Agenda Item 8

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**24th September 2009**
By:	**Director of Law and Personnel**
Title of report:	**Developing Maternity Services for East Sussex**
Purpose of report:	**To summarise progress in relation to the development of maternity services in East Sussex, with particular focus on the development of a model for childbirth and related services at East Sussex Hospitals Trust.**

RECOMMENDATIONS

HOSC is recommended to:

1. **Consider and comment on progress with the maternity services programme as outlined in appendix 1**

2. **Request a further progress report in November 2009.**

1. Background

1.1 Following the outcome of the NHS East Sussex Downs and Weald (ESDW)/NHS Hastings and Rother (H&R) consultation on the configuration of maternity and related services, HOSC agreed to undertake ongoing monitoring of progress. This has focussed on four areas:

- The maintenance of safe childbirth services in Eastbourne and Hastings pending the development of a long-term sustainable model.
- Progress on the development of a service model which would ensure the continuing provision of consultant-led childbirth, special baby care and inpatient gynaecology services at both hospitals.
- Progress on the development of a broader maternity strategy for East Sussex which would include enhancements to ante and post-natal care.
- The development and use of a 'maternity dashboard' which would provide a selection of data about maternity care to facilitate monitoring of quality and safety.

1.2 Early in 2009 new governance arrangements were established to take forward work on maternity strategy, including the development of a model for childbirth services in Eastbourne and Hastings. These arrangements include a Maternity Services Development Panel, Chaired by Richard Hallett of the Maternity Services Liaison Committee and a Maternity Services Clinicians' Forum, chaired by Professor Robert Shaw of the Royal College of Obstetricians and Gynaecologists. The HOSC Chairman attends the Development Panel as an independent observer.

1.3 At the HOSC meeting on 19th March 2009, the Committee supported the first iteration of a Maternity Strategy for East Sussex which particularly focussed on developing ante and post natal care in the community. The Committee also endorsed a paper, supported by the Clinicians Forum, describing a potential model for childbirth services which involves networking between hospitals in Eastbourne, Hastings and Brighton. The Maternity Strategy and the proposed networking model were subsequently endorsed by the Boards of NHS ESDW and NHS H&R at the end of March.

1.4 At the HOSC meeting on 6th July 2009, the Committee noted that work was ongoing, led by the Clinicians' Forum, to develop a model for childbirth services. This would be based on fleshing out the networking approach outlined to HOSC in March. HOSC also endorsed the engagement strategy developed by the Maternity Services Development Panel to ensure local people are engaged in and informed about the development of maternity services.

2. Progress update

2.1 NHS ESDW/NHS H&R have supplied reports summarising progress with the maternity services programme:

- **Appendix 1** describes progress in developing the model of care for childbirth and related services in Eastbourne and Hastings. The final proposal on maternity services will be developed and presented to the Maternity Services Development Panel (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 PCTs 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.
- **Appendix 2** is the updated HOSC monitoring template – this lists the original HOSC recommendations on maternity services which remained relevant after the decision to retain doctor-led services at both hospitals. It also includes the recommendations of the Independent Reconfiguration Panel. It is updated regularly to enable HOSC to easily monitor progress against these recommendations.
- **Appendix 3** is the latest maternity dashboard – HOSC requested regular sight of this dashboard which summarises key indicators relating to the quality and safety of maternity services. It complements the monitoring template (appendix 2).
- **Appendix 4** is a summary of the antenatal clinic network (requested by HOSC at July's meeting).

HOSC may wish to consider:

- Cost of maternity services across two acute sites and progress in negotiating a revised maternity contract with East Sussex Hospital NHS Trust
- Outcomes from the Open Event for Clinicians in September and position on the final proposal/service model
- Position on increasing the number of consultants across each site to 6 and progress on cross site working.
- Progress on the geographic restructuring of midwives
- Whether labouring women are able to receive a high level of 1:1 care in established labour
- Position on public maternity information leaflet
- How to consider the Maternity Strategy should it be signed off by the PCT Boards in November. (NHS East Sussex Downs and Weald – Thursday 26th November: NHS Hastings and Rother – Wednesday 25th November. HOSC Friday 20th November 2009 and Thursday 11th March 2010)

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Appendix 1

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
Develop a model of care that ensures the continuation of consultant led maternity services	• 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

IRP recommendation	Progress to date
	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: • **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**

IRP recommendation	Progress to date
	developing their middle grade capacity. **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. **The training, education and workforce sub group** are developing a workforce plan to support the delivery of the Maternity Strategy. **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.
Drive forward the development of a comprehensive local strategy for maternity and related services for East Sussex	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: • **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

IRP recommendation	Progress to date
	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.
Ensure effective and inclusive stakeholder and public involvement throughout the programme and jointly develop an engagement and communication strategy	• 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

IRP recommendation	Progress to date
	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. • 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 he 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.
Ensure that improvements to antenatal and postnatal care and associated outreach services are implemented without delay	• 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

IRP recommendation	Progress to date
	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 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.
Production of a plan, including a time scale for taking forward the work proposed in the panels recommendations	• 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: 1. Maternity Project team established

IRP recommendation	Progress to date
	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.
Establish formal governance arrangements	• 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

IRP recommendation	Progress to date
	arrangements. • 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.

HOSC monitoring template - Developing Maternity Services in East Sussex **Item 8 - Appendix 1**

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 *(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)*			
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.	• 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.	
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.	• The PCTs' Professional Executive Committees continue to monitor the quality of 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.	• 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.	

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
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.	• 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.	
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.	• 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. • 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.	

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
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.	• 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 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. • 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	

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		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.	
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.	• 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 culminated in the establishment of five clinical sub groups focused on service review, workforce, risk, safety and sustainability across all maternity services. • The outcomes from these sub groups will feed into and shape the evolving service model.	
IRP 2	The Panel strongly supports the PCTs decision to improve antenatal and postnatal care, and	• The 2 East Sussex PCTs are committed to driving forward improvements and the Maternity Services Development	

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
	associated outreach services. These improvements should be carried forward without delay. (N.B this recommendation is similar to HOSC's R24 above)	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 a number of clinical sub groups incorporating a midwifery sub group that will be reviewing all existing services and developments. • The Maternity Matters group forms a key part of the performance monitoring framework and is linked into the Maternity Services (IRP) Programme.	
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.	• The PCTs are committed to taking this recommendation forward. • For progress to date please refer to IRP1 and R8 above.	
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	• 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	•

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	and related services in the SHA area.	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.	
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.	• The PCTs are fully committed to implementing this recommendation. • 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	• 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.	

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 *(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)*			
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.	• 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.	**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.
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.	• The PCTs' Professional Executive Committees continue to monitor the quality of standards on a quarterly basis.	• The PCTs' Professional Executive Committees continue to monitor the quality of standards on a quarterly basis.

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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.	• 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.	• 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.	• 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.	• 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.	• 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.	• 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

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
		• 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.	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 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	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.	• 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	• • 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

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
		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. • 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.	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. • 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

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
			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. 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	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.	• 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	• 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

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
		culminated in the establishment of five clinical sub groups focused on service review, workforce, risk, safety and sustainability across all maternity services. • The outcomes from these sub groups will feed into and shape the evolving service model.	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 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

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
			follows: • **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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			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 developing their middle grade capacity.** **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.

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
			The training, education and workforce sub group are developing a workforce plan to support the delivery of the Maternity Strategy. **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. •
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)	• 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	• 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

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
		a number of clinical sub groups incorporating a midwifery sub group that will be reviewing all existing services and developments. • The Maternity Matters group forms a key part of the performance monitoring framework and is linked into the Maternity Services (IRP) Programme.	presented to the MSDP during October/November and the PCT Boards in November 09. • Please refer to R24, above, for an update.
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.	• The PCTs are committed to taking this recommendation forward. • For progress to date please refer to IRP1 and R8 above.	The PCT's are committed to taking this recommendation forward. For progress to date please refer to IRP 1 above.
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.	• 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.	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: • **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**

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
			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 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	• The PCTs are fully committed to implementing this recommendation.	• The PCTs are fully committed to implementing this recommendation.

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
	strategy to ensure open and effective communication and engagement with the people of East Sussex in taking forward the Panel's recommendations.	• Progress to date is set out at R8 above.	• 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	• 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.	• 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: 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

	Recommendation	Last reported status **March 09**	PCTs' Progress report **September 09**
			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.

Maternity Indicators dashboard

26th August 2009

	Indicator	Threshold	Site		2006/07 total	2007/08 total	2008/09 Total	09/10 Q1 Apr-09	09/10 Q1 May-09	09/10 Q1 Jun-09	09/10 Q2 Jul-09	09/10 Q2 Aug-09	09/10 Q2 Sep-09	2009/10 Total	Comments
Service Delivery and Capacity	1) Number of unplanned obstetric unit **diverts**	**Zero**	CONQ	n	**29**	**49**	**39**	0	1	4				**5**	There were two incidents in 2006/07 and two in 2007/08 when both consultant led units were on divert resulting in full closure
				Hours	**237.9**	**548.0**	**265.6**	0.0	5.4	6.3				**11.7**	
		Above monthly average for previous year	EDGH	n	**24**	**25**	**35**	0	3	1				**4**	
				Hours	**202.3**	**228.6**	**344.9**	0.0	24.1	4.0				**28.1**	
		Time on divert unavailable for at least one event	CBC	n	**0**	**1**	**6**	0	0	1				**1**	
				Hours	**0.0**	**12.5**	**67.2**	0.0	0.0	12.0				**12.0**	
	2a) Consultant **presence at birth**		CONQ	Average weekly hours	**15.0**	**15.0**	**10.0**	5.0	6.0	4.0				**5.0**	
			EDGH		**15.0**	**15.0**	**9.4**	7.0	6.0	10.0				**7.7**	
	2b) Consultant **availability on ward**		CONQ	Hours per month				132							Availability' means available to attend if/when required (i.e. not in theatre etc.) Weekly average calculated by dividing total monthly hours by number of weeks in month (4.3 for April)
				Weekly average				30.8							
			EDGH	Hours per month				156							
				Weekly average				36.4							
	5) Staffing - Midwife:birth ratio	**1:28 or less**	Whole trust				**01:34**	01:34	01:39	01:40				**01:37**	Taken from ESHT dashboard from Apr-08. Not currently split by site
		1:35 or more													
	1 to 1 care in labour		CONQ												Desired indicator to be developed as part of maternity strategy
			EDGH												
			CBC												
	6) Paramedics (POET) trained		SEC AMB												To be updated once details received from SECAMB
Deprivation	1) % booked after 12 weeks	**less than or equal to 10%**	CONQ		**26%**	**28%**	**35%**	12%	21%	28%	23%			**21%**	April-09 data does now comply with Vital Signs
		Greater than 25% (vital signs 08/09 target for PCTs)	EDGH		**21%**	**23%**	**27%**	6%	24%	17%	9%			**14%**	definition
			CBC		**36%**	**40%**	**43%**	14%	36%	58%	18%			**32%**	
	2) Additional support forms - n and % of total bookings	***Increase on same period in previous year***	CONQ	n	**221**	**248**	**264**	20	31	15	24			**90**	
				%	**11%**	**12%**	**13%**	10%	20%	10%	14%			**13%**	
			EDGH	n		**111**	**179**	36	21	21	25			**103**	
				%		**5%**	**8%**	17%	14%	12%	12%			**14%**	
		Decrease on same period in previous year	CBC	n		**18**	**16**	1	2	7	1			**11**	
				%		**2%**	**2%**	2%	4%	9%	2%			**5%**	
	3a) % smoking at conception	**At least 1 % decrease on previous year**	CONQ		**39%**	**35%**	**36%**	33%	33%	38%	n/a			**35%**	Data collection ceased in July 2009
			EDGH		**28%**	**30%**	**29%**	31%	27%	26%	n/a			**28%**	
		Less than 1% reduction	CBC		**7%**	**11%**	**12%**	0%	17%	10%	n/a			**10%**	
	3b) % smoking at booking	**At least 1 % decrease on previous year**	CONQ		**28%**	**25%**	**26%**	23%	23%	19%	22%			**22%**	
			EDGH		**19%**	**18%**	**19%**	20%	16%	14%	12%			**15%**	
		Less than 1% reduction	CBC		**5%**	**7%**	**6%**	0%	13%	3%	0%			**4%**	
	3c) % smoking at delivery	**Less than or equal to 15%**	CONQ		**27%**	**21%**	**24%**	19%	20%	16%	24%			**20%**	
		Less than 1% reduction on previous year	EDGH		**17%**	**13%**	**17%**	23%	17%	13%	13%			**17%**	
			CBC		**5%**	**8%**	**5%**	0%	9%	3%	4%			**4%**	
	4) Obesity - n and % of mothers with BMI > 35 at booking	*To be agreed*	CONQ	n	**137**	**142**	**131**	9	8	9				**26**	Definition confirmed as BMI > 35. data for 2006/07 and 2007/08 updated to reflect change as previously had been BMI > 30
				%	**6.7%**	**7.0%**	**6.3%**	4.6%	5.2%	6.0%				**5.2%**	
			EDGH	n	**74**	**89**	**120**	11	11	11				**33**	
				%	**3.6%**	**4.3%**	**5.5%**	5.2%	7.1%	6.1%				**6.1%**	
			CBC	n	**3**	**4**	**2**								
				%	**1.0%**	**1.4%**	**0.7%**								
	5a) Breastfeeding initiation	**80%+**	CONQ		**70%**	**70%**	**75%**	72%	75%	74%	76%			**74%**	
		Less than 2% points above previous year	EDGH		**76%**	**75%**	**77%**	85%	82%	78%	84%			**82%**	
			CBC		**96%**	**94%**	**97%**	93%	96%	100%	100%			**98%**	
	5a) Breastfeeding at 6-8 weeks, where feeding status is known	***52.5% or above** (combined PCT target)*	CONQ			**45%**	**46%**	41%	47%	44%	45%			**45%**	Data extracted from Community Child Health Systems
			EDGH			**49%**	**52%**	43%	42%	55%	44%			**51%**	
		Below 52.5%	CBC			**73%**	**71%**	85%	78%	78%	93%			**77%**	
Outcomes	2a) Intervention rate - normal deliveries (babies)	**Greater than or equal to 60%** relates to Maternity Care Working Party definitions	CONQ	n	**1,129**	**1,145**	**1257**	94	115	113	116			**438**	Definition not the same as Maternity Care Working Party definitions Definition on Euroking is women who have a vaginal delivery where the baby is born head first and without the use of instruments
				%	**64%**	**64%**	**68%**	68%	69%	71%	72%			**70%**	
			EDGH	n	**1,239**	**1,279**	**1225**	104	115	97	110			**426**	
				%	**63%**	**64%**	**62%**	62%	65%	60%	70%			**64%**	
		Less than 60%	CBC	n	**314**	**317**	**305**	14	23	30	25			**92**	
				%	**100%**	**100%**	**100%**	100%	100%	100%	100%			**100%**	
	2b) Intervention rate - caesarean deliveries as a percentage of all deliveries (mothers)	*To be agreed*	CONQ	% elective c/s	**9.0%**	**11.1%**	**8.6%**	9.4%	5%	7%	7%			**7.0%**	
				% emergency c/s	**14.3%**	**12.3%**	**10.5%**	8.6%	12%	11%	6%			**9.3%**	
				% Total c/s	**23.3%**	**23.4%**	**19.1%**	18.0%	17%	18%	12%			**16.3%**	
				Number of total c/s	**404**	**414**	**355**	25	29	28	20			**102**	
			EDGH	% elective c/s	**12.6%**	**11.2%**	**9.9%**	11.9%	8%	11%	8%			**9.5%**	
				% emergency c/s	**15.7%**	**15.7%**	**16.4%**	17.3%	16%	21%	14%			**17.2%**	
				% Total c/s	**28.3%**	**26.9%**	**26.3%**	29.2%	24%	32%	22%			**26.7%**	
				Number of total c/s	**543**	**531**	**518**	49	43	51	34			**177**	

Antenatal/Postnatal Clinics - ESHT **Updated 4/9/09** **Appendix 4**

Day	Place	Open Door?	Time	How Often	Hours	Wkly Hrs	Av.No. A/N Women in Clinic	No. P/N Women in Clinic
EASTBOURNE								
Monday	Park Practice	**Yes**	1300-1630	w	3.5			
	Stone Cross		1300-1700	w	4			
	Arlington Rd	Yes	1300-1630	w	3.5			
					11	**11**		
Tuesday	***ian gow-langney***	Yes	0900-1200	w	3			
	Grove Rd	**Yes**	1300-1630	w	3.5			
	Bolton Rd	**?**	1400-1630	w	2.5			
	Seaside	**No**	1300-1700	w	4			
	Stone Cross	**Yes**	1400-1700	w	3			
	Park Practice	**Yes**	1300-1630	w	3.5			
					19.5	19.5		
Wednesday	Arlington Rd	**Yes**	1300-1630	w	3.5			
	Enys Rd	Yes	1400-1645	w	2.45			
	Green Street	**Yes**	1300-1700	w	4			
	ian gow-langney	Yes	1400-1600	w	2			
	Sovereign Harbour	**Yes**	1400-1700	w	2			
					14.15	**14.15**		
Thursday	***ian gow-langney***	Yes	1400-1600	w	2			
	Princess Park	**No**	1330-1630	w	4			
	Seaside	?	1300-1630	w	3.5			
	Green St	No	1300-1600	w	**3**			
					12.5	**12.5**		
Friday	College Road	Y	0830-1130	w	3			
					3	**3**		
EXTRA								
Saturday	***NO CLINICS HELD***							
Sunday								
						60.15		

HAILSHAM/POLEGATE

Day	Place	Open Door?	Time	How Often	Hours	Wkly Hrs	Av.No. A/N Women in Clinic	No. P/N Women in Clinic
Monday								
	Hailsham HC	Yes	830	w			10 +1 booking	
	Seaford	Yes	900	w			10 +1 booking	
Tuesday	The Triangle	Yes	1300-1700	w	4		10	
					4			
Wednesday	Hailsham HC	Yes	830	w			10+1 booking	
Thursday	Hailsham HC	Yes	830	w			8+2 bookings	
	Seaford HC	Yes	900	w				
Friday	Seaford HC	Yes	900	w			8	
	Hailsham HC	Yes	830	w				
EXTRA								
Saturday	***NO CLINICS***							
Sunday								
						0		

SEAFORD

Day	Place	Open Door?	Time	How Often	Hours	Wkly Hrs	Av.No. A/N Women	No. P/N Women
Monday	Seaford HC	Yes	0900-1230	w	3.5		10+bookings	
					3.5	**3.5**		
Tuesday	Seaford HC	Yes	0900-1200	w	3		10+bookings	
					3	**3**		
Wednesday	No Clinic				0			
					0	**0**		
Thursday	Seaford HC	Yes	0900-1300	w	4			
					4	**4**	10+bookings	
Friday	Seaford HC	Yes	0900-1200	w	3			
					3	**3**	10+bookings	
Saturday	***NO CLINICS***							
Sunday								
						13.5		

HEATHFIELD

Day	Place	Open Door?	Time	How O	Hours	Wkly Hrs	Av.No. A/N Women	No. P/N Women
Monday	The Firs Cross in Hand	No	0900-1100	w	2		2 to 3	
	High St. Heathfield	No	1600-1800	w	2		5 to 6	
					4	**4**		
Tuesday	Heathfield HC	Yes	0900-1000	w	1		6	
					1	**1**		
Wednesday	Heathfield HC	Yes	0930-1200	w	2.5	2.5	6	1
Thursday	Heathfield HC	Yes	0930-1200	w	2.5	2.5	6	1
Friday	Heathfield HC	Yes	0930-1200	w	2.5	2.5	6	
Saturday	***NO CLINICS***							
Sunday								
						12.5		

UCKFIELD

Day	Place	Open Door?	Time	How O	Hours	Wkly Hrs	Av.No. A/N Women	No. P/N Women
Monday	April Cottage, Buxted	Yes	1330-1530	w	2		8 to 9	0
					2	**2**		
Tuesday	The Meads, Mid-Uckfield	NO	1400-1700	w	3		12 to 14	0
					3	**3**		
Wednesday	Uckfield Hospital	Yes	0900-1100	w	2		6 to 10	
	Uckfield Hospital	Yes	1400-1700	w	**3**		10 to 12	
					5	**5**		
Thursday	No Clinic			0	0			
					0	**0**		
Friday	No clinic			0	0			
					0	**0**		
Extras	Bird-in-eye Surgery (Uckfield Hospital)	Yes						
Saturday	***NO CLINICS***							
Sunday								
						10		

CROWBOROUGH

Day	Place	Open Door?	Time	How Often	Hours	Wkly Hrs	Av.No. A/N Women	No P/N Women
Monday	CBC (Beacon/M'fld)		0830-1330	w	5		18	
	Jarvis Brook & Rotherfield	Yes	1400-1600	w	2			
					7	**7**	8	
Tuesday	CBC (Ashdown Forest)	Yes	0830-1230	w	4		16	
					4	**4**		
Wednesday	(cbc)Saxonbury Crowborough	Yes	0900-1200		**3**	**3**	16	
Thursday	Belmont/Ticehurst/Wadhurst	Yes	1330-1700	w	3.5		10	
					3.5	**3.5**		
Friday	No clinic				0			
					0	**0**		
Saturday	***NO CLINICS***							
Sunday								
						17.5	**68**	

Bexhill & Sidley

Day	Place	Open Door?	Time	How Often	Hours	Wkly Hrs	Av.No. A/N Women	No. P/N Women
Wednesday	Albert Road	Yes	1030-1230	w	2			
	Sidley	Yes	1400-1600	w	4			
	Sea Road	NO	1400-1700	w	3			
					9	**9**		
Thursday	Little Common	Yes	0900-1200	bw	3			
	Old Town	Yes	1400-1700	w	3			
	Pebsham	Yes	1400-1600	bw	2			
	Sidley	Yes	1045-1200	bw	1.15		7	
					9.15	**9.15**		
Friday	Collington	NO	1400-1600	w	2			
					2	**2**		
Saturday	***NO CLINICS***							
Sunday								
						20.15		

ROTHER

Day	Place	Open Door?	Time	How Often	Hours	Wkly Hrs	Av.No. A/N Women	No. P/N Women
Monday	Battle HC	NO	0900-1100	bw	2		4 to 8	2
	Northiam	NO	1400-1600	w	2		6 to 8	0
	Martins Oak(Battle)	NO	1330-1700	w	3.5		11 to 14	2 to 3
					7.5	**7.5**		
Tuesday	Ferry Road, Rye	Yes	0930-1230	w	3		8 to 10	0
	Robertsbridge	NO	1400-1600	w	2			
	Darvell	?	1530-1630	w	1			
					6	**6**		
Wednesday	Burwash	Yes	0900-1200	w	3			
	Westfield	NO	1330-1600	bw	2.5		6	1
	Sedlescombe	NO	1400-1600	w	2			
					7.5	**7.5**		
Thursday	Rye Med. Centre	Yes	0930-1230	w	3		12	0
	Ninfield	?	0930-1100	bw	1.5		4 to 6	0
					4.5	**4.5**		
Friday	NO CLINICS							
extra	Hawkhurst-wish valley	Yes					No clinic as in Kent, women seen in Seddlescombe or Northiam	
Saturday	***NO CLINICS***							
Sunday								
						25.5		

HASTINGS

Day	Place	Open Door?	Time	How Often	Hours	Wkly Hrs	Av.No. A/N Women	No. P/N Women
Monday	Waterworks CC	Yes	1400-1600	w	2			
	Harold Road	Yes	1500-1730	w	2.5			
					4.5	**4.5**		
Tuesday	Roebuck	Yes	0900-1200	w	3			
	Cornwallis	?	1000-1200	w	2			
	Shankhill	?	1400-1700	w	3			
	Priory Road	Yes	1400-1600	w	2			
	Wellington Sq	NO	1430-1730	w	3			
					13	**13**		
Wednesday	No Clinics							
Thursday	Beaconsfield	NO	1300-1600	w	3			
	Wellington Sq.	NO	1430-1700	bw	2.5			
	EH Children's Cent.	Yes	1330-1600					
					5.5	**5.5**		
Friday	Roebuck	Yes	0900-1200	w	3			
	Harold Rd	Yes	1330-1700	w	3.5			
					6.5	**6.5**		
?	Stone St	Yes						
Saturday	***NO CLINICS***							
Sunday								
						29.5		

ST LEONARDS

Day	Place	Open Door?	Time	How Often	Hours	Wkly Hrs	Av.No. A/N Women	No. P/N Women
Monday	Lower Glen, off Battle Rd	Yes	1330-1700	w	3.5			
	Little Ridge, nr Conquest	Yes	1300-1600	w	3			
					6.5	**6.5**		
Tuesday	Carisbrooke Central SLOS	NO	0900-1200	w	3			
	Mayfield Nr Tesco	Yes	0830-1100	bw	2.5			
	Warrior Square SLOS	Yes	1330-1700	w	3.5			
	Silversprings North SLOS	Yes	1400-1600	w	2			
	Essenden Rd West SLOS	Yes	1330-1800	w	4.5			
					15.5	15.5		
Wednesday	Sth.SL Children's Centre SLOS	Yes	1200-1430	w	2.5			
	Warrior Square SLOS	Yes	1400-1700	w	3			
					5.5	**5.5**		
Thursday	Battle Road North SLOS	NO	0830-1030	w	2			
	Silversprings North SLOS	Yes	1400-1600	w	2			
	Sth.SL Children's Centre SLOS	Yes	0900-1300	w	4			
					8	**8**		
Friday	Seddlescombe Rd North SLOS	Yes	0900-1330	w	2			
	Churchwood Drive North SLOS	Yes	1330-1700	w	3.5			
					5.5	**5.5**		
Saturday	***NO CLINICS***							
Sunday								
						41		

HC = Health Centre
SLOS = St Leonards on Sea