

Children's and Maternity Services Pilgrim Hospital, Boston

November
2018

Agenda

Time	Activity
7pm	Welcome/ introductions by Chair
7.05pm	Presentation on current position
7.15pm	Panel Q&A
7.45pm	Feedback exercise
8.30pm	Close by Chair

Background

April:

Announced that we may not have enough middle grade doctors and nurses to provide safe care in all of the areas they are needed 24 hours a day, 7 days a week.

We proposed five possible temporary options for the provision of children's services.

29 June:

As the staffing situation had improved slightly, we agreed to move to an interim model for the service, which sees women and children who present to Pilgrim continuing to be seen and assessed there.

6 August:

Interim model up and running.

Where we are now

- Interim model has been up and running for just over 12 weeks.
- It has seen 98% of paediatric and maternity activity remain at Pilgrim- slightly more than we had expected.
- No incidents of patient harm have been identified in relation to the interim service.
- During the first few months there have been a number of occasions when children have stayed longer than the agreed 12 hours maximum stay. Analysis shows that no harm to the patient has resulted from any of these delays.
- The staffing situation remains fragile and constantly changing, as we are reliant on short-term agency staff, many of whom only work occasional shifts.

The model - children's services

Service	Provision
Outpatients	Available at Pilgrim
A&E assessment	Increased dedicated paediatrician time at Pilgrim
Acute assessment	Enhanced service at Pilgrim
Short admission (less than 12 hours)	Available at Pilgrim
Admissions for over 12 hours	Transfer to Lincoln
Day surgery	Available at Pilgrim
Surgery requiring over 12 hour admission	Transfer to Lincoln (or other site)

Our advice to all patients: if you or your child is ill to call 111, visit your GP or attend A&E if necessary, where you will be assessed and the appropriate care plan decided upon.

Patient centred ■ Excellence ■ Respect ■ Compassion ■ Safety

The model - maternity and neonates

Service	Provision
Normal pregnancy with normal baby	Available at Pilgrim
Complex pregnancy but with a normal baby	Available at Pilgrim
Pregnancy that might produce a baby who needs neonatal support (from 34 weeks gestation)	Available at Pilgrim
Pregnancy that might produce a baby who needs neonatal support (under 34 weeks gestation)	Delivery in Lincoln

Activity

During the period from 6th August to 31st October, a total of 674 patients have been seen in the new paediatric assessment unit.

Of these, 99 have been transferred away from Pilgrim. A further six pregnant women have been transferred prior to the birth of their baby for safety reasons (under 34 weeks).

Service	Number of transfers
Paediatrics	99
In utero	6
Neonates	0

Activity

- All transfers were made using our private ambulances commissioned for this purpose.
- The main reasons for transfer were; continued IV antibiotics, surgery and continued observation.
- Of the 105 total transfers, 88 children and the six in-utero transfers went to Lincoln County Hospital.
- Of the 11 children transferred to hospitals other than Lincoln, six were transferred closer to home, and five went to tertiary centres for specialist care.

Recruitment

- Recruitment activity continues at pace.
- There is now one substantive middle grade doctor working with six agency locum middle grade doctors within the current rota.
- There are currently three doctors going through training that will be starting before Christmas, and we have two more with start dates still to be finalised.
- In addition we had 3 CVs in the last week and 10 in the previous month that are now going through the pipeline.
- We have also been successful in our negotiations with the organisation that manages medical trainees, Health Education East Midland, to allow trainees to work some locum hours at Pilgrim to fill rota gaps.

What we've learned and changed

Ambulance transfers

- Because the initial assessment and treatment has been so successful we have found that we did not need the expected number of ambulances to transfer patients.
- We now have one ambulance available for transfers 24 hours per day, with a second ambulance available only during peak periods (between 12 noon and midnight) every day.
- We have made sure, however, that if the number of children requiring transfer should increase over the winter we can revert to the original plan (two ambulances available 24 hours per day)

What we've learned and changed

Medical staff training

The Trust is looking to improve training and job experience by exploring sharing rotas across our sites.

Best practice

All standard operating procedures are being reviewed to establish where clinical evidence indicates that a length of stay slightly in excess of 12 hours is clinically appropriate and safe.

An example of the pathways being reviewed is one currently underway for the transfer of patients requiring high flow oxygen.

You said, we did

Emergency access:

You said	We did
<p>You'd like us to keep the level of service we had previously.</p>	<p>A shortage of middle grade doctors means that is not possible, but we have developed an alternative that keeps in excess of 97% of activity at Pilgrim</p>
<p>We should be clearer on our offer for trainee doctors. Offer money, stability, job satisfaction, incentives.</p>	<p>We are working extremely hard to recruit, and have explored many ways to attract doctors to work with us, including incentives. We continue to work with Heath Education England (HEE) to ensure junior doctors can continue working within this service.</p>
<p>You'd like reassurance about ambulance transfers being available.</p>	<p>We have provided fully-equipped ambulances to be used solely for transfers from this service.</p>
<p>You've heard that patients are being diverted away from Pilgrim to other sites by 111, including Skegness hospital</p>	<p>We have been assured that 111 is now referring appropriately to Pilgrim hospital.</p>

You said, we did

Maternity and neonates:

You said	We did
You would like to have a higher level 2 neonatal unit.	This is a decision which would need to be made by our specialised commissioners based on needs and capacity.
We need reassurance that neighbouring trusts are able to handle the increased numbers.	Figures show this change has had minimal impact upon neighbouring trusts so far. We have worked them and are assured that they are able to cope with the demand.
You need to identify early if there's going to be long term need – involve carers organisations.	As part of our usual process around caring for children, we identify any long-term needs and make sure we involve everyone in care planning.
You'd like reassurance that babies are repatriated back to Pilgrim when possible, if transferred away in the first place	We do repatriate babies back to Pilgrim, following birth at Lincoln, where this is clinically appropriate. This has happened on two occasions.

You said, we did

Children’s ward/PAU:

You said	We did
<p>Could you offer help with accommodation for family if a child is transferred.</p>	<p>We are exploring whether this can be done by negotiating arrangements for local accommodation.</p>
<p>Would like to see a consultant presence at the ward until 10pm (Monday to Sunday) plus assessment unit.</p>	<p>We have listened to this feedback and there is now a consultant present on the ward until 10pm Monday to Friday with consultant on call 24/7.</p>
<p>Can you work with families of children regularly admitted for longer than 12h at Boston, to help them with the change.</p>	<p>This is in place as part of the policies we have developed for this interim arrangement. Appropriate care plans are always in place for patients.</p>
<p>We’d like to see more communication with the public about what is and what is not available at Pilgrim.</p>	<p>We have carried out communication activities through social media and at local schools and nurseries, and are planning to do more of this, with your help.</p>

You said, we did

Children's ward/PAU: (continued)

You said	We did
You have heard that Lincoln is frequently full and we don't have capacity there to take transfers, is this true?	Arrangements have been put in place to increase the number of available beds at Lincoln if demand increases.
You'd like to see us re-think the 12 hour limit in PAU	The time limit for stays on the PAU was agreed to support patient safety. This will be reviewed as part of the evaluation of the interim arrangements.

Full feedback notes from the event have been shared with our women's and children's managers, to be used in development of the service and ensuring current and future service models meets the needs of our patients.

What next

- Continuing efforts to recruit paediatricians and nurses.
- Continuing to work alongside our partners and stakeholders as part of the Lincolnshire Sustainability and Transformation Partnership (STP) to develop a long-term model for women's and children's services across the county for the future.
- Continuing development of 'contingency plan' in the event that the proposed model fails, focusing on the possible centralisation of some services to Lincoln.
- Working with the CCGs and LCHS to expand services in the community, including a rapid response team.

Your chance to have your say

In groups with a facilitator and someone from within the women's and children's service, you now have the chance to discuss three areas, providing useful input and feedback that can be used by the service in developing the model. The questions are:

1) What can we do to enhance the current service provided?

2) How can we better promote and publicise the current service, and involve people in the development of it?

3) How could we support children in this area better in the community?