


Agenda Item 7

		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 Andrew Crookham
Executive Director - Resources**

Report to	Health Scrutiny Committee for Lincolnshire
Date:	14 June 2023
Subject:	Consultation on Paediatric Services at Pilgrim Hospital, Boston

Summary

On 7 June 2023, United Lincolnshire Hospitals NHS Trust (ULHT) is due to launch a consultation on its proposals to make the existing paediatric service at Pilgrim Hospital permanent. This is subject to confirmation by the ULHT board on 6 June 2023. Information on this item was presented to the Committee on 17 May, and this report is reproduced as an appendix to this report. **The consultation documents will be circulated to the Committee, once published on 7 June 2023.**

Actions Requested

To make arrangements for responding to the consultation by United Lincolnshire Hospitals NHS Trust on Paediatric Services at Pilgrim Hospital, Boston.

1. Background

On 7 June 2023, United Lincolnshire Hospitals NHS Trust (ULHT) is due to launch a consultation on its proposals to on its paediatric service at Pilgrim Hospital, Boston, permanent. This is subject to a decision by the ULHT Board on 6 June 2023. Information on this item was presented to the Committee on 17 May, and this report is reproduced as an appendix to this report. Minute 67 from the Committee's last meeting sets out the Committee's deliberations and conclusions on this item.

Prior to 2018 paediatric services at Pilgrim Hospital had a number of significant medical and nursing staffing vacancies. In August 2018 a service model was adapted from a children’s inpatient ward to a twelve-hour paediatric assessment unit, with children requiring a longer length of stay generally being transferred to Lincoln hospital for part of their care.

Since 2018, in response to patient and clinician feedback, the model has 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. ULHT is due to consult on making the current model permanent. ULHT has stated that this 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. **The consultation documents will be circulated to the Committee, once published on 7 June 2023.**

2. Consultation

The Committee is being invited to make arrangements for responding to a consultation by United Lincolnshire Hospitals NHS Trust.

3. Conclusion

The Committee is invited to make arrangements for the responding to the consultation by United Lincolnshire Hospitals NHS Trust on Paediatric Services at Pilgrim Hospital Boston.

4. Appendices


These are listed below and attached to this report

Appendix 1	Update on Pilgrim Hospital, Boston, Paediatric Service (<i>Report to Health Scrutiny Committee for Lincolnshire on 17 May 2023.</i>)
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5. 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 Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	17 May 2023
Subject:	Update on Pilgrim Hospital, Boston, Paediatric Service

Summary:

This paper advises the Committee of a planned twelve-week public consultation on the future of the paediatric service at Pilgrim Hospital, Boston, which since August 2018 has been operating as a twelve-hour Paediatric Assessment Unit.

Since 2018 the paediatric model of care at Pilgrim has developed and now enables almost every child or young person to receive all of their care at Pilgrim Hospital. The Trust is now looking to make this model of care permanent, and is planning to launch a public consultation on this proposal.

Actions Requested:

The Committee is invited:

- (a) to note the progress made in developing a proposed future service model for the paediatric service at Pilgrim Hospital, Boston;
- (b) to support the launch of a twelve-week public consultation on making the current service model a permanent arrangement; and
- (c) to contribute to the consultation as respondents, once it is launched in June 2023.

1. Background

This paper advises the Committee of a planned twelve-week public consultation on the future of the paediatric service at Pilgrim Hospital, Boston.

In August 2018, staffing challenges culminated in the service model being adapted from a children's inpatient ward at Pilgrim Hospital to a twelve-hour Paediatric Assessment Unit, with children requiring a longer length of stay generally being transferred to Lincoln County 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.

The Paediatric Assessment Unit now:

- retains a rapid assessment and discharge profile; and
- allows for a number of patients to remain longer on the ward, when clinically necessary.

The reduced length of stay has been maintained even with very few children needing to transfer from the hospital, except those children following specific specialist pathways, which was always the case. Appendix A is a summary of the current service model.

Subject to United Lincolnshire Hospitals NHS Trust Board approval in June 2023, a twelve-week public consultation to make this model a permanent arrangement is planned in June 2023, running until August 2023.

2. Consultation

This item advises the Committee of a planned consultation on the paediatric service at Pilgrim hospital, Boston, beginning in June 2023.

3. Conclusion

The Committee is invited to note the progress made in developing a proposed future service model for the paediatric service at Pilgrim Hospital, Boston; and to support the launch of a twelve-week public consultation on making the current service model a permanent arrangement. The committee is also requested to contribute to the consultation as respondents, once it is launched in June 2023.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Pilgrim Hospital Paediatric Service (United Lincolnshire Hospitals NHS Trust)

5. Background Papers

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

This report was written by Anna Richards, Associate Director of Communications and Engagement for ULHT, who can be contacted via anna.richards@ulh.nhs.uk

Pilgrim Hospital Paediatric Service



Introduction



- 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

Background – early 2018



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.

Background – Spring 2019



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.

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.

Background – Autumn 2019



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.

Background – Where we are now



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

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.