

Survey findings – Appendix 6 to service review

United Lincolnshire Hospitals NHS Trust – Paediatric Service

Version no. Final

Date: 9 October 2018

CONFIDENTIAL

RCPCH Invited Reviews Programme

October 2018

Published by:

Royal College of Paediatrics and Child Health

5-11 Theobalds Road

London WC1X 8SH

0207 092 6000

www.rcpch.ac.uk/invitedreviews

© 2018 Royal College of Paediatrics and Child Health

The Royal College of Paediatrics and Child Health (RCPCH) is a registered charity in England and Wales (1057744) and in Scotland (SC038299)

Appendix 6: Survey Findings

6.1 Introduction

Alongside the review the RCPCH was keen to hear the voices of those who used the service their families and the staff who cared for them. A 'Survey Monkey' weblink was launched on June 11 and publicised by the review team and through social media including the SOS Pilgrim Facebook page.

At the request of the user groups the survey was translated into Polish and Lithuanian, and publicised through similar groups. Translations into Romanian Russian and Croatian, reported to be locally prevalent languages, were in the end not possible.

A total of 822 responses was received including two in Polish by July 13th. The first 800 were analysed and the remaining 22 were found to be consistent with no new information.

6.2 Approach

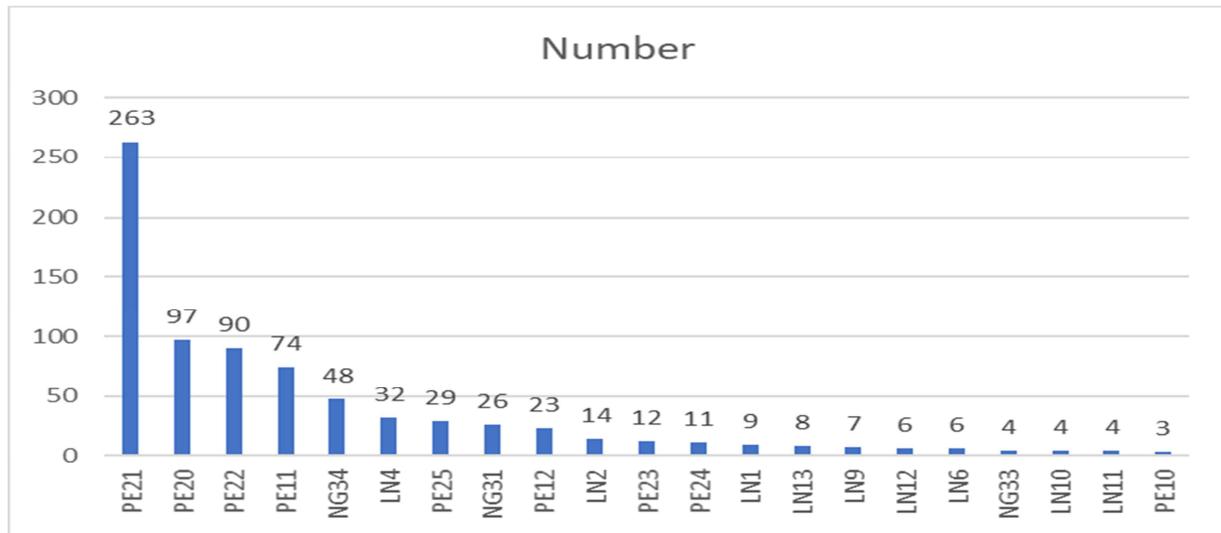
A thematic analysis of the open text questions explored the views of the respondents as to why the services were important to them, the options for the future of the paediatric service, how they felt the Trust had communicated and anything else they felt the review team needed to know.

Every written response has been read and as patterns emerged from the responses a list of themes were created and responses were coded to a theme(s). These findings have been summarised under each heading with quotes taken directly from the findings to illustrate the theme.

Question 1: Please supply the first part of your postcode

Responses were received from a wide geographical area, although mostly from Boston (PE11, PE20, PE21, PE22) and the Sleaford area between Boston and Grantham (NG34). 14

respondents lived in postcode areas shared with one or no other respondents so have not been included. 24 respondents did not state their location.



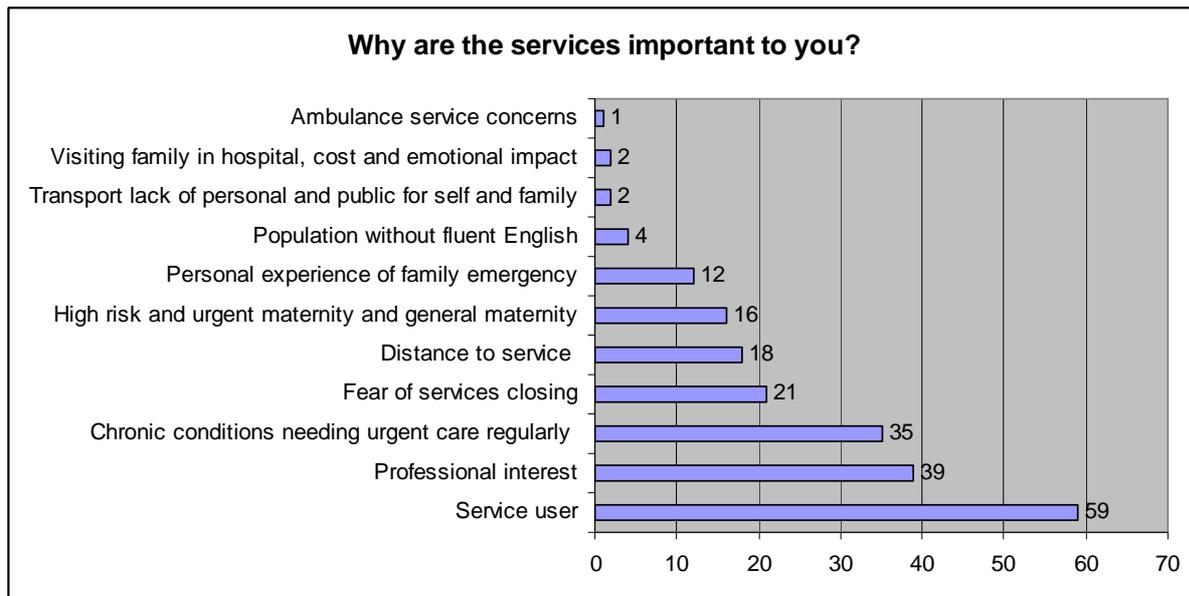
Question 2: What was your main interest in the service?

Respondents were asked to choose one response

- Healthcare professional not working in the hospital - 45
- Member of the public with an interest – 343
- I am expecting a baby or have used the service for my child/children in the last 18 months – 285
- I am responding on behalf of others – 20
- I am under 18 and these services are for me – 5
- I work in one of the hospitals – 113

Please tell us briefly why these services are important to you (optional)

There were 201 responses to this open text question. The chart shows the number of responses by theme. These give an indication of the strength of the theme, however all voices and opinions are important and given expression in this report even if the frequency is less.



Service user (59)

Responses were wide ranging and included: parent; grandparent; family with children in the area; service user; someone who has used the services for their children in the past; someone who is planning to start a family soon and will need these services.

Professional interest (39)

Examples included: I work in Trust; nurse; healthcare professional; health visitor; retired staff from Pilgrim hospital; ex staff.

“I wish to pursue a career in Paediatrics”

“Training programme director for GP training Lincoln”

“I worked in nursing for nearly 40 years and maintain an interest”

“Health visitor, work in the Trust; I work in theatres. My partner and I are also wanting to try for a baby in the next year or so; I am a SANDS (still birth and neonatal deaths charity) volunteer”

Chronic conditions needing urgent care regularly (35)

Respondents who had children with a range of chronic conditions such as autism, epilepsy, seizures, ADHD, kidney condition, autoimmune conditions and rely on open access to the children wards, used the services regularly and relied on being near to the children’s ward.

“My child has direct access to the children's ward at Pilgrim Hospital which is right near our house. He has a serious, life-long medical condition that means he requires urgent medical care as soon as he is poorly with a routine illness like a sickness bug. His genetic, metabolic condition has neurological risks and if he isn't given the appropriate care in a timely manner this would affect him for the rest of his life. The Children's ward is essential to his health and wellbeing”.

Fear of services closing (21)

Respondents expressed concern that children and families would be left vulnerable. With the increased demand for services as the population grows, there was a fear and concern for the safety of children if these services were closed.

“Please do not close maternity and children's wards at Boston. It would put thousands of children at risk doing this”

“I feel sad, afraid and angry that more and more services at Pilgrim Hospital are being transferred to surrounding Hospitals. The people that have the power and duty to provide services have let our community down. Please save our children's services.”

Distance to service (18)

A huge concern to respondents if the local service was to close was the distance to other services, poor road networks, poor public transport and the difficulty of travelling over an hour with small children to the nearest hospital.

“I have a 5 year old son. We currently live a 35 drive from a pilgrim, should he need paediatric care, that is a journey we can take in our stride. To travel over 1 hr (1hr, 15 mins on google maps with no traffic) to our nearest paediatric care (if it moves to Lincoln) would be appalling”

High risk and urgent maternity and general maternity (16)

For some respondents their main interest was the maternity services, they had experienced complications and were planning future pregnancies and wanted a local service.

“My youngest is just one and like my first two was born at Pilgrim but he had some problems after birth and spent the first four days of his life on Neonatal. The care and the level of compassion from staff was second to none and we felt very lucky to have had this on our doorstep at the time”

“Without the amazing care provided by Pilgrim my baby boy probably wouldn't be here now. We need these services!”

Personal experience of family emergency (12)

For some parents, being near to a service was vital to save the lives of themselves and their children and they believed if they had had to travel to Lincoln they or their child would not be here today.

“My son who was born at 26 weeks totally spontaneously and with Pilgrim hospital I hate to think what could of happened to him! It was a very quick labour and if I'd had to of travelled further to another hospital he'd of probably been born in the car with no chance of survival. After spending 88 days in 3 hospitals and returning to Pilgrim before he was discharged we now have regular appointments with the dietitian and the paediatrician. Without these services it worries me what will happen to the care of my child and other children. Boston is a large community and will no doubt course big problems if these services are stopped.”

Population without fluent English (4)

The demographic profile of the region includes many for whom English is not the first language, which could increase the difficulty for some to access services.

“Given the demographics I am extremely concerned that mums babies and children will die because they cannot access services quickly enough. Many of our service users have no money; no transport and no English.”

Transport lack of personal and public for self and family (2)

The region has areas of deprivation, not all service users have cars or the income to afford other transportation means to services further away.

“I am hugely concerned that children and their parents will face lengthy, costly and emotionally stressful journeys to get medical assessment and treatment and care. Our road and rail infrastructure is poor, per capita per head has been and is low from central government.”

Visiting family in hospital, cost and emotional impact (2)

Visiting family and providing valuable support was seen as much harder when the distances are greater. This will increase the time spent travelling, the burden of extra cost and greater stress to all the family.

“The services at the Pilgrim are invaluable. It is a huge strain when a child is ill, when they are also separated by a large distance it affects the family greatly - emotionally, financially, logistically.”

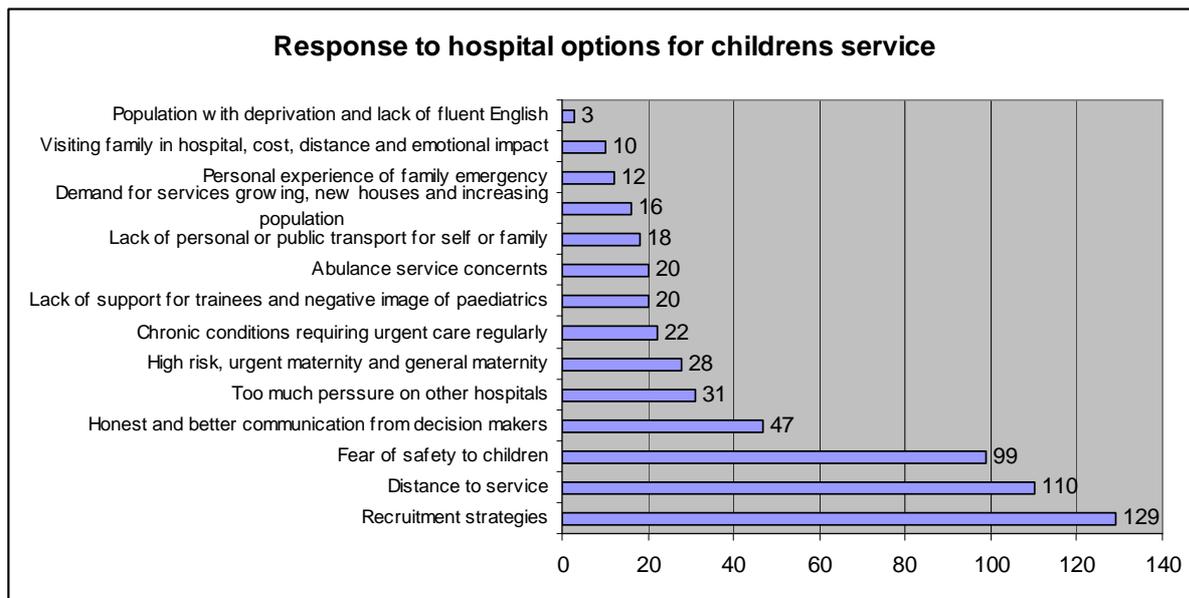
Ambulance service concerns (1)

The closure would put greater pressure onto the ambulance service to deliver a safe service across a wide geographical locality.

“I would have had my 6 week premature baby in the ambulance if pilgrim wasn't here!”

Question 5: The Hospital Trust is looking at options to maintain the services for children at Pilgrim. They are unable to recruit enough children’s doctors to provide a 24 hour service seven days a week in the long term. This may also affect maternity care. We would like to know your views on this based on what you have heard.

There were 610 open text responses to this question.



HOW TO RESOLVE RECRUITMENT ISSUES

129 of the responses offered ideas on what the Trust should do to resolve the issues.

Save the service

The Trust needs to do more to save the service (34). There were some differences in perceptions on risk and safety ranging from if safety was compromised, then the service should close (5) to the greater risk of not having a service in this area (1).

“You cannot fail us, try harder.”

Trust Management

- Trust to be more efficient (4) and not waste money
- Change the senior management (11)
- Vacant posts not advised in timely manner and little active staff retention or long term recruitment planning (11)
- Impossible to attract new staff with atmosphere of fear that service about to be closed (6)

“I heard the eye department are receiving personalised water bottles to encourage them to drink?! And we are losing vital services?! This is absolutely atrocious.”

“If the hospital wasn’t so poorly managed it wouldn’t be listed as one of the worst places to work and thus people would apply for jobs here.”

“I’m a retired head of nurse, as I understand the hospital has not had a long term plan to recruit to posts coming vacant due to retirement. The hospital has lost paediatricians to community services and nurses. The nurses I have spoken to cite bullying, inflexible working, lack of career development, punitive culture, and lack of appropriate funding.”

“The Trust is not proactive enough in recruitment it waits until the last minute to advertise posts.”

“I do not know how you expect to recruit doctors and nurses to a hospital that people are constantly saying is going to close.”

Recruitment strategies

Numerous strategies were suggested by the respondents:

- Train more doctors (7) and have more permanent staff (3); bring in overseas doctors to fill the gaps (11); attract students by becoming a university hospital (1) and bringing in ex-staff (1)

- Offer an enhanced package with more pay to help attract staff to difficult to recruit to areas (18)
- Staff to work across sites in the region (18), however this was not a solution that suited all, considering the distance, and managing family commitments (2)
- Others identified outside pressures such as changes in government regulations (1)
- Up skill current staff (1)
- Keeping a reduced level of service (3)

“Staff need to be paid a retention bonus and offered incentives to work in this area, it has always been a difficult to recruit to locality.”

“Lincolnshire seems to be the forgotten county...greater efforts should be made to promote Lincolnshire and encourage more people to work here.”

“Working on the neonatal unit at pilgrim, I can’t understand why some of Lincoln’s doctors can’t come to us replace locums and vice versa.”

“Staff will be expected to travel to Lincoln to cover there – long commutes on top of long shifts are not safe.”

“Could the maternity unit be changed to a midwife led unit.”

Other issues identified included:

Distance to service (110)

This was the main concern voiced by the largest number of respondents and was closely linked to fear for safety for children. The rural nature of the area, the size, poor road infrastructure and below average access to a car means for some it could be a two hours journey to Lincoln. Service users feel the region is too big to have services centralised into Lincoln, with many deprived areas, particularly along the coast would be a risk to those children.

“This county is too rural to not have a paediatric service at Pilgrim. Even though my postcode is LN4 it is nearly 1 hour away from Lincoln County. My child has asthma attacks that need dealing with faster than that.”

“My son’s both had leukaemia and when unwell need to be on antibiotics within an hour, if I had to travel to another hospital, they would not have survived.”

“Lincoln hospital will not cope with all the extra work. The roads from here to Lincoln are shocking. Single carriage. Lots of lorries and caravans to contend with. A child will die trying to get to Lincoln for urgent care.”

However one respondent felt that it was better to be safe and risk the journey.

“Better to be safe and travel than dead and local.”

Fear of safety to children (99)

Respondents voiced that this plan was too risky to ensure the safety of children and children would die as a result:

“Very scary”, “risky, very risky lives will be lost”, “devastating”, “ludicrous”, “ridiculous”, “Catastrophic”, “Unfair and unsafe”, “Petrifying”, “Terrible news”

“Disgusted, disappointed and scared for my child”

“They are essential children will die if they close.”

“People, mothers, unborn babies, neonates, and children will die because of the delay in accessing vital care.”

“I cannot put into words how this affects near enough everyone’s lives. You are dicing with death. If it wasn’t for the Pilgrim and their quick thinking and emergency c-section me and my daughter might not be here. She might not have made the 45 minute journey to Lincoln.”

However, one also expressed a preference to go to a well equipped unit rather than the nearest.

Honest and better communication from decision makers (47)

Respondents felt that the decision had already been made to close the service and that this should have been communicated honestly. Within a rural community, people felt it was unacceptable for patients to travel over 40 miles to services and unsafe for children and shows a lack of understanding of the area. Respondents were aware of rumours circulating for several years, the uncertainty has contributed to the instability making recruitment harder. It was felt by respondents that management had run down the service so that it was no longer safe.

“This is a foregone conclusion planned since 2008 and revealed in the STP.”

“I believe that ULHT have deliberately engineered this staffing problem so that they can transfer services from Pilgrim to Lincoln County Hospital.”

Too much pressure on other hospitals (31)

Respondents felt that transferring care would put too much pressure on other hospitals who are also struggling with capacity. In addition were safety worries for staff with longer commutes following long shifts.

“My concern for maternity care is that the nearby hospitals will not cope with demand. Even if there is a reduced service it would be better than none.”

High risk, urgent maternity and general maternity (28)

Concerns were raised that without a local service their child would not have survived, if labour was quick, that they would not have made it safely to the next hospital if and if an intervention was required then lives would be at risk. Respondents who had received excellent care were disappointed and others were terrified at losing the service. One asked how NICE guidelines which require 30 minutes from decision to delivery would be met within these plans.

“My waters broke 28 hours before my son was delivered. I required an emergency section when he was in major difficulties. I was told if they didn’t get him out within 20 mins he wouldn’t have survived. I wouldn’t have been able to make it to another hospital in time for him to be delivered if these facilities were closed at Boston. Subsequently myself and my son then spent the next 7 weeks in hospital as a result of sepsis (both of us) and being very poorly. The care we received was amazing. Please don’t take the service away.”

Chronic conditions requiring urgent care regularly (22)

For families with children with chronic conditions, parents were concerned of the impact on their jobs, taking extra time from work to make the additional travel time on a regular basis, taking a leave of absence and the worry this would cause about keeping their jobs; the increased burden of anxiety on children, missed school time – a whole day rather than one hour.

“This hospital is 1/2 hour from our home. In the past 12 years we have used the outpatient department regularly for our disabled son to see the neurologist as he has some complex health and learning disorders this ease of access is important to us because visits to hospital cause him considerable distress and anxiety not only during the time of the consultation but

the distribution to his every day routine means he is upset for days and nights afterwards. If this service was no longer available at Boston the travel time to another hospital would add considerable anxiety to an already stressful event. “

“I think this is terrible my son suffers for life threatening seizures and the time it would take to get to Lincoln would make a difference for him.”

Lack of support for trainees and negative image of paediatrics (20)

Staff reported that the lack of succession planning would mean doctors and nurses retiring who were not being replaced would impact on the support available for trainees. More needed to be done to encourage local people to train and remain in the area. Also the poor reputation of Pilgrim was cited as a reason for deterring professionals from working at the hospital.

“The treatment of staff is deplorable. There is a culture that you should be grateful for having a job and should tolerate anything thrown at you; that staff are undervalued, the children’s ward overlooked, consultants and nurses who are coming up for retirement are not being replaced and little planning for the future. “

Ambulance service concerns (20)

Many commented that the ambulance service was already stretched, and the time frame involved in transporting emergencies would be too great to meet clinical need, with poor roads and growing demand, this would result in increased delays in waiting times for ambulances and potentially adverse outcomes or loss of life.

“The ambulances are already strained as it is now. So add on a longer journey time for them as I’m sure a lot more ambulances will be called for sick children to transport to Lincoln. When A&E have been asked what is the average time it takes to transfer a child on a blue light between these hospitals the answer is four hours. Now that is unacceptable! Take sepsis for example the golden hour could be missed if children have to be transported to Lincoln which could take parents and or ambulances more than an hour to reach!”

Transport lack of personal or public transport for self or family (18)

For many who lack transport, the prospect of travelling over one hour to services was difficult and unaffordable. The rural nature of the area, poor infrastructure and pockets of deprivation make moving services to Lincoln unsafe.

“It will cost so much for us parents and we don’t have the money. Boston is a low waged area.

“We don’t have the money to travel back and forth.”

Demand for services growing, new houses and increasing population (16)

Respondents described a region with a high birth rate, growing immigrant population and new housing which needs hospital services.

“Lives will be at risk if services are moved out of a vastly expanding town.”

Personal experience of family emergency (12)

Fear and worry were expressed by respondents that their children would not have survived had they needed to access services further away or a delay in treatment could pose a risk of brain damage, choking and seizures.

“I feel this would be a dangerous move for all children in this area. For my son, in crisis delay in treatment poses brain damage as a very real risk and even death. He is developmentally on target for his age at nearly 3 years old so this would be life changing. An hours+ delay (by the time you even get through the doors) of another hospital will be too dangerous. Speaking for myself and all the other parents it is a worrying thought that such a delay in treatment is looking likely. Especially for open access with things like cardiac problems. If Boston loses its children’s ward there will be fatalities.”

Visiting family in hospital, cost, distance and emotional impact (10)

The concerns were that being sent to services further away would mean family members could not provide vital support, through visits and bringing supplies. This would have a negative impact on families and mothers, who may be separated from very young children for weeks. It puts stress and pressure on single parents and for who do not drive.

“I have personally seen the impact on families when relatives are far away and it is not fair to expect women to be separated from their families (sometimes including very young children) potentially for weeks, it can increase the likelihood of postnatal depression. “

“This would most definitely be a devastating blow to our rural community. Having used maternity ward in the past. The last time for a significant amount of time. Having my family around me eased the trauma of everything going on. If the services were not available locally it would have been a different story. This is very scary, sad news”

“Families will find it difficult to travel to Lincoln. Poor public transport, low wages, high costs could lead to social isolation of high risk maternity clients and paediatric inpatients. Social support has an impact on health outcomes, including mental health. In time critical maternity

incidents, women and their babies could die.”

Population with deprivation and lack of fluent English (3)

One respondent noted that the area serves a population which is atypical in its deprivation (much substance abuse, smoking, obesity, safeguarding issues), many with no transport, many Eastern European with little English, and there were concerns the removal of acute maternity, neonatal and paediatric services in an area with a low social index score, that is geographically isolated with poor transport links would not serve the populations best interests.

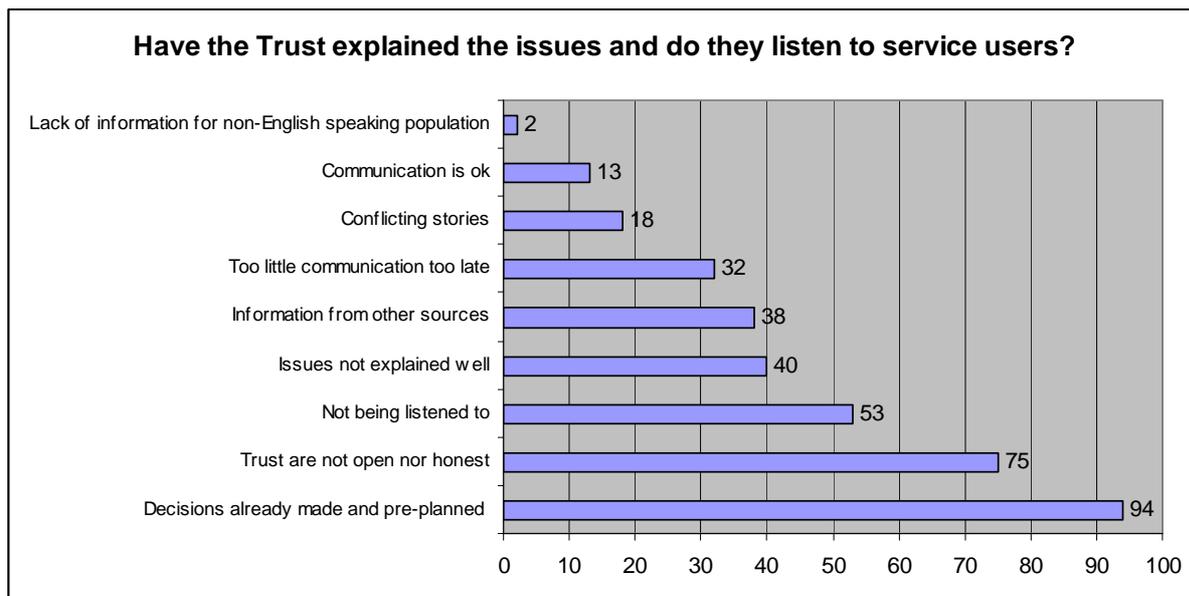
“The hospital serves a population which is atypical in its deprivation: many with no transport; many Eastern Europeans who speak little English, much substance abuse, smoking, obesity and many safeguarding issues. A local maternity/paediatric unit seems a far safer thing than forcing people to travel.”

Question 6

Do you feel that the Trust and the NHS have explained the problems well and are talking and listening to the public and those who use services?

Please tell us why you feel that?

There were 352 responses to this question.



Decisions already made and pre-planned (94)

Many strongly believed that the decision had already been made by the Trust, many months or years ago. The decisions were not made opening, issues not explained clearly and that the concerns of the Boston residents were not understood. It was felt that the engagement was neither genuine nor transparent. Several referred to the Grantham A&E, closed at night temporarily but remained so. This was felt to be a tick box or PR exercise by the Trust. The decision to close was made based on finance rather than what the local population expects. There were low expectations that this engagement would make any difference to the outcome and respondents felt not enough was being done to recruit and retain staff.

“It certainly feels like these decisions have already been made without public consultation.”

“I feel that the hospital trust have their own agenda which they will follow through with regardless of public opinion and as such have no real desire to fully explain the situation.”

“Example Grantham A &E was to be closed at night “temporarily” but turned out to be permanent.”

Trust are not open nor honest (75)

It was felt that the information provided is misleading, that the Trust has a hidden agenda, rumours have been circulating for a number of years and the public were losing their trust in managers.

“Lots of misleading information, not reassuring and very worrying. One thing is said on a public meeting but completely different story is happening behind our back.”

“The record of the Trust on temporary closure often leads to permanent closure. They have lost the trust of the public.”

Not being listened to (53)

Respondents felt that their views were not being listened to, and that their views were being ignored.

“The public have concerns and this is not been listened to.”

“Explained - yes. Listening - NO!”

Issues not explained well (40)

Many felt that the issues such as recruitment difficulties had not been explained well and were ambiguous. The information was limited and 'drip fed', often repetitive and overly complicated with questions not fully answered.

"I feel recently there has been communication with the public and an attempt to explain the problems and options. However, I, like many people think that this has been going on for years and we are purposely being kept in the dark about many aspects."

"Not enough information has been shared."

"It's not made clear that closing children's services will also mean closure of labour ward and maternity services."

Information from other sources (38)

Respondents often heard about proposals from numerous other sources including campaigners, SOS pilgrim, family and friends, newspapers and TV, social media and Facebook, healthcare workers and leaflets handed out at the school gates. It was felt information was difficult to find on the NHS website and more could have been done to publicise the changes. Even Trust staff had not been informed or were prevented from talking or giving their view.

"Personally, I have heard nothing about the problems they are facing. This closure has only been mentioned by friends and family"

"Scaremongering by newspapers and TV has exacerbated the problem, coverage has been very one sided."

"Try looking on the NHS website. Really difficult to find. Heard about this by accident as do not watch or listen to local TV and radio"

"Staff at the Lincoln site were unaware that junior doctors were not going to be there from August until it was announced in the news"

Too little communication too late (32)

Views were expressed that the problems had been well known for years, but discussion has been left too late with too little time for the public to react and be involved.

"The problems have been brushed under the carpet. The trust have been aware of the

situation for a long time.”

“I feel that they are omitting to notify the public of proposed plans etc until the last minute in order to not give the public much chance to react.”

“From what I can gather the public weren't aware soon enough and now I think the majority feel that the information coming through is too little, too late. I don't think any of us have heard about what they have tried to do to stop it getting to this stage?”

Conflicting stories (18)

Mixed messages from various sources has resulted in confusion for respondents. It was hard for the different groups to know which version was the truth as the messages from the Trust management varies to information presented in the media speculation and changes rapidly.

“It's always hard to know who's telling the truth. So many management staff seem to behave and dodge questions like politicians. It's hard to believe any of them.”

“Media seems to have different information from the local MP and hospital staff and parents.”

“Often confusing and conflicting, also not always accurate, lots of scaremongering”

Communication is ok (13)

Some respondents felt that communication had improved over time, that problems were explained, however actions were needed to follow words. Despite this there were still concerns of service closure.

“I think they are doing a really difficult task with great professionalism”

“At first there was little consultation with either staff or public. Recently things have improved a little.”

“They are listening but need to act.”

“Whether they have explained it or not. Doesn't make this ok, it's a huge concern!”

Lack of information for non-English speaking population (2)

It was felt that the information provided is not accessible to the large proportion of the population for whom English is not the first language.

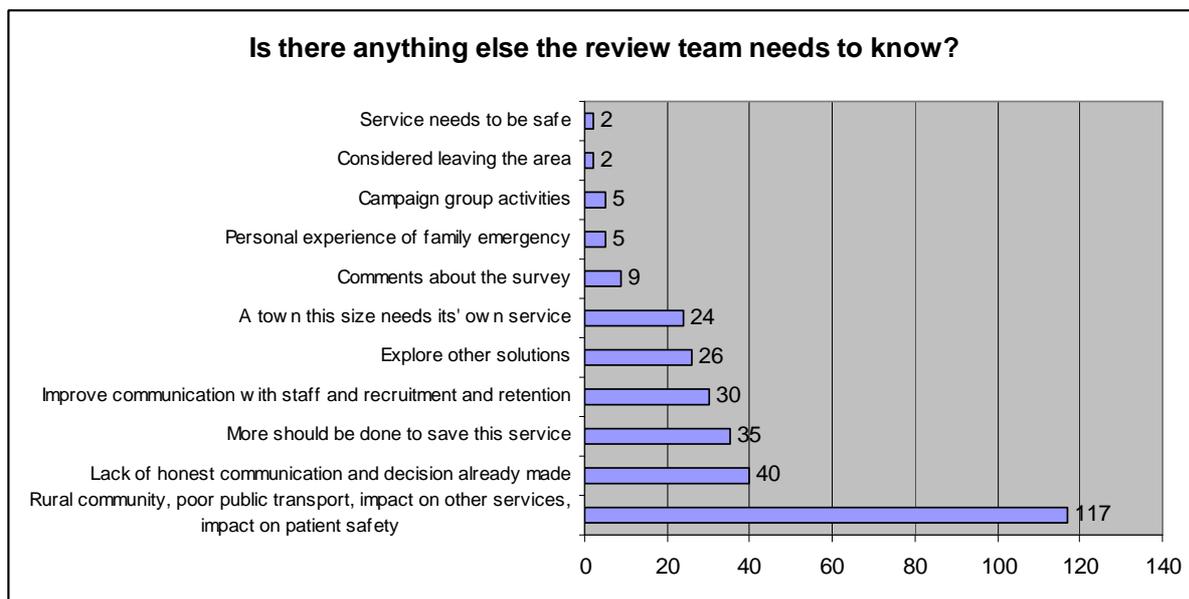
“A large percentage of Boston's population are non-English and speak limited English. Almost

all information I have received has been in English and accessible to me as someone from a white, middle-class culture. I believe that the information and the way it has been delivered will not have reached a large number of the Boston population.”

Question 7

Is there anything else you feel the Review team needs to know?

There were 504 responses to this question.



Rural community, poor public transport, impact on other services, impact on patient safety (117)

Respondents reiterated their concerns: this is a rural community, the public transport is poor and not reliable and the distance to another service was of great concern to the safety of children. Also the increase in the local population during summer months would impact on traffic and time it takes to reach to services. Many said it would one to two hours to reach a hospital in a time of crisis. The traffic is unpredictable and the road network inadequate.

“We are a rural county, poor transport network and little reliable public transport. This needs to be recognised and team need to ensure all involved in review have this clear picture. Time and distance can be life or death. Our children deserve equality of medical care across the whole county.”

The area is deprived and many would not be able to afford transport.

“Lots of people do not have transport in the town and travelling an hour plus to be with their child will cause huge financial difficulty”

It will put too much pressure on other services.

“Lincoln cannot cope with all patients particularly with the population swell in summer months at the coast.”

There were fears of lives being lost.

“Children will die if you close children's services at Pilgrim.”

“Calculate the distance & time between the east coast and Lincoln. Now tell us how a labouring woman with cord pro-lapse or shoulder dystocia will fare. The proposed move to Lincoln will result in more babies dying or having brain damage.”

Parents with children with chronic conditions rely on a local service.

“My son relies on pilgrim and been lucky so far going further away could kill him”

“We have disabled children this service is paramount to their needs. It is not acceptable expecting people to travel over an hour away with sick Children. Somebody could die. It is terrible to think, but could happen due to the travelling time. Our son has epilepsy, the idea of closure, fills us with dread.”

The ambulance service is already stretched.

“The ambulance service is stretched beyond belief in Lincolnshire. If you needed to wait for an ambulance that could be hours and then over an hour back to a hospital”

Lack of honest communication and decision already made (40)

Many believed that despite the review, that the decision has already been made and the communication is not genuine, the Trust were not trying to recruit and that plans to move the stroke unit into the children's ward were already in place.

“A lot of people think we're being told what we want to hear but that the decision has been made.”

“People are worried that the trust are not being completely transparent. The staff and public feel the trust are not truly trying with recruitment as this would help push forward the transformation project.”

More should be done to save this service (35)

Respondents expressed that they believed more needed to be done to save the service.

Comments included:

- *It's a vital service*
- *The staff are amazing*
- *The care is excellent*
- *Feeling let down*
- *Pilgrim is the heart of the community*
- *They save lives everyday*
- *Please save the service*
- *Need for specialist services for children with complex needs, the general wards not suitable*

“It is our responsibility to ensure we are meeting the needs of these vulnerable children now otherwise the ramifications of this neglect will be felt further on in life. The emotional well being of our children is just as important as their physical well being and should services not be available to us locally the implications of having to travel long distances with a disabled child for health meetings should not be underestimated.”

Improve communication with staff and staff recruitment and retention (30)

Many commented on the lack of communication with staff, of press releases going out before informing staff creating uncertainty along with a culture of blame and bullying and staff not allowed to speak freely.

“As a former ULHT employee, the way they treat their staff is appalling, there is a bullying and blame culture, I'm amazed anyone still wants to work for them”

Constant changes and job at risk many times with little or no opportunities for promotion were described.

“ULHT need to understand why their staff retention is poor. I worked for them for many years at a band 2 level constant changes meant my job was at risk many times and little or no opportunities for promotion. I now hold a much more responsible professional position”

Recruitment and retention had been impacted by moving the nursing school to Lincoln and the removal of bursaries for nurses has contributed to reduced numbers of nurses at Pilgrim and lack of advertising of positions.

“I have not seen any adverts for Paediatric nurses so just would like to know where the Trust are planning to recruit from.”

Explore other solutions (26)

Respondents used this question to re-iterate to the review team that other solutions need to be explored which included:

- More flexible working hours for nursing staff
- More attractive package to encourage doctors to move to Lincolnshire
- Move services from Lincoln to Pilgrim
- Share resources across two sites, a locum rotation system
- Visa's to allow doctors from abroad to come to work here

“Why can't pilgrim be kept open and services transfer from Lincoln to pilgrim it's always Lincoln that is favoured other hospitals appear to be seen as second class”

A town of this size needs its' own service (24)

Quite a number of the respondents expressed that the population of the town was growing, making the need for the hospital even more important and again commented on the large rural nature of the area.

“This town is growing and growing put more services here not less. The hospital is in need of making bigger not smaller.”

“It's a local hospital that covers a large rural area.”

Comments about the survey (9)

There were some difficulties with the survey pointed out by respondents, for example,

invited.reviews@rcpch.ac.uk

question, ticking one option only, which was felt could introduce bias.

“The survey could be biased as it does not let you choose more than one answer”

“You can only tick one option on question 4 if using on mobile”

“Question 4 isn’t working. You can only pick one option”

“It is difficult to express views fully in a written questionnaire I think you may get more value from interviews, though I accept this is time consuming. Personally I am thankful that my children have grown up because in the scenario of the loss of paediatrics and maternity in Boston I would not have stayed in this area as the poor infrastructure to transport sick children/maternity cases is not adequate enough to provide a safe service.”

Personal experience of family emergency (5)

A few of the respondents restated their personal experience of needing a local service in times of emergency and to emphasise to the review team why this service matters so much. It was mentioned the stress that would be placed on families visiting over long distances, and the implications for childcare, travel and costs.

“It’s a vital service covering a vast area and I really worry for people living on the coastline living so far away from proposed services on our rural roads. My first premature baby was born at home and had an un-recordable temperature on arrival at Pilgrim Labour ward. I don’t think he would’ve survived if an ambulance, which we were told at the time, are not equipped to transfer premature babies, would’ve had to take him to a hospital an hour further away.”

Campaign group activities (4)

A small number referred to the SOS campaign group, who will continue to engage in the process to keep the service.

“The current “S.O.S. campaign group will be monitoring things very closely.”

Considered leaving the area (2)

A few respondents considered relocating to an area with better provision.

“Boston is a growing town with huge demands, taking away services in a socially deprived area is going to isolate the town and surrounding areas more so. As a professional I am seriously considering moving away from the area for my children’s safety, skilled workers are wanting to leave, leaving the town in even more decay”

RCPCH Invited Reviews

Supporting improvement in child health

Produced by:

Royal College of Paediatrics and Child Health

5-11 Theobalds Road

London WC1X 8SH

0207 092 6000

www.rcpch.ac.uk

© 2018 Royal College of Paediatrics and Child Health

The Royal College of Paediatrics and Child Health (RCPCH) is a registered charity in England and Wales (1057744) and in Scotland (SC038299)