

HOSC monitoring template - Fit for the Future recommendations

Item 5 - Appendix 4

This table lists the recommendations made by HOSC in relation to the Fit for the Future proposals for maternity, inpatient gynaecology and special baby care services, the last reported status against each recommendation and an update from the PCTs on progress. The template will be updated at regular intervals and reported to HOSC to enable the committee to monitor progress.

	Recommendation	Last reported status June 08	PCTs' Progress report September 08
Recommendations relating to configuration of services			
R1	The PCT Boards should undertake a full assessment of the additional proposals put forward through the New Options Assessment Panel, and discuss these with hospital clinicians, before making any decision on the configuration of obstetric, special baby care and inpatient gynaecology services.	Information on PCTs' assessment process presented to HOSC 28.1.08. Concerns about this assessment formed part of HOSC's referral to the Secretary of State.	Considered as part of the review by the Independent Reconfiguration Panel
R2	Any option chosen by the PCT Boards should improve access to midwifery-led care. However, the Boards should consider alternative locations for a midwife-led unit (beyond those specified in options 3 and 4) and potential alternative ways to offer access to midwife-led care within obstetric units before taking a decision on preferred configuration of services.	Information on PCTs' consideration of midwife-led care models presented to HOSC 28.1.08. Concerns about midwife-led care formed part of HOSC's referral to the Secretary of State.	Considered as part of the review by the Independent Reconfiguration Panel
R3	The PCT Boards should discuss with HOSC an appropriate level of further engagement with the public on any additional options which they consider to be viable.	PCTs decision was to choose one of their original options as reported to HOSC 28.1.08.	N/A
Recommendations relating to implementation of changes			
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.	Further financial information contained within PCT papers presented to HOSC 28.1.08. Implementation on hold pending Secretary of State's decision on configuration of services.	No change
R5	The PCTs and Hospitals Trust should review other reconfigurations of maternity services nationally in order to build the lessons learnt into any East Sussex implementation plans.		ESHT have attended seminars by Northwick Park staff and visited East Kent.

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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.	Measures agreed with NHS SE Coast prior to decision making in December 2007.	A comprehensive range of metrics have been developed with the hospitals and Trust and monitoring against these is now beginning (see presentation for more detail).
R7	The PCTs should work with the Hospitals Trust and local transport providers to specify what improvements to transport between the two sites can be made and to develop a travel action plan which includes consideration of car parking. Specifically, the feasibility of an inter-site bus for staff, visitors and patients should be examined.		Transport Group terms of reference agreed but not convened pending Secretary of State's final decision on configuration of services
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.		Staff and service users are involved in the strategy development process. Design and implementation of reconfigured hospital units / services awaits Secretary of State's final decision on configuration of services
R9	The PCTs should work closely with PCTs and Trusts in neighbouring areas to ensure the effect of any changes in these areas on services for East Sussex residents is fully considered. In particular, the PCTs should work with Brighton and Sussex University Hospitals NHS Trust to ensure the Trust puts in place appropriate capacity to safely manage additional demand and ensure quality.	West Sussex PCT took decision on 6.5.08 to adopt a model which involves no consultant-led maternity unit at the Princess Royal Hospital. West Sussex PCT Board took decision on 4.6.08 that the location of the consultant-led maternity unit for West Sussex will be Worthing.	The PCTs have worked closely together from the beginning. All three PCTs worked with Brighton and Sussex University Hospitals NHS Trust to ensure that appropriate capacity would be available.
Recommendations relating to single site consultant-led obstetric service			
R10	A robust implementation plan should be developed, including assurance that sufficient capacity would in place at the single obstetric unit before closing the second unit to obstetric admissions.	Awaiting Secretary of State's final decision on configuration of services	No change
R11	The PCTs and Hospitals Trust should make a clear commitment to meet the Royal College standard of 60 hours of consultant presence per week by 2009 and to put polices and procedure in place which aim to maintain CNST level 3 status.	Awaiting Secretary of State's final decision on configuration of services	Additional consultant appointments agreed in principal pending Secretary of State's final decision on configuration of services. East Sussex Hospital Trust are piloting the new CNST assessment as a developmental process.

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R12	Appropriate facilities for the assessment and care of women early in labour must be included in the obstetric unit, recognising that women may arrive earlier if travelling further. The Unit's advice to women arriving early in labour must also be amended to recognise the potential increased distance to their homes.	Awaiting Secretary of State's final decision on configuration of services	No change.
R13	The PCTs must work with the Ambulance Trust to agree and fund the extra capacity required to support a reconfigured service, particularly bearing in mind potential pressures from changes in other areas. These calculations and Ambulance Trust protocols must recognise that more women will require ambulance transport to hospital in labour if they are travelling further. There must be a commitment to providing this service where women need it.		PCTs and ambulance trust agreed additional capacity would be funded through existing contract mechanisms.
R14	Additional training must be made available to paramedics working in East Sussex on handling obstetric cases and the cost of this provided for.		SEC Ambulance are sending 12 employees to the first ever Pre Hospital Obstetric Emergency Training (POET) course being held in Manchester on September 13th & 14th 2008. These employees will form a local faculty to roll out the training across the ambulance service.
Recommendations relating to midwifery unit			
R15	Implementation plans must allow a period of up to five years for a new midwife-led unit to become established and reach its planned level of activity. The costs of this transitional period must be recognised and accounted for within the plans.	Awaiting Secretary of State's final decision on configuration of services	No change
R16	The PCTs should review the information available to parents-to-be when choosing birth environment, and the way this is provided, in consultation with service users, to ensure the relative risks and benefits of midwife-led units, home births and consultant-led units and the care available in each is described as clearly as possible. The effectiveness of this information should be monitored through feedback from service users.	Awaiting Secretary of State's final decision on configuration of services	No change

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R17	Protocols must be agreed between the midwife-led unit and the ambulance service regarding transfers to a consultant-led unit. Protocols should seek to remove any barriers to rapid transfer when required. A midwife should be available to travel with women requiring transfer.		Consistent protocols for ambulance transfer would apply across any MLUs and home delivery. Existing protocols are being reviewed with SECAMB to ensure consistency between organisations. Joint skills drills training to be introduced.
R18	Only suitably experienced and qualified midwives who wish to work in such an environment should be recruited to work in the midwife-led unit. Appropriate training and induction into the ethos and practice of midwife-led units must be completed by these staff.		Baseline skills audit being piloted and training needs identified within Maternity Strategy.
Recommendations relating to Special Care Baby Unit			
R19	The PCTs should work with the hospitals trust and the regional neonatal care network to determine which higher level services could be safely provided within the unit in order to maximise the care available locally within East Sussex.		Exploratory work has commenced.
R20	The PCTs should work with the Hospitals Trust to determine whether facilities for visiting parents can be improved to mitigate the impact of some parents needing to travel longer distances.	Awaiting Secretary of State's final decision on configuration of services	No change.
Recommendations relating to gynaecology			
R21	The PCTs should work with the Hospitals Trust to agree protocols for handling emergency pregnancy cases outside the 9-5 service, avoiding the need for transfer where safely possible.		Operation of the emergency pregnancy service on both sites is being reviewed to harmonise practice (benchmarking up). Substantive work on the 'single site' implications is pending, awaiting Secretary of State's final decision on configuration of services
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.		Practice based commissioning groups are exploring.

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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.	ESHT are undertaking a reassessment of Birthrate Plus using the most recent activity data. The PCTs have funded an additional six midwife posts pending confirmation of the definitive target. 16.6.08	Birthrate plus reassessment (for existing workload / configuration) undertaken suggesting the need for a further 10.26 wte midwives. Recommendations on midwifery manpower have been developed as part of the maternity strategy.
R24	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.	Refer PCT update considered June 2008	First draft developed by the maternity Strategy Group (with user representatives) now being considered internally prior to Board discussion.