FHN Reconfiguration of Children’s Services to a Short Stay Paediatric Assessment Unit

Introduction

Due to a mixture of vacancies and sickness the Women and Children’s Centre have 4 WTE paediatric consultant gaps (26%) to deliver the service across JCUH and the Short Stay Paediatric Assessment Unit at FHN. Despite significant effort to close the gaps the centre has had to reduce the service hours of the SSPAU to maintain safety and sustainability of services.

Background

Following formal consultation led by the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRWCCG) it was approved that South Tees Hospitals NHS Foundation Trust would reconfigure its Children’s and Maternity Service. The change involved the reconfiguration of the Children’s Inpatient Unit to a Short Stay Paediatric Assessment Unit (SSPAU) and to change the Maternity Obstetric Unit to a Midwifery Led Unit (MLU). These changes were planned and implemented on 1 October 2014. Both the SSPAU and the MLU have been fully operational during October, November and December 2014.

The SSPAU was commissioned by the HRWCCG to open 7 days a week from 10am to 10pm. Opening hours are subject to a six-month trial and review by our commissioners in April 2015, based on the level of clinical demand and the availability of consultant paediatric medical staffing. This review was jointly agreed in light of concerns from the women and children’s centre clinical and management team about the appropriateness of the proposed opening hours.

The purpose of this paper is to inform the South Tees Hospitals NHS Foundation Trust Board of Directors and the HRWCCG Board of the issues that have arisen in sustaining delivery of the SSPAU from 10am to 10pm 7 days per week.

Access

The SSPAU takes a variety of children into the unit for assessment for minor illness, planned elective day case procedures and also open access to a defined caseload of children with long-term conditions.

Access is from:

- GPs for assessment.
- Triaged from accident and emergency (A&E).
- Triaged from consultants for rapid access / from consultant clinics etc.
- Referred from other clinical personnel (Midwives, Dieticians etc.).
- Planned as an elective surgical day case.
- Self-referral with approved open access to a defined caseload of children with long term conditions.
• Self-referral when approved for a short term condition.

Usually, opening hours are 10am to 10pm which has posed a problem as the later morning start means that children's surgery is less easy to organise. However this has been reviewed and currently works satisfactorily.

Attendances at the SSPAU were accepted from 10am to 8pm giving a two-hour window to manage and discharge or refer children safely to JCUH if required before the unit closed at 10pm.

Activity does vary throughout the day with periods of inactivity. The closure of the unit to attendances at 8pm has led to extremely limited activity between 8pm and 10pm and most evenings the unit is empty between these times despite being fully staffed.

The SSAPU has evaluated very well so far with approximately 64 responders to the satisfaction survey (results in Appendix 1)

**Staffing**

**Nursing Staffing**

We cover the unit with two qualified registered children’s nurses during the opening hours of the SSPAU. We also have flexibility to provide further cover when there is elective surgical cases and for the management of the unit. There is also a supernumerary manager. Therefore there is usually two staff for 12 hours and weekdays with a number of hours with 3 staff per day available. There are no nurse staffing issues that are of concern within the SSPAU at this time. The Children’s Outpatient Department is staffed separately.

**Medical Staffing**

The SSPAU has a paediatric consultant throughout its opening hours in line with the RCPCH guidance. To create an integrated service we have developed an integrated rota system for all paediatric consultants. Therefore paediatric consultants work at JCUH and FHN on one of two rotas (rota 1 has no out of hours on call and rota 2 has out of hours on call). Some do more rotation at JCUH and others more at FHN depending upon their sub specialty expertise and if they cover out of hours on call at JCUH.

In order to deliver a 12 hour a day, 7 day a week service for 52 weeks per year 7 consultants are required for the delivery of a rota for SSPAU. At the beginning of the process we had 5.5 WTE paediatric consultant’s available and 6 people. We highlighted that in order to succeed we required a further 1 WTE plus the existing team to increase their hours of work. As the opening hours were subject to a 6 month trial the 1 WTE gap was to be filled with a locum paediatric consultant. We have not secured the increase in 1 WTE and now have had 1.2 WTE leave (2 people) leaving a significant gap. Added to this we also have 2 paediatric consultants off long term sick. The existing consultant team have been conducting extra duties for 3 months with no sign of this being reduced. We have therefore had to review the services provided in the Paediatric Directorate. The decision was that we could no longer provide the current range of services. We are not in a position to reduce services at JCUH.
as this acute busy unit has to be supported with the required cover to meet the demands of the activity. We have reviewed outpatient clinics and cover where possible but the only safe way to close the gap was to reduce the commitment to the SSPAU at FHN. The paediatric consultant medical team will still be required to complete extra duties to maintain the rota at the SSPAU at FHN and the rota at JCUH.

Activity

The activity presented is a 10 week period 13 October to 21 December. This period is taken as it removes the variation of the service at its inception when there was repeated reviews of care pathways and removes the Christmas and New Year period that does not equate with normal working practices. A resume of all attendances is available in the Appendix 2.

The table below gives the total admissions under paediatrics per age bracket for the children’s service for the period compared to the same period last year from the normal Friarage catchment across both units

<table>
<thead>
<tr>
<th>All activity by age band and admission site</th>
<th>FHN</th>
<th>JCUH</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>00-04 05-16 17-18 Total</td>
<td>00-04 05-16 17-18 Total</td>
<td>00-04 05-16 17-18 Total</td>
</tr>
<tr>
<td>2013</td>
<td>236 119 0 355</td>
<td>55 32 0 87</td>
<td>291 151 0 442</td>
</tr>
<tr>
<td>2014</td>
<td>213 93 3 309</td>
<td>163 50 2 215</td>
<td>376 143 5 524</td>
</tr>
<tr>
<td>Change</td>
<td>-10% -22% n/a -13%</td>
<td>196% 56% n/a 147%</td>
<td>29% -5% n/a 19%</td>
</tr>
</tbody>
</table>

The table below gives the total number of ward attenders per age bracket for the children’s service for the period compared with the same period last year from the normal Friarage catchment across both units.

<table>
<thead>
<tr>
<th>All activity by age band and attendance site</th>
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<tbody>
<tr>
<td></td>
<td>00-04 05-16 17-18 Total</td>
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<td>00-04 05-16 17-18 Total</td>
</tr>
<tr>
<td>2013</td>
<td>89 47 1 137</td>
<td>8 16 0 24</td>
<td>97 63 1 161</td>
</tr>
<tr>
<td>2014</td>
<td>133 85 2 220</td>
<td>24 14 0 38</td>
<td>157 99 2 258</td>
</tr>
<tr>
<td>Var</td>
<td>44 38 1 83</td>
<td>16 -2 0 14</td>
<td>60 36 1 97</td>
</tr>
<tr>
<td></td>
<td>49% 81% 100% 61%</td>
<td>200% -13% n/a 58%</td>
<td>62% 57% 100% 60%</td>
</tr>
</tbody>
</table>

From the above it can be seen that there have been 309 emergency day case admissions and 220 ward attenders giving a total of 529 attendances at the SSPAU over the 10 week period and 253 attendances/admissions at JCUH. This is an overall increase in activity compared with the same period last year. However the whole region has seen an increase in paediatric attendances and admissions over this period. Of the 529 attendances at the SSPAU the vast majority are under 4 years.

Of the 309 emergency day case admissions the majority attend between 10am and 7pm, only 3 arriving after 8pm on weekdays and only 2 arriving after 8pm at the weekend.

For children accessing the SSPAU at FHN from the HRW and HRD CCG areas (emergency admissions and ward attendances), the majority are from Northallerton area as seen in the chart below.
Children accessing JCUH from the HRW and HRD CCG area (emergency admissions and ward attendances) – the majority are from the Stokesley area as seen in the chart below. The growth in attendances at JCUH are from all areas.

A&E activity

The A&E at FHN continues to see and treat children for minor injury. All major illness is not taken by ambulance to A&E at FHN but redirected to the most appropriate surrounding main unit. Minor illness is expected to be through the GP service in hours and the out of hours GP service. However agreement was reached that A&E could redirect children during its opening hours to the SSPAU. Families are advised that this is not the correct route and in future to access via their GP. The aim is to change culturally the attendance over time at
A&E at FHN of children with minor illness. The number of A&E children attendances do appear to have reduced but this is due to children being immediately redirected to the SSPAU. Many of these children could have had care through their GP.

The table below gives the total A&E attendances per age bracket. The period compared to the same period last year from the normal Friarage catchment across both units

<table>
<thead>
<tr>
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<th>FHN</th>
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<tr>
<td></td>
<td>00-04</td>
<td>05-16</td>
<td>17-18</td>
</tr>
<tr>
<td>2013</td>
<td>369</td>
<td>518</td>
<td>107</td>
</tr>
<tr>
<td>2014</td>
<td>144</td>
<td>384</td>
<td>117</td>
</tr>
<tr>
<td>Var</td>
<td>-225</td>
<td>-134</td>
<td>10</td>
</tr>
</tbody>
</table>

**Source of referrals**

The majority of children are referred via the GP and A&E. The next referral sources are planed surgical day cases and planned admissions from consultants (reviews, routine and rapid access clinics).

In summary the SSPAU see approximately 7 children per 12 hour day including all elective surgical cases, emergency attendances and ward attendances. The majority attend between 10am and 7pm. The main source of referral is GP and A&E or from our own consultant team.

**Issues**

We manage the service with 2-3 nursing team members and a paediatric consultant. The service has 4 WTE paediatric consultant staff off (26%) at this time – 1 temporary vacancy, 1 vacancy and 2 long term sick (LTS). Despite working extra hours the team cannot achieve opening the unit 12 hours per day over 7 days with this vacancy level. We have attempted to secure a full time locum appointment and failed twice. We have tried to secure an agency locum with limited success. We have secured a permanent appointment to one of the vacancies who will start in April 2015. We have a second permanent post advertised and interviews planned for March 2015 but if successful would be unlikely to secure start dates before September 2015. Therefore in order to ensure consultant cover we have had to reduce the opening hours of the SSPAU. In deciding how to make this change the activity was reviewed and an assessment made of the minimum number of hours we could reduce to achieve rota cover.
## Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
<th>Time line</th>
<th>Outcome</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locum advert 1</td>
<td>Identified need for 1 WTE consultant to open SSPAU 12 hours per day over 7 days 10:00 – 22:00. Appoint locum as trial 6 month of opening hours</td>
<td>Advert 15 July 14 Close date 16 Aug 14 Interview 26 Aug 14 Planned commence Oct 14 Delayed start Nov 14 Delayed start Jan 15 Rescinded commitment 24 Nov 14</td>
<td>Locum delayed the start date to Nov 14 Locum requested second delay start date to Jan 15 On 24 Nov 14 locum informed dept he was no longer taking the post.</td>
<td>CCG Notified at FHN CCG meeting 25 Nov 14 CEO, MD, DOF and J Moulton informed</td>
</tr>
<tr>
<td>Locum advert 2</td>
<td>Identified need for 1 WTE consultant to open SSPAU 12 hours per day over 7 days 10:00 – 22:00. Failed first attempt to appoint. Appoint locum as trial 6 month of opening hours</td>
<td>Advertised 26 Nov 14 BMJ 6 Dec 14 Close date 20 Dec 14</td>
<td>No applicants</td>
<td>Reviewed options and CEO, CCG informed that could not continue 12 hour opening over 7 days per week</td>
</tr>
<tr>
<td>Request for Agency</td>
<td>Due to no locum recruitment request sent to all agencies as 22 shifts requiring cover Jan – April at SSPAU after proposed reduction of hours 24th/25th Jan 1000-1700 9th/10th/13th Feb 1000-2000 14th/15th Feb 1000-1700 9th/10th/13th</td>
<td>December 14 requested all agencies for cover of shifts plus further shifts at JCUH</td>
<td>1 candidate CV forwarded Suitable for SSPAU Will complete @£92/hour 24th/25th Jan 1000-1700 13th/14th/15th March 1000-1700 30th/31st March 1000-2000 3rd/4th/5th April 1000-1700 Will discuss if he will / able to stay longer Still 12 full day</td>
<td>Team have ensured that SSPAU new opening hours are covered. Will approach locum in January to see if can extend shifts offered Continue to work with HCL to cover shifts</td>
</tr>
<tr>
<td>Consultant vacancy recruitment 1</td>
<td>Notified that the job share post was leaving Dec 14 so requirement to replace the post</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notified Sept 14 of intention of job share post holders to leave. Advertised Sept 14</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Interview 4 Dec 14 Planned commence April 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>We had 3 applicants, only 2 decided to proceed to interview only 1 candidate suitable to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>appoint. <strong>We did have permission to recruit the second candidate if suitable.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consultant advert recruitment 2</th>
<th>Aware of difficulties to fill the locum post plus we have a request from 2 consultants to reduce their working hours from April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advertised 19 Dec 14 BMJ 10 Jan 15 Close date 7 Feb 15 Interview w/c 10 March 15</td>
</tr>
<tr>
<td></td>
<td>Await position near close date.</td>
</tr>
</tbody>
</table>

|                                | Second candidate not appointable                                                                                                |

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Mar 1000-2000
14th/15th Mar 1000-1700
16th/17th/20th March 1000-2000
21st/22nd March 1000-1700
30th/31st March 1000-2000
3rd/4th/5th April 1000-1700

shifts to cover. This would increase with 12 hour opening over 7 days. Agency for JCUH also requested. Informed on 21/1/15 the locum will now only complete 24th/25th Jan 1000-1700 Leaving 20 shifts at the reduced hours uncovered Offer of cover at £132/hour plus agency cost – agency not happy re this amount.

Consultant vacancy recruitment 1 Notified that the job share post was leaving Dec 14 so requirement to replace the post.

We had 3 applicants, only 2 decided to proceed to interview only 1 candidate suitable to appoint. **We did have permission to recruit the second candidate if suitable.**

Consultant advert recruitment 2 Aware of difficulties to fill the locum post plus we have a request from 2 consultants to reduce their working hours from April 2015.

Request permission to fill two posts if suitable candidates.
<table>
<thead>
<tr>
<th>Staff completion extra hours/shifts</th>
<th>Aware couldn’t fill locum post initially until Jan 15</th>
<th>All consultants on the rota increased their PA by 0.8 and completed increase between Oct and Dec 14. Consultants also doing increase clinic cover and on call cover</th>
<th>Increase maintained service between October and December due to limited holiday leave. However, loss of the job share post and the significant extra conducted by them left gaps in the SSPAU cover.</th>
<th>CEO, CCG informed as above as overall picture of 4 WTE missing from the service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of sickness</td>
<td>2 consultant LTS</td>
<td>C1 LTS since 15 Apr 14 Due back but didn’t return Date return 19 Jan 15 Will need prolonged phased return C2 LTS since 7 Dec 14 (previous episodes) No return date Requesting alteration to duties long term</td>
<td>Both are under sickness and absence management, however unclear when expected to return to full duties.</td>
<td>N/A</td>
</tr>
<tr>
<td>Review if there was a tier 2 staff member to act up to a paediatric consultant</td>
<td>Increase paediatric consultant number</td>
<td>Reviewed our registrar numbers now and those coming through in April 15 to see if anyone could ‘act up’ – but our registrar rota is already significant gaps so would not benefit the team who would have to cover. We have also asked about this round the region – but all registrar rotas have gaps so no one willing to release any</td>
<td>No opportunity at this time but will keep under review.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
The Gap

Long Term Sick (LTS)

The gap is 2 WTE paediatric consultants (20 PA / 15.5 DCC / 80 hours / 62 hours DCC)

Vacancies

The gap is 2 WTE paediatric consultant vacancies on SSPAU rota (20 PA /16 DCC / 80 hours / 64 hours DCC)

The team have been through extra duties completing the cover of 1 WTE and are committed to continue this short term period.

Minimum gap required is 1 WTE (10 PA / 8 DCC / 40 hours / 32 hours DCC)

Future gaps

We have 2 consultants requesting a reduction in worked PA from April 2015 (6 PA / 6 DCC / 24 hours / 24 DCC)

Other pressures

Small gap in tier 1 rota of 0.5

Gaps in tier 2 rota (7.8 out of 9 posts filled)

Community Paediatric consultants have 1 WTE vacancy.

Finance

In response to questions we’ve been asked about the cost of a consultant and locum cover, we include the summary below

A consultant costs approximately £120,000 (£58/hour) per year (including on costs). The Women and Children’s Centre has full budget and funding for this value for all identified posts. If locum cover is sought to cover sickness or absence, this cost is above the budget and funding as we also continue to pay the person on sick leave. The cost of increasing the work hours of our own consultants would continue to be in line with actual costs at the hourly rate. Occasionally out of hours we are required (to policy requirements) to double or triple
the costs of the hourly rate albeit in this case consultants have agreed to increase their commitment for their standard hourly rate.

When we secure a locum through an agency the cost increases significantly. The cost is the consultant receives anything between 1.5 to 2 times the permanent consultants hourly rate there can at times be a finder fee as well. (Costs would equate to £185.000 (£90/hour) pre year up to £250.000 (£120/hour) per year.

While in order to maintain service delivery and safety cannot be counted in terms of cost it must be a consideration. This is an important consideration when deciding to appoint an agency locum (if indeed they are available which they were not in this case to date) as they have reduced familiarity with the service, possibly reduced competency and commitment, lack of reliability of attendance (which we have had experienced), considerable lack of continuity when it is ad hoc rather than long term locums, all of which has an impact on the safety and sustainability of the service. Also consideration has to be given to the financial impact for the Trust and the health economy at a time of austerity to increase care to approximately 1 extra child per day who could safely, reliably receive a high quality of the care at a neighbouring unit.

**Options**

Three options reviewed

Option 1 – Close the SSAPU Saturday and Sunday. This would release 24 hours per week but as the PA value at a weekend equates differently (3 hours / PA), this would release 8 DCC PA and achieve the gap created from one of the vacancies.

Resume of option 1 – The HRWCCG had strongly advocated availability of the SSPAU at a weekend. It was felt that losing the 7 day service would create confusion for the public and not offer opportunity of returns and reviews at the weekend particularly as this was temporary. The team felt maintaining some level of 7 day working was advisable until the CCG reviewed their longer term options as part of the six-month review. The team have worked to manage work across the week and the average daily attendance is now similar, however we have the ability to manage an element of this regarding how we plan return patients etc. (Based on the above data 88 emergency attendances/discharges over a 10 week period would be effected by this model).

Option 2 – Reduce the opening hours of the SSPAU across the week at 6pm. This would release 28 hours per week, with a varying PA value after 7pm and at weekends (3 hours / PA). This would release 8.6 DCC PA and achieve the covering the gap of one of the vacancies.

Resume of option 2 – The impact of closing the unit at 6pm each day would affect a higher number of children as between 6pm and 7pm the numbers of children remain the same as the hourly average from 11am. The CCG also requested alignment of opening hours with extended GP working until 8pm. (Based on the above data 162 emergency attendances over a 10 week period would be effected by this model of which 94 would be arrivals. We
consider that we would capture a further 35 emergencies which means a total of 127 emergency attendances would be affected).

Option 3 – Reduce the opening hours to best match the SSPAU activity. This was proposed to be 8pm weekdays and 5pm at weekends. This would release 20 hours per week, with a varying PA value after 7pm and at weekends (3 hours / PA). This would release 6.6 DCC PA and not completely fill the gap of one of the vacancies.

Resume of option 3 – After 7pm the activity does reduce. To provide a service to 7pm every night over 7 days would not produce the level of DCC PA release required. At a weekend by shortening the opening hours this has less effect on the total number of children attendances and releases the most PA value due to all time being at the rate of 3 PA / hour. The problem with this is that it does not quite release the level of PA value looked for. A meeting with the COS, MD, CD and medical representative from FHN, HON and DM took place. After assessment of the gap and the actions taken, a review of further actions that could be considered and a review of the local available data a discussion took place as to the options. Soft intelligence indicates that children can be managed more quickly at the end of the day, children could at times be managed more quickly than currently at times and children attending for review and being referred by consultants can be planned to be accommodated earlier in the day. Consultants felt that they had very little activity to manage later in the day and children could be managed through the SSPAU quicker with no compromise to their care. We were also aware a small number of consultants would complete a few more extra shifts added to which we have now secured a small amount of agency locum for some of the shifts. This was therefore the preferred option. (based on the above data 118 emergency attendances over the 10 week period would be affected by this model of which 53 would be arrivals. We consider that we could capture a further 36 emergencies which means a total of 82 emergency attendances which is about 1 child per day (1.1) (this number includes those attending after the close time and those currently discharged after the close time).

It was therefore decided that overall the most acceptable was option 3.

**Planned further actions**

1. Reduce the hours of the SSPAU January to end of March 2015 (may need to be extended)
2. Commence new consultant April 2015
3. Interview for consultant March 2015
   a. View to recruit to 2 posts
      i. Reduction of PA across consultants requesting reduction
      ii. Permanently fill the locum post – medium risk as we have a consultant who informed us 4 months ago of their intention to retire in 18 months to 2 years. This post would not be filled if the opening hours were permanently altered
4. To continue to monitor and review consultant sickness and absence
5. Utilise agency locums as available
6. Re advertise for a locum from April
7. Work with the CCG
Board of Directors Report (27/1/15)

   a. Reduce the number of minor illness that access A&E and the SSPAU
   b. To review long term opening hours of the SSPAU

SSPAU opening hours

In order to ensure the SSPAU can re-open 12 hours per day the following is required.

1. Work with the CCG
   a. To review long term opening hours of the SSPAU
2. To monitor the impact of the reduced opening hours on access and activity
3. We need to recruit 2 WTE from April
   a. 1 post secured
   b. Interview for further post planned – unlikely to commence prior to September 2015
   c. Attempt to secure a locum April – August 2015
4. Need to have 2 LTS return to work

Summary

We have 4 WTE (26%) paediatric consultant gaps in the service from a cohort of 15 acute paediatric consultants. This cohort delivers all consultant clinics across both sites, cover for PICU (with anaesthetic cover) full service cover for acute paediatrics at JCUH site and the SSPAU. Unfortunately recruitment is difficult and service provision if to remain safe needs to be reduced. The SSPAU opening hours were therefore reduced to ensure it is remained sustainable. The temporary new opening times are 10am to 8pm Monday to Friday (with a reduced window of admissions from 2 hours to 1 hour therefore taking the last admission at 7pm – reduction to admissions of 1 hour) and 10am to 5pm Saturday, Sunday and Bank Holidays (with a reduced window to admissions from 2 hours to 1 hour therefore taking the last admission at 4pm - reduction to admissions of 4 hours). This reduction still means that existing consultants are required to commit to working extra duties. At this time it is unclear how long this closure would be for but it is, as a minimum, 3 months and will require review. The impact of these new hours would be for approximately 1 child per day but the soft intelligence would suggest that this will be less through reorganisation of the management of children.