

## HOSC monitoring template - Developing Maternity Services in East Sussex

## Item 5 - Appendix 1

This table lists the recommendations made by HOSC in relation to the proposals for maternity, inpatient gynaecology and special baby care services **which remain relevant following the decision that services should be retained at both main hospital sites**. Following this decision, the template also includes the recommendations made by the Independent Reconfiguration Panel (IRP) to enable HOSC to monitor progress on these also.

|  | Recommendation  | Last reported status <b>November 08</b>   | PCTs' Progress report <b>March 09</b>  |
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| <b>Recommendations relating to implementation of changes</b><br><i>(N.B. although services will now remain on two sites, there are likely to be changes to the way these services are provided, therefore the recommendations below remain relevant)</i> |   |   |  |
| R4   | Before any decision is taken to implement changes to services, the PCT Boards should ensure robust capital and revenue costings are in place and local health economy sources of funding clearly identified. Sources of funding should minimise the impact on other services as far as possible.  | Revenue and capital plans as well as local health economy sources of funding will be developed to support the local model selected to deliver consultant led maternity, special care baby, inpatient gynaecology and related services on both sites in accordance with IRP recommendation 3.  | <ul style="list-style-type: none"> <li>The East Sussex PCTs are currently in the final stages of setting their budgets for 2009/10.</li> <li>The PCTs are committed to prioritising revenue resources against the implementation of this change of service.</li> </ul>   |
| R6   | The Director of Public Health should, in consultation with clinical staff and service users, agree a set of audit measures to assess outcomes and quality of care which will be regularly monitored before, during and after implementation. These should demonstrate at least stability and preferably, improvement in quality of care and patient experience. | The metrics are being developed further and made more timely, PCTs Professional Executive Committees are monitoring the quality standards on a quarterly basis.   | <ul style="list-style-type: none"> <li>The PCTs' Professional Executive Committees continue to monitor the quality of standards on a quarterly basis.</li> </ul>   |
| R8   | The PCTs and Hospital Trusts should establish mechanisms to effectively involve service users and staff in design and implementation of any reconfigured maternity, special baby care and gynaecology services to ensure that the concerns of service users and staff are identified and addressed as far as possible.  | Section 4 of the PCT Plan in response to the IRP recommendations sets out how we will work to involve patients, the public and other key stakeholders including staff. Several employees of the local NHS, have been part of the Maternity Strategy Group and have contributed to the ongoing development of the maternity services strategy. This work will now be taken forward by the wider stakeholder groups which will also look at the best way of communicating with staff groups | <ul style="list-style-type: none"> <li>The PCTs have established a Maternity Services Development Panel (MSDP) and Clinicians Forum to drive forward implementation of IRP recommendations.</li> <li>The MSDP convened a collaborative design workshop to consult with panel members on an engagement plan.</li> <li>The outcomes from this workshop culminated in the production of an engagement plan which is to be approved by the MSDP. The principles of engagement, tools, methods and approaches to ensure wide stakeholder involvement and the implementation of the IRP recommendation are set out in the plan.</li> </ul> |

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| <b>Recommendations relating to gynaecology</b>  |  |  |   |
| R22   | The PCTs should work with local GPs and the Hospitals Trust to ensure gynaecology care is provided in community settings or as day case procedures as far as is safely possible. | There is a national drive to deliver care closer to people's homes where appropriate and Practice Based Commissioning Groups and the PCTs Professional Executive Committees will look at options for this. The recommendation will also be taken forward as part of the wider work of supporting IRP recommendation 3. | <ul style="list-style-type: none"> <li>• A Clinicians Forum has been established as a sub group off the Maternity Services Development Panel to advise on all clinical matters in relation to both the revised service model (incorporating a review of Gynaecology care in community settings) and the Maternity Strategy which will provide a framework for monitoring progress against the Maternity Matters action plan.</li> <li>• A number of clinical sub groups are being developed to take forward a review of each clinical area as part of an emerging network model, the links to primary care are considered vital to the formal or extended network.</li> <li>• There is good GP representation on both the MSDP and Clinicians Forum.</li> </ul>   |
| <b>Recommendations relating to midwifery staffing (regardless of service configuration)</b> |  |  |   |
| R23   | A plan for working towards 'Birthrate Plus' staffing standards should be agreed between the Hospital Trust and PCTs.   | The draft strategy for antenatal, postnatal and community maternity services sets out the approach to midwifery manpower and makes recommendations on how this can be achieved.  | <ul style="list-style-type: none"> <li>• The revised Maternity Strategy (February 2009), endorsed at the meeting of the Maternity Services Development Panel on 5<sup>th</sup> March 09 sets out the approach to midwifery manpower.</li> <li>• A Birth rate Plus assessment has been completed and additional resource allocated to funding extra midwives.</li> <li>• The review of the midwifery workforce will form a key part of the maternity services workforce review and plan that is being led through the Maternity Services (IRP) Programme.</li> <li>• A work force sub group, one of the clinical sub groups linked to the clinicians forum will oversee the full review and supporting proposals to the Maternity Services Development Panel. The sub groups will be meeting during April, May and June 2009.</li> </ul> |

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| R24 | <p>The PCTs should urgently undertake a review of community midwifery services, particularly the provision of ante and post-natal care in more deprived areas and the provision to support home births. They should produce and publish a plan for developing these services to be implemented alongside any reconfiguration of childbirth services.</p> | <p>The draft strategy for antenatal, postnatal and community maternity services will be available by 30 November 2008. It is intended that this will be shared with a wider range of stakeholders as part of the process set out in the PCT Plan in response to the IRP recommendations.</p> | <ul style="list-style-type: none"> <li>• The revised Maternity Strategy (February 2009) sets out the service priorities in relation to improving ante natal and post natal services.</li> <li>• A Maternity Strategy action plan is being developed and will combine the existing Maternity Matters Action Plan (incorporating targets for improving ante natal and post natal services) and the IRP Project Plan (focused on implementing the IRP recommendations).</li> <li>• Geographical working for midwives within the community setting is being introduced from April 1<sup>st</sup> 2009. Many GP's throughout the locality are supportive of 'open door' access to women living in the locality who may not be on their surgery list. In conjunction with establishing other, alternative venues for antenatal and postnatal service provision, e.g. ASDA Eastbourne and Children's Centres, this will ensure a greater number of community bases are available to deliver services which are easily accessible and convenient to women and their partners. It will also enable midwives to alter current working patterns to allow for greater equity amongst case-loads.</li> <li>• Posters highlighting direct access to midwifery services have been commissioned and will be displayed in a variety of venues across the locality. These will provide women with appropriate information about how to access a midwife and arrange maternity care, thus ensuring a first appointment with a midwife or an obstetrician prior to 12 completed weeks of pregnancy.</li> <li>• Around 400 women in East Sussex may require access to perinatal mental health services for treatment of</li> </ul> |

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|  |  |  | <p>conditions such as depression, stress, anxiety during their pregnancy and post-natally. External funding from the Care Services Improvement Partnership has been obtained to implement a Perinatal Mental Health Network for Sussex – supported by a specialist midwife. The aim is to guide patients to the right service for the level of care needed and improve outcomes.</p>  |
| <b>Independent Reconfiguration Panel (IRP) recommendations</b> |  |  |   |
| IRP 1  | <p>The IRP does not support the PCTs proposals to reconfigure consultant led maternity, special care baby services and inpatient gynaecology services from Eastbourne District General Hospital to the Conquest Hospital in Hastings. The Panel does not consider that the proposals have made a clear case for safer and more sustainable services for the people of East Sussex. The proposals reduce accessibility compared with current service provision.</p> | <p>In their Plan published on 3 October 2008 the two East Sussex PCTs confirm acceptance of this recommendation.</p> | <ul style="list-style-type: none"> <li>• The IRP recommendation to maintain consultant led services across the two hospital sites (Eastbourne District General Hospital and The Conquest Hospital in Hastings) forms a key part of the Maternity Services (IRP) Project Plan, approved by the Maternity Services Development Panel in February 2009.</li> <li>• Proposals to develop a model that retains this level of provision are being taken forward by the MSDP and Clinicians Forum.</li> <li>• The role of the Clinicians Forum is to make recommendations to the MSDP on clinically supported proposals.</li> <li>• A network model has been examined by the Clinicians Forum and an outcome from this initial work has culminated in the establishment of five clinical sub groups focused on service review, workforce, risk, safety and sustainability across all maternity services.</li> <li>• The outcomes from these sub groups will feed into and shape the evolving service model.</li> </ul> |

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| IRP 2 | The Panel strongly supports the PCTs decision to improve antenatal and postnatal care, and associated outreach services. These improvements should be carried forward without delay. (N.B this recommendation is similar to HOSC's R24 above)  | In their Plan (para 2.4) the two East Sussex PCTs confirm acceptance of this recommendation. See also response to HOSC's R24 above.   | <ul style="list-style-type: none"> <li>• The 2 East Sussex PCTs are committed to driving forward improvements and the Maternity Services Development Panel endorsed the Maternity Strategy at their meeting on 5<sup>th</sup> March 09.</li> <li>• The Maternity Strategy sets out service priorities in relation to ante natal and post natal care.</li> <li>• The Maternity Strategy will be supported by an action plan that will combine the current Maternity Matters Action Plan and IRP project plan (incorporating key milestones and time frames for all service improvements).</li> <li>• Further to this the Clinicians Forum (the sub group off the Maternity Services Development Panel) have established a number of clinical sub groups incorporating a midwifery sub group that will be reviewing all existing services and developments.</li> <li>• The Maternity Matters group forms a key part of the performance monitoring framework and is linked into the Maternity Services (IRP) Programme.</li> </ul> |
| IRP 3 | Consultant led maternity, special baby care services, inpatient gynaecology and related services must be retained on both sites. The PCTs must continue to work with stakeholders to develop a local model offering choice to service users, which will improve and ensure the safety, sustainability and quality of services. | In their Plan (para 2.5) the two East Sussex PCTs confirm acceptance of this recommendation and pledged to work with stakeholders to do this. Section 4 of the Plan describes the approach to stakeholder engagement. | <ul style="list-style-type: none"> <li>• The PCTs are committed to taking this recommendation forward.</li> <li>• <b>For progress to date please refer to IRP1 and R8 above.</b></li> </ul>   |

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| IRP 4 | The PCTs with their stakeholders must develop as a matter of urgency, a comprehensive strategy for maternity and related services in East Sussex that supports the delivery of the above recommendations. The South East Coast Strategic Health Authority (SHA) must ensure that the PCTs collaborate to produce a sound strategic framework for maternity and related services in the SHA area. | In their Plan (para 2.4) the two East Sussex PCTs confirm acceptance of this recommendation. The draft strategy for antenatal, postnatal and community maternity services will be available by 30 November 2008. Work is underway at the SHA to produce a strategic framework for maternity and related services in the SHA area. | <ul style="list-style-type: none"> <li>• The revised Maternity Strategy (February 09) was endorsed at the meeting of the Maternity Services Development Panel on 5<sup>th</sup> March 2009 and will be considered by the Joint PCT Boards at end of March.</li> <li>• The strategy sets out the commitment to world class maternity services and the service priorities that support implementation of the IRP recommendations.</li> <li>• A network model is presented within the strategy as a way forward for ongoing service development and reconfiguration as part of the commissioner /provider framework.</li> <li>• The work being undertaken by the Clinicians Forum and the clinical sub groups will directly inform the scope of the network and further identify areas for ongoing development and improvement as part of the Service Level Agreement process.</li> </ul> |
| IRP 5 | The PCTs working with all stakeholders, both health and community representatives, must develop a strategy to ensure open and effective communication and engagement with the people of East Sussex in taking forward the Panel's recommendations.   | In their Plan (para 2.2) the two East Sussex PCTs confirm acceptance of this recommendation. The Maternity Services Development Panel will be responsible for overseeing the wider engagement and communications strategy.  | <ul style="list-style-type: none"> <li>• The PCTs are fully committed to implementing this recommendation.</li> <li>• <b>Progress to date is set out at R8 above.</b></li> </ul>   |
| IRP 6 | Within one month of the publication of this report, the PCTs must publish a plan, including a timescale, for taking forward the work proposed in the Panel's recommendations   | PCTs published 'Developing Sustainable Maternity and Associated Services: a plan for addressing the recommendations of the IRP' on 3 October 2008.  | <ul style="list-style-type: none"> <li>• Further to the publication of the plan for addressing the IRP recommendations on 3<sup>rd</sup> October 08 the MSDP has produced a Maternity Services (IRP) project plan.</li> <li>• The project plan sets out a comprehensive activities chart covering each IRP recommendation as a work stream with dedicated targets and key milestones.</li> <li>• The project plan is refreshed before each meeting of the MSDP and provides a system for accountability and reporting back to the project board on progress.</li> </ul>  |