

Pilgrim Hospital Paediatric Service- Have your say

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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 meant the children's inpatient ward was changed to a 12-hour Paediatric Assessment Unit, and any children requiring a longer length of stay were transferred to Lincoln hospital for part of their care.
- Over the past four years we have been continuously listening to feedback from our patients, staff and clinicians, and used this to develop the service further. Our children's (paediatric) services now enables almost every child or young person to receive all of their care at Pilgrim hospital, without the need to transfer to other hospitals.
- Now that the services at Pilgrim have been stabilised, we are proposing to make these current services permanent. This will ensure ongoing support for Boston-area children and their families, give certainty around the long term future of the service and therefore help with staff recruitment.

**We now want to hear from you about your views
around this proposal**



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 an extensive public engagement exercise and 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.
- At the same time, the Pilgrim SCBU was limited to only take babies of 36 week gestation or above.
- 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.

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 and patient feedback 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.

The private ambulance service was no longer needed, due to the very low level of transfers and limitations around the ambulance service itself.

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 patients to complete their full stay at Pilgrim hospital unless transfer is clinically necessary
- Delivers a reduced length of stay, which 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)

It now offers good performance around limiting patient transfers, quick access to paediatric care for children accessing the Emergency Department, high levels of family satisfaction and a low level of complaints. The service has most recently been rated by the CQC as 'Good'.

In addition, as a stable model has been developed, the SCBU has returned to national normalised arrangements to become a full SCBU (32 week gestation).

This has been made possible due to significant improvements in the recruitment of clinical staff, which means we have a full complement of medical staff for the first time in a number of years.

Pre 2018 Inpatient model vs Current Children's Unit model



Measure	2018	Present
Number of beds	19	16 (with ability to flex to 21 at times of pressure)
Average length of stay	25 hours	22 hours
Nurse staffing	44.09 WTE	36.9 WTE (WTE reflecting bed numbers)
Medical staffing	4.5 WTE middle tier doctors	8 consultants on call 8 middle tier doctors 5 HEE trainees and non-training posts making up 1:8 rota



- The change of model into a PAU created a high level of uncertainty for the local community, and the development of a community campaign group.
- Whilst the new model of care is not dissimilar to the offer of an inpatient ward, in terms of access for patients, it is still a change.
- Outside of this work, alongside a small number of adult pathway developments, the pathway for some children for ENT and urology has changed with emergency access now delivered at Lincoln rather than Boston.
- The unit continues to work actively with the hospital's Emergency Department (ED) to support prompt identification and transfer of children and young people who need support from the children's unit. Within the next few years, a new ED will open at Pilgrim Hospital, with significantly improved facilities for children and young people and families, following national best practice.



The new Children's Unit model has built on the successes of the initial move to a Paediatric Assessment Unit (PAU):

- Providing increased access to senior decision makers (including a consultant on site until 10pm weekdays) which has led to more rapid discharges for many patients.
- Improved staff recruitment.
- Removed almost all nurse and medical agency from unit.
- The certainty of staffing allows the option of flex to higher bed numbers if necessary.
- We have maintained elective surgery and MRI work, and have set up a new process for children's medical day cases.
- The integration of assessment / observation / inpatient care has produced a more responsive model of care for the south of the county.



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.

What is being proposed?



The Trust Board of ULHT are confident that the challenges of 2018 have now been addressed, and are seeking views of patients and the public of Lincolnshire around the continuation of paediatric care at Pilgrim Hospital, Boston.

Therefore, we are proposing to make the current model the permanent arrangement for paediatric care at Pilgrim hospital.

This is the only option being proposed, as alternatives have been explored and worked through and this is the best way to deliver the service for population of Boston and surrounding areas.

This is a unit that offers a service ethos of rapid senior assessment and discharge, but with patients able remain longer on the ward, when clinically necessary.

We believe that the model delivers a service 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.



To offer up your views about these proposals, and contribute to shaping our paediatric service at Pilgrim hospital:

- Fill in our [Children's Paediatric Services at Pilgrim Hospital Survey](#)
- Invite us to one of your groups or meetings to discuss, by calling 01522 573986 or emailing communications@ulh.nhs.uk



Attend one of our consultation events.

In person:

Date	Time	Location
Thursday 15 June	2pm-3pm	Committee room, PGME, Pilgrim hospital
Wednesday 5 July	6pm-7pm	Committee room, PGME, Pilgrim hospital
Thursday 20 July	11am-12noon	Lecture Theatre, PGME, Pilgrim hospital

Virtual:

Date	Time	Link
Wednesday 21 June	1.30pm-2.30pm	Click here to join
Thursday 13 July	10am-11am	Click here to join
Monday 24 July	6pm-7pm	Click here to join

This consultation closes on Monday 4 September 2023