

Update on the new paediatric service model in the emergency department (ED) at Eastbourne District General Hospital

1. Purpose of this update

- 1.1 Following discussions as part of the review into the new model, this brief paper is designed to update members of Health Overview and Scrutiny Committee (HOSC) with operational data and insight from the first five weeks of the new paediatric model being operational.

2. Background

- 2.1 The changes to the Paediatric urgent care pathways previously shared with this Committee (i.e. the provision of an APNP/Registrar in the Emergency Department (ED)) commenced on 08 January 2024.
- 2.2 Alongside this, the Trust 'shadow' ran the Scott Unit for the rest of the month of January, which meant that we maintained a reduced consultant presence with nurse support in Scott Unit and that the unit would continue to take GP referrals.
- 2.3 The shadow running of Scott Unit ceased on 04 February and from 05 February the new pathway changes commenced with of all Urgent and Emergency patients being seen via the APNP/Registrar in ED and planned care being managed through the nursing team at EDGH in Scott Unit/Outpatients.

3. Initial findings

- 3.1 From the data (summarised in the table at section 6) there are several immediate observations:
- There is no discernible difference in the number of paediatric attendances to the Eastbourne ED
 - There is a significant increase in the number of children seen quickly in ED under the new model – in the region of a tenfold increase
 - There is no rise in the number of children being transferred from ED to Conquest following the implementation of the new model
 - There have been no reported safety issues, incidents or near misses

4. Current service priorities

- 4.1 Subsequent to the implementation in January, the immediate priorities for the service are shown below:
- Developing the nursing skill set further in order to ensure we maximise planned care activity at the Eastbourne site, and minimise the temporary move of some planned care activity
 - Completing the fit-out of the modular build (that will provide paediatrics with its own space) already on site. Estimated completion date is due by the final week of March

5. Feedback from staff

- 5.1 There has been positive feedback from staff about the operation of the new model, consistent with the evidence from the Chief of Urgent Care Division to the Review Panel.
- 5.2 Informally, staff have reported that parents/carers have commented on the adjacency benefit of the new model.

6. Operational data

6.1 The table below shows paediatric activity through the emergency department in the 5 weeks prior to the new model and the initial 5 weeks of the new model.

Key information: 5 weeks pre/post new paediatric model in EDGH ED

w/b	PAED cover in ED	Paed patients in ED at EDGH	Number seen by Paeds (as % of total paed attends)	Number transferred to Kipling/SSPAU	Number transferred to Scott Unit	Arrived by ambulance	Planned care activity in EDGH
4/12/23	Nil	268	3 1.11% of total paed attends	8 2.9% of total attends	4	3	
11/12/23	Nil	252	4 1.5%	15 5.9%	2	0	
18/12/23	Nil	215	2 0.9%	10 4.6%	5	3	
25/12/23	Nil	199	7 3%	10 5%	5	1	
1/1/24	Nil	191	1 0.52%	13 6.8%	3	0	18
8/1/24	Mon Tues Weds Thurs Fri	217	80 36%	7 3.2%	0	1	4
15/1/24	Tues Weds Thurs Fri Sun	274	21 (manual data count) 7%	12 4.3%	0	4	4
22/1/24	Mon Tues Weds Thurs Fri Sat Sun	309	104 33.6%	15 4.8%	0	1	10
29/1/24	Mon Tues Weds Thurs Fri Sat Sun	174	81 46% of total paed attends	5 2.8%	0	2	6
5/2/24	Mon Tues Weds Thurs Fri Sat Sun	289	127 43% of total paed attends	12 4.15%	0	4	9

7. Next steps

7.1 We welcome the outcome of the HOSC review and will include any recommendations from it in our internal post-implementation review and as part of our on-going assurance through the Trust governance arrangements.

7.2 Separately, we have also commissioned an external, independent post-implementation review of the model and will share the HOSC recommendations as part of the work of this piece of work.