Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	**East Lindsey District Council**	**City of Lincoln Council**	**Lincolnshire County Council**
North Kesteven District Council	**South Holland District Council**	**South Kesteven District Council**	**West Lindsey District Council**

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 June 2021**
Subject:	**Update on Pilgrim Hospital, Boston, Paediatric Service**

Summary:

This report provides an update on the current model of the paediatric service at Pilgrim Hospital, Boston, at the hospital and the performance of this model. The report seeks to outline recent changes to the model during the Covid-19 pandemic, which have enabled a longer length of stay for children and young people using the Paediatric Assessment Unit (PAU), further reducing the number of required transfers to Lincoln County Hospital, and seeks feedback from the Committee on this model.

The current service model sees the PAU operating with a 24 hour maximum length of stay for all patients, which in 2019/20 resulted in only 36 children and young people needing to be transferred to Lincoln hospital for ongoing care (others will also have transferred to tertiary centres for clinical reasons, as previously).

This means that the children and young people served by Pilgrim Hospital are practically all receiving their care at that hospital, but enjoying the benefits of the assessment unit ethos to minimise their hospital stay.

The paper outlines the extensive patient and public engagement that has taken place in the development of the model, and the Trust would recommend further engagement is carried out to make the model into a more long-term arrangement.

Representatives from United Lincolnshire Hospitals NHS Trust to present this item are expected include: Mark Brassington, Deputy Chief Executive, and Simon Hallion, Divisional Manager, Family Health Division.

Actions Requested:

(1) To note the report on the development of the paediatric service at Pilgrim hospital over the last three years.

(2) Taking into account extensive public engagement and involvement carried out on the service developments to date, to provide guidance on the level of public engagement which the Committee feels is required to make the current service model into a more permanent arrangement.

1. Background

United Lincolnshire Hospitals NHS Trust (ULHT) Board agreed an interim model for the delivery of paediatric inpatient services at Pilgrim Hospital (PHB), which was introduced in August 2018. The interim model, agreed nationally, regionally and locally within the system and extensively engaged upon, was a response to safety concerns at that time in relation to challenges in both medical and nursing staffing.

An initial consideration had been for the unit to only remain open for twelve hours each day. However this was not supported by an external review by the Royal College of Paediatrics and Child Health (August 2018), which noted the specific needs of the local community, and its indicators of deprivation.

The actual model agreed sought to assess and discharge all children presenting at Boston within a twelve-hour time frame, with children requiring longer inpatient periods transferred to Rainforest Ward at Lincoln County Hospital. A private ambulance was commissioned to provide this transfer service, although the ambulance was unable to transfer sicker/unstable children.

By the Spring of 2019, operational delivery of the PAU did not strictly adhere to the described twelve-hour PAU model. The absence of an immediate High Dependency Unit-level ambulance transfer service meant that sicker (non-intensive care) children needed to receive the early phase of their care at PHB, and an increasing number of families began to refuse transfer to Lincoln in situations where they did not see a clinical need to leave site. This “parental choice” group was responding to personal experience (or close family/friend experience) of a high proportion of transfers resulting in assessment with immediate discharge.

Over the intervening two-year period, a more sustainable longer-term model of care has been actively developed alongside successful recruitment into both the medical and nursing teams.

The ULHT Trust Board has therefore supported a revised interim model for paediatric care at Pilgrim hospital, moving the service towards a Short Stay Paediatric Assessment Unit, with an average length of stay below 24 hours. The remit of this unit will be to deliver both an assessment and short term observation function, with the option of some children with defined care plans (outlined in the attached paper) remaining on the unit beyond 48 hours.

The clinical teams believe that the described model delivers a (short stay) PAU that reflects national best practice, using early decision-making processes to actively assess, treat and discharge patients to avoid the need for a traditional in-patient ward approach. It enables most children and young people to receive their full care needs at Pilgrim hospital.

The Trust would now like to move forward to make this arrangement more permanent, and is seeking Health Scrutiny Committee input to the level of public engagement required to make this change, for the benefit of Lincolnshire patients.

2. Consultation

General patient and public engagement has been ongoing around the Pilgrim paediatric service over the past three years, including extensive patient involvement in adjustments to the service offer to reflect local need.

The Health Overview and Scrutiny Committee has been a central part of much of the engagement to date, and the committee's views are sought around the appropriateness of future engagement.

3. Conclusion

The Committee is requested to note the report on the development of the paediatric service at Pilgrim hospital over the last three years. Taking into account extensive public engagement and involvement carried out on the service developments to date, the Committee is asked to provide guidance on the level of public engagement it feels is required to make the current service model into a more permanent arrangement.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Pilgrim PAU model June 2021

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Hallion, ULHT Managing Director for Family Health, who can be contacted via simon.hallion@ulh.nhs.uk

APPENDIX A

Family Health Division

Children & Young People Clinical Business Unit

Proposal for the Next stage development of the Paediatric Assessment Unit Model at Pilgrim Hospital Boston

May 2021

Background & Overview

ULHT Board agreed an interim model for the delivery of paediatric inpatient services at Pilgrim Hospital (PHB) which was introduced in August 2018. The interim model, agreed with the system, was a response to safety concerns at that time in relation to challenges in both Medical and Nursing staffing, and the resultant Health Education East Midlands removal of Tier One and Two trainees from full time duties at the site.

The initial interim model delivered a 24/7 children's environment where the focus of staffing was around the core daytime / early evening activities, anticipating reduced staffing overnight for any child who could not quickly be discharged. This 24/7 model was necessary to support both the unselected Emergency Department and Maternity Service, with its access to the Special Care Bay Unit. An initial consideration had been for the unit to only remain open for twelve hours each day, however this was not supported by an external review by the Royal College of Paediatrics and Child Health (August 2018), noting the specific needs of the local community, and its indicators of deprivation. The actual model agreed sought to assess and discharge all children presenting at Boston within a twelve-hour time frame, with children requiring longer inpatient periods transferred to Rainforest Ward at Lincoln County Hospital. A private ambulance was commissioned to provide this transfer service, although the ambulance was unable to transfer sicker/unstable children.

It is worth noting that the descriptor of the 'twelve-hour' model has caused a significant level of anxiety within the local community, particularly for those who believed that the unit was only physically open for twelve hours each day. As indicated, that suggestion to address the immediate need was never implemented, and a 24/7 offer has always been in place.

By the Spring of 2019 operational delivery of the PHB PAU did not strictly adhere to the described twelve-hour PAU model. The absence of an immediate HDU-level ambulance transfer service meant that sicker (non-intensive care) children needed to receive the early phase of their care at PHB, and an increasing number of families began to refuse transfer to Lincoln in situations where they did not see a clinical need to leave site. This "parental choice" group was responding to personal experience (or close family/friend experience) of a high proportion of transfers resulting in assessment with immediate discharge.

By the time of the Care Quality Commission (CQC) inspection of paediatric services in June 2019 it was apparent to inspectors that the service was not observing the full twelve-hour PAU model and, in the absence of an agreed alternative model, the CQC formally observed that the service was working counter to the principle of transfer at 12 hours. The Division has been open, since commencement of the Trust Operating Model, that the twelve-hour length of stay was not able to be delivered for all patients – reflecting the limitations on ambulance service and the patient choice dynamic.

Over the intervening two-year period, a more sustainable longer-term model of care has been actively developed alongside successful recruitment into both the Medical and Nursing Teams. The Family Health Division, in the autumn of 2019, issued the clinical team with a formal agreement on the circumstances in which they were supported in keeping patients beyond a twelve hour length of stay. As a result of these developments (which are recognised to have delivered service stability) Health Education East Midlands have now agreed that our tier one medical placements will recommence on a full time basis in August 2021 (subject to introduction of an innovative package of time with other professional groups, and a one-year review to show successful programme delivery).

An overview of the development and proposals for this modernised approach for Paediatric Services at Pilgrim Hospital is captured in Appendix One (attached) previously agreed as a sensible direction of travel with the Executive Leadership Team.

Trust Board are today asked to consider its support for the revised interim model for Paediatric care at Pilgrim Hospital, moving the service towards a Short Stay Paediatric Assessment Unit, with an average length of stay below 24 hours. The remit of this unit will be to deliver both an assessment and short term observation function, with the option of some children with defined care plans (outlined in the attached paper) remaining on the unit beyond 48 hours.
The Division, and clinical teams, believe that the described model delivers a (Short Stay) PAU that reflects national best practice, using early decision-making processes to actively assess, treat and discharge patients to avoid the need for a traditional in-patient ward approach. It enables most children and young people to receive their full care needs at PHB and safely supports the operation of an un-selective Emergency Department in that hospital (Acute Services Review goal). Our successful recruitment has been positively impacted by an ability to describe a modern model of urgent care delivery for children that is exciting for medical and nursing staff (the twelve-hour model did not support recruitment).

Alongside the evolution of the Pilgrim PAU model, the Children & Young People CBU has been working to develop a PAU function at Lincoln delivering out of the Safari Unit which became operational as part of the Trust winter planning in November 2020 (pilot to test model). The longer-term ambition for this model reflects the NHS England and NHS Improvement priority of ‘reducing variation’ in service and pathway delivery, by delivering trust wide Paediatric Emergency Assessment processes.

Activity Overview

The role and function of the Short Stay Paediatric Assessment Unit has within its objectives the need to actively pull children from the Emergency Department (when clinically appropriate), to take appropriate direct GP referrals and to assess, stabilise and treat for a safe discharge in a timely manner from the SSPAU.

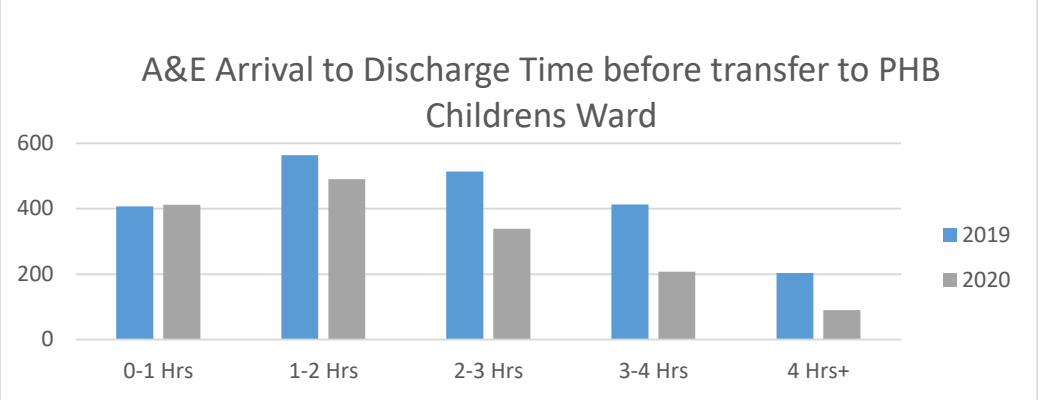
To measure success, length of stay in both the Emergency Department and SSPAU are reported.

Transfer from the Emergency Department

The reported data shows an improved position in relation to the length of time children are remaining within the Emergency Department as the new SSPAU model has begun to fully embed.

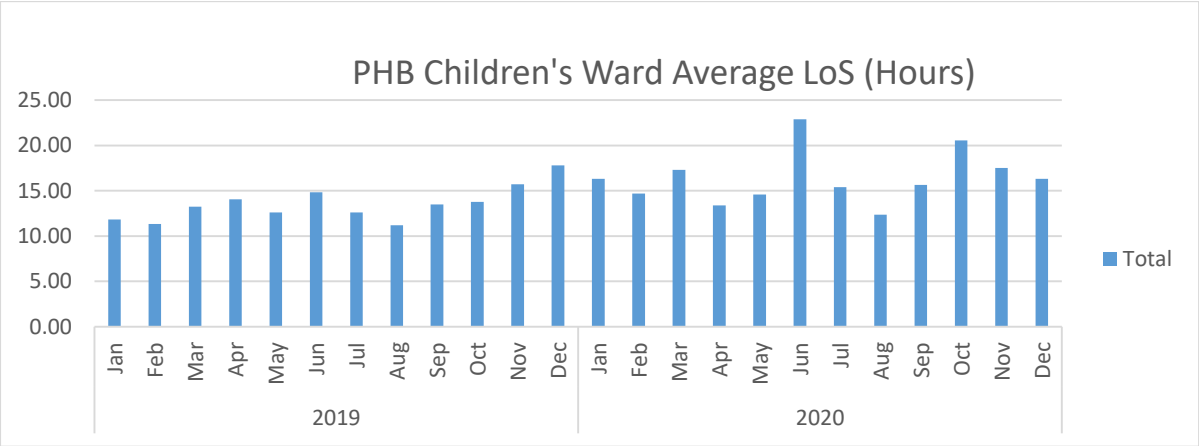
In 2020, 58.7% of children requiring transfer to the SSPAU were moved there from Emergency Department within the first two hours of their pathway. This compares to 46.2% in the previous year. Whilst a number of children are remaining in the Emergency Department beyond four hours, this figure has reduced to under 6% in the last twelve months (9.7% in previous year).

	Children's Ward Start Date		
A&E Arrival to Discharge Time	2019	2020	Grand Total
0-1 Hrs	407 (19.4%)	412 (26.8%)	819
1-2 Hrs	563 (26.8%)	490 (31.9%)	1053
2-3 Hrs	513 (24.4%)	338 (22.0%)	851
3-4 Hrs	413 (19.7%)	207 (13.4%)	620
4 Hrs+	203 (9.7%)	90 (5.9%)	293
Grand Total	**2099**	**1537**	**3636**



SSPAU Length of Stay

During 2019, excluding the winter period (Nov to Jan) the average length of stay in the Unit sat below 15 hours' duration. Lengths of stays in the winter will always be impacted by children with respiratory illness, and one of the challenges of the initial model was that it masked the inability to transfer such children by declaring the twelve-hour maximum length of stay. The revised model is explicit in describing the circumstances in which patients may need to remain at PHB and reassures that pathways, staffing and decision-making are focussed on safe management of these exceptions. With the onset of the Covid-19 pandemic the Trust took the view that patient transfers needed to be minimised as part of the management of Infection Prevention and Control. As a result, patients will by necessity have stayed for longer periods of time in the PHB SSPAU, however the monthly average length of stay has still not exceeded 24 hours, and only in two months exceeding 20 hours.



Staffing Position

Since production of the attached update paper (August 2020) the overall staffing position for the Boston SSPAU model has further improved:

- Consultants: working to a 1:8 rota with six substantive, one temporary contract (retired and returned) and one NHS locum in place. Plans for further recruitment in development, including support for internal progression from our Tier Two. Hot week Consultant rota continues to offer on-site care through to 10pm introduced to strengthen decision making and support incoming locum middle grade doctors.

- Middle Grade: working to a 1:8 rota with one recent vacancy out to advert. This tier is supported by MTI training roles, but with no rotational trainees from the deanery.

- Junior Tier: approval for full time return of five Health Education East Midlands training posts from August 2021 (one year evaluated trial) with three substantive non-training posts filled to support a 1:8 rota. One Advanced Practice Nurse Prescriber trainee progressing to full qualification in June 2020 to further strengthen the rota.

- Nursing: Review of required nursing for a twelve bed emergency pathway unit, with four day-case / escalation beds has reduced the required staffing for a full 19 bed ward, and the team is fully established, with existing Band 4 staffing supported to attend degree nurse training in the coming year as part of succession planning.

Agreement from Health Education East Midlands for return of junior tier doctors linked to planned innovative package of training with all participants undertaking periods of time with CAMHS, Therapies and Community Nursing/Paediatrics in line with new national training vision. The Trust will be one of the first nationally to trail and implement this model of training.

Broader Context of Service Delivery

In line with the NHS England and NHs Improvement priorities, the development of the Pilgrim SSPAU model sits alongside the development of a PAU model at Lincoln, delivered utilising the Safari Unit. The ambition of the service is to reduce variation of experience across the services delivered by the Trust, this will lead to a shared model for the operation of PAUs on the two hospital sites.

The Lincoln PAU model has been operating in its pilot form since November 2020, as part of the Trust Covid-19 second wave and winter planning arrangements.

Work is now underway to review the community nursing offer across the Trust, with a view to improving access to services that will further support safer, speedy discharge and admission avoidance pathways.

Both of these projects are being managed as part of the Trust Evolution Group processes, with governance through to the Family Health Divisional Cabinet and broader Trust planning.

Consultation around the Emerging Model

The Division has participated in a number of discussions with representatives of the community served by Pilgrim Hospital, to discuss the emerging revised model for a SSPAU and its' impact on local access to paediatric services and the sustainability of the Special Care Baby Unit (a requirement for local consultant-led maternity services). These have included:

- **SOS Pilgrim** – The Divisional triumvirate have met with representatives of SOS Pilgrim on several occasions. Quite quickly the representatives seemed to be assured that the triumvirate were looking to safeguard services at PHB, although we were clear that this was in the context of an appropriate PAU rather than a reversion to a traditional in-patient model. Our discussions were positive in that the SSPAU model was shown to minimise transfers off-site to those where there was a clinical rationale, and that the emerging model had been utilised to successfully recruit medical and nursing staff – creating a stable base for paediatric services on the site. The positive recruitment of paediatric medical staff clearly offered stability

to the neonatal Special Care Baby Unit at PHB, the retention of which was always a key concern for SOS Pilgrim.

- **Health Scrutiny Committee (HSC)** – The Division has been present in discussions with HSC on three occasions, twice in support of the ULHT Medical Director in provision of updates on the PHB PAU model, and once with the CCG to give a more general overview of health services for C&YP. In all discussions we were open in describing the evolution of the PHB PAU to a service which maximised local care provision by embedding the PAU ethos (early and active assessment and treatment) whilst moving away from the fixed twelve hour length of stay. We were always clear that a PAU model will involve a (hopefully small) proportion of patients being transferred for more appropriate clinical care. Early descriptions of the emerging SSPAU approach (no HSC meetings have been attended since the first wave of the pandemic) were positively commented on by HSC members.

- **Lincolnshire Big/Healthy Conversation** – Divisional representatives attended each of the events arranged by the CCG in the Boston locality (early 2020) at which we were asked to participate in discussions about services for C&YP and maternity for the people served by Pilgrim Hospital. We discussed the principles of the SSPAU model and were able to reassure them that we were already working to an operational model that was around a 24 hour length of stay, and had reduced the number of clinical transfers away from PHB to a level that no longer required the dedicated ambulance provision. We updated on positive recruitments to the PHB service, and reassured them that the Special Care Baby Unit was staffed and working back to national designations. All participants were positive on the openness of our contributions and reassured that we were working to provide an appropriate model for residents. One councillor was challenging in the discussions but his contribution in all round table groups was the same.

- **Lincolnshire Children and Young People's (C&YP) Transformation Board** – The Division holds membership of the C&YP Transformation Board (co-chaired by local authority/CCG) which meets on a monthly basis for partner organisations to oversee the development of C&YP services in the County. Partners have been regularly updated on the plans for PHB and have been supportive.

The development of the ULHT Paediatric Assessment Unit Model (to deliver at both Lincoln and Boston) has included the engagement of involved health professionals, and a 'Staff Survey' around the impact and quality of the model is currently being undertaking across both the Pilgrim and Lincoln sites.

The PHB clinical team have worked hard to embed a strong PAU and, in developing this SSPAU model they have actively recognised that the local service can be sustained without reversion to a traditional in-patient ward. New staff (including consultants) have been recruited to work the SSPAU model and the team have rightly developed pride in their early decision making for C&YP presenting to the site.

The Children and Young People Team have now purchased tablets with the inclusion of an App aimed at securing real time patient / parent service feedback at point of discharge to feed into the quality dashboard. 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.

As we have finalised the proposals around the revised interim SSPAU model, ELT noted the potential need for consultation to adopt the SSPAU as the on-going model for the PHB site, and we were advised to make contact with Acute Services Review colleagues to consider the need for/type of consultation. Regular meetings are now established and there is a link person across ULHT engagement planning. It is felt that some form of consultation will be appropriate, but this will be worked through for ELT discussion and recommendations to Board – either within Acute Services Review planned consultation or alongside.

Recommendations and Next Steps

1. Board are requested to support the revised interim model for paediatric care at Pilgrim Hospital, confirming the move of the service towards a Short Stay Paediatric Assessment Unit, with an average length of stay below 24 hours (with alongside observation capacity).

2. Board are asked to note and consider the proposed remit of this unit delivering both an assessment and short term observation function, with the option of some children with defined care plans remaining on the unit beyond 48 hours.

Subject to the support of Board the following actions are proposed:

- Final review of the model, to ensure that a clear condition specific standard operating procedure is in place to define which children transfer and at what stage of their care plan;
- Further data analysis and financial modelling to support a final presentation to Board, and to support external discussions of the proposed model;
- Engagement with internal and external partners via existing planning processes including the ULHT Children & Young People's Oversight Group, the Children & Young People Transformation Board, and the Acute Service Review planning groups to progress to a long term agreement on the revised model of care for PHB.
- Continued engagement with service users and the public in line with any required consultation processes.

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20th May 2021