

## **Paediatrics engagement event 17.01.19- notes and actions**

In attendance:

**Chair:** Sarah Dunnett (ULHT non-executive director)

ULHT CEO Jan Sobieraj

ULHT Medical Director Dr Neill Hepburn

Consultant Paediatrician Dr Ajay Reddy

ULHT Paediatrics Project Manager Clive Brookes

ULHT Business Manager for W&C Beverley Bolton

Chief Nurse for East Lincs CCG Tracy Pilcher

ULHT Associate Director of Comms and Engagement Anna Richards

ULHT Engagement Assistant Joanna Okrasa

Director of Communications and Engagement for Lincolnshire NHS Charley Blyth

Boston and Skegness MP Matt Warman

29 members of the public.

Meeting began with presentation by Project Manager Clive Brookes (presentation attached), including a section by SOS Pilgrim members Alison Marriott, Rachel Bray and Emma Wilcock outlining positive maternity stories as well as areas of concern.

### **Points raised (related to paediatrics only):**

- Request for staff survey results for the staff in the paediatric service to be put into the presentation for the next meeting.
- Request for a public meeting in Skegness in future.
- Questions and ideas over how we can recruit more doctors into the service.
- Concerns raised over access to paediatric services for families living in Skegness.
- Feedback from SOS Pilgrim representatives around positive maternity stories and areas of concern.
- A number of reports that open access parents have not yet received their letters from the service about arrangements for them.
- Question about whether there is progress on getting the age limit for neonatal babies we take at Pilgrim reduced to below 34 weeks- returning to previous level of service.
- Question about progress on getting financial support for families who are sent elsewhere/ support with transport and accommodation and whether we have made contact with Lincolnshire County Council/ Sure Start about support they can offer.
- Feedback from parents that when they have a child transferred parents are not fed, and some can't afford to buy food. Nowhere for them to sleep/ not enough beds for them to sleep on. Some can't get home.
- Report of one family who took their child in their own car so they could get home- safety concern.
- People want this hospital to be the best and want confidence in this hospital.

- Want to see more partnership working with the community sector.
- Request for more information on the attraction strategy.
- Request for information on how ambulance diverts away from Pilgrim hospital may impact upon the paediatric service.
- Request for more information on the future of services under the clinical strategy/STP.
- Story from Shannon, a mum from the Skegness area who has had experience of the paediatric service and Skegness urgent care centre.
- Report of families who have refused to be transferred to Lincoln because of previous experience there.
- Need to see more promotion of these events, including media coverage.

### **Feedback from engagement exercise:**

#### **Q. What can we do to enhance the current service provided?**

- Introduce tabards for paediatric nurses so parents can recognise the paediatric staff easier – helps with consistency when child is being transferred.
- Lobby government for more training and more funding for training – this is the cause of the problem.
- Grow our own – need to train new staff locally.
- We need to make Boston a more attractive place to live and work.
- Need to work better together with the public.
- Capture good practice, recognise and repeat.
- Improve the private ambulance transfer service. Make sure there is access to oxygen, harnesses for children travelling in the ambulance, availability of blankets. Make sure crew know where all hospitals and children's wards are for ease of transfer.
- Parents with premature babies being discharged without open access – having to use A&E. They need to go to PAU directly.
- Culture – worried that we need to look at bullying of staff.
- Would like to see more consistency of care.
- Open access should be to the closest hospital, not where the child was born.
- Experience of delayed community visits – would like to see primary and secondary care working together.
- Need to establish a transfer service from Skegness UTC if child needs emergency care.
- Communication should take place between children's wards at Pilgrim and Lincoln e.g. regarding open access patients.
- Community service should be the part of discharge plan – getting the plan right.
- Could offer meals for parents who are staying with child as inpatient.
- Improvement needed to communication between trusts regarding repatriating patients back to local hospitals.

#### **Q. How could we support children in the East coast area better in the community?**

- Improve 111 – they are either brilliant or too cautious.

- We need consistency in GP service offer across the area. Education of public around self-care.
- Work with Sure Start – educate, free basic first aid.
- Sure Start centres are not available in rural areas.
- Lack of community team in Boston. Difficult to recruit to community posts.
- Lack of school nurses.
- SEND to offer support for day to day needs – Lincolnshire County Council observatory, taking into account all family unit.
- Improve communication within community service (person on the ground doesn't get messages on time as the contact number/ email is to main office).
- Community care should not be a substitute for hospital care.

**Q. How can we improve the experience for children in the emergency department at Pilgrim hospital?**

- Safeguarding of small children – create a separate area for paedcs.
- Make sure it's safe.
- Ensure children are seen in a timely manner.
- Ensure children are seen by someone who's an expert in paediatrics.
- Minimise amount of time spent in A&E – move on to 4a quickly.
- Sharing of information between services – EMAS, hospitals.
- Have volunteers in A&E offering support and drinks.
- Have staff who listen to parents – child left for 5.5 hours waiting for pain relief.
- Make sure there is a recognisable paediatric doctor and paediatric nurse.
- Provide staff training around children with extra needs.
- Keep us better informed about what's going on.
- Improve the facilities available while waiting – baby change, cots, toys.

**Actions:**

Discussions at the event resulted in a number of actions to take away, for action by ULHT and partner organisations.

Progress against these actions will be reported on at the next paediatrics engagement meeting:

- Consider putting staff survey results for the staff in the paediatric service into the presentation for the next meeting?
- Arrange a public meeting in Skegness. – Arranged for **Monday 18 February at The Store House, Skegness.**
- Chase up open access letters, if they have all gone and why some have not been received.
- Need to look into support we can offer to parents with children transferred away from Pilgrim- to contact Jane Smith at Sure Start.
- Consider having a focus on the attraction strategy at next meeting.
- Find out how ambulance diverts away from Pilgrim hospital may impact upon the paediatric service.
- Share information on the future of services under the clinical strategy/STP

- Consider ways in which we can promote the next event more actively and share where we promote now.
- Include Lincoln hospital maternity and paediatric staff numbers in next presentation.
- Need for clear comms with GPs about using maternity service.
- Include data on transfer delays and waiting times in next presentation.
- Provide more clarity on arrangements for open access care plans - is it just 12 hours or something more?
- Provide clarification around EMAS arrangements when the PAU is full.
- Clarify if urgent care centres are considered places of safety.
- Explore the need for additional rooms or dedicated space for children in ED/ additional facilities such as cots, enhanced baby facilities.
- Consider request for a fit to sit area.
- Clarify if premature babies are being discharged without open access.
- Explore how we can improve communication for parents who are waiting in ED for long periods.