

Children's and maternity services at Pilgrim Hospital, Boston

August
2018

Agenda

Time	Activity
6pm	Welcome/ introductions by Chair
6.05pm	Presentation on current position
6.20pm	Begin table exercise
6.40pm	Rotate tables
7pm	Rotate tables
7.20pm	Brief summary of discussions and Q&A
7.55pm	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.

April 27:

ULHT Board reviewed five possible temporary options for the provision of children's services.

29 June:

As the staffing situation has improved slightly, on 29 June ULHT Board 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:

Transition to interim model began.

Where we are now

- We are working hard to keep services as they are where possible.
- Service is not currently compliant against national standards set by the Royal College of Paediatric and Child Health (RCPCH) and Royal College of Nursing (RCN).
- The staffing situation is volatile and constantly changing as we remain reliant on short-term agency staff, many of whom only work occasional shifts.
- We have recruited two agency middle grade doctors and have a number of possible new starters joining us from international recruitment in the coming months.
- Interim model is now up and running.

The model- children's services

Service	Change	Approx no. affected (per day)
Outpatients	No change	0
A&E assessment	Increased dedicated paediatrician time	
Acute assessment	Enhanced service	
Short admission (less than 12 hours)	No change	0
Admissions for over 12 hours	Transfer to Lincoln	2
Day surgery	No change	0
Surgery requiring over 12 hour admission	Transfer to Lincoln	1

The model- maternity and neonates

Service	Change	Approx no. affected (per day)
Normal pregnancy with normal baby	No change	0
Complex pregnancy but with a normal baby	No change	0
Pregnancy that might produce a baby who needs neonatal support	Delivery in Lincoln	1.5

Actual transfer activity 6th – 15th August

Service	Number of transfers
Paediatrics	9
Surgical - General	1
Surgical - ENT	1
In Utero	0
Neonates	0

Our patients

- In excess of 97% of current activity remains at Pilgrim hospital.
- We anticipated that there would be on average five pregnant women, babies and children transferred to other sites for care per day, the first two weeks of the new model has seen this figure vastly reduced to an average of one per day.
- We have done our best to find a way to retain as many services at the site as possible.

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

Addressing concerns

- Recognising the pressures on East Midlands Ambulance Service (EMAS) and the concerns of patients, we have bought in private ambulances 24 hours a day exclusively for the transfer of affected patients within the maternity and children's services.
- We have comprehensively reviewed our capacity within paediatric and maternity services at Lincoln, and are confident that we will be able to cope with the increased demand at Lincoln as patients are transferred.
- The interim model is the only change taking place within children's and maternity services at Pilgrim hospital. No appointments or staff have been shifted away from Pilgrim.

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.
- Ongoing engagement with neighbouring providers, stakeholders, staff, patients and public.

What we heard at last event

We ran an engagement exercise at our last event on Tuesday 30 July. Below is a summary of what we heard on each of the three themes:

Emergency access:

- Would like us to keep the level of service we've got now.
- Would like us to consider family support and access, including transport, public transport and ambulances
- We should be clearer on our offer for trainee doctors. Use Facebook to advertise jobs. Offer money, stability, job satisfaction, incentives.

Children's ward/PAU:

- We could offer help with accommodation for family if a child is transferred.
- Would like to see a consultant presence at the ward until 10pm (Monday to Sunday) plus assessment unit.

What we heard at last event

Maternity and neonates:

- Would like to have a higher level 2 neonatal unit.
- Need reassurance that neighbouring trusts able to handle the increased numbers proposed

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.

This will be the same for this event and the next, as well as all other engagement feedback from meetings and surveys.

3 Things we've done

- **Would like us to keep the level of service we've got now.** We can provide 97% of the services at Pilgrim.
- **Would like to see a consultant presence at the ward until 10pm (Monday to Sunday) plus assessment unit.** In place at Pilgrim Monday to Friday with consultant on call 24/7.
- **Need reassurance that neighbouring trusts able to handle the increased numbers proposed.** Neighbouring Trusts, CCGs and Regulators are actively working to provide assistance IF it is needed.

The Trust is working at addressing all issues raised, but some will take some time to resolve.

Your chance to have your say

Now we will split into three groups to talk about the three main areas of change under the interim model. You will be asked to choose one subject, and then the facilitators and service leads will rotate around to you so that you have the chance to discuss all three. Each session will last 20 minutes.

The tables are:

- **Emergency access**
- **Children's ward/PAU**
- **Maternity and neonates**

The questions:

- What are your concerns about the proposed interim model?
- What would you like to see us do to best provide for the children of Boston and surrounding areas?
- How we can reassure you/ mitigate your concerns about the interim model?