



**Maternity Update
14 November 2008**

The following provides an update on progress made within maternity services following the publication of the Independent Review Panel (IRP) Report in September 08

In response to the IRP report the PCT formally published a plan on 3 October 2008 for addressing the recommendations of the IRP on proposed changes to Maternity, Gynaecology and Special Baby Care in East Sussex.

The plan was informed by the views of some of the key stakeholders and partners who have taken time to share their thoughts on how this should be done.

The PCTs' recognise that it will take time to do this job properly, but we consider it is essential that our approach is thorough, and conducted in a way that allows full involvement of all the key stakeholders at every stage. However, this need must be balanced against the need to also move forward quickly in order to ensure that safe and sustainable services are delivered

The PCTs' are committed to demonstrating openness at every stage of this work, and to establishing a robust framework that will enable all those who have a view to be able to express it and to be heard.

The PCTs' fully accept the IRP's advice and recommendations and are determined to provide the very best services for local mothers and children and will work with all parties to develop a model of care that ensures the continuation of consultant-led maternity services, special care baby services and inpatient gynaecology services in both Hastings and Eastbourne.

The PCTs' formal response to the IRP recommendations included a number of aims set out in the PCTs' Plan:

1. Develop a stakeholder engagement and communication strategy
2. Develop a comprehensive local strategy for maternity and related services in East Sussex

3. **Develop a sustainable local model to retain consultant-led maternity, special care baby, inpatient gynaecology and related services on both acute hospital sites.**
4. **Implement improvements to ante natal and post natal care and outreach services**
5. **Establish formal governance arrangements - two new groups to be established.**
 - **Maternity Services Development Panel**
 - **Maternity Services Clinicians Forum**
6. **Develop a plan with the East Sussex Hospitals NHS Trust to ensure that the services currently offered can be sustained on a safe and secure basis until this programme of work is completed**

Progress against each of these key steps is summarised below;

1. **A stakeholder engagement and communication strategy will be developed**

The PCT has been engaging with key stakeholders to establish the necessary first steps to take the immediate work forward.

A draft strategy will be co-designed in conjunction with the Maternity Services Development Panel.

2. **Develop a comprehensive local strategy for maternity and related services in East Sussex**

The Maternity Strategy forum continues to meet whilst the revised governance arrangements are put in place.

A draft strategy has been developed in conjunction with key partners on the forum; this document is currently under review and is being edited.

3. **Develop a sustainable local model to retain consultant-led maternity, special care baby, inpatient gynaecology and related services on both acute hospital sites.**

The Maternity Services Clinicians Forum will make recommendations to the Maternity Services Development Panel on clinically supported proposals

The Panel and the Forum are currently being established see 5 below.

4. **Implement improvements to ante natal and post natal care and outreach services**

These have been taken forward as part of the overall strategic development work of the maternity strategy forum. See separate progress report attached (appendix 2).

5. Establish formal governance arrangements - two new groups to be established.

- i. Maternity Services Development Panel**
- ii. Maternity Services Clinicians Forum**

Good progress has been made in consulting with key stakeholders in establishing the formal governance arrangements.

A Selection Panel has been identified and confirmed, which will provide a recommendation on chair arrangements for the above two groups, membership is drawn from key stakeholders. HOSC will perform a key role as external observer to the selection process of the two chairs.

The Selection Panel has put forward a number of names of potential chairs.

Five individuals have been approached as potential chairs. The response has been positive. The PCTs' are working closely with the Royal College of Obstetricians and Gynaecologists (RCOG), seeking advice and recommendations for nominees. RCOG have been particularly helpful, acknowledging the vital importance of selecting appropriately skilled chairs.

It is anticipated that the Selection Panel for both chair appointments will be held by the end of November

6. Develop a plan with the East Sussex Hospitals NHS Trust to ensure that the services currently offered can be sustained on a safe and secure basis until this programme of work is completed

In order to avoid the pressure of needing to find a 'quick fix' and allow time for a careful, considered approach to be taken to delivering all of the IRP's recommendations the PCTs' will ask East Sussex Hospitals Trust to develop practical plans to sustain the current service configuration at the Eastbourne District General Hospital and the Conquest Hospital while planning for the future is underway.

Liaison between the PCT and ESHT is ongoing in order to ensure sustainable interim services

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