

Pilgrim Hospital Paediatric Service



OUTSTANDING CARE
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- Children's (paediatric) services at Pilgrim Hospital in Boston have faced a number of challenges in recent years, with significant medical and nursing staffing vacancies.
- In August 2018 this culminated in the service model being adapted from a children's inpatient ward to a 12-hour Paediatric Assessment Unit, with children requiring a longer length of stay generally being transferred to Lincoln hospital for part of their care.
- Over the past four years, in response to patient and clinician feedback, the model has been developed into one that enables almost every child or young person to receive all of their care at Pilgrim hospital, without the need to transfer to other hospitals.
- Having stabilised the service at Pilgrim we are now hoping to make the current model a permanent arrangement, which will give certainty around the long term future of the service, help with staff recruitment and also ensure ongoing support for Boston-area children and their families.

We now want to hear from you about your views around this proposed change



In early 2018, significant safety concerns were raised about the paediatric service at Pilgrim Hospital, Boston, relating to a shortage of medical staff within the service and subsequent withdrawal of Tier 1 and 2 medical trainees.

This resulted in the ULHT Trust Board agreeing an interim model for the delivery of paediatric inpatient services at the hospital, which was introduced in August 2018. This created a 24/7 Paediatric Assessment Unit (PAU) supported by:

- An agreement to assess and discharge (or transfer) all children presenting at Boston hospital within a 12-hour time frame.
- Children requiring longer inpatient periods being transferred to Rainforest Ward at Lincoln County Hospital or other hospitals.
- A private ambulance being commissioned to provide this transfer service, although the ambulance was unable to transfer sicker/unstable children when East Midlands Ambulance Service (EMAS) services were then required.



By the Spring of 2019, it was clear that operationally the unit did/could not strictly adhere to the described 12-hour PAU model with:

- An inability to safely transfer some of the sickest children between hospital sites, with a longer than 12 hour period of treatment therefore being required;
- The rapid discharge of some children at Lincoln following transfer, resulting in an increasing number of families refusing transfer to Lincoln.

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In June 2019, the service was inspected by the CQC, and it was apparent to inspectors that the service was not observing the planned 12-hour PAU model. At that point we acknowledged that the 12-hour length of stay could not be delivered for all patients.

A more sustainable longer-term model of care has now been actively developed alongside successful recruitment into the medical team and development of a more sustainable nurse staffing model. This development has notably involved service user families, and engagement with representatives of the local population, to ensure their needs are met.



In Autumn 2019, the ULHT Family Health Division worked with clinicians to agree changes to the way the service would be delivered, taking account of clinical need and the safest form of service delivery.

This change meant that for many children, a length of stay of 24 hours allowed for assessment and treatment without transfer, and for children with more complex presentations it would be safest for them to remain at Boston, often to be discharged within a further 24 hours.

This model was tested and resulted in positive medical recruitment, and gave confidence to Health Education East Midlands, who agreed the return of Tier One medical placements in August 2021.



The model of care has further evolved since then. The unit now:

- Retains a rapid assessment and discharge profile
- Allows for a small number of patients to remain longer on the ward, when clinically necessary
- The reduced length of stay has resulted in very few children needing to transfer from the hospital, with the exception of those children following specific specialist pathways (which was always the case)



Over the last five years, the Family Health Division has participated in a number of discussions with representatives of the community served by Pilgrim hospital, to discuss the developing models of care. Their honest feedback on experiences in hospital was extremely helpful in allowing us to develop an appropriate service model.

They have engaged with the below groups:

- SOS Pilgrim
- Lincolnshire Health Overview and Scrutiny Committee (HSC)
- Lincolnshire Healthy Conversation
- Lincolnshire Children and Young People's Transformation Board

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The development of the model has included engagement with affected health professionals and a staff survey.

The team are also now securing real time patient/parent service feedback at point of discharge. The specific detail of this feedback will feature on the 'You said, we did' information boards in our paediatric environments as well as informing future social media activity.

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