Paediatrics engagement event 17.09.2018 notes

In attendance:

Chair: Sarah Dunnett (ULHT non-exec)

ULHT CEO Jan Sobieraj
ULHT Medical Director Dr Neill Hepburn
ULHT Consultant Paediatrician Dr Ajay Reddy
ULHT Head of Nursing for Women's and Children's Services Sue Bennion
Director of Comms and Engagement Charley Blyth
ULHT Associate Director of Comms and Engagement Anna Richards
ULHT Engagement Assistant Joanna Okrasa.

10 members of the public.

Meeting began with presentation by Medical Director Dr Neill Hepburn (presentation attached).

Engagement exercise with participants covering three subject areas: children's ward, emergency care and maternity and neonates.

Children's ward:

- Family presence and support is vital for child's recovery and if transferred it becomes difficult. Mother was transferred with a child to Lincoln at 3am. Husband had to stay at home with younger siblings and could not see each other for five days.
- Is interim model better than the previous model? This was said by Dr Hepburn at HOSC – it is better as it is safer and more sustainable; there are most senior consultants and are available for longer period during the day. This also improves training quality.
- Are we aiming to get back the inpatient ward?
- What about patient notes – is this being addressed? If the child is transferred to another Trust, how do we get up to date notes.
- Winter – what are we going to do if the roads are shut?
- What happens if someone refuses to be transferred?
- What is the low risk birth?
- How many 14-16 years olds are on adult wards? If we don't count them on admission, the overall number of patients is not accurate. This might cause closing the ward completely as no need for it.
- Are we talking about long term model? Staffing issues have been known for a long time. Is this linked to STP? Why aren't paediatric nurses training in the county? They have been gone for 10 years now.
- If we get back to long term service, is there a budget to do so?
- What's happening with the trainees in February?

- What interest have you had for paeds consultant (the post is closing today)? Have you taken feedback from people who applied what would be an attractive model?
- How many of 39 transfers could have stayed if we had old model in place? There were potentially 39 families relying on public transport
- How are patient being transferred back? There is no ambulance available. Patients transferred in an emergency have no spare clothes, money, phone chargers etc. How can you support them?
- Use common sense when admitting/ transferring children – be flexible. If it is likely that the child can be discharged within 14 hours, don't transfer.
- Reassess the length of admission to PAU (increase)
- If the ward is not busy, why can't we open it for longer – even 24h assessment period would have helped a lot.
- Staff needs to be consistent – some staff members are very strict on 12h cut off point, some are flexible.
- Make sure the 12h guideline is just a guideline. Do what's best for the patient.
- Provide transport, give reassurance.
- Lincoln ward is not very welcoming, doesn't feel like children's ward. When I went there first time, it was a bit scary as on the bottom of dark corridor.
- Start administering IV antibiotics in the community. This would prevent so many transfers.
- Get HEEM to fund medical fellow to train locally.

Emergency care:

- 111 – patients being sent elsewhere. Why is 111 redirecting patients straight to Lincoln or Louth?
- Shipping patients out when beds are empty when they could just stay. More comms to staff to encourage less rigidity when bed space is available – want them to be busy – keep appeal of working in Boston/ experience.
- If the department is underused, staff aren't busy, puts off the new staff.
- Messages are not reaching public correctly.
- Why not switch it – PAU at Lincoln instead as Lincoln closer to other hospitals.
- HOSC seemed uninformed – was it their fault or ours?
- My daughter was discharged from Lincoln at 2am. Went to pilgrim at 7am, did chest x-ray and discovered new infection.
- If I complain, you'll reduce the service further.
- Lack of trust in current service.
- Families sent to Grimsby and Notts.
- About how quiet the ward has been.
- Winter admissions, especially now back to school.
- Long delays in A&E when assessment unit full, including Notts surgery issue.
- Review of two ambulance model in lights of admissions activity.
- Social media rumours and 111 advice not to go to Pilgrim – comms issue.
- Skegness UCC sending elsewhere/ lack of paeds experience.
- Lincoln full? Reports coming back what space in PAU.
- Activity reduced – ED PAU.

- Comms regarding use of Pilgrim.
- Working with Boston Borough Council and Phil Drury to improve reputation of Boston.
- There should be someone to talk to. Parents are under a lot of stress because the child is poorly. On the top of that they worry where they'd end up, whether they have everything with them.
- Ambulance model - is the activity increased due to winter pressures.
- Confirm CCGS/ NHSE regarding 111 rumours.
- Need to ensure services are being used
- Continuity of care – repeating issues.
- Ability to feedback via social media. The fear of criticising.
- Contact point for patients.
- On call assessment – consultant.
- Why 12h on the assessment unit – who makes professional judgement and why? Transfer in the middle of the night.
- How is the trust capturing all patient feedback as it informs the interim model.
- Comms ULHT to all stakeholders on interim pathways (details).
- Parents need correct messaging.
- Not using time – using activity measure.
- Staff comms out to reduce rigidity when bed space available. Want them to be busy. Keep the experience.

Maternity and neonates

- Worried about it staying at 34 weeks.
- Mums being transferred in labour is a worry.
- Concerned that consultant led maternity will go – it needs to stay.
- Concerned the change is permanent.
- Heard cases where GPs and 111 are diverting people away from Pilgrim.
- Capacity issues – other sites being full. So don't you need more capacity for level 2 babies in Lincs/ Boston area.?
- What to know that as soon as they are well enough the babies are repatriated.
- Need to give assurance to you staff that you are keeping the services – before they leave.
- People don't know what Pilgrim can deliver – reputation management.
- Need to boost morale and keep the workforce you do have.
- 30 weeks gestational admission.