

**Report to:** East Sussex Health Overview and Scrutiny Committee (HOSC)

**Date of meeting:** 30 July 2024

**By:** Deputy Chief Executive

**Title:** Changes to Paediatric Services at the Eastbourne District General Hospital (EDGH)

**Purpose:** To consider an update report from East Sussex Health Trust (ESHT) on changes made to paediatrics services at EDGH under the new service model, and the implementation of HOSC's recommendations from the Review of these changes.

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## **RECOMMENDATIONS**

The Committee is recommended to:

- 1) Note and consider ESHT's response to HOSC's review recommendations as set out in appendix 1 and ESHT's update report in appendix 2.
  - 2) Consider ESHT's update report on the implementation of the new service model at the EDGH attached as appendix 2;
  - 3) Consider the independent report on the new service model from Dr Moya Dawson which is contained as an appendix to ESHT's report; and
  - 4) Identify any further information that it would like included in the December 2024 update report.
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### **1. Background**

1.1. On 14 December 2023 the HOSC considered a report from East Sussex Healthcare NHS Trust (ESHT) on changes to the Paediatric service model at the Eastbourne District General Hospital (EDGH). Both NHS Sussex and ESHT did not regard the changes as a substantial variation to services which would require formal consultation with HOSC, and the changes were considered to be operational differences in the way in which the services are provided.

1.2. Following concerns raised by the Committee and members of the public about the changes, the HOSC agreed to establish a Review Board to examine the impact of the changes to the Paediatric service model at EDGH more closely. The implementation of changes to paediatric services at the EDGH started on 8 January 2024 and the HOSC Review took place over a series of meetings held during February 2024.

1.3. At the HOSC meeting held on 7 March 2024 the Committee considered and agreed the report of the Review Board and its thirteen recommendations regarding the changes to the paediatric service at EDGH. The HOSC also considered an update report on the implementation of the new service model from ESHT at this meeting. The Committee agreed to submit the review report to ESHT for consideration and a formal response to the recommendations made by the HOSC.

### **2. Supporting information**

2.1. ESHT submitted a formal response to HOSC's recommendations on 10 April 2024 and a copy was circulated to all Committee members. A summary of the HOSC review recommendations and ESHT's response to them is contained in **Appendix 1**. A full copy of the HOSC Review Board's report can be found [here](#) together with the 7 March 2024 HOSC meeting papers.

2.2. One of the HOSC recommendations was to bring an update monitoring report on the implementation of the changes to Paediatric services to the June and December 2024 HOSC meetings. As the June HOSC meeting was cancelled due to the pre-election period for the General Election, an update report is now being presented to the Committee on the operation of the new

service model. The ESHT update report on the new service is in **Appendix 2** of the report, which also contains further updates on ESHT's response to HOSC's recommendations. The Committee is asked to consider the response to HOSC's recommendations and update report provided by ESHT.

2.3. Section 2 of ESHT update report (Appendix 2) contains monitoring data regarding the operation of the new service model up until March 2024. This supporting data shows:

- The days per week with Paediatric cover in the new unit in the Emergency Department (ED), which show an increasing number of days per week that the new service is being operated (figure 1).
- There has been a small reduction in the number of children breaching the 4 hour waiting time target in ED (figure 2).
- An increasing percentage of children being seen in ED by paediatrics (figure 3); and
- There has not been an increase in the number of children needing to be transferred to the Kipling unit at the Conquest Hospital in Hastings, and the trend is a reduction from an average of 5 transfers per week to around 3 transfers a week (figure 4).

2.4. Section 3 of the report outlines the additional actions taken since April in relation to the HOSC recommendations. This includes a visit from Healthwatch and young Healthwatch; work on the new pathways for elective care for children to have food allergy and endocrine testing in the Paediatric Outpatients department; and a response to the recommendation regarding the location of the paediatric consultant managing the GP triage phone line.

2.5. ESHT have also commissioned an independent review of the new service model and have asked this review to also look at the issue of clinical (paediatric consultant) support for the new model. The independent review was undertaken by an independent paediatric consultant, Dr Moya Dawson, and a copy of her report and findings is included in an appendix to the ESHT report contained in Appendix 1. The independent review covered the following areas:

- Are the changes safe?
- Do the changes represent an improvement both in access and quality of urgent care pathways and in use of resources?
- Are the changes offer sustainable access to high quality care?
- Does the Consultant Paediatrician staffing the GP triage phone need to be permanently located at the EDGH site?

2.6 A summary of the findings of the independent review are as follows:

- The urgent care pathways that are currently in place feel safe. Children are managed by appropriately trained and skilled staff, and, where there is need, the same staff have access to appropriate senior decision maker advice over the phone – be this a consultant paediatrician or the STRS retrieval service – or in situ with the ED team.
- The ED team report feeling much better supported by having consistent paediatric support in situ rather than having to liaise – with some reported difficulty – with an inconsistent off-site team.
- The ED clinical lead reports that having paediatric support in situ also enhances emergency medicine training as, going forward, FY2 trainees will be doing a 4-hour shift with the paediatric Advance Nurse Practitioners (ANPs) daily.
- For this reason, the provision of urgent and emergency care appears to be both improved and sustainable, not only in terms of appropriate use of skilled and knowledgeable resource within the ED but also in terms of career progression and training for doctors, ANPs, paediatric nurses and Health Care Assistants (HCAs).
- The planned and elective services offered by the Paediatric team under the leadership of Dr Muhi-Iddin also feel safe. She has thought through the change process in detail and has ensured that it continues to meet the need of the children of Eastbourne and that it does not compromise on safety. Given the low numbers of children attending the Short Stay

Paediatric Assessment Unit (SSPAU) historically, the changes would also seem to be a wiser use of resource both in terms of workforce and financially.

- Addressing the HOSC board's specific recommendation that EHST permanently locates the Paediatric consultant staffing the GP triage phone at the EDGH site: within the paediatric consultant job plan, 1PA of consultant time is dedicated to triaging and managing online GP referrals and 1 PA to holding the advice phone line for both Conquest Hospital and EDGH as well as undertaking the consultant's own SPA work. These two PAs will count largely as remote direct clinical care and, as such, a) *do not* include the additional work of providing an input into the new service model and providing additional assurance to address concerns about the level of consultant presence in the hospital and b) can be safely done remotely and would not have to be permanently on site.

2.7 The overall conclusion of the independent report is that the new service model is safe, and urgent and emergency care appears to be improved and sustainable. There is also assurance around the actions taken on elective care pathways that were affected by the new service model and an undertaking by ESHT to share further details with HOSC when available.

### **3. Conclusion and reasons for recommendations**

3.1 The HOSC is recommended to consider ESHT's response to the HOSC review recommendations, and the update information on the operation of the new service model and the actions taken in response to HOSC's recommendations. The Committee is also asked to consider the independent report and identify any further monitoring information it requires for the next update report at the December HOSC meeting.

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