Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**12 September 2013**
By:	**Assistant Chief Executive**
Title of report:	**Maternity and Paediatric Services in East Sussex**
Purpose of report:	**To receive an update on temporary changes to maternity and paediatric services provided by East Sussex Healthcare NHS Trust (ESHT) and to consider the progress of Clinical Commissioning Groups (CCGs) in developing proposals for the long term future of maternity and paediatric services in East Sussex.**

RECOMMENDATIONS

HOSC is recommended to:
1. Consider the current status of ESHT maternity and paediatric services (appendix 1).
2. Consider the progress of the process, led by CCGs, to develop proposals for the long term future of maternity and paediatric services in East Sussex (appendix 2).
3. Request a further report on proposals for the future of the services in November 2013.

1. ESHT maternity and paediatric services

1.1 In March 2013, the ESHT Board decided that the Trust's consultant-led obstetric and inpatient paediatric services should be temporarily consolidated at the Conquest Hospital site on the grounds of safety. This followed a review of the services by the National Clinical Advisory Team (NCAT) in January 2013. The NCAT review was carried out at the Trust's request due to concerns which had been raised internally. NCAT made specific recommendations to the Trust in their final report of February 2013, including a recommendation to consolidate some aspects of maternity and paediatric services onto one site as soon as possible.

1.2 In normal circumstances NHS organisations are required to consult HOSC when considering a proposed 'substantial development or variation' to services unless *"they believe a decision has to be taken on an issue immediately because of a risk to the safety or welfare of patients or staff"*. In these circumstances the NHS organisation is required to notify HOSC of the action taken and the reasons for it. This notification was made formally to HOSC's meeting in March 2013, when the Committee considered and noted the NCAT report and the Trust's decision.

1.3 The temporary consolidation of services was implemented in May 2013. A midwife-led unit for low risk births and a paediatric assessment service have been retained at Eastbourne DGH. Other services including the Crowborough Birthing Unit, elective (planned) gynaecology, outpatient and community services were unaffected. The temporary arrangements are in place pending the agreement of plans for the long-term future of the service. The ESHT Board agreed that a decision on the future service model should be reached within 18 months of their decision to take action.

1.4 In June 2013 HOSC received a report from ESHT on the implementation of the changes. This indicated that the consolidation had been successfully managed and that safety and quality indicators were being monitored on an ongoing basis. Some concerns had been raised by paediatricians at Eastbourne Hospital regarding the safety of the new service configuration and the arrangements had been subject to review by the Sussex clinical lead for paediatrics. Dialogue with the paediatricians, who had raised their concerns with a number of external bodies including the Care Quality Commission (CQC), was ongoing.

1.5 Later in June, CQC inspected the Trust's maternity and paediatric services. The Trust also invited the relevant Royal Colleges to undertake independent reviews of the arrangements, which took place in August 2013. An update report from ESHT is attached at **appendix 1**. This includes a summary of CQC findings. The reports of the Royal Colleges are awaited.

1.6 Darren Grayson, Chief Executive, Stuart Welling, Chairman and Dr Andy Slater, Medical Director (Strategy) from ESHT will attend HOSC to discuss the report.

2. Future of maternity and paediatric services

2.1 The process of determining the future shape of maternity and paediatric services for the residents of East Sussex is led by the three Clinical Commissioning Groups (CCGs), who took on responsibility for commissioning these services from April 2013. The CCGs will ultimately take the decision on the service model they wish to commission, with input from service providers including ESHT.

2.2 The CCGs' starting point is the outcome of a pan-Sussex project which has been considering the provision of maternity and paediatric services across the entirety of Sussex (East, West and Brighton and Hove) over the past 18 months. In July 2013 the two clinical reference groups leading this work published a 'clinical consensus' document and draft service standards for each of the two services. These set out what clinicians consider to be minimum standards and best practice for the services, and they are intended to be the basis for commissioning the services in the future. The development of these standards included research with service users.

2.3 Shortly after their publication, the East Sussex CCGs began a process of stakeholder and public engagement on these documents, which were summarised in a 'case for change' (previously circulated to HOSC Members and available from CCG websites including www.eastbournehailshamandseafordccg.nhs.uk). The case for change does not set out any specific options for future service configuration. Instead, it seeks views on the proposed standards and how these could be delivered in the future. This will lead on to the development of specific options for service delivery. The engagement period ends in mid-September and it is expected that specific options will be developed by early November.

2.4 Any decisions regarding permanent changes to service configuration are subject to the usual consultation requirements with HOSC and with the public. HOSC has previously agreed that any proposed changes to maternity and paediatric services which constitute reconfiguration (i.e. changing where or whether a service is provided in the future) would amount to a substantial variation in service requiring formal consultation with the Committee. If the options for the future of the services include potential reconfiguration, a formal consultation process with HOSC and with the public is expected to start in late 2013.

2.5 A progress report from the CCGs is attached at **appendix 2**. Amanda Philpott, Acting Accountable Officer/Chief Operating Officer, Eastbourne, Hailsham and Seaford/Hastings and Rother CCGs will attend HOSC to discuss the report.

3. HOSC Task Group

3.1 Since June 2013, the HOSC Clinical Strategy Task Group has, at HOSC's request, expanded its role to include oversight of the process for developing maternity and paediatric service proposals. The Task Group's detailed work adds depth to HOSC's ongoing scrutiny of this topic and enables Members of the group to bring specific issues to the Committee's attention.

3.2 The Task Group has met twice, on 25 July and 6 September, to review the progress of the engagement period. It will meet again on 18 October to consider progress with the development of options for the future.

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Appendix 1

To	**East Sussex Health Overview and Scrutiny Committee**
From	**East Sussex Healthcare Trust (ESHT)**
Subject	**Update on the interim strategy for Maternity and Paediatrics**
Date	**For consideration by HOSC members at the meeting on the 12th September 2013**
Purpose	**To update progress made by ESHT with regard to the interim reconfiguration of Maternity and Paediatrics**

1. INTRODUCTION

1.1 Following the decision made by the Trust Board on 8th March 2013 to temporarily reconfigure maternity and paediatric services on the grounds of safety, an implementation programme was set up. Implementation plans were established with an intended 'go live' date of 7th May 2013. Planning involved internal and external engagement and scrutiny including from the Clinical Commissioning Groups (CCGs), other local provider Trusts, South East Coast Ambulance Service and others.

1.2 This paper updates the HOSC on the outcomes of the first three months of the temporary service configuration and demonstrates that the temporary reconfiguration of service provision for high risk Obstetrics; in-patient Paediatrics; the Special Care Baby Unit (SCBU); and emergency gynaecology has ensured the Trust is able to address the risks to safety that were present in the previous configuration and offer a safer service to women, patients and children and their families.

2 MONITORING AND REVIEW

2.1 In order to ensure service safety, quality and activity was monitored, monitoring arrangements were established during the planning period and data sets agreed with commissioners. Detailed weekly monitoring of activity including transfers between sites and numbers of patients attending each of the services provided is completed and sent to the CCGs for all three specialities. This information also informs regular

internal and external post-implementation meetings which review the activity data and patient experience.

2.2 The Trust made arrangements for an external post-implementation review of clinical decision making and clinical risk management to be undertaken by the Royal College of Obstetricians. This was in line with the outcome of the Risk Summit held in February 2013 to discuss the actions that should be undertaken to ensure the safety of the service. The Risk Summit involved NHS South of England, the NHS Trust Development Agency, CCGs and the Care Quality Commission (CQC) as well as the Trust.

2.3 The Trust also asked the Royal College of Paediatricians to provide an external review of the effectiveness of the operational policy for the management of Paediatric services and to make recommendations for any changes or improvements that could be made.

2.4 Both college reviews took place in August with neither college raising immediate concerns about the safety of services as a result of their review. The full reports from both colleges are awaited at the time of writing: once these are received they will be considered by the Trust Board and the Trust will take action to address their recommendations.

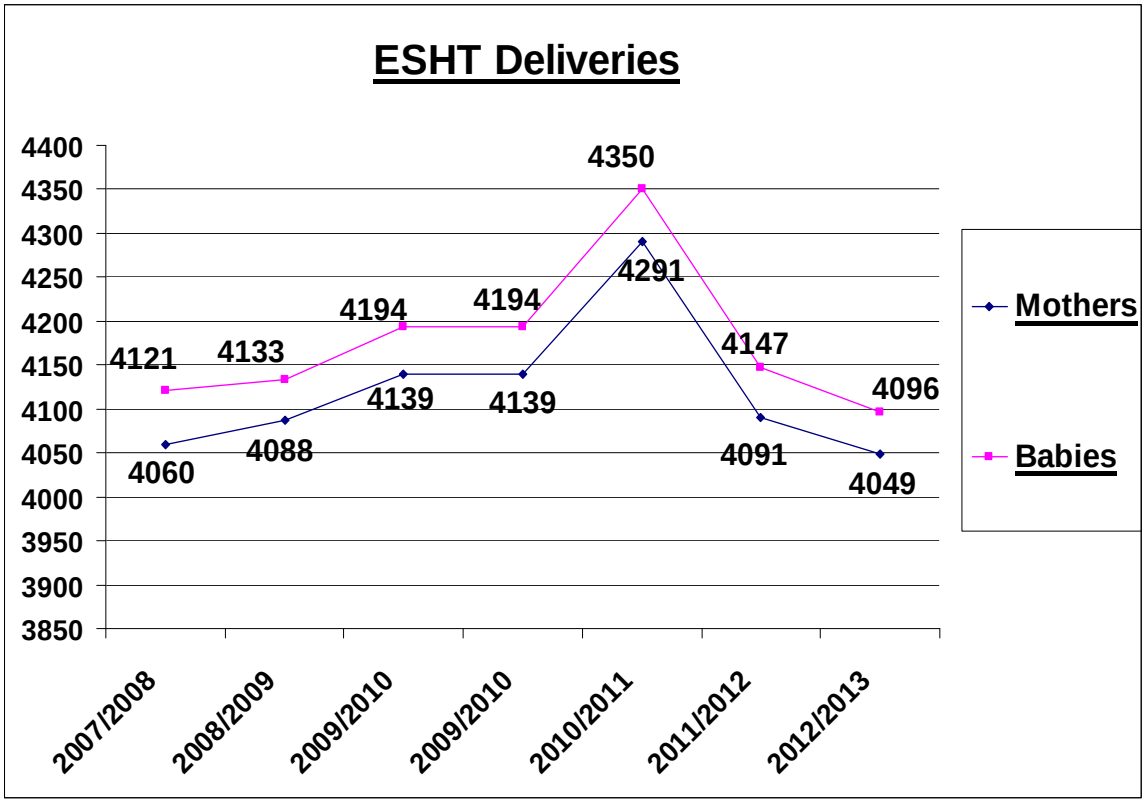
2.5 A specialist team from CQC undertook a scheduled unannounced inspection of the maternity and paediatric services at both the Eastbourne District General Hospital and the Conquest Hospital in June. Their reports were published in August. They found the Trust to be compliant with the required quality and safety standards. During their inspection they specifically considered the concerns that had been raised with them about the safety of the paediatric services. They found no basis for the concerns raised and have addressed the specific issues within their reports.

2.6 Whilst it is too early to draw definitive conclusions from the data, as numbers are still too low to demonstrate statistical significance, there are some trends emerging in relation to activity, clinical outcomes and staff and patient experience. These are summarised below.

MATERNITY

2.7 **Activity**

The table below demonstrates the number of babies born within ESHT over the preceding 5 years



Birth numbers since the change have been in line with those anticipated and have shown an overall small decrease in overall numbers. Data from the Office of National Statistics will be required to determine what percentage of the overall births within East Sussex have been delivered within the Trust so that comparisons can be made with previous years. However, data in section 6 (below) shows that the increase in births at Brighton and Sussex University Hospitals NHS Trust is about 10 per month and this is within predicted levels.

2.8 **Quality and Experience:**

Complaints and compliments

Since May 2013 there have been eight complaints, one of which related to service changes. In the same period in the previous year eight complaints were also received.

The service has received many positive compliments including positive comments on the changes made to the environment and the experience of giving birth in both the consultant led and midwifery led units. The Trust is an early implementer of the national Friends and Family Test (FFT) for maternity services and will be able to report on the outcomes of this in due course. The data derived from the FFT provides real time feedback on patients' ratings of whether they would recommend the service to a friend or family member as well as narrative commentary, both of which will be used to confirm good practice and make rapid improvements where required.

Maternity Serious Incidents

Since the temporary reconfiguration maternity serious incidents have decreased (Table 1). Improved awareness has increased reporting but a better review process means that we are identifying and responding to potentially serious incidents over a much shorter timescale. This has resulted in a number of serious incidents being downgraded by commissioners following professional review,

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Table 1: Maternity Serious Incidents (following downgrading)

	Quarter 1 Jan-March	Quarter 2 *April- June	Quarter 3 July- Sept	Quarter 4 Oct- Dec
2012	1	0	4	2
2013	6	3		

*Interim arrangements in place by 7th May 2013

- Shaded cells indicate quarters prior to the temporary change
- ESHT has a high reporting culture which means some serious incidents are downgraded by commissioners following investigation and review

Caesarean Section rates

Whilst three months is not statistically significant, early indications are that there has been a notable decrease in the number of caesarean sections since the implementation of the temporary changes. This data will continue to be collated and trends will be monitored over the coming months.

Table 2 ESHT Caesarean Section (CS) data

Total CS rate			
Date	**2011**	**2012**	**2013**
7/5 to 3/6	20.1	17.9	24.7
4/6 to 1/7	18.9	25.7	20
2/7 to 29/7	24.7	26.7	17.9

Babies born before arrival of midwifery/medical assistance (BBA):

BBAs have always occurred and will continue to do so. Birth is unpredictable and some women will labour very quickly and will give birth before assistance has arrived or before the woman reaches her chosen place of birth.

In the vast majority of cases the labour in a BBA is so quick that the mother gives birth before she is able to leave home meaning that very few women deliver their baby 'en route'. Very few babies suffer as a result of their quick arrival; the converse is true – most of these babies are born in excellent condition. This is probably due to the fact that they have not had a long and exhausting labour.

Data from previous years shows that on average there are three BBAs a month and the number that occur on route to hospital are in single figures each year. In 2011 there were 35 BBAs four of which were on route to hospital; (one to EDGH and three to Conquest). In 2012 there were 38 three on route to hospital; (one to EDGH and two to Conquest). To date in 2013 there have been 21 BBAs of these five were on route. Two women were travelling from Bexhill; one from Etchingham and one from Eastbourne. One woman who was booked to deliver at the William Harvey

Hospital in Ashford and was travelling from Rye to the Conquest Hospital as the William Harvey was on divert.

2.9 **Staffing**

Increased Consultant presence and therefore supervision of junior Doctors and increased Band 7 midwife presence to supervise junior midwives are now in place. This supports the implementation of actions to address the common themes identified in the serious incidents that occurred prior to the temporary reconfiguration, including of lack of supervision and poor communication.

Midwifery

Staff report feeling better supported with increased consultant presence on the labour ward at the Conquest. There has been minimal increase in staff turnover with only two qualified midwifery staff leaving as a direct result of the changes. Both of these midwives live close to Brighton and have taken midwifery posts at Brighton.

The changes have allowed better flexibility of midwifery staff across the service. Midwives from the community and the two birth centres have been deployed to work at the Conquest when activity has been high and at times when there has been an unexpected decrease in staff due to sickness. There have been no occasions when the unit has been closed or on divert since the temporary reconfiguration.

The midwives at the Eastbourne Midwife Led Unit have been happy to work at the Conquest as they have seen this as an opportunity to maintain ‘high risk’ midwifery skills. They are keen to keep close liaison with the high risk unit and to work together to maintain services at the same time as maintain skills.

Work is being undertaken by the midwifery management team and the supervisors of midwives to support all staff to participate in a rotation to the Conquest in a structured manner.

Medical staff

Trainee feedback via the Deanery has been positive; junior doctors feel that they are getting a better experience because they are working in a busier environment.

Increased consultant presence has allowed for more direct consultant involvement in intrapartum care where required. Consultants also have increased time available for junior training and supervision. Consultants are unanimously positive about the benefits of the reconfiguration.

2.10 **Eastbourne Midwifery Led Unit (EMU):**

Since the interim changes the number of births at the EMU has increased month on month. By the 29 August there had been 31 babies born in the month, maintenance of these monthly numbers would mean that the EMU was on target to reach over 350 births a year.

Transfers out of the unit have been monitored and are in line with national averages for midwifery led birthing units. All transfers are undertaken in consultation with the women and their partners. Women were transferred for a number of reasons, including women requesting interventional pain relief such as an epidural. Other women require transfer for obstetric reasons, the most common reason being delay in the progress of labour. Despite the requirement to transfer there have been good outcomes for both mother and baby. Many of the women who have required transfer have still expressed high levels of satisfaction and some have come back to the EMU for postnatal care and breast feeding support. The midwives have recently started to collect qualitative data from women about their transfer experience.

Table 3 Birth activity at the EMU

	May 13		June 13		July 13	
P – Primiparous (first birth) M – Multiparous (second or subsequent birth)	P	M	P	M	P	M
Birth	0	4	4	4	5	10
Water birth	2	4	3	9	3	8
Home Birth	0	0	0	0	0	0
BBA (born before arrival of assistance)	0	0	0	0	0	0
TOTAL	2	8	7	13	8	18
Intrapartum Transfers:						
To Conquest	3	1	5	2	2	2
To Other	0	0	0	0	0	0
Postnatal Transfers	0	2	2	0	0	0
Neonatal Transfers	0		2		0	
Lying in (post natal care)**:**						
East Sussex Healthcare Trust births	1		3		3	
Other (birth was at another Trust)	1		0		0	

3 PAEDIATRICS

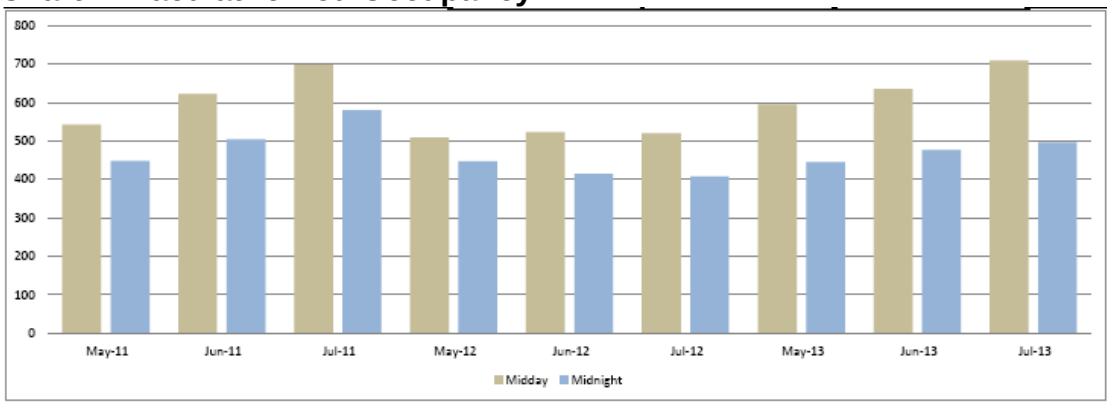
3.1 **Activity**

Short Stay Paediatric Assessment Unit (SSPAU)

640 children have been admitted to the Friston SSPAU in Eastbourne since May. Of these 36 children (5.6%) were transferred from the SSPAU to the in-patient unit and 10 (1.6%) were sent to other hospitals outside of the Trust where this was clinically indicated for specialist treatment, such as for burns. This means that the majority of admitted children were assessed and treated in Friston Ward prior to their discharge on the same day. This is also the case for children seen on the SSPAU on Kipling ward at the Conquest.

Midnight and midday occupied paediatric beds:

Chart 1: Paediatric Bed Occupancy



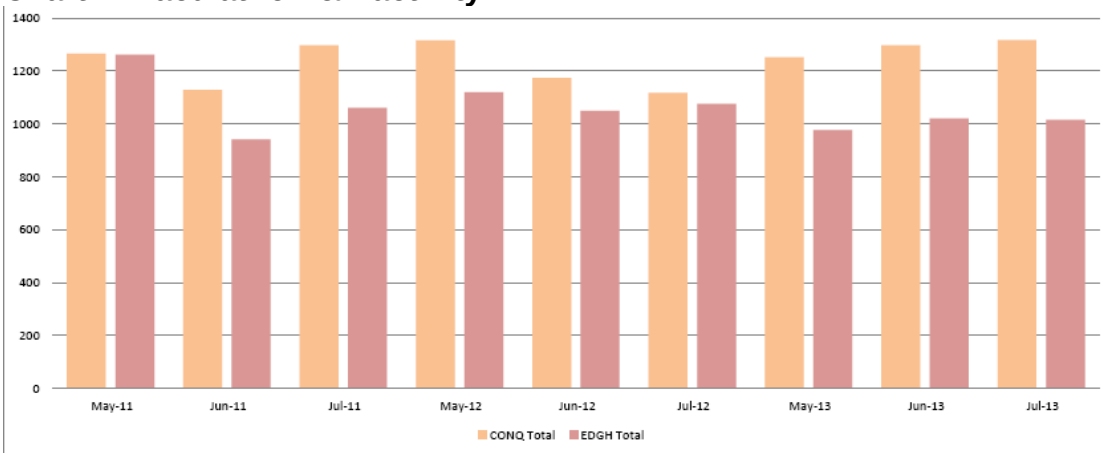
This data is used as an indicator of activity levels within the inpatient paediatric unit. Data prior to the implementation of the temporary configuration of paediatric services is for the inpatient units at EDGH and the Conquest. The table demonstrates that there has been no statistically significant increase in the number of beds occupied at midnight in the last 3 years.

Following recent building work the ward space in Kipling ward is now more flexible. An additional six bedded bay and one cubicle have been provided on along with dedicated provision for the short stay paediatric assessment unit (SSPAU). This means the ward can operate up to 27 in-patient beds along with the SSPAU. The SSPAU accommodates all day case surgical or assessment admissions leaving the ward beds free for inpatients.

Of the non elective inpatient admissions to Kipling ward since May 2013 172 children had Eastbourne postcodes Hospital. This represents 18.36% of the total non elective admissions to Kipling in this period (937 children). Therefore it can be concluded that the levels of activity and acuity seen in Kipling Ward since May 2013 have primarily been generated by admissions from the Hastings area or out of area children such as holidaymakers.

Paediatric A & E activity:

Chart 2: Paediatric A&E activity

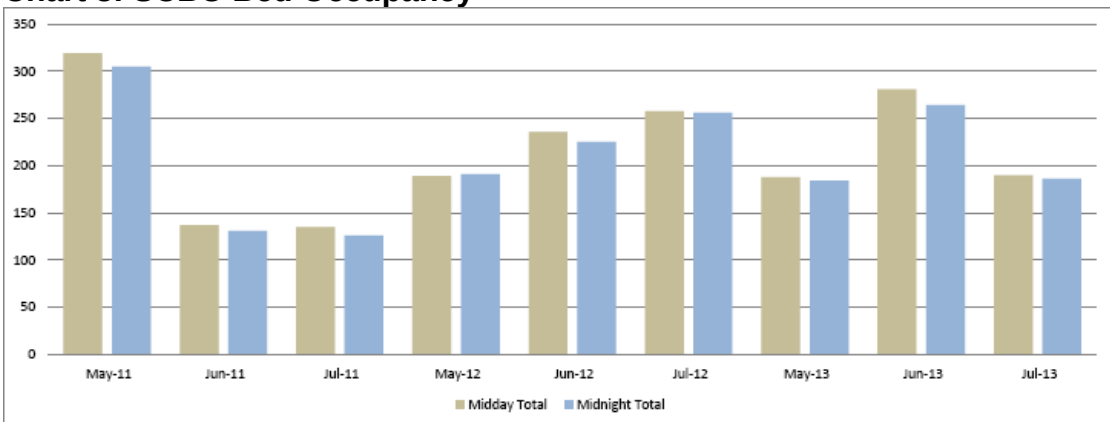


In the last two years there has not been a significant change in number of children being seen in A & E. There is always an expected rise in attendances during July and this is particularly notable in the Hastings area.

Over 90% of the children seen in A & E are either discharged home or discharged to be followed up in either fracture clinic or other paediatric clinics. On average 7 children per week require admission to Kipling ward at the Conquest from the A & E at Eastbourne.

SCBU and Transitional Care beds:

Chart 3: SCBU Bed Occupancy



The graph above includes all babies in both SCBU and Transitional care.

In the three months prior to the merger 41 term babies required admission to SCBU. Since the merger the number of term admissions has remained static with 40 term babies having been admitted to SCBU. The main SCBU unit at

Conquest is equipped to take up to twelve babies and Transitional Care can take five mothers and babies. To date the main unit has not been full on any occasion and the maximum occupancy has been 10.

There has been no change in the number of babies that have required transfer out of the Trust for level 3 Neonatal Intensive Care or other specialist care.

The temporary changes have allowed the Trust to develop a Transitional Care Unit (TCU) where mothers and babies have had joint care from SCBU staff and midwives. Transitional care offers support to babies who need more than essential midwifery care. This includes babies who require closer observation. These babies may have had a difficult birth or have been born to a mother with an underlying medical condition ie diabetes or those who have a dependency on drugs or alcohol. Some of these babies may require medical treatments for example with intravenous drugs; some may have developed jaundice and require light therapy.

Care in the TCU enables mothers to have their babies beside them twenty four hours a day if they wish and can lead to shorter lengths of stay for babies. It also allows for earlier discharge of babies from SCBU to the ward where they are cared for by both SCBU staff and midwives.

Parental feedback is that transitional care is a positive experience for the mothers however we are addressing feedback received and ensuring that we are able to be more inclusive of fathers when providing transitional care.

The Clinical Unit is now considering the development of a neonatal outreach service. The senior nursing team are exploring the Brighton model to see if it can be mirrored and run within our current funded establishment. Most babies currently provided with transitional care would meet the criteria for an outreach service provided to mothers and babies in their own homes.

3.2 **Quality and Experience:**

Complaints and compliments

Since May 2013 there have been eight complaints related to service changes. This is a significant increase on the previous year. The main concerns come from parents and children who live in Eastbourne and centre on the distance required to travel rather than the quality of care received. The Trust is working hard to respond to each complaint in detail and to promote the appropriate use of the day services available on the Eastbourne site. In fact very few children require admission as can be seen below.

Despite the increase in complaints there have been some positive comments from parents who have had children admitted to the inpatient ward at Hastings. This was noted by the Care Quality Commission (CQC) who visited in July. When they spoke to families they found that the vast majority were very happy with the care they had received. The Trust is keen to implement the national Friends and Family Test (FFT) for use in paediatrics and see this as a positive and timely way to monitor patient experience.

Paediatric Serious Incidents

Since the temporary reconfiguration there have been no serious incidents within paediatrics. The Trust monitors closely any paediatric untoward incident or concern raised by the multi-professional team, including the ambulance service, and investigate all issues immediately.

3.3 **Staffing**

Nursing

The nursing staff, in particular the staff from Eastbourne, have found the new way of working difficult and challenging. Work has been undertaken with all levels to help improve working relationships. This has included action learning sets for the matrons and away day/team building days for the ward staff. A ward activity and capacity acuity tool has been developed

by the senior nursing team to help staff with managing work loads and early escalation of concerns when necessary. All of these initiatives have begun to make a difference and once again was noted by the CQC who were able to spend time talking to all grades of staff.

There have been three resignations of paediatric nursing staff as a direct result of the changes.

Medical staff

Trainee feedback via the Deanery has been positive; junior doctors feel that they are getting a better experience because they are working in a busier environment.

4.0 GYNAECOLOGY

4.1 Activity

Data collection for gynaecology activity commenced on June 24th.

Ward attenders

The number of ward attenders has remained static on both sites with the vast majority being discharged home after being seen. Ward attenders are seen on the ward by three routes: referred by their General Practitioner, self referral or pre-arranged appointment, for example for the removal of sutures or for repeat ultrasound scans.

Early Pregnancy Assessment Clinic (EPAC) attenders

EPAC attenders are referred to the ward through three routes: via their General Practitioner, an A&E referral or self referral. Self referrals are usually women who have experienced an early pregnancy loss previously and have been advised to have an early ultrasound scan in a future pregnancy.
The number of EPAC attenders has remained static on both sites since the changes, with the vast majority being discharged home after being seen.

Over the eight week period to date only five women who were either ward attenders or EPAC attenders were transferred from EDGH to the Conquest.

Gynaecology activity in A & E:

Full data capture from A&E has been difficult and is being improved, however it indicates that there are low numbers of women presenting to A & E with gynaecological emergencies (between two and ten a week) and that the majority of women are discharged home from A & E.

Ward activity

The inpatient gynaecology ward at EDGH (Hailsham 2) has fourteen beds comprising two six bedded bays and two side rooms and Mirrlees at the Conquest has eight beds comprising one six bedded bay and two side rooms. Midnight and midday bed figures demonstrate that whilst the wards are occasionally operating at capacity this has only once resulted in the cancellation of planned surgery. Both wards are utilising the Enhanced Recovery After Surgery programme with the aim of discharging women within two to three days following major surgery in line with best practice.

5.0 Impact on South East Coast Ambulance (SECAmb) Service and other Trusts:

5.1 SECAmb

Regular meetings have been held with SECAmb since the temporary changes. Data is collected in respect of all transfers into or between sites/hospitals. No concerns have been highlighted by SECAmb management and the service continues to manage the vast majority of transfers in a timely manner.

5.2 Other Trusts

On average Brighton and Sussex University Hospitals NHS Trust (BSUH) has seen an increase of 10 ‘ESHT’ births per month compared to previous years. This increase is predominantly, as expected, from Seaford women going to Brighton. Although the numbers of births and bookings rose in May these

have subsequently fallen and further time will need to elapse before any conclusions can be drawn about the longer term impact on activity.

The Head of Midwifery at Maidstone and Tunbridge Wells NHS Trust (MTW) has reported very little difference in 'ESHT' births at Pembury.

There have been some changes in paediatric attendances and these are being monitored to establish a longer term trend.

6.0 Next Steps

There will be ongoing monitoring across all three services to assess the impact of the temporary service change on activity, safety, quality and patient experience. In addition, changes in activity in other trusts will also be monitored.

Operational policies for all impacted services will be reviewed taking into account any feedback and recommendations received from the Royal Colleges.

The potential options to improve the efficiency and effectiveness of the SSPAUs will be considered including a review of opening hours and the possibility of co-locating the SSPAU at EDGH with A&E.

The Trust will actively participate in process being led by commissioners to agree a long term strategic future for these services

Appendix 2
Eastbourne, Hailsham and Seaford CCG
Hastings and Rother CCG

Title of report	"Better Beginnings", developing options for sustainable maternity and paediatric services in East Sussex
Purpose	To provide the East Sussex HOSC with an update on the process of developing sustainable maternity and paediatric services in East Sussex
Authors	Catherine Ashton, Associate Director of Strategy and Whole Systems, Eastbourne, Hailsham and Seaford (EHS) and Hastings and Rother (H&R) Clinical Commissioning Groups (CCGs) and Sara Geater, Head of Community Relations, EHS, H&R and High Weald Lewes Havens (HWLH) CCGs.
Date	For discussion at the East Sussex Health Overview and Scrutiny Committee on 12th September 2013

1. Introduction

The Clinical Case for Change for maternity and paediatric services which has been developed by the Sussex wide Clinical Reference Groups for Maternity and Newborn, and Children and Young People was agreed in July 2013.

The East Sussex CCG-led engagement programme "Better Beginnings" which started in mid-July has included focus groups and one-to-one interviews, an online survey and factsheets based on the Case for Change. This material has been made widely available to the general public and stakeholders along with a paper on Frequently Asked Questions. The full Case for Change has been made available on the CCG websites. The Case for Change has been explained more widely through the local media and details of the review, the Case for Change and opportunities to discuss this have been promoted to GP members and to the public through our stakeholders, the Healthwatch website, community newsletters and partner organisations.

2. The Engagement Process To Date

The focus of this engagement programme has been to establish an open two way dialogue between patients, parents and families in order to discuss why clinicians believe these services need to change (the Case for Change) and to enable discussion on the choices that local women want in terms of type and place of birth, alongside exploring the balance between the locality and safety of the service, and who and what influences that choice. We have also aimed to capture insight into

what quality services look like (including antenatal and post natal care) from a patient viewpoint. These discussions will be part of what informs options for future service delivery. The engagement programme will continue until mid-September 2013.

2.1 Targeted Engagement

A total of 15 community focus groups have been organised, targeted at new and expectant parents and parents with experience of paediatric services. The engagement team organised 12 of these. The groups aimed to cover a wide geographical area of East Sussex: Polegate, Seaford, Hailsham, Eastbourne (3), Hastings & St Leonards (3), Crowborough, Heathfield & Rye. One of each of the groups in Eastbourne and Hastings were organised for the evening and crèche facilities have been provided at some of the venues (advertised in advance). In addition, Robsack Children's Centre, St. Leonards and Hastings Town Children's Centre arranged focus groups with their service users led and facilitated by the engagement team.

Significant effort has been made to promote the groups to the target audience through staff (community midwives, health visitors, paediatric staff, GP practices), community networks and newsletters, distributing flyers in town centres, direct mailing to playgroups and mother and baby groups and the events being advertised in the Eastbourne Herald and promoted on several Facebook pages.

Despite this, recruitment to these focus groups has been difficult and we have had to cancel 6 of these due to lack of sign-up: Polegate, Seaford, Hailsham, Hastings, Crowborough, and Heathfield. Members of the engagement team have attended each of the venues where groups had been scheduled and conducted interviews on occasions when people attend without booking.

We have sought to be responsive and flexible in our approach to engagement and therefore the team have amended the programme to ensure we find different ways of engaging with our target audience. Working closely with colleagues in the local authority and voluntary sector the team have identified a number of events and venues where we can conduct 1:1 interviews. We are attending family fun days, children's centres, antenatal classes and breast feeding groups and are conducting telephone interviews as well.

An interim learning report is currently being prepared which will be shared with the Governing Body, the HOSC, public and stakeholders. This report will highlight the iterative process of learning from engagement. Early analysis thus far indicates that the key messages for maternity include:

- the vast majority of people involved have understood the Case for Change and agree the review is necessary
- there is a strong perception that having to travel a longer distance either at the start or during labour increases risk and therefore significantly reduces safety
- choice is important but it is more important to be safe
- many women stated that they would want the reassurance of obstetric led care even if they did not use it so they wouldn't use a midwife led service (although a co-located unit was supported). Transfers during labour are a real fear.

- the travel issues have to be addressed if services will be further away – ambulances and travel options for families and carers.

Key messages for paediatric services include:

- access to paediatric inpatient care is made more difficult if it is located further away from your home, when you have other children in the family
- if there were other options within the community where you could get expert clinical advice / home visits when your child was ill it could reduce hospital and A&E attendance.

2.2 Online Survey

Since mid-July an online survey has been available on the CCGs' websites which has invited people to provide comment on two key areas:

- if you or a friend/family member were accessing maternity services, what considerations would be most important to you?
- if your child was admitted to hospital and required an overnight stay, what considerations would be most important to you?

To date 124 members of the public have completed the online survey and analysis of the responses will be undertaken and made available in due course.

3. Next Steps

In considering the long term future of maternity and paediatric services in East Sussex, the CCGs will wish to reflect on the outcomes from the period of engagement with the public and stakeholders and ensure that this informs the development of the delivery options.

The CCGs will be working closely with providers in the coming weeks to start to develop a range of delivery options that will be tested against appraisal criteria to ensure that these options will deliver the agreed standards of care. These options will then be discussed with the HOSC to confirm if the service change proposals constitute substantial variation and would therefore require formal consultation with the HOSC and a formal public consultation.

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