

Paediatrics engagement event 20.08.2018 notes

In attendance:

Chair: Sarah Fletcher (Healthwatch CEO)

ULHT CEO Jan Sobieraj

ULHT Medical Director Dr Neill Hepburn

ULHT HR Director Martin Rayson

Consultant Paediatrician Dr Ajay Reddy

General Manager for Women's and Children's Paul Hinchliffe

ULHT Communications Officer Nicola Galley

ULHT Communications Officer Zoe Leahy

ULHT Engagement Assistant Joanna Okrasa

Engagement Manager for Lincs West CCG Kevin Gibson.

9 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:

- No recognition of support required for families outside of proposed service model. Support mother gets from family will be difficult if child is in Lincoln.
- Children with longer term caring need will be transferred – need to know what carer support is available (carers first).
- Kids being transferred from Lincoln to Pilgrim in the past. Where do these kids now go?
- Not enough ambulances.
- STP states paediatrics moving from Boston to Lincoln. This is the start. The new model is not interim/ temporary. It will stay like this or close.
- Staffing issues have been known for 10 years.
- How long is temporary – just delaying the inevitable.
- Woman's child regularly admitted for longer than 12 hours will now have to travel to Lincoln – splitting family apart.
- Further you take services away, the more families' support lines are stretched.
- Offer parents and families a chance to visit Lincoln to be shown around.
- Public would like to see update STP document.
- 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. Proper care plan in place.
- Other opportunities for people to feed into our plans. People won't come to these events. Better use of social media, catch people when they are going about their business.

- Telling the truth about whether the service will ever be reinstated.
- Events like this are more reassuring.
- Strong messages through local media/ campaign groups. There are too many rumours.
- Keep parents informed, i.e. children centres, so they reassure families they come into contact with.
- Better communication – nobody knows this is happening.
- Continue to pressure the department of health/ HEE to provide more funding to train more staff and bring them to Lincolnshire.
- Make sure the most vulnerable families are looked after, i.e. mother with three children, one in special care in Lincoln, other two at home in Boston. How do we best support her?
- More training for middle grade doctors so they don't have to move to train elsewhere.
- Do everything you can to reinstate the service as soon as possible. Promote Lincs as a great place to work!

Emergency care:

- If the child needs to be admitted and transferred to Lincoln, mum will go to Lincoln. Relying on other family members to help with other children.
- I know if my son needs help he will be in for longer than 12h. where should we go? He has emergency protocol!
- Need reassurance of ambulance transfer being available.
- Worry about being transferred, away from the support network.
- My son is a familiar face to staff on children's ward at PHB, they understand him and his condition.
- What happens if Lincoln is full? (are we trying to open extra beds at LCH? Need staff!)
- If we can expand beds at LCH, why can't it happen at Pilgrim?
- Transport/ travel.
- Worried that temporary will become permanent or may even close.
- I was low risk pregnancy but became high risk very quickly. Need a consultant led maternity unit!
- Big worry is what happened at Grantham A&E.
- If ambulance go straight to Lincoln because children need more than 12h care, will that impact on statistics and put Paediatric service at Pilgrim at risk for the future?
- Don't agree with the numbers you presented.
- The only thing you can do to reassure us is to keep the service at Pilgrim.
- Need reassurance of ambulance transfers being available.
- What is your definition of temporary?
- It is a disaster for families needing inpatient care. Not just inconvenient.
- Need to reassure us that it will be reinstated. Better communications.
- Need to make sure equipment works (premature baby was put in three incubators at Pilgrim before one worked).
- Need a better way of communicating with public. Use regular speech. Contact through schools, preschools, nurseries.

- SOS Boston would love to work together to reassure people.
- Carers support network – may be able to help families where children need long term care. Anything they can do to help parents to maintain their carers role. There is a simple electronic referral form.
- Keep services at Pilgrim.
- Level 2 neonatal unit at Pilgrim.

Maternity and neonates

- How many mums who called 999 were taken elsewhere (bypass Pilgrim) therefore number not accounted for?
- What if other trusts are full? The children and mums will have to go even further.
- Bullying is still a problem at Pilgrim and the whole Trust. What are you doing for the staff you have?
- Juniors doctors are being re-rotated on the 1 September. Are they going to come to Pilgrim?
- Communication with the public of what's happening.
- How temporary is it? When is it being reviewed?
- I didn't know what the model was before and we don't really know what's being taken away – that creates the fear!
- Once the baby is born at LCH, do you transfer them back to Pilgrim at certain age?
- Messages going out about the reassurance are not enough.
- With pregnancy you don't know whether you have an emergency until it happens. Perfectly normal pregnancy may result in complications at birth.
- Figures in the presentation – 1.5 mum – we are talking about people!
- Time is of the essence! It happens quickly.