

Update to Health Overview and Scrutiny Committee, February 2026

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

1. Summary

1.1 This update report is an additional briefing 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. The new model has now been in place for almost two years.

2. Supporting data

2.1 We have now had the benefit of nearly two years 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 days per week during 2025. There have been some gaps in the latter part of the year due to staff shortages but this has now been addressed.

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



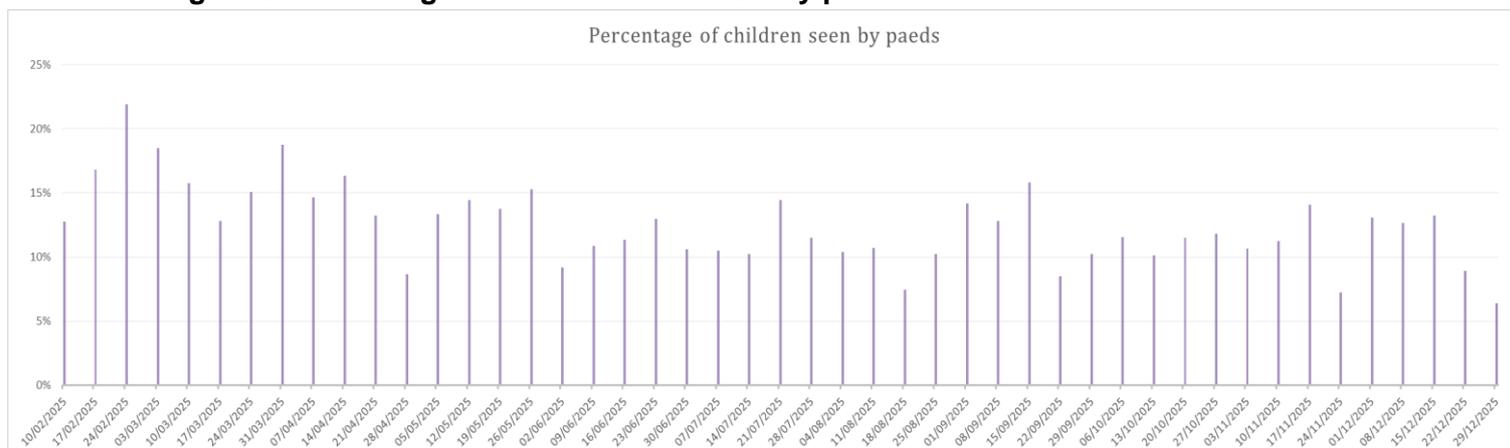
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2.3 Figure 2 shows that, compared with volumes of children seen under the previous model (~5%), we are seeing increased numbers of children directly in ED, supporting the improvement in access to paediatric opinion that the model affords to local parents.

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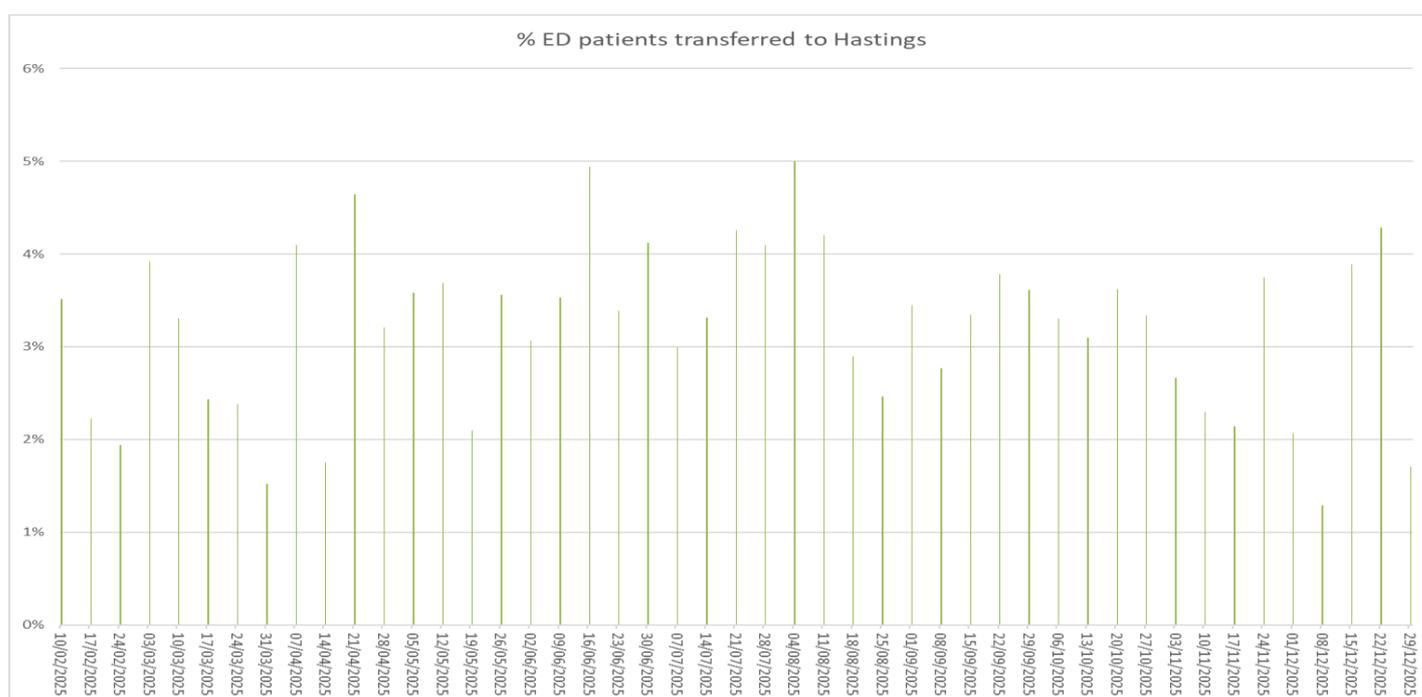
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Figure 2: Percentage of children seen in ED by paediatrics



2.4 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 less than 5% of children presenting to EDGH ED needing to be transferred.

Figure 3: 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.

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

Update to Health Overview and Scrutiny Committee, February 2026
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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.