

Appendix 1 - Summary of Recommendations from the HOSC Review of Changes to Paediatric Services at the Eastbourne District General Hospital (EDGH), and the response to the recommendations received from the East Sussex Healthcare Trust (ESHT).

HOSC Recommendations

Recommendation	
1	The Board recommends that ESHT engage at an earlier stage with HOSC on any future service changes, particularly where there might be public interest in the service in question.
2	The Board recommends that ESHT involve staff and representative groups including Healthwatch and the East Sussex Parent Carer Forum in the design and fitting out of the new dedicated paediatric space where possible, to ensure it is child friendly, child safe and meets patients' and their families' needs.
3	The Board recommends that Healthwatch and Young Healthwatch be asked to visit and assess the new dedicated paediatric space and service once it has been completed.
4	The Board recommends ESHT investigate developing the space in the Scott Unit for facilities for planned paediatric care activities.
5	The Board is concerned that many of the pathways were not finalised before the new model was rolled out and recommends that ESHT finalise the outstanding planned care pathways as soon as possible and that copies of the new clinical pathways documentation are provided to HOSC once finalised and agreed with staff.
6	The Board recommends that additional communications are provided to parents and carers that are affected by the any of the changed pathways as a matter of urgency, so that families and their children who are regular users of the services at EDGH understand how the changes may affect them.
7	The Board remain concerned about having sufficient Paediatric consultant presence at the EDGH site and recommends that ESHT permanently locates the Paediatric consultant staffing the GP triage phone at the EDGH site to provide a level of consultant input into the new service model and to provide additional assurance to address concerns about the level of consultant presence in the new model.

8	The Board recommends that ESHT consider identifying a suitable space that could be used for children and young people presenting with mental health issues within the facilities in ED.
9	The Board recommends that ESHT reviews and expands the number of trainee APNP roles if possible, to provide greater resilience and assurance for the operation of new service model.
10	The Board recommends that ESHT promote the travel and access support that is available to patients and their families, who may be affected by changes in the new model of care, and consider the use of a Travel Liaison Officer role to support travel and access arrangements.
11	The Board recommends that ESHT clarifies the metrics and milestones used to determine the effectiveness of the changes to paediatric care at EDGH to HOSC and Healthwatch.
12	The Board recommends that ESHT provides an update report to HOSC on the operation of the new service model at the 6 June 2024 and 12 December 2024 HOSC meetings.
13	The Board recommends that HOSC works with Healthwatch to monitor and review the operation of the new service model.

Response to HOSC's recommendations from the East Sussex Healthcare Trust (ESHT)

As noted in several of the responses to the recommendations, ongoing reporting to the HOSC during 2024 will continue to note the progress of this service.

Recommendation 1.

The Board recommends that ESHT engage at an earlier stage with HOSC on any future service changes, particularly where there might be public interest in the service in question

We note the request and are happy to engage HOSC at the relevant times. The CEO and HOSC Chair meet informally on a regular basis and can agree how and when services changes are brought to HOSC.

Mindful that there is no formalised definition of 'substantial variation' to services, together with ESCC and ICB colleagues we are keen to develop a range of criteria to help structure the approach as to how we collectively respond to proposed local service changes

Recommendation 2.

The Board recommends that ESHT involve staff and representative groups in the design and fitting out of the new dedicated paediatric space where possible, to ensure that it is child friendly, child safe meets patients' and their families' needs.

We are refreshing the dedicated paediatric space in the Emergency Department at EDGH to make this a welcoming space for young patients and their families as soon as possible and have involved staff in that work. To get this done quickly we've been unable to involve representative groups but will take the recommendation on board and involve these groups in future.

Recommendation 3.

The Board recommends that Healthwatch (HW) & Young Healthwatch be asked to visit and assess the new dedicated paediatric space/service once it has been completed.

We are scheduling times with Healthwatch & Young Healthwatch to undertake this work.

Recommendation 4.

The Board recommends ESHT investigate developing the space in the Scott Unit for facilities for planned paediatric care activities.

At present the routine planned care activities are taking place in Friston (Paediatric) Outpatients rather than Scott Unit.

We continue to review developing the space in the Scott Unit to ensure that we are utilising all of our Paediatric space, and we are liaising with teams around that. Understandably, feedback from staff was to ask us to allow the changes to bed in with the new model before further changes were suggested.

Recommendation 5.

The Board recommends that ESHT finalise the outstanding planned care pathways as soon as possible and that copies of the new clinical pathways documentation are provided to HOSC once finalised and agreed with staff

We agree and would suggest that these form part of the updates to the June and December HOSC meetings.

Recommendation 6.

The Board recommends that additional communications are provided to parents and carers that are affected by the any of the changed pathways as a matter of urgency, so that families and their children who are regular users of the services at EDGH understand how the changes may affect them.

We have revised our 'open access/long term patients' list. Once this is fully completed, we intend to write to all of the affected patients/families re the changes. Any current regular users of the service have already been liaised with.

Recommendation 7.

The Board recommends that ESHT permanently locates the Paediatric consultant staffing the GP triage phone at the EDGH site to provide a level of consultant input into the new service model and provide additional assurance to address concerns about the level of consultant presence in the new model

We are not in a position offer an immediate commitment without first understanding the resource and efficiency implications, as well as the views of the consultant body, given this is ultimately a clinical matter. We will discuss this with paediatric consultant colleagues for their consideration and will provide an update on our modelling of the implications at the June and December HOSC meetings. We have also asked the independent clinical review to consider the implications and need to support the clinical model of locating a consultant permanently at EDGH.

Recommendation 8.

The Board recommends that ESHT consider identifying a suitable space that could be used for children and young people presenting with mental health issues within the facilities in ED

There is a separate room that can be utilised if the young person requires somewhere calm and quiet. However, not all young people will want to be separated and may need closer supervision and therefore may want to wait within the new unit. This space will still be less crowded and more appropriate than the previous space that was shared with the adult minor injury service.

Recommendation 9.

The Board recommends that ESHT reviews and expands the number of trainee APNP roles if possible, to provide greater resilience and assurance for the operation of new service model.

We recognise the importance of ensuring we have adequate cover for the demand that we are seeing through the unit and would seek to follow Trust process if we need to increase to meet rising need/activity. In both the immediate and medium term, the rota is staffed by either an APNP or a Paediatric Medical Registrar.

Recommendation 10.

The Board recommends that ESHT promote the travel and access support that is available to patients and their families, who may be affected by changes in the new model of care and consider the use of a Travel Liaison Officer role to support travel and access arrangements.

As part of conversations with patients and their families around treatment plans, we always discuss and signpost the various support options that are available.

Recommendation 11.

The Board recommends ESHT clarifies the metrics/milestones used to determine the effectiveness of the changes to paediatric care at EDGH to HOSC and HW

As per the March paper to HOSC, we currently measure; availability of paediatric cover (7/7), paediatric activity (total number), transfers to the Conquest inpatient ward and % access to specialist paediatric opinion (EDGH).

Recommendation 12.

The Board recommends ESHT provides an update report to HOSC on the operation of the new service model at 06 June 2024 & 12 December 2024 HOSC meetings

Agreed.

Recommendation 13.

The Board recommends that HOSC works with Healthwatch to monitor and review the operation of the new service model.

We have a twelve-month forward workplan with Healthwatch, with at least two scheduled visits to the paediatric facility at EDGH.