

HOSC monitoring template - Developing Maternity Services in East Sussex

Item 8 - Appendix 2

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 March 09	PCTs' Progress report September 09
Recommendations relating to implementation of changes <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	<p>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.</p>	<ul style="list-style-type: none"> The East Sussex PCTs are currently in the final stages of setting their budgets for 2009/10. The PCTs are committed to prioritising revenue resources against the implementation of this change of service. 	<p>A maternity finance and commissioning sub group was established during April 09 to begin work on unpicking the block contract and working with ESHT to identify the cost of maternity services across two acute sites. Work is underway on analysing activity against cost codes and tariff alongside some financial benchmarking and modelling. It is anticipated that this work will continue and become an established process for managing ongoing finance and contract negotiations, including future performance monitoring and target setting. A key outcome from this sub group will be a revised maternity contract.</p>
R6	<p>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.</p>	<ul style="list-style-type: none"> The PCTs' Professional Executive Committees continue to monitor the quality of standards on a quarterly basis. 	<ul style="list-style-type: none"> The PCTs' Professional Executive Committees continue to monitor the quality of standards on a quarterly basis.

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R8	<p>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.</p>	<ul style="list-style-type: none"> • The PCTs have established a Maternity Services Development Panel (MSDP) and Clinicians Forum to drive forward implementation of IRP recommendations. • The MSDP convened a collaborative design workshop to consult with panel members on an engagement plan. • 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. 	<ul style="list-style-type: none"> • The engagement plan was updated in June 09 to report on the range of internal and external engagement activities. • In July 09 the MSDP agreed to the establishment of a Maternity Patient Reference Group (MPRG) that would be responsible for monitoring and evaluating the impact of the engagement plan and for putting forward proposals for ongoing engagement. The MPRG has met once and will meet twice more before the end of the programme in December 09. • The MPRG will be recommending to the MSDP that the revised Maternity Strategy be launched in early 2010. It is envisaged that the event will provide the opportunity to recognise the achievements of the MSDP and Clinicians Forum and provide the opportunity to set out how services will be delivered over the next three years. • The implementation of the engagement plan and related internal and external activities has continued through June- August 09. • A Maternity information leaflet has been published and will be circulated through August/September alongside information sharing events. The programme team will be working closely with local umbrella organisations and stakeholders to ensure a wide circulation to all local groups of people, including those they may be harder to reach. • As part of reviewing the effectiveness of the

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			engagement plan an engagement expert was commissioned to undertake an evaluation on the levels of engagement amongst members of the MSDP.
Recommendations relating to gynaecology			
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.	<ul style="list-style-type: none"> • 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. • 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. • There is good GP representation on both the MSDP and Clinicians Forum. 	<ul style="list-style-type: none"> • GP's have been represented on the Clinicians Forum, the midwifery and primary care sub group and the consultant sub group to ensure synergy in taking forward proposals. • Maintaining and further developing community based services has formed a key part of the IRP work programme. • The final Maternity Strategy and Action Plan will set out the priorities over the next 3 years and what resources will be required support any service enhancements. • One of the key outcomes from the consultant sub group was further developing consultant capacity in order to improve both pre conception care and specialist services. • The PEC have been involved in informing processes that relate to GP engagement in the delivery of community based maternity services.
Recommendations relating to midwifery staffing (regardless of service configuration)			
R23	A plan for working towards 'Birthrate Plus' staffing standards should be agreed between the Hospital Trust and PCTs.	<ul style="list-style-type: none"> • The revised Maternity Strategy (February 2009), endorsed at the meeting of the Maternity Services Development Panel on 5th March 09 sets out the approach to midwifery manpower. • A Birth rate Plus assessment has been completed and additional resource allocated to funding extra midwives. 	<ul style="list-style-type: none"> • The midwifery and primary care sub group completed a review of the maternity workforce and the "Birthrate Plus" assessment has been refreshed in this year. • The sub group recognised the challenges facing the midwifery workforce with

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		<ul style="list-style-type: none"> • 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. • 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. 	<p>recommendations for reviewing existing ways of working and skills mix, such as better utilisation of Maternity Support Workers. Other recommendations include improving efficiency through the development of a Triage Service focused on prompt signposting, better initial assessment and enabling labouring women to receive a higher level of 1:1 care in established labour.</p> <ul style="list-style-type: none"> • The maternity workforce, education and training sub group (which has been meeting since April 09) is developing a workforce plan to form part of the final maternity strategy. This sets out the current medical and non medical staffing establishment and projections/future workforce requirements. • ESHT have appointed further community midwives in this year, utilising additional funding from the PCT. This forms part of the implementation of the strategy as it supports community provision and implementation of maternity matters.
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>	<ul style="list-style-type: none"> • The revised Maternity Strategy (February 2009) sets out the service priorities in relation to improving ante natal and post natal services. • 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). • Geographical working for midwives within the community 	<ul style="list-style-type: none"> • The midwifery and primary care sub group undertook a review of midwifery services and have developed a comprehensive maternity matters action plan that will form a key part of the maternity strategy action plan. The action plan charts progress against key targets such as breastfeeding, mental health, community based midwifery care, including ante natal

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		<p>setting is being introduced from April 1st 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.</p> <ul style="list-style-type: none"> • 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. • Around 400 women in East Sussex may require access to perinatal mental health services for treatment of 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>and post natal care, and promoting normal births etc and sets realistic targets and time frames to fit within the life of the three year maternity strategy.</p> <ul style="list-style-type: none"> • The final action plan and strategy will be presented to the MSDP during October and the PCT Boards for sign off during November 09. • Since 1st April 2009, community midwives have been working in geographical teams. Antenatal clinics are being held in a number of locations, including children's centres and health centres, but primarily continue to take place in GP surgeries. The possibility of providing antenatal and postnatal care in alternative locations, such as ASDA is being pursued as this will offer greater choice and flexibility to women. • Plans are being developed to review current antenatal and postnatal care, with a view to providing more flexible antenatal and postnatal care in a variety of settings and at times that are suitable for women and their families. This will become easier as more children's centres become established across East Sussex. • Over 75% of women are seen and booked for maternity care before the end of their 12th week of pregnancy. It is hoped that plans to

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			<p>provide information, in poster and electronic format, will increase this further.</p> <ul style="list-style-type: none"> The local element of the Sussex perinatal mental health network has identified a need to provide women living in East Sussex with a clear pathway of care which incorporates, where appropriate, access to specialist perinatal mental health services. The development of such a service is recommended as part of the NICE guideline for antenatal and postnatal mental health and forms part of the CNST assessment criteria. The development of a specialist service forms part of the proposal from the midwifery and primary care sub group.
Independent Reconfiguration Panel (IRP) recommendations			
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>	<ul style="list-style-type: none"> 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. Proposals to develop a model that retains this level of provision are being taken forward by the MSDP and Clinicians Forum. The role of the Clinicians Forum is to make recommendations to the MSDP on clinically supported proposals. A network model has been examined by the Clinicians Forum and an outcome from this initial work has 	<ul style="list-style-type: none"> A Maternity Services Development Panel (MSDP) and Clinicians Forum were established in January 09 to take forward the development of a model of care that ensures the continuation of consultant led maternity services across both hospital sites (Eastbourne DGH and The Conquest, Hastings). Both groups have met monthly/bi monthly throughout the year taking forward all the key maternity services milestones as set out in the work programme. There are 20 milestones in total, covering the period January – December 09. Approximately 17 of these milestones have been achieved to

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		<p>culminated in the establishment of five clinical sub groups focused on service review, workforce, risk, safety and sustainability across all maternity services.</p> <ul style="list-style-type: none"> The outcomes from these sub groups will feed into and shape the evolving service model. 	<p>date, each one being related to driving forward one of the key IRP recommendations via a linked work stream.</p> <ul style="list-style-type: none"> The role of the Maternity Services Clinicians Forum is to make recommendations to the Maternity Services Development Panel on clinically supported proposals. A recommendation went from the Clinicians Forum to the MSDP on 12.2.09 that a number of clinical sub groups should be convened to undertake specific work that will inform the shape of the model. Five clinical sub groups (midwifery and primary care, neonatal, anaesthetics, consultants and a training, education and workforce group) have met three – four times between April and July 09. Each sub group had clear terms of reference. This included a review of practice against national standards, current ways of working and areas for improvement. Each sub group has now developed a service proposal with a set of recommendations. A 2nd Open Event for all Clinicians is being convened in early September to pull together the work of each sub group into one final proposal/service model. The attached summary matrix documents for each sub group set out the main outcomes. Key messages are as

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			<p>follows:</p> <ul style="list-style-type: none"> • Safe consultant led services are and will continue to be delivered across both acute sites. • The HPEC pledges can be achieved within the scope of existing services with some enhancements, such as increasing the number of consultants across each site to 6 (to achieve 40 hour labour ward presence) and varying contracts/job plans to incorporate cross site working. The consultant sub group recognised the scope for improving pre-conception care and specialist services through the increase in consultant capacity. This could also afford opportunities for networking with neighbouring Trusts. • The model recognises the challenges facing the midwifery workforce with recommendations for reviewing existing ways of working and skills mix, such as better utilisation of Maternity Support Workers. Other recommendations include improving efficiency through the development of a Triage Service focused on prompt signposting, better initial assessment and enabling labouring women to receive a higher level of 1:1 care in established labour. • The midwifery and primary care sub group

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			<p>have developed a comprehensive maternity matters action plan that will form a key part of the maternity strategy action plan. The action plan charts progress against key targets such as breastfeeding, mental health, community based midwifery care and promoting normal births etc and sets realistic targets and time frames to fit within the life of the three year maternity strategy.</p> <ul style="list-style-type: none"> • The neonatal sub group has put forward recommendations for sustaining a good level 1 service with the scope for enhancing provision through increasing the number of cots and capacity to repatriate East Sussex babies sooner (mainly from Brighton and Hove Hospital Trust). • The Anaesthetic sub group are keen to increase scope for sustaining services through further developing their middle grade capacity. <p>The final proposal will be developed and presented to the MSDP in late September and the maternity strategy revised during October to reflect the service model. The Maternity Strategy will then be presented to the PCT Boards at the November meeting for signing off. The Maternity Strategy Action Plan will provide the framework through which the service model will be implemented.</p>

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			<p>The training, education and workforce sub group are developing a workforce plan to support the delivery of the Maternity Strategy.</p> <p>A maternity finance and commissioning sub group was established during April 09 to begin work on unpicking the block contract and working with ESHT to identify the cost of maternity services across two acute sites. Work is underway on analysing activity against cost codes and tariff alongside some financial benchmarking and modelling. It is anticipated that this work will continue and become an established process for managing ongoing finance and contract negotiations, including future performance monitoring and target setting. A key outcome from this sub group will be a revised maternity contract.</p> <ul style="list-style-type: none"> •
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)	<ul style="list-style-type: none"> • 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 5th March 09. • The Maternity Strategy sets out service priorities in relation to ante natal and post natal care. • 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). • Further to this the Clinicians Forum (the sub group off the Maternity Services Development Panel) have established 	<ul style="list-style-type: none"> • 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 5th March 09. • The Maternity Strategy sets out service priorities in relation to ante natal and post natal care. • 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). The final strategy, incorporating a full description of the service model and action plan will be

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		<p>a number of clinical sub groups incorporating a midwifery sub group that will be reviewing all existing services and developments.</p> <ul style="list-style-type: none"> The Maternity Matters group forms a key part of the performance monitoring framework and is linked into the Maternity Services (IRP) Programme. 	<p>presented to the MSDP during October/November and the PCT Boards in November 09.</p> <ul style="list-style-type: none"> Please refer to R24, above, for an update.
IRP 3	<p>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.</p>	<ul style="list-style-type: none"> The PCTs are committed to taking this recommendation forward. For progress to date please refer to IRP1 and R8 above. 	<p>The PCT's are committed to taking this recommendation forward.</p> <p>For progress to date please refer to IRP 1 above.</p>
IRP 4	<p>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.</p>	<ul style="list-style-type: none"> The revised Maternity Strategy (February 09) was endorsed at the meeting of the Maternity Services Development Panel on 5th March 2009 and will be considered by the Joint PCT Boards at end of March. The strategy sets out the commitment to world class maternity services and the service priorities that support implementation of the IRP recommendations. 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. 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. 	<p>The MSDP and Joint Boards agreed the maternity strategy framework in March 09. The revised and final Maternity Strategy will be presented to the November PCT Boards. The work from the clinical sub groups, training education and workforce sub group and finance and commissioning sub group will inform the revised strategy incorporating further details on:</p> <ul style="list-style-type: none"> The shape of maternity services over the next three years (the service model), describing current core service provision and what service enhancements/developments will be prioritised over the next three years. A supporting Maternity Strategy Action

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			<p>Plan setting out realistic targets and time frames for the delivery of services (across all service areas, including community services) over the next 3 years.</p> <ul style="list-style-type: none"> • A workforce plan that describes current workforce challenges, staffing profile projections, analysis of skill requirements and targets/plans that will support the delivery of the maternity strategy. • An Equality Impact Assessment will be completed once the work on the final version of the Maternity Strategy is underway. • Future commissioning arrangements and an outline of the contracting process will be set out within the strategy. A high level summary of the current maternity budget covering core and enhanced services over the next 3 years will also be provided. A work programme for the maternity finance and commissioning sub group will form part of the action plan. • The network model will be set out within the strategy including plans towards the development of a managed maternity network.
IRP 5	The PCTs working with all stakeholders, both health and community representatives, must develop a	<ul style="list-style-type: none"> • The PCTs are fully committed to implementing this recommendation. 	<ul style="list-style-type: none"> • The PCTs are fully committed to implementing this recommendation.

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	strategy to ensure open and effective communication and engagement with the people of East Sussex in taking forward the Panel's recommendations.	<ul style="list-style-type: none"> • Progress to date is set out at R8 above. 	<ul style="list-style-type: none"> • Progress to date is set out at R8 above.
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	<ul style="list-style-type: none"> • Further to the publication of the plan for addressing the IRP recommendations on 3rd October 08 the MSDP has produced a Maternity Services (IRP) project plan. • The project plan sets out a comprehensive activities chart covering each IRP recommendation as a work stream with dedicated targets and key milestones. • 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. 	<ul style="list-style-type: none"> • The outline plan produced in October 2008 set out arrangements for taking forward the IRP recommendations. • A Maternity Services (IRP) project team was established in January 2009 and they developed a robust project plan in conjunction with the MSDP and Clinicians forum. The plan contains a detailed activity chart against milestones setting out the range of work streams that need to be taken forward in order to ensure implementation of the IRP recommendations. Progress against the plan is reported to the MSDP and the PCT Boards via monthly performance reports. 20 key milestones have been developed to ensure effective delivery up to December 09. 17 Milestones were due to completed by the end of August 09, of these all have been achieved: <ol style="list-style-type: none"> 1. Maternity Project team established 2. Maternity services development panel, clinicians forum and relevant sub groups to meet regularly 3. Maternity Project plan agreed 4. Maternity model agreed by HOSC 5. Maternity model agreed by Board 6. Maternity Strategy agreed with key

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			<p>stakeholders</p> <ol style="list-style-type: none"> 7. Maternity Strategy agreed by Board 8. Development of implementation plan including timeframes on all work streams 9. Engagement plan approved by Maternity services department panel 10. Process for message dissemination established with key stakeholders 11. Strategic engagement to take forward a network model 12. Clinical sub groups completed work on taking forward a service model (met between April – end of June) 13. Maternity Matters Action Plan completed 14. Established a workforce group for taking forward implementation of workforce issues 15. Development of a maternity finance and commissioning group (for ongoing management of contracting issues) 16. Reviewed quality standards and monitoring framework for services and ensure fit with corporate performance management (maternity dashboard, fit for the future, NSF standards) 17. Clinical sub group proposals outlining the future service model developed for presentation to the Clinicians Forum/Maternity Services Development Panel.