

Developing Sustainable Maternity and Associated Services for East Sussex

Progress against IRP recommendations, (Maternity Services IRP Programme), September 09

The PCT is committed to delivering to the IRP recommendations, developing and implementing options for sustainable local models to retain consultant-led maternity, special care baby, inpatient gynaecology and related services on both acute hospital sites.

IRP recommendation	Progress to date
<p>Develop a model of care that ensures the continuation of consultant led maternity services</p>	<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 date, each one being related to driving forward one of the key IRP recommendations via a linked work stream. • 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

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	<p>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 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 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. • 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

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	<p>developing their middle grade capacity.</p> <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> <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>
<p>Drive forward the development of a comprehensive local strategy for maternity and related services for East Sussex</p>	<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 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. • A workforce plan that describes current workforce challenges, staffing profile projections, analysis of skill

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	<p>requirements and targets/plans that will support the delivery of the maternity strategy.</p> <ul style="list-style-type: none"> • 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.
<p>Ensure effective and inclusive stakeholder and public involvement throughout the programme and jointly develop an engagement and communication strategy</p>	<ul style="list-style-type: none"> • Prior to establishment of the Maternity Services Development Panel and the Clinicians Forum the PCT engaged with key stakeholders in November/December 08 through informal meetings and by issue of update bulletins. • The PCT has ensured effective representation on the Development Panel and through the recruitment and selection panel for the Chairs of the Maternity Services Development Panel and Clinicians Forum (both independent chairs). • Following the first meeting of the MSDP on 8.1.09 a collaborative design workshop was convened, made up of members from the MSDP. The purpose of the co design workshop was to provide the MSDP with advice on public and community engagement in the implementation of the IRP's recommendations. • The outcomes from this workshop were presented to the MSDP at their meeting on 12.2.09 and an engagement plan was developed and agreed in March 09. The plan sets out the principles of engagement and range of mechanisms through which internal and external communications would be channelled. • 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 that would be responsible for monitoring and evaluating

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	<p>the impact of the engagement plan and for putting forward proposals for ongoing engagement. This group has met once and will meet twice more before the end of the programme in December 09.</p> <ul style="list-style-type: none"> • As part of reviewing the effectiveness of the engagement plan an engagement expert was commissioned to undertake an evaluation on the levels of engagement amongst members of the MSDP. Key findings indicated that the level of confidence in the current process was almost unanimously positive. Caution was expressed by a number of people that the good work undertaken to date should be backed up by positive and tangible conclusions. All parties identified that a quick, simple solution was not readily available and were supportive of the concluding stages of this process. • 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. • The Maternity Patient Reference Group has also recommended 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.
<p>Ensure that improvements to antenatal and postnatal care and associated outreach services are implemented without delay</p>	<ul style="list-style-type: none"> • The revised Maternity Strategy sets out the PCT's commitment to service improvements and priorities. The Maternity Matters action plan is currently being revised to incorporate the IRP activity plan and higher level Maternity Services work plan to culminate in the production of a combined Maternity Strategy Action Plan. The work from each of the clinical sub groups will also form a key part of the action plan. • The IRP project team is represented on the Maternity Matters sub group and progress is reported to the MSDP and Clinicians Forum in relation to service improvements. Recent reports indicate that good progress is being made against targets. • Since 1st April 2009, community midwives have been working in geographical teams. Antenatal clinics are

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	<p>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.</p> <ul style="list-style-type: none"> • 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 provide information, in poster and electronic format, will increase this further. • 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, and this forms part of the proposal made by the midwifery and primary care sub-group.
<p>Production of a plan, including a time scale for taking forward the work proposed in the panels recommendations</p>	<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

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	<ol style="list-style-type: none"> 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 stakeholders 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.
<p>Establish formal governance arrangements</p>	<ul style="list-style-type: none"> • The Maternity Services Development Panel and Maternity Services Clinicians Forum are now well established. The MSDP and Clinicians Forum have met monthly/bi monthly throughout the year and meetings are scheduled up to the end of December 09. • A selection panel was put in place to provide recommendations on chair arrangements for the two groups with membership drawn from key stakeholders. The PCT's worked closely with the Royal College of Obstetricians and Gynaecologists (RCOG), seeking advice and recommendations for nominees to the role of Chair of the Clinicians Forum. The Chair of the MSDP is Richard Hallett and the Chair of the Clinicians Forum is Professor Robert Shaw. • Terms of reference for the panel and clinicians forum were developed setting out roles and reporting

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	<p>arrangements.</p> <ul style="list-style-type: none"> • Role descriptions for the Chairs were developed as part of the selection process. • A project team have worked to support the implementation of the Maternity Services programme plan and the work of the MSDP and Clinicians Forum. Four clinical sub groups met between April and July 09 to undertake more detailed work on the service model. Regular reports were provided to both the Clinicians Forum and MSDP. • A Maternity Finance and Commissioning sub group was also established. This group sits within the PCT commissioning structure and provides the formal framework for ongoing monitoring and implementation of the Maternity Strategy. • A workforce sub group, reporting directly to the MSDP, was established as part of the programme to oversee the development of the Maternity Workforce Plan and ensure synergy between workforce needs/requirements and the maternity service model. • Regular Maternity performance reports have been provided to the PCT Boards. The final maternity strategy containing the recommended service model will be presented to the November PCT Boards.