

A review of the temporary changes to paediatric services within North Central London over autumn and winter 2020/21

Report of Key Findings and System Learning

July 2021

Contents

Foreword.....	3
Executive Summary.....	4
Evaluation Steering Group: system learning recommendations	7

Foreword



COVID-19 has changed both our communities and the health and social care services which serve them.

As system leaders we are really proud of the way that organisations, teams and individuals across North Central London (NCL) came together – often at great personal cost – to enable us to manage services during the most difficult of circumstances.

Working together in partnership, as an integrated care system, across institutional boundaries we have had to make many difficult choices to maintain care and support treatment for all our patients during this unprecedented time. One of these choices was the decision over the summer of 2020 to make significant temporary changes to paediatric services to support an anticipated second wave of COVID-19 infections over the autumn and winter of 2020/21.

We want to acknowledge how difficult this process was for individuals and teams working in these services. We also want to thank everyone involved for their dedication and commitment in stepping up and delivering the ‘Southern Hub’ for paediatric services based at Whittington Health. We feel strongly that these changes played a significant part both in supporting adult services to manage the exceptional increase in demand we experienced over the late part of 2020 and early months of 2021, and to continue to provide a safe service for the children and young people who needed our care.

It is really important that, as system, we are open and learn from change; giving ourselves the opportunity to step back, listen and reflect. This ethos will be central to how we continue to work together more formally as an integrated care system over the coming years.

At the time of implementing the temporary changes to paediatric services, we committed to an open and honest evaluation, so that we could learn and inform how we work together in the future. We would like to thank everyone who took the time to contribute so thoughtfully to this evaluation which has allowed us to bring together a comprehensive review of what happened and the learning for us as a system.

This report summarises this learning that we are pleased to endorse. As leaders there are important themes here for us to reflect on both in terms of any future emergency response and how we approach longer term system change, both specifically for children and young people’s services but also more generally.

NCL ICS Leadership

Rob Hurd – System Lead, NCL ICS

Frances O’Callaghan – Accountable Officer, NCL Clinical Commissioning Group & Joint SRO NCL ICS

ICS Children, Young People and Maternity lead

Emma Whicher – Medical Director, North Middlesex University Hospital

Executive Leadership for the Temporary Changes to Paediatric Services

Siobhan Harrington – Chief Executive Officer, Whittington Health

Kate Slemeck – Chief Executive Officer, Royal Free Hospital

Tim Hodgson – Medical Director Specialist Hospital Boards, University College London Hospitals

Deborah Sanders – Chief Executive Officer, Barnet Hospital

Executive Summary



This report was commissioned to capture key learning from the temporary reconfiguration of paediatric services in NCL, covering the boroughs of Barnet, Camden, Enfield, Haringey and Islington, that took place from October 2020 to April 2021.

The new configuration temporarily brought NCL emergency paediatric services in the southern part of NCL together on the Whittington Health site, known as the 'Southern Hub'. The aim was to provide maximum flexibility across hospitals within NCL, particularly in the south where the two adult intensive care surge centres were situated at the Royal Free Hospital and University College Hospital. This enabled services to respond and manage the anticipated increase in demand for adult patients over the winter period and due to the COVID-19 pandemic second wave, while ensuring children and young people could continue to safely access a range of elective and emergency treatments.

As part of compiling this report there was extensive engagement to hear direct feedback from those receiving and giving care as part of the temporary arrangements. Over two hundred people were spoken to as part of discussion and feedback groups, and over 350 written survey responses have been analysed.

For some individuals and teams, these changes elicited a very strong response and had a significant impact, both personally and professionally. It is important this is acknowledged. This was by no means the experience of all staff, and there was not a uniform view of the temporary changes both within teams and between teams.

This report draws on the data from the engagement exercise. In addition, routinely collected health service data, and some financial data from the period of the changes has been reviewed alongside historical information. These multiple information sources have been reviewed as a whole to draw out key findings.

The key findings are organised under five overarching themes:

(i) The resilience of services over winter 2020/21 and the COVID-19 second wave



Overall, services remained resilient over this time, with adequate capacity to assess children and young people at the Southern Hub, resumption of a limited number of paediatric elective services, and some staff and beds able to be redeployed to support adult services during the second wave. However, paediatric emergency attendances across London were far fewer than would be expected typically, so it is not possible to say how this model would perform in non-pandemic times.

Children and young people from Camden continued to access care in similar proportions to those elsewhere in NCL; many attended the Southern Hub, and there were increased numbers of children and young people who attended St Mary's Hospital in North West London over this period. Some children and young people continued to present to the closed emergency departments on a daily basis throughout the period. Overall across NCL, the fall in emergency department presentations was more marked in more deprived children, although the reason for this is not clear.

Interdependent services across multiple sites and trusts had not all been sufficiently identified prior to the changes and posed challenges for existing staffing rotas, contributing to increased staffing costs of the Southern Hub. This was exacerbated by the need for continued assessment of walk-in presentations at the closed emergency departments and increased staff absences throughout the pandemic.

(ii) Experience of care at the Southern Hub

Information on aspects of quality of care derived from staff experiences of working in the Hub, routine reporting of safety incidents, and the reported experience of care from patients and families.



Staff valued the on-the-ground support such as increased senior presence, daily huddles and weekly quality and safety huddles. Challenges in bringing together staff from multiple sites rapidly included the alignment of policies and procedures from different sites and having infrastructure in place to meet the requirements of increased staff and patient numbers.

There were notable increases in the number of reported low and no-harm incidents during the Southern Hub operation and this is likely to reflect a proactive culture of incident reporting during initial adjustments to working within a new operational model given the aforementioned challenges. One identified need was for improved mechanisms to communicate care plans across organisations when delivering care of patients with complex needs.

Overall service users reported a good experience of care at the Southern Hub, although numbers responding to the survey were small.

(iii) Pathways of care for children with mental health needs

The care of children with mental health needs was a recurring theme.



Increasing numbers of children presented to the new CAMHS Crisis services over the period. The newly expanded hubs, hosting expertise in one place, worked collaboratively with the Southern Hub paediatric services. Staff reported improved access to mental health clinicians for initial assessments, and improved availability of short term crisis support for children and young people which avoided unnecessary admission.

However, managing the volume and complexity of children and young people with mental health needs who did require admission presented challenges for general paediatric staff. Additional nursing staff with mental health expertise were required, many on a bank and agency basis, and this may have contributed to an overall increase in costs of running the Southern Hub.

(iv) Staff experiences of the changes

These changes were implemented when resilience of some staff had been adversely affected by the cumulative impact of multiple service changes, a global pandemic, moral injury and uncertainty regarding the permanence of the changes. Some staff did not feel equipped to transition to the new model, despite the Organisational Development (OD) process put in place. The changes also impacted on learning opportunities for staff in training posts. Pressures were heightened in the context of staff absences.



However positive outcomes of the changes included sharing of different ways of working across units, developing new ways of working, and gaining skills in managing new clinical presentations arising from an expanded patient population.

(v) Planning, implementing and communicating the change.

Staff at all levels of NCL's health and care system worked rapidly and in partnership to implement the changes. However external stakeholders (particularly local authorities) reported they would have liked to be engaged earlier in the decision-making process.



Some staff felt that internal communication of the plans should have been more transparent, centrally coordinated and have greater consistency. External communications regarding the change did not reach all presenting patients, although efforts were made to contact patients who attended impacted emergency departments on a frequent basis, and that there were site specific strategies in place to safely mitigate this risk.

The report identifies the limitations of the analyses presented – most significantly, the pandemic context and its impact on health seeking behaviour and non-COVID-19 illness means that it is not possible to assess how the Southern Hub model would perform in non-pandemic times.

Evaluation Steering Group: system learning recommendations



Introduction from the Evaluation Steering Group

We welcome this systematic and thoughtful review and are committed to learning from the experiences gathered.

The COVID-19 pandemic has been an extremely challenging time for everyone working in health and care services. Changes that would previously have been planned over months or years, developed with staff and consulted on with the public, were implemented in a matter of months and sometimes weeks or days. The temporary changes to paediatric services made over the winter of 2020/21 was one of many such decisions.

Change is never easy, and this change was undertaken in the most difficult of circumstances; we know that at times it has been tough for everyone involved.

This section of the report builds on the key learning and points of action for us as a system, grouped under a number of headings. First there are some broader considerations that we wanted to set out.

- *During the time of the temporary changes staff pulled together and focused on the needs of patients. Most operated beyond their roles, clinical teams worked together collaboratively across organisations, some individuals temporarily took on clinical leadership positions.*
- *During the period of the temporary changes, the NHS in NCL delivered safe, effective care for children and young people. Understanding the safety of services during this time should be seen in its broadest context, where changes made were to ensure the needs of children and young people could be met as well as possible in anticipation of unprecedented pressures on adult services during the COVID-19 second wave.*
- *The urgent need to respond to these pressures necessitated rapid planning and implementation.*
- *We welcome the openness of our system leadership in commissioning and publishing this report, which we believe sets the tone for how we want to work as an integrated care system.*

Services have now reverted to their pre-COVID-19 footprint but the broader environment and everyone in it have inevitably been changed by the experience of living and working through the pandemic. We can't go back in time and it is important we don't lose the relationships, conversations and learning that this process has started.

We want this report to become part of our commitment to work together to improve children and young people's services in NCL in the future.

NCL Paediatric Evaluation Steering Group

Emma Whicher, ICS Lead Children, Young People, Maternity and Neonate (Chair)

Clare Dollery, Medical Director, Whittington Health

Tim Hodgson, Medical Director Specialist Hospitals Board, University College London Hospitals

Mike Greenberg, Medical Director, Barnet Hospital (Royal Free London)

Dhruv Rastogi, Divisional Clinical Director and Consultant Paediatrician, North Middlesex University Hospital

Michelle Johnson, Chief Nurse and Director of Allied Health Professionals, Whittington Health NHS Trust

Mehdi Veisi, Medical Director Barnet, Enfield and Haringey Mental Health Trust

Sally Hodges, Chief Clinical Operational Officer, Tavistock and Portman

Oliver Anglin, NCL Clinical Director CYP Regional Improvement Programme

Sophia Varadkar, Deputy Medical Director, GOSH

Mamta Vaidya, North Thames Paediatric Network Co-chair

Elizabeth Carty, Deputy Postgraduate Dean for North London

Overview

In commissioning an evaluation exercise to sit alongside the temporary changes to paediatric services, system leaders committed to ensuring that any beneficial learning would be captured and used. To this end, we have drawn out a number of learning points.

- Recommendations have been made should the system need to respond rapidly again in response to further COVID-19 waves or equivalent emergency situations (immediate planning for 'EMERGENCY').
- Other learning offers wider insights for strategic system developments across NCL (over the next 5 years – 'NOW & FUTURE').

The learning has been grouped under several themes.

System-wide planning

Whilst the majority of changes took place within secondary care services in the southern part of NCL, the impact was felt more widely and affected primary care, community care, mental health care, social care and the whole system responsibility for safeguarding children and young people. We believe that there is scope for further comprehensive system-wide planning when considering any future changes:

- A scoping exercise should be undertaken which maps out the interface and interdependencies between organisations and services when considering changes in services for children and young people, this should include the financial implications of interdependencies for all possible options. (NOW and FUTURE)
- A partnership approach needs to be adopted to scoping the potential impact of service changes with neighbouring areas, in particular North West London. This would help consider the cross-boundary impact for communities and providers in the region to realise the benefits for patients and staff. (NOW and FUTURE)
Safeguarding is a key area of responsibility for all professionals working with children and a senior lead with strategic responsibility for safeguarding should be included in the planning as part of any future change work. (EMERGENCY, NOW and FUTURE)

Public and stakeholder engagement

The changes under consideration were temporary and made in extraordinary circumstances that required rapid interim change. As a consequence, the usual comprehensive engagement work that would accompany such a change process could not take place. There was, however, a concerted effort to take a proactive approach, and communications and engagement teams across NCL communicated changes to a wide range of external audiences, including schools, children's centres, parent groups, GP surgeries, patient representative groups, health and care professionals across NCL

and in neighbouring areas, staff working in children's services within councils, voluntary sector groups and Healthwatch. Feedback was also received from service users, facilitated by team members in trusts who were already working under pressure.

This review has reinforced the need for strong engagement to enhance learning and ensure stakeholder support in any future programme of work. In addition, data capture mechanisms for service user feedback should be planned and robust:

- Processes for using insight from routine data collection of service user views should be established as part of the planning process with a small number of agreed metrics being fed back to delivery teams throughout. (EMERGENCY)
- A plan for proportionate rapid stakeholder and patient engagement should be developed for use during emergency response scenarios. This may need to maximise a range of media including virtual teleconferencing and draw on the strengthened networks now established. This plan should include identifying and incorporating knowledge and insight from existing public and patient engagement activity. There should be transparent statements that describe how engagement will influence decisions and outcomes. Engaging groups who may be at risk from health inequalities should be prioritised (EMERGENCY)
- An ongoing commitment to public and patient engagement should ensure that equalities impact assessments and working with local communities to engage early are central to planning. Equality impact assessments should be central to this. (NOW and FUTURE)
- All local stakeholders including local authority partners, local politicians and voluntary and community sector partners should be engaged early and throughout the decision-making process (EMERGENCY, NOW and FUTURE)

Internal and external communication of changes

Multiple site, multiple team communication is complex and alignment is challenging, not least in an emergency situation. Whilst planning for this was in place, the speed at which change happened meant that it was not as comprehensive or consistent as we would all have wanted. We recognise that for some staff, communication of the changes could have been clearer and more timely. In future, consideration should be given to:

- There should be a plan for priority communications activity to take in the event of an emergency. This should be supported by centrally co-ordinated resource for internal communications, collaborating across all partners, to ensure there is flexibility and capacity to deliver communications activity quickly, and with clear lines of responsibility for communicating changes (EMERGENCY)
- Developing an ICS communications approach and mechanism for delivering change messages which would enable greater involvement of staff at all levels, in the planning of changes, so that organic communication through staff networks is aligned with more traditional communications methods (NOW and FUTURE)
- A commitment to consistent, transparent, timely communications to staff, with a single agreed senior communications lead dedicated to this (EMERGENCY, NOW and FUTURE)
- Clear lines of responsibility for communicating changes and a collective NCL approach, including consideration of coordination through one central communications team may be beneficial (EMERGENCY)

Implementation planning

The circumstances within which the change took place meant that usual planning processes were not always followed. During engagement sessions, staff said that they would have benefitted from a

longer period to implement the changes, as well as to induct staff coming from other organisations. In the future, consideration should be given to:

- Having longer lead-times to implement changes where possible, that focus on the involvement of impacted services in all stages of the planning (EMERGENCY and NOW and FUTURE)
- Recognising that work within the area of children and families requires significant partnership working, and developing a strategic and system-wide scenario planning approach to support any future emergency situation, within the NCL-wide governance framework. (NOW and FUTURE)
- Greater focus on the planning of linked and specialist services such as neonatal services, elective care and oncology (EMERGENCY, NOW and FUTURE)

Organisational development (OD)

We know that staff were impacted by the changes in multiple ways and their experience of the changes varied hugely. The emotional impact of workplace displacement was significant for staff teams, as were the challenges of working in new, different environments. Despite this, once the changes had been implemented and embedded, teams came together and for the most part, worked very effectively, built new ways of working and maximised the ability to learn from each other. During engagement, this was frequently mentioned as one of the main benefits.

As a consequence of the experience of the temporary changes and looking forward, we understand that it will be important to:

- Ensure that all staff members, including front-line clinicians and those in senior leadership positions, recognise and understand the NCL vision for paediatric services and their role in contributing to it (NOW and FUTURE)
- Put staff planning and delivering services at the heart of any future changes to ensure that their hands-on experience is central to any implementation (NOW and FUTURE)
- Recognise the excellent team working and clinical leadership that took place during the temporary changes and develop a more formal approach to cross-Trust planning and organisational development. Departmental managers should continue to offer immediate emotional support as a consequence of the temporary change process and managers and leaders at all levels should have access to support themselves. (NOW and FUTURE)
- Consider the emotional needs of staff when major change is implemented in extreme circumstances, and the cumulative impact of multiple changes. Ensure that a full OD plan is in place and implemented in a proactive manner, from the outset of any future emergency changes. This plan should be communicated to staff so that they understand the available support and how to access it. This includes access to psychological and emotional support if needed. (EMERGENCY)

Inequalities

Across all respondents, it was clear that COVID-19 and the changes made to respond to the pandemic highlighted pre-existing inequalities in provision between different boroughs in relation to access to services (particularly community nursing, CAMHS, speech and language therapy, and dietetics).

Data also suggests that there may have been a slight reduction in emergency department attendances from more deprived cohorts during the pandemic compared to previous years,

although this is a pattern observed across NCL so cannot be directly attributed to the temporary changes.

Looking to the future we know it will be important to:

- Identify communities most at risk of adverse impact and monitor access and outcomes closely, both quantitatively and qualitatively, to enable early identification and mitigation of any unintended circumstances (EMERGENCY)
- Build a vision for equitable access to paediatric services across NCL, which draws on a population health approach, ensuring that communities with the greatest need and those with barriers to access care are prioritised (NOW and FUTURE)
- Draw on the experiences of those working directly with these communities in building future provision, to ensure that the interventions that make the biggest difference become the focus (NOW and FUTURE)
- Through existing strategic reviews in community services and mental health build an understanding of provision and inequity of service provision across the five NCL boroughs and develop a delivery plan to address this as a priority (NOW and FUTURE)

Child and Adolescent Mental Health (CAMHS)

We saw that the care of children and young people experiencing crisis and mental illness came into stronger focus as a result of the pandemic, highlighting both opportunities and challenges. The response of CAMHS teams was constantly referenced during engagement and was seen to be one of the greatest areas for learning. Demand for these services increased, as did the acuity of those presenting, and despite this, the consolidation of services was seen by many to be a positive consequence of the changes. However, with this came a number of challenges.

For many, the changes offered an opportunity to pilot potential ways to develop services for the future. As a result, we believe that it is important to:

- Continue exploring opportunities for changes to the delivery of these services to maximise the benefits realised by the Southern Hub for children with mental health needs (NOW and FUTURE)
- Develop further links with the community mental health services to offer preventative and wrap around care (NOW and FUTURE)
- Understand and address the needs of children and young people with acute mental illness or experiencing crisis, who are being cared for on general paediatric wards (NOW and FUTURE)
- Understand the education and training needs for paediatric staff caring for young people with complex mental health needs, so that they feel fully supported in doing so (NOW and FUTURE)
- Develop NCL-wide guidelines that define staffing ratios and therapeutic intervention for specialist RMN providing support to young people with complex mental health issues managed on paediatric wards (NOW and FUTURE)

Policies, referrals and pathways between organisations

The report has highlighted that for staff, the lack of alignment between policies, referrals and pathways between organisations made the response to COVID-19 more challenging and added to feelings of uncertainty. For many staff, managing the risk presented by this was one of the primary

concerns during the temporary changes. During the engagement, staff expressed concern that adequate guidance on how to address this was not always available.

In the future, it is important to:

- Ensure during temporary changes, that there is clear guidance on the adherence to the policies and procedures and the clinical governance related to these, including risk carried by individual clinicians. (EMERGENCY)
- As part of the development of the NCL vision for paediatric services, review existing policies across NCL with a view to reducing variation in care by identifying those that would provide a patient and system benefit in alignment. (NOW and FUTURE)
- Expand mechanisms for sharing practice and learning to develop an NCL approach towards good clinical practice, drawing on best practice from each of the partners to achieve optimum safe care. (NOW and FUTURE)
- Improve mechanisms of communication of care plans between organisations in NCL to manage the care of individual patients with complex needs. (NOW and FUTURE).

Discharge Management

For staff, the management of discharge from the Southern Hub had been well led and delivered, and it was reported that this was as a result of different approaches and working arrangements. In the future we should:

- Continue to focus on discharge management, pending findings of in-depth evaluation work. (EMERGENCY)
- Work closely with all partners involved to evaluate the changes to discharge arrangements to fully understand their impact both in emergency and longer term scenarios, including how they may apply to discharge to other (non-home) settings. (NOW and FUTURE)
- Explore the feasibility of retaining changes to discharge management where maximum benefit can be derived. This should involve all partners in the process, (inside and outside acute settings) to optimise this process. (NOW and FUTURE)

Skills development and professional education

For some staff, due to the workforce pressures of running services, they felt stretched or under-skilled to offer the level of care they aspired to. However, other staff reported that working as part of a hub had also offered opportunities for learning from colleagues across NCL that they had not previously been able to access.

Therefore, we feel that as a system it is important to:

- Maximise opportunities for cross-organisation learning and development, bringing colleagues together to learn from each other (NOW and FUTURE)
- Understand the impact and explore the development of networks or communities of practice, to maximise skills exchange or learning opportunities (NOW and FUTURE)
- Engage with staff teams to learn from their experience and views of their preferred routes for development (NOW and FUTURE)
- Ensure that there is further analysis of the impacts of change in service delivery on teaching and training for all staff (medical, nursing, allied health professionals etc). (NOW and FUTURE)