

Children's and maternity services at Pilgrim Hospital, Boston

July 2018



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.



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 will begin during August.



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

Patient centred - Excellence - Respect - Compassion - Safety



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	3



Our patients

- In excess of 98% of current activity will remain at Pilgrim hospital.
- We anticipate that there will be between six and 10 pregnant women, babies and children transferred to other sites for care per week.
- 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 are planning to buy-in two 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 is not possible, focusing on the possible centralisation of some services to Lincoln.
- Ongoing engagement with neighbouring providers, stakeholders, staff, patients and public.

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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 table, and then you will be given the opportunity to rotate around all three. Each session will last 20 minutes.

The tables are:

- Emergency access
- Childrens 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?