

Dear colleague,

Welcome to the latest briefing on ULHT's efforts to maintain safe children's and maternity services at Pilgrim Hospital, Boston.

### **Paediatric services latest**

The Trust Board, which met on Friday 29 June, agreed to progress with a plan to maintain paediatric and maternity services at Pilgrim hospital, despite staffing shortages in the service.

As previously reported, we have had a long-standing shortage of children's doctors and nurses and we have been working on a series of options to ensure paediatric services at Pilgrim Hospital, Boston can be delivered safely in spite of a shortage of middle grade doctors.

Whilst recruitment is underway, teams within the Trust have been working on developing an interim arrangement to enable services to be maintained at Pilgrim hospital.

In recent months we have been able to recruit additional agency middle grade doctors, and funding has been approved for two additional locum consultants. This means that we have been able to explore new options for how we deliver care in the department, and the model agreed is the result of that.

### **Proposed model for Pilgrim**

The model will see:

- Outpatient clinics continuing at Pilgrim.
- Pilgrim managing only low-risk neonatal births (above 34 weeks gestation).
- A 24 hour children's assessment and observation unit established on the children's ward at Pilgrim, offering restricted periods of observation.
- Paediatric day surgery remaining at Pilgrim.
- Consultant-led maternity unit remaining at Pilgrim.
- 98% of current activity remaining at Pilgrim (the exceptions will be the transfer of small numbers of babies pre 34-weeks gestation or who require more intensive care and children needing more than 12 hours observation)

#### Paediatric services

- Eight Bedded Paediatric Assessment unit 24 hours
- 24/7 support for ED
- Co-located to neonatal unit
- Paediatrics ambulatory care – assessment and observation
- Paediatric outpatients
- Four beds for day surgery – weekday/daytime
- Children with open access – individual plan

#### Neonatal services

- SCBU (eight cots)
- Transitional care (two cots)
- Gestation > 34 weeks
- Transfer back supported

#### Obstetric services

- Consultant led maternity unit
- Midwifery led maternity unit
- OP maternity services

#### Gynaecology services

- 24 hour - Inpatient ward (inpatient and day case)
- Ambulatory and outpatients

There will be a small number of babies and children transferred to other sites for care under this model, notably babies born below 34 weeks gestation and any children who require extended observation.

We understand that this will be of concern to our patients and public, but we have done our best to find a way to retain as many services at the site as possible and are hopeful that we will be able to return to a full service in future.

### **Risks and challenges**

This model is still a work in progress so some details may still change, and the Board has agreed that the principles here should be taken forward from August 1, running until the end of the year.

There is still work to do on the model, which relies on continued support from staff and stakeholders. Therefore the Board has also agreed that contingency planning will also continue in case the model is not possible.

### **What now?**

We are continuing our efforts to recruit paediatricians, as we would like to see a full paediatric and neonatal service resumed at the hospital as soon as possible.

We are working with our health care partners, such as Health Education England, who are committed to help us through this difficult time and are developing new ways of training for these doctors.

A further update will be made at our Trust Board meeting on Friday 27 July.

**We are listening**

We are in the process of arranging public meetings to enable us to gather more public feedback on our developing plans, and to provide an opportunity to participate in the process. The first meeting will take place during July, dates will be shared soon.

Best wishes

Jan