Significantly 22% of all reported hard-to-fill vacancies (hard to fill is defined as vacant for over three months) are in the fields of learning disabilities, mental health and children's nursing.

### *Medical workforce*

The national staffing challenge is not exclusive to nursing; there are also significant challenges for the paediatric medical workforce. There are currently an estimated 241 whole time equivalent (WTE) career grade vacancies (133.4 WTE consultant, 57.5 WTE Speciality and Associate Specialist, and 50.5 WTE other non-training grades).

The Royal College of Paediatrics and Child Health (RCPCH), *Facing the Future* identifies that at least 752 WTE extra consultants are required to meet the specialist services standards 2,3,4 and 5 (see appendix A for a link to the full report and details on the standards).

Applicants for Specialist Training (ST) 1 training in paediatrics fell from 800 in 2015 to 580 in 2017 (an overall fall of 27.5%). The paediatric training fill rate at ST1 and ST2 levels in 2016 was 92% in England and 100% in Scotland, Wales and Northern Ireland. In 2017 recruitment into ST1 posts following the first interview round resulted in an overall fill rate of 83%; this poor fill rate necessitated the RCPCH re-advertising ST1 posts and running a second round of interviews for the first time ever. There was a marked regional variation in initial fill rates, with the worst affected regions being Yorkshire & Humber (49%), East Midlands (56%), East of England (56%) and West Midlands (60%).

We are not the only service to have felt the impact of the national staffing pressures. In the year to September 2015, shortages of nurses and/or doctors led to periods of closure to new admissions by 31% of paediatric inpatient units and 41% of neonatal units\*\*

## **Bassetlaw nurse staffing position**

In summer 2016 the service experienced significant issues with nursing sickness on Ward A3 and the Special Care Baby Unit (SCBU) at Bassetlaw Hospital, and in the Neo natal unit (NNU) and Children's Ward (CHW) at Doncaster.

This was addressed by closing the CHW at Doncaster, caring for all patients on the Children's Observation Unit (CHOU). On occasions to ensure children's services were not closed to admissions a small number of beds with reduced staffing were opened on CHW.

Ward A3 was fully established with registered nurses throughout August, September and October 2016 and the first gap in nursing establishment on the ward was in November 2016 (0.44)

A full time Band 5 Staff Nurse based at Doncaster transferred to Bassetlaw initially on a temporary basis to support sickness in January 2016 and then moved to A3 on a permanent basis in May 2016 due to another member of staff leaving.

In 2016 as part of 'Our Nurses are Fab' recruitment drive we advertised for trained and newly qualified Children's Nurses. From our initial advertisement we offered interviews to five applicants, all declined to attend the interview.

That year our staffing position continued to deteriorate as one member of staff from A3 (0.8wte) commenced maternity leave in October, two members of staff (1.8wte) retired and 1 member of staff (1wte) left the organisation following maternity leave due to a change in personal circumstances. The impact of these changes to staffing meant that the off duty for A3 could no longer be covered by the Doncaster site.

We followed this with another advert specific for paediatric nursing positions in Bassetlaw. One applicant was successful but unfortunately withdrew before commencing in post.

In January 2017 to support staffing levels at Bassetlaw a staff nurse based at Doncaster transferred to A3, initially on a six month rotation and subsequently decided to stay permanently on A3. However in the same month a 0.8wte staff nurse commenced maternity leave.

Following a host of recruitment drives in the year through NHS jobs, national adverts placed in the Nursing Times journal (at the cost of £2,400 per advert) and using a specialist nursing recruitment agency, we interviewed and offered the following posts:

- A3 (CAU): 4 posts offered (4wte) – one nurse withdrew and one nurse did not complete the training and will receive a new completion date
- CHOU: 2 posts offered (2wte) – one nurse withdrew
- Children's Ward: 2 posts offered (2wte) – one nurse withdrew
- SCBU: 3 posts offered (3wte) – two nurses withdrew and one did not complete training and will receive a new completion date

Of the four nurses recruited, two are based at Bassetlaw Hospital. They began in their positions on 18.09.2017 as newly qualified nurses, and will be live on the professional register in mid-October, requiring support until then.

Unfortunately, despite the positive recruitment drives our overall position on A3 is unimproved as we have received formal notice of resignation from two members of nursing staff on ward A3.

From the most recent advert in the Nursing Times and using the targeted agency we have received an additional 16 applicants, however given the dropout rates we have experienced we anticipate the overall position against the winter bed plan is unlikely to improve.

### **Overall Bassetlaw paediatric staffing**

<b>Medical rotas</b>		
	<b>2016/17</b>	<b>2017/18</b>
Consultant shared rota	4 gaps	Three consultants appointed due to commence in the next six months
Middle grade	No vacancies	From February 2018 3 gaps in the trainee rota
Junior rota	40% vacancy (two out of five posts)	One GP trainee
<b>Nursing rotas</b>		
Band 7	0.1 wte	0.1 wte
Band 6	0 wte	0.8 wte
Band 5	4.05 wte	4.14 wte
<b>Total vacancies</b>	<b>4.15 wte</b>	<b>5.04 wte</b>

### **Conclusions and next steps**

It is not clinically safe to re-open the Children's Ward at night without the necessary qualified paediatric staff, and following recruitment drives the position is unimproved. After nine months it is evident that there is no short term solution to resolve the staffing position and the closure to admissions overnight is no longer temporary. We need to ensure that stable arrangements are in place ahead of the winter period to ensure a quality, safe and consistent service.

A review of paediatric services across South Yorkshire and Bassetlaw is needed to ensure the best response possible to the widespread staffing shortages. Work at this larger scale will provide the best opportunity to secure the best paediatric services for Bassetlaw residents.

NHS Bassetlaw CCG, with support from DBTH, propose to have wide engagement with the public, Health Scrutiny Committee, Bassetlaw District Councillors and other stakeholders,

regarding the challenges faced and potential options for the paediatric service at Bassetlaw in the context of the services across South Yorkshire and Bassetlaw.

Independent specialist advice on the current model will be sought to ensure it is the optimum model pending the outcome of the South Yorkshire and Bassetlaw review.

### **Notes/ references**

\* Position at the time of reporting for the last four weeks in August

\*\* Reference State of Child Health: The Paediatric Workforce (p3)

<http://www.rcpch.ac.uk/sites/default/files/user31401/2015%20RCPCH%20Workforce%20short%20report%20%28State%20of%20Child%20Health%20The%20Paediatric%20Workforce%209.pdf>

### **Appendix A**

The Royal College of Paediatrics and Child Health (RCPCH), *Facing the Future* can be found on the following link:

<http://www.rcpch.ac.uk/sites/default/files/page/Facing%20the%20Future%20Together%20for%20Child%20Health%20final%20web%20version.pdf>

The standards are:

*Standard two:* Each acute general children's service provides a consultant paediatrician-led rapid-access service so that any child referred for this service can be seen within 24 hours of the referral being made.

*Standard three:* There is a link consultant paediatrician for each local GP practice or group of GP practices.

*Standard four:* Each acute general children's service provides, as a minimum, six-monthly education and knowledge exchange sessions with GPs and other healthcare professionals who work with children with unscheduled care needs.

*Standard five:* Each acute general children's service is supported by a community children's nursing service which operates 24 hours a day, seven days a week for advice and support, with visits as required depending on the needs of the children using the service.