

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**

In the last update in the middle of June we said that the situation is looking more hopeful but still precarious.

The staffing situation in the Pilgrim paediatric department remains difficult, as we remain reliant on short-term agency staff, many of whom only work occasional shifts.

In recent months we have been able to recruit four agency middle grade doctors, and funding has been approved for two additional locum consultants, which would take us from 5.6 to 7.6 WTE consultants. Due to improvements in paediatric nursing levels, we have restarted planned inpatient surgery at Pilgrim (open up to 12 beds)

Extensive work has now taken place in developing a proposed model for the delivery of paediatrics and maternity services at Pilgrim hospital, as an interim measure until the end of the year bearing in mind the current and forecast staffing challenges.

This is still a work in progress and requires more modelling, staff engagement and testing. It will be presented to Trust Board this Friday 29 June, but the principle of this model is that women and children who present to Pilgrim will continue to be seen and assessed there.

- Outpatient clinics will continue to be offered at Pilgrim.
- Pilgrim will manage low-risk neonates (above 34 weeks).
- A 24 hour children's assessment and observation unit will be established on the children's ward at Pilgrim, offering restricted periods of observation.
- Paediatric day surgery will remain at Pilgrim.
- Consultant-led maternity unit will remain at Pilgrim.
- 98% of current activity will remain at Pilgrim (exceptions will be transfer of small numbers of babies pre 34-weeks gestation and children needing more than 12 hours observation)

## Proposed model for Pilgrim:

### 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

## Risks and challenges

Whilst this proposed model has been developed with an evidence base and in conjunction with partners, there remain a number of risks to delivery of it, which we are trying to manage. This includes the risks of the medical workforce not being able to fill required changed rota to provide evening cover, our tier one and two medical staff not willing/able to work across sites and the limited timescales involved.

In addition, East Midlands Ambulance Service (EMAS) have been involved in discussions around ambulance protocols as part of the development of the model, and will be working with us on this as plans develop.

## Board meeting on Friday 29 June 2018

The proposed work in progress model will be presented to the Trust Board at a meeting on Friday 29 June.

There, the Board will discuss the work done so far in recruiting to the paediatric service and the work on developing the proposed model and mitigations.

Board members will make a decision about the temporary future model for the service and, if agreed, what additional work needs to be done to ensure the model can be implemented by 1 August.

We will update on the outcome of the Board's discussions in the next newsletter.

In the interim, we will continue with our efforts to recruit to consultant, middle grade and nursing posts, to enable a full service to resume as soon as possible. We will also continue development of 'contingency plan' in the event that the proposed model is not possible, focusing on the possible centralisation of some services to Lincoln.

We are committed to ongoing engagement with neighbouring providers, stakeholders, staff, patients and public.

**We are listening**

We have continued to listen to staff and the public at various meetings. We have attended council meetings, public meetings and attended Lincolnshire's Health Scrutiny Committee.

We want you to help us in developing options for the future that best meet the needs of our population, please take few minutes to complete the survey below and please share with your networks. <https://www.surveymonkey.co.uk/r/YBGC9LT> .

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. Dates will be shared soon.

Best wishes

Jan