

# Update to Health Overview and Scrutiny Committee, December 2024

## Paediatric Care in the Emergency Department (ED) at Eastbourne District General Hospital

### 1. Summary

1.1 This update report is the last in the series of briefings that we agreed to share with colleagues for assurance purposes following the HOSC review into the new model for paediatric care at Eastbourne District General Hospital. This marks the end of a successful nearly 12 months of operations.

As per our previous reports to HOSC, we are pleased to report continued positive progress with the model for paediatric care. This update covers two broad areas:

- Supporting data from the new model.
- Safety/Complaints and other matters for update since the previous update.

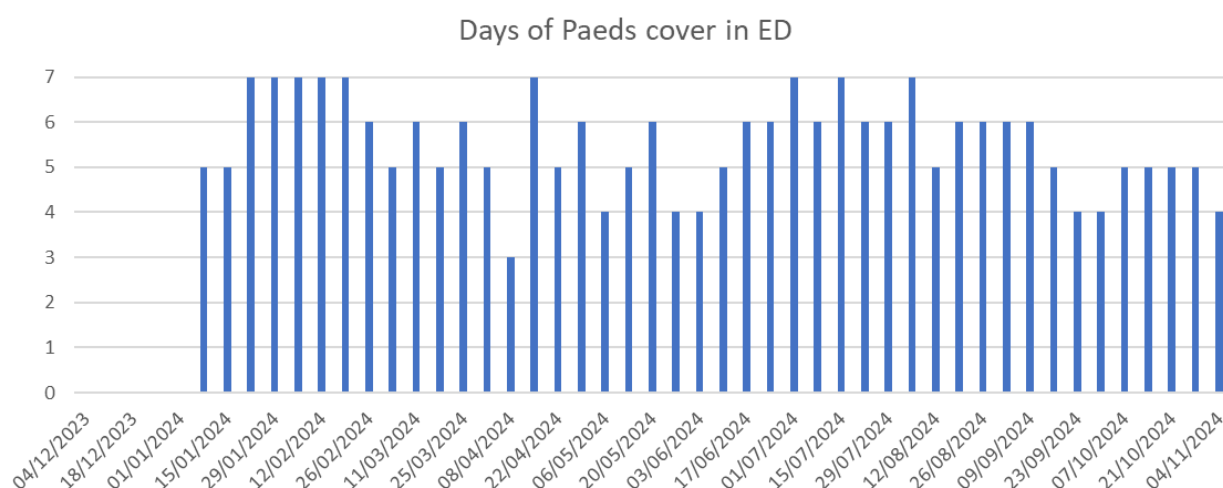
### 2. Supporting data

2.1 We have now had the benefit of 11 months of activity through the paediatric hub. As the graphs throughout the rest of this report show, we have a regular presence in ED, improving activity levels and a decreasing number of children needing referral to the Hastings site.

2.2 Figure 1 below shows that coverage has been consistently between 5 and 7 days per week, with the average from the figures below being 5.5 days per week. Importantly for over half the time of its operation (53%) the unit has been open between 6 and 7 days. On these days, any paediatric presentation to ED where a paediatric opinion is required, has immediate access to the service. As HOSC members will recall, prior to the new model, there was no paediatric specialists in ED.

2.3 Members will recall that under the previous model, we regularly closed the assessment unit at short notice (weekends and during staff shortages) so the current has increased access and has brought less unpredictability to the planning of staff rotas/departmental cover.

**Figure 1: Days per week with paediatric cover in the (ED) emergency department (max. 7)**

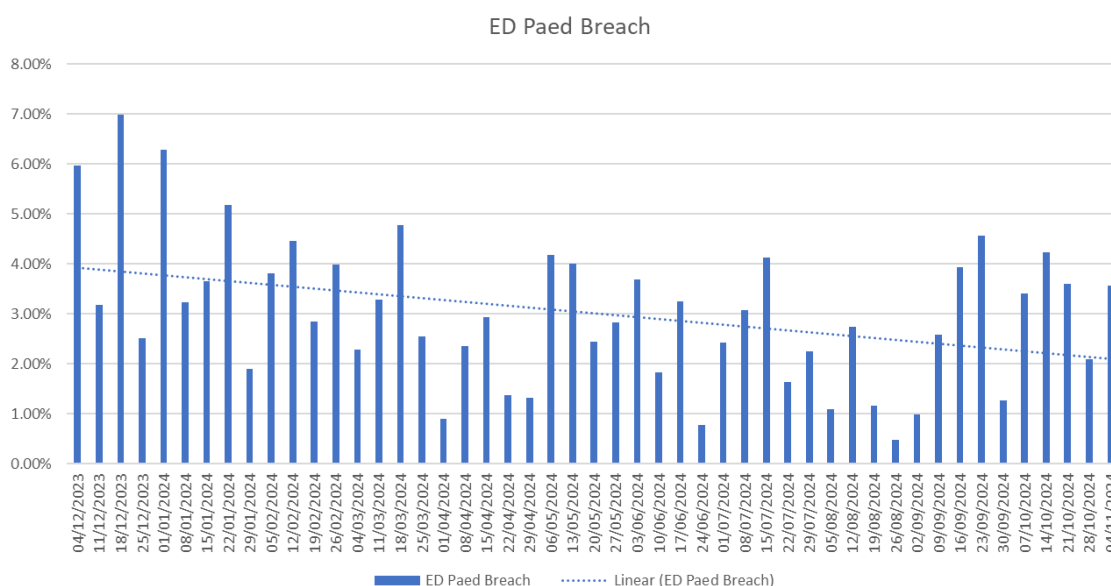


2.4 Figure 2 shows that, since implementing the new model in early January, there has been a steady reduction in the number of children waiting over four hours.

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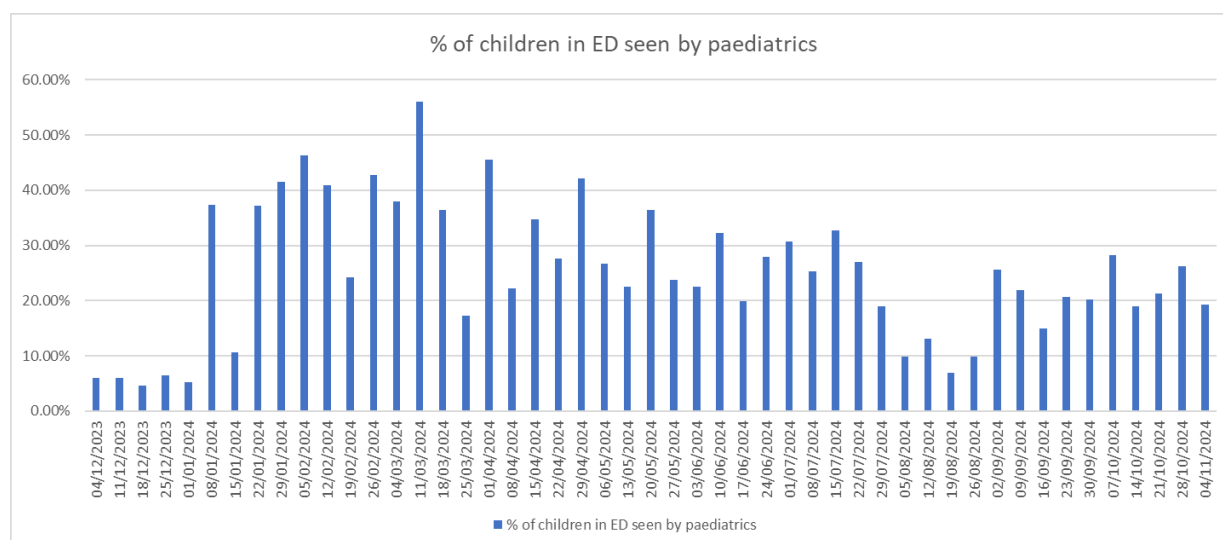
**Figure 2: Percentage of children breaching the 4-hr ED standard**



2.5 Members will recall that only a very small number of children (3%-4% typically have needed paediatric care/opinion in the ED, with the majority covered by ED nursing and/or consultant intervention) and for those who did, historically this would have taken place in another part of the site.

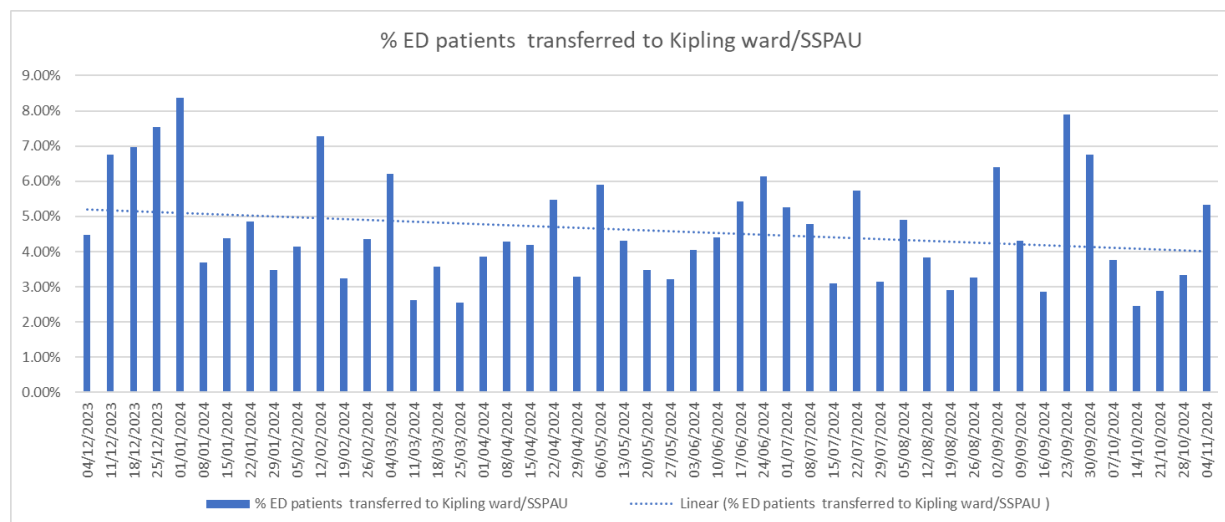
2.6 Figure 3 shows that, compared with volumes of children seen under the previous model, we are seeing increased numbers of children directly in ED, supporting the improvement in access to paediatric opinion that the model affords to local parents. It is worth noting that around 50% of children that present to ED are injuries (and so are typically treated by the Emergency Nurse Practitioners), about 30% of paediatric attendances can usually be managed through Primary Care/GP resource and therefore, on the current split of attendances, 20% of children needing specialist Paediatric input fits with the general profile we would anticipate.

**Figure 3: Percentage of children seen in ED by paediatrics**



2.7 Members will recall that one of the concerns put forward with regard to the new model is that it would result in an increase in paediatric cases going to our Hasting site. As Figure 3 shows, this has not been borne out by the results, with the trendline showing a reduction from an average of 5 a week to around 3 a week.

**Figure 4: Percentage of children transferred for care in Hastings**



**3. Safety/Complaints and other matters**

3.1 **Safety/Complaints:** We are happy to report that there have been no clinical patient safety incidents reported as regards this service, nor have there been any complaints as regards the new model.

3.2 **Future plans for paediatric services:** The Division is in the process of formulating a paper for consideration that proposes reusing the Scott Unit space effectively. The options will be developed in line with Trust policy and a business case made to the executive team.

3.3 **Second Healthwatch visit:** Following the positive Healthwatch visit to the service earlier in the year, a second visit took place in October, specifically to gain a young person’s perspective on paediatric facilities following the changes. It also sought to take in what staff thought of the changes and if there were any further improvements.

3.4 In a structured approach, the visit included a team of Healthwatch East Sussex staff and Young Healthwatch volunteers who undertook their review according to the 15 Steps Challenge in the department and considered the operation of the service across the four key areas set out in the *NHS 15 Steps Challenge Guide*: Welcoming; Safe; Caring and involving; and Well organised and calm.

3.5 We are pleased to append the full report to this summary and, as the recommendations and conclusions show, this was another positive report that recognises “... *the changes in paediatric care at ESHT are allowing for improved patient care and a better patient experience*”. We note the recommendations and will look to act on these, insofar as we can – mindful of the estates constraints of the site. We again thank colleagues at Healthwatch for their rigorous engagement and healthy challenge to us as part of this work.

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**Figure 5: Summary recommendations & conclusions of Healthwatch ‘15 Steps Challenge’**



## 4. Conclusions

- 4.1 As this is the final report of the agreed updates for HOSC, we would like to take this opportunity to thank Councillors and our partners for their respective roles in the review of the service changes we have implemented. We hope that the evidence and data we have provided – both internally from the activity analysis and externally that considered the model in context – has demonstrated that the intended benefit for the residents we serve has been manifest in the work we have undertaken.

Dr Matthew Clark  
Clinical Chief of Division, Women’s & Children

Ms Kaia Vitler  
Divisional Director of Operations, Women’s & Children