

Paediatric In-Patient Services at Bassetlaw Hospital
Briefing for the Nottinghamshire Overview and Scrutiny Panel

Aim

This paper outlines the imminent changes to the paediatric unit on ward A3 at Bassetlaw District General Hospital (BDGH) and the proposed paediatric service model as a result of this. These changes are as a result of the significant medical and nursing workforce shortages and as such are required on safety grounds. Any changes to the service are also designed to protect the level of service provided by the Emergency Department at Bassetlaw Hospital by ensuring continuing paediatric registrar cover on site available to support the ED department.

Changes to Children's Wards over the Last Decades

Paediatric units in small district general hospitals have changed over the last 20 years resulting in lower bed occupancy rates and quicker turnaround from admission to discharge. This is due to a number of changes both to population health, medical advances and specialisation which has centralised some elements of paediatric services. For example:

- Childhood immunisation has reduced the number of children who may have died or had complications from common diseases.
- Best practice standards from the Royal Colleges recognise the importance of seeing senior medical staff as early as possible in a child's illness. This has to some extent reduced the time parents and children wait to see the Consultant for their opinion and are then discharged. This has also reduced the length of stay.
- A reduced length of stay has reduced the impact on families trying to care for children at home whilst a child is in hospital. The exception to this is children needing to be cared for in specialised centres where the level of clinical expertise is crucial.
- Advances in the medicine available to support very pre-term babies has meant that these children generally need to be transferred to specialised special care baby or neonatal intensive care units in bigger hospitals where they are cared for by paediatric teams.
- Children's Surgery is no longer advocated to be undertaken by generalists but by surgeons who operate frequently on small children and by anaesthetists who regularly anaesthetise children and have the necessary experience and competencies.
- Major trauma reviews have centralised this type of injury in units with major trauma unit status.
- Acutely unwell children should be cared for within units that meet the national standards and are often transferred using EMBRACE which is a specialised medically led retrieval and transport service to take children to designated units.

In general there has been a National recognition of the link between volume of patients and outcomes of care and the development of clinical skills is often furthered by frequency of practice. As a result staffing and training models have changed.

Paediatric Services Review 2011

A clinical services review was undertaken on the maternity and paediatric services in Bassetlaw Hospital in 2011 which highlighted the fragility of the medical workforce in terms of the numbers of clinicians and skills, with concerns regarding the sustainability of a safe high quality paediatric service. The findings of the review resulted in the immediate introduction of measures being put in place along with additional funding provided by the commissioner Bassetlaw PCT (now CCG) in order to stabilise the situation and secure local services for the future.

In 2011 Bassetlaw Children's Ward had 20 beds open, reduced in 2013 to 14 and in 2016 the beds were reduced again to 12. The majority of the admissions were for a one-day or less than one-day length of stay.

In 2013 the Doncaster and Bassetlaw Hospitals Foundation Trust (DBHFT) instituted a cross site paediatric consultant rota to deal with the potential deskilling of consultants exposed only to Bassetlaw hospitals limited clinical workload. Whilst that has been successful and allowed the continuation of safe services to be provided to the present day, the workload and relative lack of senior cover at Bassetlaw makes the Junior posts unattractive to both permanent and locum recruitment, as candidates will often prefer to work in larger, busier centres.

Paediatric Activity Now at Bassetlaw Hospital

Children who required assessment and clinical observation over a few hours have been managed in the ward alongside children who needed a slightly longer time to recover in hospital. National clinical standards do exist which relate to the care of the acutely unwell child. Based on these standards, acutely unwell children, for example those with sepsis or meningitis should not remain in the small paediatric unit at Bassetlaw due to there being no paediatric high dependency and intensive care facilities. Pathways exist to transfer such children to Sheffield Children's Hospital or Doncaster Royal infirmary.

The high number of admissions for one-day stays on the ward had already instigated the CCG to request the development of a Consultant led Paediatric Assessment Unit for introduction in April 2017. This unit would have been co-located with the overnight stay paediatric beds on the ward and would run concurrently. This would have enabled safe clinical observation and assessment of children by paediatricians and paediatric nurses over a period of around 8 hours who may then have been discharged home or alternatively if they had required further observation would be offered a bed on the paediatric ward. Due to staffing restraints this model has been revised and has an earlier implementation date.

In a District General Hospital the paediatric service and medical workforce would be expected to provide assessment and management for children in: A&E; babies in the special care baby unit (SCBU); attendance at all emergency caesarean section procedures plus cover for an in-patient paediatric unit, an observation /assessment facility, clinic work and community paediatrics.

The Special Care Baby Unit at Bassetlaw Hospital provides a valuable service and is differentiated from a Neonatal Intensive Care unit (at Sheffield Children's Trust and Doncaster Royal Infirmary) by the level of medical and nursing intensity the baby requires. It is supported by the paediatricians and the proposals in this paper do not impact on the SCBU.

Breakdown of Paediatric Activity

Number of Admissions

Non Elective Admissions to ward A3

	<u>15/16</u>	<u>Apr-Sept 16/17</u>
Bassetlaw CCG	1756	759
Other Commissioner	643	301

Reason for Admission

The most common reasons for paediatric admissions to ward A3 at Bassetlaw hospital include for example viral infections, upper respiratory infections and gastro enteritis without complications.

There is correlation between admission cause for both Bassetlaw and other commissioners.

Length of Stay of Admissions

Admissions with a short length of stay make up the biggest percentage of admissions to A3 (84% stay 1 day or less) In 2015/16 49.5% of children stayed less than 1 day and a further 34.5% stayed 1 day only. A further 7.5% stay 2 days and 7.7% between 3 and 7 days.

This trend continued in the first half of 2016/17.

Paediatric Medical Staffing Model (Bassetlaw Hospital)

There are traditionally three tiers of medical staffing on the rota. These are 'junior doctors' who can either be on a training rota and allocated by the deanery or on a GP training scheme and undertaking a placement in a hospital setting. The middle grades of doctors are from a training scheme supporting them to become a Paediatric Consultant or non-training middle grade (doctors who have chosen or not been able to progress further through the hospital medical careers structure). In addition there is a Consultant Paediatrician available 24/7 should they be called.

There are 13 consultants currently employed to support the rotas across DRI and BDGH. There are 5 consultants with a base at BDGH.

Paediatric Nursing Staffing Model (Bassetlaw Hospital)

Registered children's nurses are deemed by the CQC to be 'properly qualified' to support children in hospital and there should be enough staff to keep people safe and meet their health and welfare needs. A workforce model called PANDA (Paediatric Acuity and Nurse Dependency Assessment tool) is used to identify the number of staff required for the dependency of the

patients in a paediatric ward. These nurses are supported by Health Care Assistants who are used to working with ill children.

Current Shortages of Medical Staffing and Impact

In August last year the Royal College of Paediatrics and Child Health published a workforce survey that showed that more than one in four paediatric medical posts are vacant nationally. In addition, up to 77% of junior doctors rotas have been unable to attract the full complement of staff required to support the rotas.

DBHFT and Bassetlaw CCG have been working together since September in an attempt to manage an increasing number of workforce shortages for both paediatric medical and nursing staff. Despite mitigating actions agreed by the trust and the CCG these shortages are now operationally impacting on the paediatric ward.

There is currently a three person gap on the junior doctor rotation which would have been traditionally filled by GP trainees but due to difficulties recruiting to the GP training scheme, these posts remain unfilled. The Trust has been using locum doctors to cover the gaps but due to national shortages of paediatric doctors, locums are in short supply. Locums for paediatrics are difficult to recruit to and difficult to retain once hired particularly if offered better rates elsewhere or placements nearer to home. The Trust has tried to retain locums by offering attractive rates which are in excess of the national agency rates but this has not proved that successful in keeping locums for the longer term at BDGH where often locums do not turn up for shifts in the evenings if they can get a better paid shift elsewhere. This has meant that 11 night shifts that have been agreed and pre-booked but have not been actually worked due to cancellations. In addition 28 shifts have not been able to be covered.

The situation with workforce and the unpredictability of the locum doctor cover situation has resulted in the ward being temporarily closed at night to new admissions on many occasions. Communication has been sent to local GPs around cover arrangements for children who are already an in-patient on the ward, new admissions and clinician reviews in A&E for that evening (and subsequent nights in the week if necessary.)

The impact of this has been that when only one paediatric middle grade has been on duty overnight and the junior doctor shift is not filled, the ward has closed to new child admissions but children admitted earlier in the day who are stable have remained on the ward overnight. The middle grade doctor is then able to attend any obstetric emergencies and undertakes reviews for children on the ward and supports the special care baby unit. Accident and emergency teams are supported by this middle grade doctor or the Consultant on call.

It is apparent that the unpredictability of the service due to workforce issues is unsatisfactory and the number of shifts being filled by locums not substantive doctors is a potential safety concern particularly when they may be the only doctor or one of two on site at night.

In addition the Trust has undertaken an overseas recruitment drive for medical staffing through an agency. There is a rolling advert for both junior and middle-grade staff but these have not been successful.

Current Shortages of Registered Children's Nurses and Impact

In December it became clear that there was an emerging children's nursing workforce problem with gaps of 6 whole time equivalents and only 1 new applicant. Children's nursing is also a national shortage profession and is unlikely to improve significantly before 2019 due to the numbers of nurses in training. The nursing degree only has one graduation in September, of which newly qualified staff were offered posts but with minimal success.

The Trust has attempted to source children's nurses through locum agencies but has only been able to fill 3 shifts. NHS professionals who provide the agency staff only have 3 children's nurses on their books and those are already internal staff employed by the Trust.

The Trust have approached Sheffield Children's Hospital for help with both nursing and medical staff but they are also having staffing difficulties and are unable to help.

Trust Paediatric Services Position for January 2017

Doncaster and Bassetlaw Hospitals NHS Trust consider the situation with medical and nursing staff shortages and the impact of this overnight for BDGH paediatric ward to be unsafe. Commissioners support their concerns and have asked the Trust to consider what paediatric services can be delivered safely at Bassetlaw Hospital which minimises immediate risk and the impact on our local population. The Trust has proposed an extended day Children's Assessment Unit at Bassetlaw and a 'hot' 7 day a week consultant led outpatient clinic in order to maximise the number of children who can continue to be managed locally.

Proposed Changes to Paediatric Services at BDGH

The proposed model is at this time, an urgent response to the workforce difficulties outlined earlier in the paper. These staffing issues are now critical and it is not anticipated that they will improve in the foreseeable future and as such a temporary closure of the overnight paediatric beds at Bassetlaw Hospital is necessary from no later than the 31/01/2017. An alternative model of care which aims to reduce the impact on our local population and enhance senior clinical decision making is outlined below. This model and supporting arrangements will be monitored to ensure they are safe and effective prior to any decision in October 2017 being made about the service going forward.

This proposed model is a consultant-led paediatric assessment unit, seven days a week running 8am to 10pm with a time cut-off for the last admitted child for assessment of 8pm each day. Having a consultant delivering urgent assessment and care should result in many of the less than 1 day stay children being managed within the assessment unit. Children who require admission will be able to be transferred for overnight stay to DRI.

Having a Consultant leading the initial review of unwell children will help determine quickly those who may be deemed or may progress to be 'acutely unwell children.' Rapid transfer to a centre such as DRI or Sheffield's Children's Hospital, to achieve the best clinical outcomes can then take place.

This model of care is consistent with Royal College of Paediatric and Child Health guidance. Transfers will take place using best practice guidance from other areas that have already had to reduce their in-patient bases. Urgent transport will be available and jointly commissioned by the CCG and the Trust.

It is envisaged that an average of 3 children a week may need to be transferred in this manner.

The new model will be enhanced by the Trust providing a seven day 'hot clinic' service for ill children who need to be seen quickly for clinical diagnosis but are unlikely to need an admission for assessment. This clinic allows same day access to a specialist opinion for GPs, Out of Hours providers and A&E to get a rapid assessment by a consultant where they feel some urgency is required. The clinic will also invite children discharged from the assessment unit on the previous day for a consultant review if clinically necessary. This will offer parents confidence about their child's progress if they have been on the assessment unit the day before.

The assessment unit and the hot clinics will offer an improved service that better meets the needs of the majority of the children currently attending Bassetlaw A&E and the Children's Ward as shown by the data earlier in the paper. Consultants providing initial assessment for those children who present urgently with subsequent rapid treatment and discharge whilst screening early for those who are emergencies provides a strong platform to build the paediatric presence at Bassetlaw Hospital.

Capital investment by the Trust into the paediatric unit at Bassetlaw Hospital (circa £250k) has been provided by the Trust to build the assessment unit and new children's out patients area both of which are co-located on the A3 ward. The CCG and Trust are also investigating a telemedicine link to Sheffield Children's Hospital to facilitate better communication and help to speed up clinical decision making between clinicians at the different hospitals.

This revised model will also protect the level of service provided by the Emergency Department at Bassetlaw Hospital by ensuring continuing paediatric registrar cover on site available to support the ED department.

Service Evaluation

The Trust will also continually review the service model put in place to understand the effectiveness of the changes and the impact of the local population.

Patient feedback will be collected via the Friends and Family Test for all discharges from the Emergency Department and the in-patient facilities at BDGH and DRI.

The numbers of children requiring transfer will be monitored weekly to ensure transfers are appropriate and have not increased against the estimate.

Sheffield Children's Hospital will be involved in the service evaluation. The Trust will also continue to work with the Children's Services across South Yorkshire to ensure a robust recruitment drive to meet the standards in the Facing the Future, National Guidelines for Paediatric Care.

Recommendations

Overview and Scrutiny are asked to note the temporary changes and their urgency to the paediatric model at Bassetlaw Hospital whilst recognising the national workforce situation may require such a model to be the longer term solution.