

HOSC monitoring template - Fit for the Future recommendations

Item 8 - Appendix 3

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 **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 September 08	PCTs' Progress report November 08
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	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.	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.
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.	A comprehensive range of metrics have been developed with the hospitals and Trust and monitoring against these is now beginning (see HOSC papers and minutes from 16.09.08 for more detail).	The metrics are being developed further and made more timely, PCTs Professional Executive Committees are monitoring the quality standards on a quarterly basis.
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	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.

	Recommendation	Last reported status September 08	PCTs' Progress report November 08
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.	Practice based commissioning groups are exploring.	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.
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.	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.	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.
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.	First draft developed by the maternity Strategy Group (with user representatives) now being considered internally prior to Board discussion.	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.
Independent Reconfiguration Panel (IRP) recommendations			
IRP 1	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.	PCTs confirmed that they accepted this recommendation and would retain services on both sites.	In their Plan published on 3 October 2008 the two East Sussex PCTs confirm acceptance of this recommendation.

	Recommendation	Last reported status September 08	PCTs' Progress report November 08
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)	PCTs confirmed that these improvements were being taken forward through the maternity strategy currently in development.	In their Plan (para 2.4) the two East Sussex PCTs confirm acceptance of this recommendation. See also response to HOSC's R24 above.
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.	PCTs confirmed that they accepted this recommendation and would retain services on both sites. PCTs also confirmed they would work with stakeholders to develop a new model.	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.
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.	PCTs confirmed they accepted this recommendation and would build on the work already undertaken to develop a draft strategy in response to the Maternity Matters agenda and implementation of PCTs decision to develop ante and post natal care.	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.
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.	PCTs confirmed they accepted this recommendation and would develop an engagement strategy.	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.
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 confirmed they plan to publish a plan within one month of the report's publication as required	PCTs published 'Developing Sustainable Maternity and Associated Services: a plan for addressing the recommendations of the IRP' on 3 October 2008.