

Paediatrics engagement event 31.07.2018 notes

In attendance:

Chair: Sarah Fletcher (Healthwatch CEO)

ULHT CEO Jan Sobieraj

ULHT Medical Director Dr Neill Hepburn

Consultant Paediatrician Dr Ajay Reddy

ULHT Head of Midwifery/Paediatric Nursing Sue Bennion

ULHT Communications Officer Nicola Galley

ULHT Engagement Assistant Joanna Okrasa

System-wide Director of Communications and Engagement Charley Blyth,

Engagement Manager for South West Lincolnshire CCG Diane Hansen

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:

- Sustainability concern. STP is slow. Need concrete evidence. People are disengaging, asking the same questions.
- Parental aspect – socio-economic impact, siblings, affordability.
- Open access for those over 12 hours. Frequent access (what about those whose child needs regular stay).
- Transport. For people in the East coast – double problem, already takes 1 hour to 2 hours travel.
- Transportation very difficult – impact on children, siblings.
- One team two sites – will it put off staff because they have to travel more.
- Transport – logistics of ambulances.
- 30% Skegness population don't have cars.
- How to 'force' trainee doctors to come to Boston?
- Continues travel to visit.
- What if labour begun on route, in the ambulance., Are the paramedics trained?
- Zero hour contracts.
- Why are there not the same issues at Lincoln.
- Capacity. People are not really sure about where they need to go.
- Concern about postnatal depression.
- Not hearing enough clarity, inconsistency. But need to tell positive about commitment to full services. – using social media from the MP and the Trust.
- Higher level 2 neonatal unit is needed.
- Help with accommodation for family.

- Overseas doctors should be encouraged to come here and contracted in.

Emergency care:

- Can we keep children for longer than 12 hours?
- Is 8 beds the size of the ward?
- Baby needs additional support.
- 98% remains unchanged – 2% high risk goes to Lincoln. Still high number.
- It is a 'gig event' travelling to Lincoln, especially from the coast.
- Family support and access.
- Nurses shift 12 hours – asking to move from Lincoln to Pilgrim.
- Keep what we've got now – keep the enhanced services locally.
- Family support/ access – public transport, ambulances
- Consultant presence at the ward till 10pm (Monday till Sunday) plus assessment unit. Trying to get the same rota at LCH. After 10pm on call – 2 consultants on site 24/7.
- What about if both ambulance base are used.
- Clearer on our offer for trainee doctors.
- Use FB to advertise jobs. Offer money, stability, job satisfaction, incentives.
- Being able to stabilise at Pilgrim before travelling to the centre of care.
- Lincolnshire needs to up its game with regards to recruitment.
- Use facebook to advertise for jobs. Offer incentives, money, ensure job satisfaction.
- Opportunities for professional development.

Maternity and neonates

- What are the expectations when it comes to typical mother to be in Boston?
- Don't believe in 98% figure (520 births transferred a year!)
- What if that's permanent?
- Are the trainee doctors coming to Pilgrim? (Monday to Friday – but are they here every day?)
- Trainee obstetricians – they can only do simple things, what if twin birth?
- Middle grade doctors leaving due to births being transferred to Lincoln – less opportunity to gain experience.
- Is Lincoln going to cope?
- Where are these women going to go?
- How many beds are there at Pilgrim?
- There's no such thing as NORMAL pregnancy.
- Are you looking for permanent solution away from Boston?
- Staff is concerned that the service is closing.
- Isolation of the area and poor infrastructure.
- Fake news which are picked by current and potential future staff.
- Are the neighbouring trusts able to handle the patients? Have you got an agreement?
- With regards to recruitment, ULHT competing with larger trusts based in big cities – what is the plan to overcome this?
- Why did ULHT suggest consolidation of trainees at Lincoln?

- Review going from 37 weeks to 34 weeks. Reassurance the birth is safe (if 37 weeks but not fit for transfer, birth first, stabilise and then transfer).
- Give financial incentives to get more doctors. However it's not just about the money – accommodate flexible working etc.
- Review flexible working.
- What solution can we come up with long term?
- Work with Uni, make sure the trainee nurses are recruited from Lincolnshire, as they will be more likely to stay and work for the Trust.