East Midlands Clinical Senate

NHS Nene and NHS Corby Clinical Commissioning Groups - Residential Short Break Service

Report of the Independent Clinical Senate Review Panel (10th September 2018)

September 2018

england.eastmidlandsclinicalsenate@nhs.net

Glossary of abbreviations

STP	Sustainability and Transformation Partnership
CQC	Care Quality Commission
NHFT	Northamptonshire Healthcare NHS Foundation Trust
CCG	Clinical Commissioning Group
RSB	Residential Short Break
NCC	Northamptonshire County Council
WTE	Whole Time Equivalent
RCN	Royal College of Nursing
RN	Registered Nurse

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1. Foreword by Dr Julie Attfield, Clinical Review Panel Chair

Clinical Senates have been established to be a source of independent, strategic advice and guidance to local health and care systems, to assist them to make the best decisions about healthcare for the populations they represent.

East Midlands Clinical Senate was pleased to be able to offer advice and guidance to Nene and Corby CCGs on their proposed new clinical model of care for Residential Short Breaks.

The clinical senate panel visited one of the units on the day of the clinical review and their observations of the John Greenwood Shipman Centre supported the positive impressions of the current service.

The clinical review team recognised the dilemma for the CCGs and whilst this review may not have been directly commissioned by the local STP in Northamptonshire, the health and care system and all its partners need to work together to find the right commissioning arrangements and service model for this population.

The clinical senate would like to thank Northamptonshire County Council and Northamptonshire NHS Foundation Trust, as well as Nene and Corby CCGs for their time and input into the review. In particular, we would like to thank the staff at the John Greenwood Shipman Centre for taking the time to show panel members around.

The clinical senate would be happy to further support Nene and Corby CCGs and its partners in the future as plans develop further.

Dr Julie Attfield
Clinical Senate Vice-Chair

2. Clinical Senate Review Panel summary and key recommendations

It was evident that the current Residential Short Break service is well-regarded by parents, carers and children, and that it receives external appraisal by regulators. The senate panel being professionally informed about the existing variation nationally and in the literature regarding this type of service, acknowledged that the model proposed by the CCG is in line with how this service can be delivered depending on the needs of the young people and their families. It is obviously a laudable aim that resources should be deployed across a care pathway in the most effective and efficient way possible, and it appears likely in this case that there is opportunity to make improvements in this respect.

Conceptually, the proposed 'in reach' nursing model can be an acceptable clinical model of care in this situation if it meets the young persons' needs and can be delivered safely within acceptable professional standards and governance arrangements. However, the information presented to the panel led to the consensus that the model proposed could not be said to provide safe or sufficient care to the population. This was on the basis that the evidence provided to the panel did not offer assurance that the clinical needs of the patient group had been robustly assessed. Nether the current provider or commissioners provided sufficient information about actual clinical needs of the young people to determine whether the revised service model and its staffing would be sufficient or safe. On this basis the panel was not in a position to endorse the model.

The panel did advise on where it considered that the clinical model and its commissioning could be strengthened i.e.;

- The Residential Short Break service should be explicitly considered in the context of the broader residential provision and the future plans for these.
- There should be a clear expectation about activity, occupancy and future demand, with open and transparent considerations of any changing thresholds and criteria.
- Capacity and demand modelling as well as being explicit regarding the above should take into account evidence about increasing complexity and growth.

- There must be an explicit consideration of the level of need and complexity of the young people and the frequency of the interventions which require the presence of a professional registrant.
- Secondary to this the model should be explicit about the clinical interventions which can be delegated, and the consequent training, supervisory and governance arrangements that enable these to be safely provided.
- Both of these staffing aspects need an appraisal which draws upon professional guidelines.
- The service model should be explicit about its operational guidelines i.e. on-call arrangements, escalation and governance. Also taking into consideration staff employed and funding by organisations that fall outside of this contract i.e. those that may 'follow' the patient into the unit within the revised model of care.

3. Background and advice request

There are currently three specialist residential units across Northamptonshire that provide residential short breaks for disabled children. In the south of the county there are two units and in the north of the county there is one unit. The sponsoring organisation (Nene CCG) commissioned the Clinical Senate to review a new model of care proposed by the commissioners. The ask of the clinical review team was "does the proposed clinical model of care provide safe and effective clinical oversight and governance to meet the complex and continuing care needs of children accessing Residential Short Breaks (RSB)" and the CCGs also "are seeking guidance and clinical assurance that the nursing resource being proposed is enough to deliver what is required to support staff within residential and non-residential short break settings within the county."

3.1 Description of current service model

Residential overnight stays are provided over three sites across Northamptonshire:

Name of unit	Number of beds	Description of unit
John Greenwood Shipman Centre	10 (plus 1 emergency bed)	4 beds are dedicated for children and young people with severe learning disabilities with associated challenging behaviours. 6 beds are allocated for children and young people presenting with complex disabilities with an associated learning disability or children and young people with complex and enduring health needs
82 Northampton Road	6	This is a specialist unit for children and young people with autism
The Squirrels	6	All 6 beds are allocated for children and young people presenting with complex disabilities with an associated learning disability or

		children and young people with complex and enduring health needs

There are currently up to 120 children accessing these services with the majority of children receiving between two to four overnight stays within a month. Each child and family will be subject to a full social care Single Assessment to provide the evidence and information required to support the need for an overnight short break for the family to support them in caring for their child.

3.2 Case for change

The current NHS provider uses a 'Safer Staffing' model that sets out the current staffing they feel is required for these children. This model determines that there should be a registered nurse on duty in every unit on every shift, 24 hours a day 7 days a week. Based on the analysis the CCGs have undertaken of the children accessing the units who have identified health needs, the CCGs feel this was perhaps an excessively clinical approach. The current children attending the service include:

- 12 with continuing care needs
- 20 with complex health needs
- 13 requiring everyday healthcare interventions which need to be met by an appropriately trained staff member
- 75 with social care needs

The CCGs wanted to explore and develop an alternative clinical model of care that would continue to safely meet the health needs of all children accessing residential short breaks within the county. There was a desire to explore opportunities to strengthen the whole continuum of health care within the community for children with complex health and continuing care needs. The CCGs also wanted an opportunity to explore with families the option of Personal Health Budgets to provide choice and flexibility in the way their child received a residential short break.

3.3 Scope and limitations of review

The CCGs have set out a model where they would fund the registered nurse input to support care planning and training of staff. This broadly equates to eight nurses, two

of which would be used for training in non-residential short breaks. This represents a reduction in nursing resource.

The panel understood that the residential short break provision was jointly commissioned in 2013 by the local authority and the CCGs set out in a Section 75 (s75) agreement with Northamptonshire County Council as the Lead Commissioner, and that Northamptonshire Healthcare NHS Foundation Trust was awarded the contract for a period of five years which ended in July 2018, and has been extended until the end of March 2019. However, the legal, procurement, and financial aspects of this proposal do not fall within the remit of the clinical senate.

4. Methodology and governance

4.1 Details of approach taken

The sponsoring organisation (Sian Heale, Children and Young People's Commissioning Manager) engaged with the Clinical Senate on 24th May 2018. It was agreed that a half day panel in Northamptonshire would be held on the afternoon of 10th September 2018. It was also agreed that a site visit to one of the Residential Short Break service units (John Greenwood Shipman Centre) on the morning of 10th September may be helpful for panel members to view the layout and speak to staff in order to have a greater awareness of the service and to be able to visualise it. Marie James, Service Manager CAMHS and LAC, Ofsted lead Short Breaks, and Sharon Robson, Head of Specialist Children's Services, showed panel members around the John Greenwood Shipman Centre between 10am and 11.30am.

Panel members were identified from the Clinical Senate Council and Assembly and a patient representative was also confirmed. The clinical senate did attempt to secure independent local authority input and representation on its panel through the regional Assistant Directors of Children's Services forum, although was unsuccessful due to people's prior commitments.

Dr Lucy Gavens, Specialty Registrar in Public Health and Clinical Senate Clinical Fellow, undertook research exploring how other areas deliver the health support for children accessing residential short breaks. The slides were shared in advance with the sponsoring organisation and the detail is provided below under the panel's findings.

A pre-panel teleconference was scheduled for 3rd September to review the supporting evidence. The clinical senate requested further information to be provided:

- For the bigger picture to be expanded upon (i.e. is the proposed new clinical model part of a more local and deeper nursing infrastructure)
- Are any of the children ventilated? (breakdown of healthcare needs of children/patient base)
- In terms of continuing care, when children are at home, do they have access to a nurse all of the time or is it trained carers?

- How many children end up in care/going out of county (does the CCG export any children)?
- Is there a feedback mechanism for patient, carer/family feedback and can any level of detail be provided?
- Are there any third sector providers in the county who specialise in providing such services?
- Confirmation of when the workshop examining the workforce requirements was completed and what is the current status of it

A draft report was sent to the panel members and the sponsoring organisation to check for matters of accuracy.

The final report was submitted to the Senate Council (and ratified on 27th September 2018).
This report was then submitted to the sponsoring organisation, Nene CCG, on 28th September 2018.

East Midlands Clinical Senate will publish this report on its website as agreed with Nene CCG in the Terms of Reference.

4.2 Documents used

The full list of documents provided by the sponsoring organisation can be found in Appendix B. The main submission included:

- Evidence submission for Clinical Senate (with source documents for more detail)
- Presentation slides (NHS Nene and Corby CCGs, Northamptonshire County Council and Northamptonshire Healthcare NHS Foundation Trust)

5. Key findings

The clinical review team confirmed that there is a lack of published evidence available regarding residential short breaks. The panel had considered in the round, the evidence base (published evidence), national guidelines, common practice (what happens elsewhere), what a model of care should look like, outcomes, and parent/carer/children's perspectives. It was discovered that the latter perspectives is really the only level of published evidence.

The research informed the panel that there is variation in models of provision and no information on outcomes. There is limited evidence, mostly focused on perspectives on an effective service and that there is an increasing number of children with increasingly complex needs. A range of guidance is available, which whilst not specific to RSB services, can help inform what an appropriate model of care might look like. Additionally, the Royal College of Nursing guidance document 'Meeting Health Needs in Educational and other Community Settings' A guide for nurses caring for Children and Young People, sets out in Appendix 1, an advisory list of clinical procedures that may be delegated to unregistered health and non-health support workers following a child-specific assessment of clinical risk and a robust governance framework. It also lists clinical procedures that should not be undertaken by unregistered health and non-health qualified carers and must only be undertaken by a Registered Nurse.

The current model was described to the panel and the challenges it presented. The panel were informed that whilst this is not in any way a qualitative reflection on the service, it was suggested to the panel that the current model does not always make for an efficient use of nurse time i.e. having 24 hour registered nursing presence on the site. It was suggested that there are days when there are only children on site with a minimal clinical need. There are more children in the community living longer with greater levels of complexity. The CCG is proposing to focus the nursing resource in a flexible way that maintains safety whilst meeting this greater level of need. The level of resource and support can be significantly less for vulnerable families that fall just below the criteria for access into residential short breaks.

It was explained to the panel that a community based nursing team would still offer up to 24 hour cover at the residential sites when a person with that level of need is

resident but who can also be available to offer support to those families at home. The proposal is to move away from a place-based model to a more flexible approach of having “the right skills in the right place at the right time”. It was advised that where care of a registered nurse is required this is provided regardless of whether the young person is at home, school or in the short breaks service as this is based upon an individual risk assessment.

The proposed clinical model of the future would be for a discreet team of nurses to ‘in reach’ into the units to provide:

- High quality, flexible and responsive nursing care, advice and support as and when required
- Clinical assessment of need and development of individual healthcare plans
- Clinical risk assessments that ensure health needs of children are safely met by skilled and trained staff
- Provision of 1:1 nursing care where the clinical risk assessment requires this
- Development of a competency training programme and role modelling
- Regular clinical supervision for staff
- On call nursing advice and support for staff 24 hours a day 7 days a week. Available for residential short breaks and for families at home
- Model would meet Ofsted requirements

The panel heard from Northamptonshire County Council (NCC) as the Lead Commissioner. The local authority holds the view that the proposed model (where no nurses are based in the building) would necessitate the need to return to separate Health and Social Care units and would be a retrograde step. The model presents a number of concerns for the local authority due to the rapid deterioration that can happen with children with complex health conditions, which may result in hospital admission if appropriately trained staff are not on site. The proposal to provide two band 5 nurses to in reach into the unit is considered problematic by the local authority due to inconsistency and lack of available staff, as well as parental loss of confidence in the service. The local authority proposed that this revised service model would put children at risk.

Similar concerns were heard from Northamptonshire Healthcare NHS Foundation Trust (NHFT) as the current provider, including their reluctance to return to a two-tier

service. NHFT's Short Breaks advised that their staffing establishment was set on the number of complex children and young people accessing the service. 24 hour nursing was considered an important component to care delivery and since commencement of the service, data has been continually reviewed to ensure that the staffing level reflects the need of the service including in its evidence base reference to a number of Datix[1] incident reports.

The panel heard from the CCG that the proposed nursing resource for the RSB service would form part of the wider integrated children's community nursing resource:

- 1 WTE Band 7 registered children's nurse (clinical leadership, supervision and oversight for nurses)
- 6 WTE Band 6 Practice Educators/Specialist Nurses (develop and deliver competency based training programme for all staff across whole of short break services alongside case management/co-ordination)
- 2 WTE band 5 nurses (support delivery of competency based training programme and provide 1:1 nursing care on site when clinical risk determines this is required)

Whilst the proposal mentioned registered children's nurses only, in the discussion with the panel, the skills in the learning disability nurses were recognised. The CCG confirmed that this resource would be an integrated team in terms of physical and mental health needs, and that children's nurses with a learning disability background would be the ideal model. The proposal would need to describe utilisation of the skills of the existing learning disabilities nurses, and the collaboration anticipated between nurses with complementary skills. Additionally, it would strengthen the CCG's proposal if the complexities were described in more detail to include what behavioural management or support might be required (for example, complexities of those who cannot share facilities with others or who require their own individual staffing).

The panel heard that if the age range (of children accessing RSB services) was to change, the service would see a decrease in numbers of children accessing the

[1] Datix produces web-based incident reporting and risk management software for healthcare organisations.

services (currently children and young people aged 0-18 years old access the RSB services).

The panel were provided with an externally facilitated staff review completed in November 2017, this in the panel's view failed to provide a meaningful appraisal.

The panel heard that the on-call advice and support needs further refinement, although it would likely be a phone call and an option for the nurse on-call to determine if they need to visually interact with the child in order to be able to best determine a course of action. The CCG explained that the majority of tasks can be delegated (as descried in the RCN document), and that it is recognised that a child may deteriorate and therefore it would be clear within any care plan that the units should call for an ambulance if at all concerned for a child's medical safety.

Finally, the panel were informed that all partners (CCGs, NHFT and NCC) were all thinking that the number of units would probably be reduced from three to two, as the bed occupancy shows them that this would be a more viable model.

6. Conclusions and advice

The panel recognised both the dilemma for the sponsoring organisation and that the RSB service is well received, based on the wealth of information submitted to the panel supported by professional opinion of NHFT and NCC. The clinical review team had also been shown around one of the units earlier in the day and considered it to be a welcoming and caring environment. The panel also felt that by commissioning the clinical senate to independently look at their proposed model of care when this was not in any way a formal requirement, did demonstrate to the panel that the CCGs do want to be assured that their proposed clinical model of care does meet the complex and continuing care needs of children accessing RSB services.

The panel concluded that they were not certain enough about the level of clinical need and complexity to be able to draw conclusions about the proposed staffing model, although the panel did advise on where it considered the clinical model needed to be strengthened. The panel were not clear about the proposed model in relation to the broader provision. It appeared to the panel that the CCG is taking a part of the service and remodelling it, and that the wider children's community nursing service and the RSB service may be independently changing. The panel advised that the RSB element should not be looked at in isolation.

The panel had not seen supporting information in a clear way, with regards to how the CCG commissions the capacity in its entirety to meet the requirements of children and young people with complex and continuing care health care needs. (For instance, what will activity and demand be; is it growing or reducing, are age thresholds changing or not, what is the current and future projected demand). Moreover, the panel queried whether the CCG had truly understood the cohort of children and young people accessing the RSB services.

The panel acknowledged that the model proposed by the CCG is in line with a number of other services, and that conceptually the in reach model was considered to be an acceptable model to put forward. The panel understood the principle behind Registered Nurse (RN) resource being utilised effectively. Whilst this is laudable, the panel were not convinced that the CCG truly understood this cohort of patients and their needs. This deficit was not filled by the current provider's supporting information to the panel.

In terms of the ask of the clinical review team, the panel did not feel that the proposed clinical model of care, on the basis of the information provided, offers safe and effective clinical oversight and governance, and the panel could not provide clinical assurance that the nursing resource proposed is sufficient to meet demand. This was because the level of need and complexity was not articulated to the clinical review team and where Registered Nurses would be required. How Registered Nurses would maintain their levels of competence in the situation of infrequent specialist interventions should be fully considered.

It was clear to the panel that the system will need to work together to understand any unintended consequences, and a collective endeavour is required to find the right services for children and young people in the county. The strain between partners was clearly evident during the review - whereas organisations have a clear collective endeavour to work together to provide the best possible services for patients.

The panel understood the possibility of care being delivered as an in reach model is already being delivered elsewhere in England. Although what (human) resources are required and where they will come from all needs to be understood otherwise there is a danger that services can become fractured. An understanding of nurse related tasks would be beneficial to make known immediate care (activity, function, and frequency), as this will determine whether they could be safely delivered by a registered health professional or supervised and training non registered carer. It would also be helpful to understand the acute urgent cases and whether withdrawal of on-site Registered Nurses would lead to an increase in hospital admissions or not and whether this clinical presence mitigates medical problems from escalating further and patients deteriorating. (It is recognised that there may be cases currently where children and young people need to be taken to hospital by ambulance and admitted).

The CCGs will need to develop their proposed on-call arrangements (criteria, safety netting, governance), and be able to describe the operational arrangements that would need to be put in place to manage the RSB service and level of governance, all of which would underpin any new clinical model of care.

Capacity and demand modelling would provide a much richer picture and baseline in order to develop a new clinical model of care, one that is truly integrated.

7. Recommendations

7.1.1 Recommendation 1

The panel was supportive of the in reach clinical model of care as a concept, and recommends that it should be further developed by the CCGs (and their system partners) in relation to broader children's provision.

7.1.2 Recommendation 2

The panel recommends that capacity and demand modelling is undertaken to understand activity and demand, whether it is growing or reducing, which will then inform how much capacity will need to be commissioned in its entirety to meet demand (ensuring that both level of physical and behavioural complexities and need is understood). The CCGs will also need to be more explicit about age thresholds.

7.1.3 Recommendation 3

The panel recommends that the CCGs re-engage with the current provider to jointly understand activity, function, and frequency, of nurse related tasks within the RSB, which would usefully inform any new clinical model of care going forward.

Appendix A: Clinical Review Panel Terms of Reference

CLINICAL REVIEW: TERMS OF REFERENCE

Title: Nene and Corby CCGs - Residential Short Break Service

Sponsoring Organisation: Nene CCG

Clinical Senate: East Midlands

NHS England regional or area team: Central Midlands

Terms of reference agreed by:

Name: E Orrock/J Attfield **on behalf of Clinical Senate and**

Name: S Heale **on behalf of sponsoring organisation**

Date: 22nd June 2018

Clinical review team members

Chair: Julie Attfield, Clinical Senate Vice-chair

Panel members:

Name	Role	Organisation
Mandy Rudczenko	Patient Representative	Senate Council
Dr Lucy Gavens	Specialty Registrar in Public Health	Clinical Senate – Clinical Fellow
Dr Jo Jones	Associate Postgraduate Dean team	Health Education England
Jo Watson	Lead Nurse	Derbyshire Children's Hospital
Julia Skelding	Clinical Nurse Practitioner	Nottinghamshire Healthcare Trust
Simon Hardcastle	Divisional Head of Nursing	Kettering General

	Paediatrics and Neonates	Hospital NHS Foundation Trust
Sam Little	Lead Commissioner Children and Families	Leicester City Clinical Commissioning Group
Dr Sheila Marriott	Regional Director	RCN East Midlands
Dr Jaspreet Phull	Clinical Director Consultant Forensic Psychiatrist Honorary Senior Lecturer	Lincolnshire Partnership NHS Foundation Trust University of Lincoln

Aims and objectives of the clinical review

A new model of care has been developed to meet the health needs of disabled children accessing residential short break services within Northamptonshire.

This model of care has been informed from the outputs of a workshop held with stakeholders and commissioners on the 24th November 2017 to examine the workforce required to support children with complex health and /or continuing needs to access a range of short break services safely.

CCGs have a commissioning responsibility in relation to children eligible for Continuing Care who access the residential short break services within the county. The existing service is currently delivered by the local community NHS Provider which provides the nursing resource using a 'Safer Staffing' model. The question to be addressed by the Clinical Senate is whether the proposed model of care provides effective clinical oversight and governance and safely meets the needs of children with complex and continuing care needs that access residential short breaks within Northamptonshire.

The CCGs are seeking guidance and clinical assurance (or to advise if this is not the case) from the Clinical Senate to ensure the new model of care provides enough nursing resource to deliver the clinical oversight and support for the staff within the units, (including their training and development) in order for them to meet the specific health needs of each child, enable them to deliver the delegated healthcare tasks

required to do this and to make the right decisions around the care of these children within a 24 hour period.

Scope of the review

The CCGs have set out a model whereby they would fund the registered nurse input to support care planning and training of staff (which is how health need is met in Special Schools). There would also be an on-call service to provide nursing support. This broadly equates to 8 nurses – two of which would be used for training in non-Residential Short Breaks. The CCGs envisage this all being managed as one offer and part of the wider children's integrated community nursing service. This does represent a reduction in nursing resource.

When reviewing the case for change and options appraisal the Clinical Review Panel should consider (but is not limited to) the following questions:

- Will these proposals deliver real benefits to patients (access/clinical outcomes/quality[2])? For example, do the proposals reflect:
    - The rights and pledges in the NHS Constitution?
    - The goals of the NHS Outcomes Framework?
    - Up to date clinical guidelines and national and international best practice e.g. Royal College reports *(i.e. RCN Meeting Health Needs in Educational and other Community Settings)*?
- Is there evidence that the proposals will improve the quality, safety and sustainability of care? For example:
    - Do the proposals align with local joint strategic needs assessments, commissioning plans and joint health and wellbeing strategies?
    - Does the options appraisal consider a networked approach - cooperation and collaboration with other sites and/or organisations?
    - Is there a clinical risk analysis of the proposals, and is there a plan to mitigate identified risks?
- Do the proposals meet the current and future healthcare needs of their

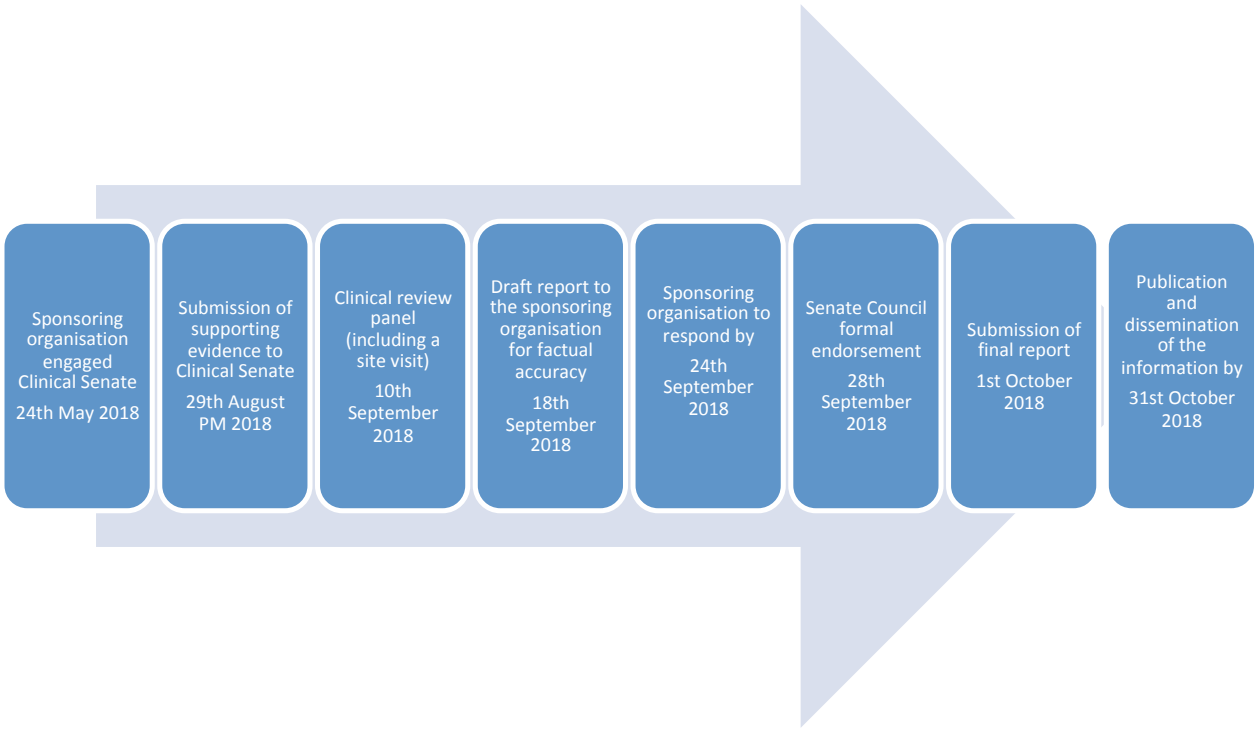
[2] Quality (safety, clinical effectiveness and patient experience)

patients?

- Do the proposals demonstrate good alignment with the development of other health and care services?
- Do the proposals support better integration of services?
- Do the proposals consider issues of patient access and transport? Is a potential increase in travel times for patients outweighed by the clinical benefits?
- Will the proposals help to reduce health inequalities?

The Clinical Review Panel should assess the strength of the evidence base of the case for change and proposed models. Where the evidence base is weak then clinical consensus, using a voting system if required, will be used to reach agreement. The Clinical Senate Review should indicate whether recommendations are based on high quality clinical evidence e.g. meta-analysis of randomised controlled clinical trials or clinical consensus e.g. Royal College guidance, expert opinion.

Timeline



Reporting arrangements

The clinical review team will report to the clinical senate council which will agree the report and be accountable for the advice contained in the final report.

Clinical Senate Council will report to the sponsoring organisation and this clinical advice may be considered as part of the NHS England assurance process for service change proposals.

Methodology

The sponsoring organisation has agreed to collate and provide the following supporting evidence:

- Case for change and a summary of the current position and proposed alternative service/care model
- Impact of withdrawing/reconfiguring services, including risk register and mitigations
- How proposals reflect clinical guidelines and best practice, the goals of the NHS Outcomes Framework and Constitution
- Alignment with local authority joint strategic needs assessments and a narrative around health inequalities and demographics
- Evidence of alignment with STP plans, or evidence that senior agreement underpins the request if it is not currently a STP priority
- Evidence of how any proposals meet future healthcare needs, including activity modelling, pathways, and patient flows
- Demonstrate how patient access and transport will be addressed
- Consideration to a networked approach
- Education and training requirements
- Implications on workforce (to be able to demonstrate alignment to new ways of working, and to describe how the future workforce will look to support any new models of care/reconfiguration proposed)
- Implications for the workforce (to describe how the workforce will be engaged, supported and motivated to work in new ways and in new places that support any new models of care/reconfiguration proposed)
- Implications for the clinical support services and those staff (e.g. clinical engineering, radiology, pharmacy)

The sponsoring organisation will facilitate a site visit to John Greenwood Shipman (one of the Residential Short Break units) on the morning of the clinical review panel (10th September) for members of the clinical review team.

Report

A draft clinical senate report will be circulated within 6 working days of the final meeting - to team members for comments, to the sponsoring organisation for fact checking.

Comments/ corrections must be received within a further 4 working days.

The final report will be submitted to the sponsoring organisation by 1st October 2018.

Communication and media handling

The Clinical Senate will publish the final report on its website once it has been agreed with the sponsoring organisation. The sponsoring organisation is responsible for responding to media interest once in the public domain.

Resources

The East Midlands clinical senate will provide administrative support to the review team, including setting up the meetings, taking minutes and other duties as appropriate.

The clinical review team will undertake research around exploring how other areas deliver the health support for children accessing residential short breaks.

The clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

Accountability and Governance

The clinical review team is part of the East Midlands Clinical Senate's accountability and governance structure.

The East Midlands clinical senate is a non-statutory advisory body and will submit the report to the sponsoring organisation.

The sponsoring organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing with their proposals.

Functions, responsibilities and roles

The **sponsoring organisation** will

- provide the clinical review panel with all relevant background and current information, identifying relevant best practice and guidance. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and projection, evidence of alignment with national, regional and local strategies and guidance (e.g. NHS Constitution and outcomes framework, Joint Strategic Needs Assessments, CCG two and five year plans and commissioning intentions)
- respond within the agreed timescale to the draft report on matters of factual inaccuracy
- undertake not to attempt to unduly influence any members of the clinical review team during the review
- submit the final report to NHS England for inclusion in its formal service change assurance process
- arrange and bear the cost of suitable accommodation (as advised by the Clinical Senate office) for the panel and any panel members

Clinical senate council and the sponsoring organisation will

- agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements

Clinical senate council will

- appoint a clinical review team; this may be formed by members of the senate, external experts, or others with relevant expertise. It will appoint a chair or lead member
- endorse the terms of reference, timetable and methodology for the review
- endorse the review recommendations and report and
- provide suitable support to the team

Clinical review team will

- undertake its review in line with the methodology agreed in the terms of reference
- follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies
- submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council
- keep accurate notes of meetings

Clinical review team members will undertake to

- Commit fully to the review and attend all briefings, meetings, interviews, panels etc. that are part of the review (as defined in methodology)
- contribute fully to the process and review report
- ensure that the report accurately represents the consensus of opinion of the clinical review team
- comply with a confidentiality agreement and not discuss the scope of the review or the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare, to the chair or lead member of the clinical review team and the clinical senate manager, any conflict of interest prior to the start of the review and /or which may materialise during the review

Appendix B: Summary of documents provided by the sponsoring organisation as evidence to the panel

- Clinical Assurance Evidence Pack
- Statement of Purpose John Greenwood Shipman Centre
- Statement of Purpose The Squirrels
- Statement of Purpose 82 Northampton Road
- Report completed by Alison Shipley Assistant Director for Vulnerable Children and Young People
- Response from Northamptonshire Healthcare NHS Foundation Trust
- Outputs from a workshop examining the workforce required to provide care for children who need 'short residential breaks'
- Models of care for delivering health support into Residential Short Break services for children
- Analysis of continuing care and complex children and young people who access the services in Northamptonshire
- Safer Staffing Requirement in Short Breaks (Northamptonshire Healthcare NHS Foundation Trust)
- Safer Staffing Requirement in Short Breaks – Additional Points (Northamptonshire Healthcare NHS Foundation Trust)
- Department for Education Guide to the Children's Homes Regulations including the quality standards April 2015
- John Greenwood Shipman Centre Children's homes – Interim inspection (Ofsted)
- Care Quality Commission Inspection Report December 2013
- Royal College of Nursing Defining staffing levels for children and young people's services RCN standards for clinical professionals and service managers
- NHS England Integrated Personal Commissioning Delegation of healthcare tasks to personal assistants within personal health budgets and Integrated Personal Commissioning
- Royal College of Nursing Meeting Health Needs in Educational and other Community Settings A guide for nurses caring for Children and Young People

- Children's and Families' Services SCIE Guide 25 Having a break: good practice in short breaks for families with children who have complex health needs and disabilities
- NHS England Guidance for health services for children and young people with Special Educational Needs and Disability (SEND)
- NHS England Commissioning for transition to adult services for young people with Special Educational Needs and Disability (SEND)
- Northamptonshire Strategy for Children and Young People 0-25 years with Special Educational Needs and Disability (SEND) 2017-2020
- Children With Disabilities JSNA
- Child1 through to Child 7 Assessing Nursing Needs in School tool Nursing Advice for a Child's EHCP Commissioning & Workforce Planning tool
- Procedure for Referral and Admission to Specialist Health Short Term Care Services (Northamptonshire Healthcare NHS Foundation Trust)
- Special School Nursing Assessing Nursing Needs in School tool (Sussex Community NHS Foundation Trust)
- Strategic Outline Case Children and Young People's Integrated Care in Northamptonshire June 2018
- Draft Outcomes Framework – Adapted from "Short Breaks for Disabled Children Service Specification 2014-2018" Surrey County Council
- Quality and Equality Integrated Impact Assessment Tool

In addition:

- Dr Lucy Gavens submitted presentation slides to the clinical review team on her research findings
- Dr Jo Jones submitted Royal College of Psychiatrists (CR200) Psychiatric services for young people with intellectual disabilities (August 2016)
- Dr Jaspreet Phull submitted the Healthy London Partnership document Out-of-hospital care standards for London's children and young people November 2016

Appendix C: Clinical review team members and their biographies, and any conflicts of interest

Name	Role	Organisation	Conflict of interest
Dr Julie Attfield	Executive Director of Nursing	Nottinghamshire Healthcare NHS Trust	None
Mandy Rudczenko	Patient Representative	Senate Council	None
Dr Lucy Gavens	Specialty Registrar in Public Health	Clinical Senate – Clinical Fellow	None
Dr Jo Jones	Associate Postgraduate Dean	Health Education England	None
Jo Watson	Lead Nurse	Derbyshire Children's Hospital	None
Sam Little	Lead Commissioner Children and Families	Leicester City Clinical Commissioning Group	None
Dr Sheila Marriott	Regional Director	RCN East Midlands	None
Dr Jaspreet Phull	Consultant Forensic Psychiatrist	Lincolnshire Partnership NHS Foundation Trust	None

Clinical Senate Support Team

Ms Emma Orrock – Head of East Midlands Clinical Senate, NHS England

Ms Alyson Evans – Clinical Senate Support Manager, NHS England

Biographies

Dr Julie Attfield RMN, BSc (Hons), MSc, PhD
Executive Director of Nursing
Nottinghamshire Healthcare NHS Trust

Julie is the Executive Director of Nursing for Nottinghamshire Healthcare NHS Foundation Trust. The Trust is a major provider of mental health, intellectual disability and community healthcare services for the people of Nottinghamshire. It sees in the region of 190,000 people every year and its 8,800 staff carry out a wide range of roles; working together to provide integrated and coordinated care. Julie began her career as a Registered Mental Health Nurse, and has since worked as a clinician, senior manager and director within mental health services in the East Midlands.

Between these appointments, Julie spent time as a lecturer in Nursing at the University of Nottingham, before returning to the NHS. Julie's role prior to taking up this position was Director of Nursing and Operations at Lincolnshire Partnership NHS Foundation Trust and the Executive Director of Forensic Services in the Trust. Julie has made a number of professional contributions and gained accolades including holding the title of Queen's Nurse, being a Senior Fellow of the Institute of Mental Health and company secretary for the National Mental Health Nurse Directors Forum. Julie is professionally known particularly for her research into the use of care pathways in mental health, service redesign, quality improvement and governance.

Mandy Rudczenko
Patient representative

A former mental health nurse and adult education tutor, Mandy has been helping her son to manage his Cystic Fibrosis for the past 17 years. She first became involved in Patient and Public Involvement work as a lay member on a Clinical Reference Group for Cystic Fibrosis. Over the past 4 years Mandy has become an active campaigner for the co-production of health and social care services, person-centred care, shared decision making, and self-management of long term conditions.

As a member of the Co-Production Team with the Coalition for Collaborative Care, Mandy has contributed to the design and co-production of many projects, including The Reading Well scheme. Mandy has also served as an Expert by Experience on NHS England's Five Year Forward View People and Communities Board, helping to

co-design the ‘six principles for engaging people and communities’. Mandy is an active member of The Q Community (The Health Foundation). Her work has included co-convening the Special Interest Group in Coproduction, contributing to the QLab project on Peer Support; chairing tweet chats. As a member of the East Midlands Patient and Public Involvement Senate, Mandy has co-designed and delivered training in Coproduction. She is also a public contributor on a research panel with the National Institute for Health Research.

Dr Lucy Gavens

Lucy is a Specialty Registrar in Public Health with over 10 years’ experience in Public Health Research and Practice.

Lucy’s expertise is in assessing the health and healthcare needs of populations and developing strategies to meet those needs. Lucy works with stakeholders across a number of organisations including Local Authorities, Public Health England, NHS Commissioners, NHS Providers, and the Community and Voluntary Sector, to advise on and influence the commissioning and delivery of a range of public health and healthcare services. Lucy operates across a broad range of Public Health priority areas; her specialist interests are in the fields of substance misuse and physical activity.

Lucy has considerable research experience, having worked on a range of quantitative and qualitative research projects in the field of substance misuse at the University of Sheffield. Lucy has a PhD in Public Health, completed in 2013, during which she examined psychological theories of health behaviour with reference to alcohol consumption in older adults.

Dr Jo Jones

Jo is Associate Postgraduate Dean in Health Education England and a Consultant in the Psychiatry of Intellectual Disabilities in Nottinghamshire Healthcare NHS Foundation Trust. Jo came to Nottingham to work and train in Psychiatry in 1983, specialising in what was then termed Mental Handicap in 1987, becoming Consultant in 1993.

Throughout her career, Jo has undertaken additional leadership roles across the specialty and postgraduate medical education. This included the Regional LD

Consultants group, and Chair of the LD Faculty Education and Curriculum Committee of the Royal College of Psychiatrists until 2007- a time of major curricular change. In this latter role she convened College visits to training programmes in services across England and Wales.

Clinically, Jo has worked across ID in adults: in-patient and community, and active liaison with Community Paediatricians in local special schools, to facilitate transition. She has worked in the Nottingham City Asperger Service (for adults without an ID) since its inception in 2009. Jo recently worked in a new service for ASD/ ID in Offender Health. Jo has published and presented papers with academic colleagues in both medical education and ID.
In postgraduate medical education, Jo started work for the Postgraduate Dean as Flexible Training Adviser in 1994, becoming Associate Postgraduate Dean in 2000. Her current role in HEE locally is as Lead Associate Dean for the Professional Support Unit.

Jo Watson
Jo is a children's nurse with over 20 years' experience working with children and young people.

Jo has experience of working in a number of different areas across both acute and community sectors. Jo spent a significant period working at Birmingham Children's Hospital as Deputy Head of Nursing where she developed a number of new services including a Hospital at Home team and a regional long term ventilation team. Jo is now Lead Nurse for Paediatrics at the University Hospitals of Derby and Burton and is now overseeing the recent merger of both trusts within all children's areas.

Jo completed her first Masters at the University of Manchester in Advancing Nursing Practice in 2012. Since then she has completed a Post Graduate Certificate in Strategic Workforce Planning and is currently completing a further Masters in NHS Leadership at the University of Birmingham on the Elizabeth Garrett Anderson Programme, with the NHS Leadership Academy.

Samantha Little RN (child) DipHE EBB 998, 415. BA Hons Nursing
Lead Commissioner for Children and Families
Samantha has 25 years' experience with children's nursing work in acute, community and commissioning environments. Sam's background is complex respiratory, ITU and home ventilation. Sam has experience of continuing and complex care assessment and care package delivery for children, young people and their families with both physical and emotional health concerns.

Sam's commissioning role focuses on delivery of clinical pathways, strategic planning, quality assurance and contractual delivery across health, education and local authority. Sam's main profile areas include SEND, YOS, Transforming Care, acute and community health provider pathways.

Dr Sheila Marriott Dman MSc MA RSCN RGN
Regional Director, RCN East Midlands
Having qualified in Children and Adult Nursing in Sheffield, Sheila pursued a clinical career for twelve years, moving into management before becoming the Director of Nursing at Birmingham Children's Hospital. She then held director positions at Regional Office and Strategic Health Authority levels before leaving to run her own healthcare consultancy business. During this time she worked with clinical and managerial staff on organisational change, and studied for a Doctorate of Management at Hertfordshire University. She is now the Regional Director for the Royal College of Nursing (RCN) in the East Midlands, which represents nursing and nurses, and shapes healthcare policies. Sheila is a board member of the Healthcare Quality Improvement Partnership (HQIP), established to promote quality in health and social care to increase the impact of clinical audit.

Dr Jaspreet Singh Phull
Jaspreet is a consultant forensic psychiatrist, honorary senior lecturer and clinical director based at LPFT NHS Trust. Jaspreet has been involved in authoring National CCQI Royal College of Psychiatrists quality standards; has published a number of articles on service improvement in peer reviewed journals and a book on diagnosis in mental health.

Locally, Jaspreet has been involved in developing new clinical services, clinical pathways, quality improvement practice and new digital healthcare approaches using technology and apps.