

# Children's and maternity services at Pilgrim Hospital, Boston

September  
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:

Interim model up and running.

# 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 fragile and constantly changing as we remain reliant on short-term agency staff, many of whom only work occasional shifts.
- We had one new overseas middle grade doctor start work during August, two more starting during October and a number of others going through the recruitment process.
- Interim model is now up and running.

# 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)

# 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

# Actual transfer activity

## 6<sup>th</sup> August– 10<sup>th</sup> September

Service	Number of transfers
Paediatrics	39
Surgical – surgery	3
Surgical – orthopaedics	3
Neurosurgical	1
In utero	4
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 five weeks of the new model has seen this figure vastly reduced to an average of less than two 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.**



# 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 reviewed our capacity within paediatric and maternity services at Lincoln, and are coping well with the increased demand at Lincoln as patients are transferred. This includes flexing the number of beds at Lincoln up according to demand.
- We continue to work with our CCGs and EMAS to ensure that patients continue to be directed/ brought to Pilgrim hospital for paediatric and maternity care.

# 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.

# 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 Health 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 two fully-equipped ambulances to be used solely for transfers from this service.</p>
<p>We'd like to see more ways of communicating with the public- through schools, preschools, nurseries.</p>	<p>We have carried out activities including visiting groups, engagement in schools and in the town centre, and continue to plan further activities.</p>

# You said, we did

## Children's ward/PAU:

You said	We did
Could you offer help with accommodation for family if a child is transferred.	We will explore whether this can be by negotiating arrangements for local accommodation if required.
Would like to see a consultant presence at the ward until 10pm (Monday to Sunday) plus assessment unit.	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.
For children regularly admitted for longer than 12h at Boston, make sure Lincoln are prepared so it is not such a surprise when they arrive, and have a proper care plan in place.	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.
We'd like to see more ways of communicating with the public- through schools, preschools, nurseries.	We have carried out communication activities through social media and at local schools and nurseries, and are planning to do more of this.

# 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.

**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.**

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# What we've learned and changed

## Ambulances

- We have looked at all of the data relating to the two private ambulances, and have found that there has only been one occasion in the last five weeks where they were both in use at the same time- which was not in fact necessary at the time.
- A decision has been made to review the provision of these ambulances to make the best use of resources.
- From Wednesday 12 September, we will 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.

# 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 current 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?