

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **28 July 2014**

By: **Assistant Chief Executive**

Title of report: **Better Beginnings – NHS decisions**

Purpose of report: **To consider decisions made by East Sussex Clinical Commissioning Groups (CCGs) in relation to the ‘Better Beginnings’ proposals for reconfiguration of maternity, paediatric and gynaecology services provided by East Sussex Healthcare NHS Trust.**

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## **RECOMMENDATIONS**

**HOSC is recommended to consider whether the decisions made by the CCGs are in the best interests of the health service for residents of East Sussex.**

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### **1. Background**

1.1 In January 2013 HOSC considered reconfiguration proposals for three services commissioned by the three East Sussex Clinical Commissioning Groups (CCGs) and provided by East Sussex Healthcare NHS Trust (ESHT). The proposals, put forward by the CCGs as the commissioners, specifically concerned:

- Maternity services
- Inpatient paediatric (children’s) services
- Emergency gynaecology services.

1.2 HOSC agreed that the proposed changes constituted potential ‘substantial variation’ to services, requiring formal consultation with the Committee under health scrutiny legislation. HOSC agreed to undertake a detailed review of the proposals from February - June 2013 in order to prepare a report based on evidence gathered from a range of sources. HOSC’s report (including recommendations) was agreed by the Committee on 19 June 2013 and is available from the HOSC website [www.eastsussexhealth.org](http://www.eastsussexhealth.org).

1.3 Alongside HOSC’s review, the CCGs led a public consultation process which ran for 12 weeks from 14 January to 8 April 2013. HOSC considered the outcomes of the public consultation process as part of the Committee’s review.

1.4 The Governing Bodies of the CCGs, as commissioners of services, were responsible for making a final decision on the proposals. It was expected that decisions would be informed by the outcomes of the consultation process, including consideration of HOSC’s report and recommendations, alongside a range of other evidence.

### **2. NHS decisions**

2.1 The report at appendix 1 outlines the decisions which have now been taken by the CCGs and summarises their reasons for taking these decisions. It also outlines the range of evidence provided to the CCG Governing Bodies and additional recommendations agreed by them.

2.2 In summary, the CCGs unanimously agreed to support the service configuration proposed in Option 6, that is:

- Midwife-led unit and short stay paediatric assessment unit (SSPAU) to be provided at Eastbourne District General Hospital
- Consultant-led obstetric service, inpatient paediatrics, special care baby unit, SSPAU and emergency gynaecology to be provided at the Conquest Hospital in Hastings.
- Midwife-led unit to be provided at Crowborough Hospital.

### **3. Response to HOSC's recommendations**

3.1 Appendix 1 presents the CCGs' decisions in more detail and their response to HOSC's recommendations, all of which have been agreed. An action plan to meet HOSC's recommendations is appended at Annex 1. The CCGs also propose to provide HOSC with regular reports on implementation and are inviting HOSC to nominate a representative to attend a programme board.

3.2 HOSC will wish to consider the response to its recommendations and whether this provides assurance that they will be taken forward positively as part of implementation.

### **4. HOSC role in considering NHS decisions**

4.1 When considering proposals for 'substantial variation' to services, HOSCs are expected to focus on two key questions:

- Is the Committee satisfied with the content of the NHS consultation process and that sufficient time has been allowed?
- Is the NHS preferred way forward in the best interests of the health service for people in the area affected?

4.2 HOSC has reached a view on the consultation process in its report and at the 19 June HOSC meeting where it resolved that "HOSC is satisfied with the content of the NHS consultation process in respect of Better Beginnings, the future of maternity and paediatric services in East Sussex, and is satisfied that sufficient time was allowed."

4.3 HOSC is now invited to consider whether the CCGs' decisions are in the best interests of the health service for the residents of East Sussex, taking into account the evidence gathered by the Committee during its review.

4.4 If HOSC does not consider the proposed substantial service change to be in the best interests of the local health service it has the option to refer the decision to the Secretary of State for Health for a decision. Changes to health scrutiny legislation in 2013 have strengthened the requirements in respect of referrals. Now, a referral may not be made *unless* HOSC is satisfied that reasonably practicable steps have been taken to try to reach agreement with the local NHS. Thus, should HOSC consider that the CCGs' decisions are not in the best interests of the local health service, it would need to consider whether all possible steps have been taken to reach an agreement, *prior* to making a referral.

4.5 Any referral that HOSC makes to the Secretary of State must be accompanied by, amongst other things, very clear evidence-based reasons for the referral and an explanation of the steps taken with the NHS to try to reach local agreement.

### **5. NHS decisions for consideration**

5.1 East Sussex CCGs are now seeking HOSC's support for the decisions which have been taken. HOSC is recommended to consider whether their decisions, summarised in paragraph 2.2 above and set out in detail in the appendix, are in the best interests of the health service for East Sussex.

5.2 If HOSC determines that the CCGs' decisions are not in the best interests of the health service the Committee will need to consider whether or not to refer the matter to the Secretary of State for Health and to agree the grounds for such a referral. The Committee must consider whether all practicable steps to reach local agreement have been taken before making a referral.

PHILIP BAKER  
Assistant Chief Executive

Contact Officer: Paul Dean  
Tel No: 01273 481751, Email: [Paul.dean@eastsussex.gov.uk](mailto:Paul.dean@eastsussex.gov.uk)  
*Please contact for paper copies of any of the reports mentioned above*

*Background papers:*

Local Authority Health Scrutiny: Guidance to support local authorities and their partners to deliver effective health scrutiny (Department of Health, June 2014)

*Eastbourne, Hailsham and Seaford CCG  
Hastings and Rother CCG  
High Weald Lewes Havens CCG*

<b>To</b>	<b>East Sussex Health Overview and Scrutiny Committee</b>
<b>From</b>	<b>Amanda Philpott, Chief Officer, Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG Wendy Carberry, Chief Officer, High Weald Lewes Havens CCG</b>
<b>Subject</b>	<b>Response to the recommendations made by East Sussex HOSC on: 'Better Beginnings' Consultation on Maternity, Inpatient Paediatric and Emergency Gynaecology Services in East Sussex</b>
<b>Date</b>	<b>For Consideration by HOSC members at the meeting on 28 July 2014</b>
<b>Purpose</b>	<b>To report the decisions made by the Governing Bodies of Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG with regard to the proposed reconfiguration of Maternity, Inpatient Paediatric and Emergency Gynaecology Services in East Sussex</b>  <b>To provide a response from the CCGs in East Sussex to the recommendations made by East Sussex HOSC on the 'Better Beginnings' consultation</b>

## **1.0 Introduction**

- 1.1 In 2006, following a review of local services, it was recognised that there was a need to transform healthcare across Surrey and Sussex, in order to ensure financial and clinical stability.
- 1.2 As part of this transformation, in December 2007 the two East Sussex Primary Care Trust Boards agreed on a preferred delivery option for obstetric care, special care for babies, gynaecological care and midwifery led care; the proposal agreed the single siting of consultant led obstetric care, neonatal services and inpatient gynaecology at the Conquest Hospital in Hasting.
- 1.3 The East Sussex Health Overview and Scrutiny Committee (HOSC) met in January 2008 and gave notice that it would refer the PCTs' decision to the Secretary of State for Health.
- 1.4 In May 2008, an Independent Reconfiguration Panel (IRP) was then convened. The IRP did not support the PCTs' proposals but strongly supported the PCTs' decision to improve antenatal and postnatal care and associated outreach services, and
- 1.5 A multi-agency project team was established, and a plan developed to meet the IRP recommendations. Additional clinical staff were recruited and considerable

additional financial investment was provided. As a result of this, many improvements were made to services.

- 1.6 Throughout 2011 and 2012, the work to improve services continued. A Sussex-wide clinical review was then undertaken which concluded that, despite the efforts of the CCGs and East Sussex Healthcare Trust (ESHT) and the improvements that had been realised, the quality and safety of services were not being sustained consistently.
- 1.7 The difficulty in maintaining safe services, mainly as a result of national staff shortages and European restrictions on working hours, peaked in early 2013 when the Trust reported 14 serious incidents in the first four months of the year. As a result, in March 2013, the Trust Board took the decision to temporarily single site obstetric and inpatient paediatric services on the Conquest site, on the grounds of safety.
- 1.8 The CCGs supported this decision and launched an extensive period of engagement with clinicians and with members of the public, which began in July 2013. The findings from this period of engagement informed the development of models of care for Maternity, Paediatric and Emergency Gynaecology services, which in turn informed the development of potential delivery options.
- 1.9 On 11 December 2013, the CCGs' Governing Bodies separately, and unanimously, agreed the models of care for Maternity, Paediatrics and Gynaecology in East Sussex. The Governing bodies also agreed six delivery options that they believed were the only options that would provide safe, high quality and sustainable care. The six options, developed from a long list of possible configurations, were informed by public and clinical engagement, and were tested with a wide clinical network, including outside of East Sussex
- 1.10 The main difference between the agreed six options and the services as they were provided before the temporary changes was that the options did not include the provision of consultant-led Maternity and Inpatient Paediatric Services on two hospital sites. There is a wide range of national and local clinical evidence that has led clinicians in East Sussex to conclude that safe consultant-led Maternity Services could not be maintained at both EDGH and Conquest.
- 1.11 On 10 January 2014, the Health Overview and Scrutiny Committee (HOSC) declared that the six potential delivery options constituted a substantial variation on the service that was originally commissioned. As a result, it was agreed that the CCGs in East Sussex would undertake a formal public consultation in line with CCGs' duty to consult.
- 1.12 The formal public consultation ran for a total of 12 weeks from 14 January to 08 April 2014. The CCGs, building on the extensive engagement that they had undertaken in 2013, used many different engagement and communication methods across the whole of East Sussex, including: online and social media; targeted focus groups with people who might be differently impacted by the changes; online and postal survey; one-to-one interviews; media campaigns and market place events.
- 1.13 After the consultation was complete, the individual, group and organisational responses to the consultation, and the process used to consult, were independently analysed. The reports from the independent analysts were published and made available to the HOSC.

- 1.14 On 19 July 2014, the HOSC voted to support the single-siting of Obstetric, Inpatient Paediatric and Emergency Gynaecology, agreeing that sufficient evidence had been provided to support their decision, and recommended that the CCGs consider options 5 or 6 as the long-term service delivery option.
- 1.15 On 25 July 2014, the Governing Bodies of the Clinical Commissioning Groups (CCGs) met to make their final decisions on the long-term delivery option for Maternity, Inpatient Paediatric and Emergency Gynaecology in East Sussex. To support the Governing Bodies in reaching their decisions, a suite of information was made available to each member.
- 1.16 This pack included:
- Better Beginnings Pre-Consultation Business Case (PCBC)\*
  - PCBC Appendices, including\*
    - National Clinical Advisory Team (NCAT) Review January 2013\*
    - Pre-consultation Stakeholder Engagement Report I\*
    - Pre-consultation Stakeholder Engagement Report II\*
    - Permutations of Options considered by the Models of Care and Options Development Working Group\*
    - Advice from the Maternity, Children and Young People South East Coast Strategic Clinical Network (SECSCN)\*
    - Advice from the Children and Young People and Maternity Clinical Reference Groups (CRGs)
    - Better Beginnings Programme Initiation Document (PID)\*
    - Equality Analysis (updated June 2014)\*
    - Communications and Engagement Strategy\*
    - Governance Structure\*
    - Health Needs Analysis\*
  - Update to the Equality Analysis following close of consultation
  - Consultation Feedback: Analyst Report – Summary
  - Consultation Feedback: Analyst Report – Full Technical Report
  - Consultation Process: Analyst Report
  - Overview of responses to the consultation
  - Maternity and Paediatric Services Review 7 months following interim changes
  - Report from the Options Appraisal Panel
  - East Sussex Health Overview and Scrutiny Committee (HOSC) report and recommendations
  - Better Beginnings Finance Information

*\*Also provided to the Governing Bodies in December 2013 and to the HOSC in January 2014.*

- 1.17 It should be noted that, throughout the Better Beginnings programme, all information and evidence used to inform working groups and decision-makers has been published on the Better Beginnings website document library ([www.betterbeginnings-nhs.net](http://www.betterbeginnings-nhs.net)), and so has been made available to the public. It should further be noted that most of the documents included in the suite of information had been previously received and reviewed by Governing Body members, for example the PCBC and its appendices and the Maternity and Paediatric Services Review 7 Months Following Interim Changes.

## **2.0 Recommendations from the Governing Bodies of Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG on 25 June 2014.**

- 2.1 Following a careful review of the evidence, the Governing Bodies of the three CCGs separately and unanimously agreed on Option 6 as the long-term delivery option for

Maternity, Inpatient Paediatric and Emergency Gynaecology Services in East Sussex.

**Agreed delivery option:** Please note that the table below refers only to elements of the service that were within the scope of the review. Elements of service that were outside of the scope of the review continue to be provided on both acute sites. These include, but are not limited to: Maternity Day Assessment Unit; Antenatal Clinic; Ultrasound; Early Pregnancy Unit; Paediatric Outpatients; Gynaecology Outpatients; Paediatric Day Surgery; Gynaecology Day Surgery. Community Services were also outside of the review and therefore also continue.

	<b>Eastbourne DGH</b>	<b>Conquest Hastings</b>	<b>Crowborough</b>
<b>6</b>	Midwife led unit Short stay Paediatric assessment unit (SSPAU)	Obstetrics Emergency Gynaecology Inpatient Paediatrics Special care baby unit (SCBU) Short stay Paediatric assessment unit (SSPAU)	Midwife led unit

2.2 **Eastbourne, Hailsham and Seaford CCG** reported that they had received enough information to make a decision and that they had been given ample opportunity to discuss the six options. The Governing Body unanimously agreed on **Option 6** as the best future delivery option for Maternity, Inpatient Paediatric and Emergency Gynaecology Services in East Sussex.

2.3 **Hastings and Rother CCG** noted that the input from NCAT and the clinical networks across Sussex had been particularly useful and the options appraisal process had offered assurance. The public and clinical engagement work was commended. The Governing Body members unanimously voted on **Option 6** as the best future delivery option for Maternity, Inpatient Paediatric and Emergency Gynaecology Services in East Sussex.

2.4 **High Weald Lewes Havens CCG** reported that, after careful consideration and acknowledgement of the difficulty of the decision, including the paramount importance of quality and safety, HWLH CCG had unanimously decided that **Option 6** was its preferred delivery option to best support the needs of its own population and the population of East Sussex.

2.5 **Summary of Governing Body considerations which led to the choice of option 6 as the best option**

Whilst all options would provide safe, high quality and sustainable services, there were key drivers which led to the agreement of Option 6 as the best option. Some of these drivers were also apparent in other options, but unlike other options, Option 6 was identified as meeting the majority. These key drivers included, amongst others:

- Provides best possible geographical spread of services (within East Sussex and as part of a network of services across a wider geographical area) - *also partially apparent in option 5*
- Best meets the current and future needs of the population – *also apparent in options 1 and 3*. Some of the factors involved in this consideration were:

Deprivation and its critical impact on health outcomes

- o The CCGs have a legal duty to actively promote equality and to reduce health inequalities

- Hastings is the most deprived town in East Sussex; women from Hastings are more likely to have risk factors related to deprivation, for example obesity and poor mental health
- Hastings has the highest rates of domestic violence, substance misuse and smoking in pregnancy, and teenage conceptions
- The highest number of babies born before arrival (BBAs) are to women from the Hastings area

#### Access to services

- The Governing Bodies discussed public concern regarding the distance to travel to services. It was recognised that the potential anxiety for some service users in relation to perceived risks around travel were counter-evidenced by the improved outcomes in relation to the safety of service users during the temporary changes.
- Of the two major towns in East Sussex, Hastings has the furthest distance to the next nearest hospital, out of county.
- Hastings has the most households with no car or van, and therefore has reduced access to travel in comparison to other areas.

#### Other

- Birth projections in Hastings are projected to decline by 10%, in comparison to birth projections in Eastbourne, which are expected to decline by 24%, meaning fewer births to women from Eastbourne in comparison to Hastings
- Enables most effective use of provider resources - *also apparent in options 1 and 3*
- The cost to commission is reasonable and makes effective use of resources, and the configuration can be delivered within a reasonable timescale. The service will support the Trust in attracting and sustaining a skilled and flexible workforce – *also apparent in options 1 and 3*
- Clinical Sustainability, due to the co-location with other services such as Magnetic Resonance Imaging (MRI) – *also apparent in options 1 and 3.*
- The impact of the options can be best met by other providers and services within East Sussex and surrounding areas – *also apparent in option 5*

- 2.6 In relation to the implementation and delivery of the agreed option, the Governing Bodies agreed the following:
- i) An implementation board would be established as a progression from the Better Beginnings Programme Board, chaired by the CCGs with representation invited from the HOSC in addition to regular reports to HOSC.
  - ii) Focus would be kept on management of and learning from incidents (not just serious incidents).
  - iii) The CCGs would continue to measure the quality outcomes for services and seek to ensure continuous improvements.
  - iv) The CCGs would continue to seek feedback from users.

- v) The CCGs found it very useful talking to staff on units about current service and potential for improvements and this engagement with staff would be repeated to ensure appropriate engagement in ongoing service development.

### **3.0 Response to the East Sussex HOSC recommendations:**

- 3.1 The CCGs' Governing Bodies have welcomed the HOSC report on the Better Beginnings consultation and the recommendations made by the HOSC, and acknowledge and extend sincere thanks to HOSC members. The HOSC has provided robust scrutiny throughout the process which has helped to ensure that the CCGs were in the best possible position to deliver a robust public consultation. The HOSC's report and recommendations have captured the many salient points of this reconfiguration, and the evidence gathering sessions have enabled a wide range of stakeholders to present their views and opinions in a clear and constructive way.
- 3.2 The CCGs will continue to provide the HOSC with reports on implementation and where appropriate continue to engage in more depth with HOSC members to explore issues of particular note in more detail. The Better Beginnings Programme Board would welcome the addition of a HOSC representative and the opportunity to use this forum to assure that the HOSC's recommendations are implemented and the benefits of the reconfiguration are fully realised. .
- 3.3 To ensure that stakeholders are kept fully aware of the progress, the CCGs will, in line with HOSC recommendations, develop a communications strategy.

## **Recommendations about the configuration of services**

Please note that the actions identified below are a summary of the CCGs action plan to meet HOSC recommendations, which is attached as an appendix to this document.

### **Recommendation 1a - AGREED**

- 3.4 *The future configuration of Maternity Services in East Sussex should provide for the best geographical spread of locations across the County whilst ensuring safe and sustainable services. Options 1, 2, 3 and 4 limit the choices of locations available therefore none of these four options should be selected.*

#### **CCGs' response to recommendation 1a**

- 3.4.1 The CCGs have carefully considered geographical spread of services when making their final decisions (see paragraph 2.5). The Governing Bodies have agreed on Option 6, which is in line with this recommendation and the findings of the HOSC. Under this delivery option, birthing services are provided at all three current sites
- Consultant-led Maternity Services are provided at the Conquest Hospital, Hastings
  - Two midwife-led birthing units provided - at Crowborough and Eastbourne
- 3.4.2 Home-births continue to be available as an option to low-risk women across the county.

### **Recommendation 1b - AGREED**

- 3.5 *The choice of service configuration should take account of a range of factors including: financial viability; population size and growth; the needs of specific population sub-groups; deprivation and associated risk factors*



### **CCGs' response to recommendation 1b**

- 3.5.1 The health needs analysis, the equality analysis and the financial information formed part of the suite of information made available to Governing Bodies to support their final decisions. Key drivers which were considered by Governing Bodies, which led to the agreement of option 6 as the best option, can be found in paragraph 2.5.
- 3.5.2 The options appraisal panel had also carefully considered these factors when scoring the options and, similarly to the views of the HOSC, had identified that the absence of any birthing facilities in a CCG area negatively impacted on the score in relation to the quality of patient experience and access in East Sussex.
- 3.5.3 Other key drivers considered key by the appraisal panel included how the location of services would impact on other services, and Public Health information regarding levels of deprivation and access to travel in different areas. The full report of the options appraisal panel, including the key drivers, was included in the suite of information made available to Governing Body members.
- 3.5.4 At the joint meetings of the Governing Bodies on 25 June 2014, following verbal presentations of the clinical case for change, the development of the options and other evidence and information, Governing Body members took time to further test the evidence, particularly in relation to the areas highlighted by the HOSC recommendation, to assure that informed decisions were made (see paragraph 2.5 for some of the topics considered).

### **Recommendation 1c - AGREED**

- 3.6 *Changes to the configuration of Maternity Services should include upgrading and modernising facilities, with due consideration given to the number of beds required across all type and location of unit. HOSC wishes to see excellent, modern Obstetric and Gynaecological Services that put the needs of women and babies at the heart of these services in East Sussex.*

### **CCGs' response to recommendation 1c**

- 3.6.1 The commitment to providing a modern service is reflected in the options appraisal report, where options which supported innovation scored higher against those that did not. The CCGs final decisions should be seen as a significant step towards achieving excellent, modern services that put the needs of women and babies in East Sussex at the heart of these services in East Sussex. GP leads and commissioners will continue to work with providers, clinical staff, stakeholders and clinical networks to promote and develop these services in the future.
- 3.6.2 The commitment to upgrading and modernising services was integral to the proposals and the finance paper was published to support the consultation on the Better Beginnings website, where all capital costs including those for building works that would be required and additional costs for updating of facilities are assigned to each option. This includes option 6 (the agreed option) where, for example, improvements to the ward environment has been planned.
- 3.6.3 Immediately following the HOSC's acceptance of the CCGs' decision to proceed with implementation, the CCGs will begin contract negotiations on the service they wish to commission and will develop a full implementation

plan with providers. The implementation plan will be overseen by the Better Beginnings Programme Board and shared with the HOSC.

- 3.6.4 The marketing of and increased use of the standalone midwifery units will support midwives in maintaining and improving their skills, which in turn will offer the opportunity for increased innovation in midwife-led services. Further to this, it is recognised that midwifery led care results in better outcomes for low-risk women than consultant-led care, and women giving birth at the consultant-led site are supported by midwives unless Obstetric intervention is required. This is in line with national guidance, promotes healthy outcomes for women and babies and supports recruitment and retention of midwives in East Sussex.

## **Recommendations about Maternity Services in the High Weald**

### **Recommendation 2 - AGREED**

3.7 *The Maternity care pathway for women in Crowborough and the North Weald needs to be addressed as a matter of urgency to include provision for reconnecting community midwifery with the birth choices now being made in practice by High Weald women:*

- *Women should have the opportunity to give birth at CBC midwife-led unit with the option to go to Pembury seamlessly should an Obstetric Service be required or desired*
- *The administrative pathway barriers, such as formats of patient notes and booking arrangements operating differently in different trusts, must be resolved*
- *Activity levels at CBC should be improved pending longer term management decisions such as reinstating Obstetric Scanning Services at CBC*
- *The 'emergency transfer link' from the High Weald and Crowborough Birthing Centre (CBC) to Tunbridge Wells Hospital at Pembury must be strengthened as reflected in existing practice for women in distressed labour at CBC.*

### **CCGs' response to recommendation 2**

3.7.1 The CCGs want to secure these improvements for the women of High Weald and will continue to work with East Sussex Hospitals NHS Trust (ESHT), Maidstone and Tunbridge Wells NHS Trust (MTW), South East Coast Ambulance Service (SECamb) and local stakeholders to promote and develop the Maternity Service and clinical pathways in High Weald, to best meet the needs and choices of local women.

3.7.2 The Heads of Midwifery for ESHT and MTW have met about pathway issues raised during consultation.

3.7.3 A working group, led by a GP Governing Body member for High Weald Lewes Havens CCG and including clinical membership from ESHT and MTW will be established with the objectives of identifying, raising and resolving pathway issues and barriers relating to maternity services, ensuring good clinical governance, communication and record keeping.

## Recommendations about Paediatric Services

### **Recommendation 3 - AGREED**

3.8 *Both Eastbourne DGH and the Conquest need a Short Stay Paediatric Assessment Unit (SSPAU) that provides a level of service that is better aligned with peak periods of need than the current service. This will require a review of:*

- a) SSPAU opening hours,*
- b) Consideration of how services can be provided outside normal opening hours and*
- c) A robust protocol on transfers to ensure that, for example, the intended destination is clearly communicated and agreed amongst all parties in a timely manner.*

### **CCGs' response to recommendation 3**

3.8.1 Option 6 (the agreed option) includes a Short Stay Paediatric Assessment Unit (SSPAU) on both the Eastbourne and Conquest sites. Extensive analysis of the SSPAU opening times, transfers and casemix has already begun. This work is being led by the Better Beginnings Service Implementation Group, which includes membership from the CCGs and from ESHT and is chaired by a GP lead. Through this analysis, the CCGs seek to identify the optimum opening hours for the SSPAUs and the best models for delivering Paediatric care at each unit, aligned with other services such as A&E. This analysis will also be used to identify how services can be developed or enhanced to provide more care closer to home, thereby minimising the number of children who require a transfer. Where transfer is required, the CCGs will continue to work closely with SECamb to ensure that transfer protocols are safe and robust.

### **Recommendation 4a - AGREED**

3.9 *Co-locating Inpatient Paediatric Services with a consultant-led Obstetric unit is appropriate based on the evidence available.*

### **CCGs' response to recommendation 4a**

3.9.1 The CCGs accept this recommendation which is reflected in their final decisions.

### **Recommendation 4b - AGREED**

3.10 *The operation of the Special Care Baby Unit (SCBU) should be reviewed with the strategic clinical network to see whether Level 2 Services would be more appropriate in future.*

### **CCGs' response to recommendation 4b**

3.10.1 The CCGs accept this recommendation and have liaised with the Sussex and Surrey Area Team, the commissioners for neonatal services, to inform them of the HOSCs request for review. The SCN's response is attached as an appendix to this report.

## Recommendations relating to implementation

### **Recommendation 5a - AGREED**

3.11 *The evidence and arguments supporting the CCGs' options have failed to convince the campaigning organisations and many individuals of the need to change the configuration of the services. This points to the requirement, whichever option is selected, for an effective and innovative communications strategy to be in place in advance of full implementation.*

### **CCGs' response to recommendation 5a**

3.11.1 The CCGs note that independent analysis<sup>1</sup> has shown that "Among the whole sample (623 consultation respondents), the majority of respondents either 'mostly understood' or 'fully understood' why clinicians believe that Maternity Services, Inpatient Paediatric Services, and Emergency Gynaecology Services have to change" (82.8%; 80.6%; 80.7% respectively). However, it is recognised that some people might understand why a change is required, but may not necessarily agree that the proposed options are the best way of effecting that change.

3.11.2 The CCGs will continue to consider how future consultations might be effective and innovative in their communications strategy to support full implementation of the long-term delivery option. The CCGs therefore agree that a communications strategy to support implementation will be critical to ensuring full public awareness of how, when and where to access these services and to give appropriate information and assurance about the quality and safety of services. . The strategy will ensure appropriate targeting of communications across current and potential services users and staff and will strive to deliver this in an innovative way. The communications strategy is attached as an appendix to this report

### **Recommendation 5b - AGREED**

3.12 *The strategy needs to be targeted particularly at future users of the service to provide clearer information and advice about: risks, safety, choices of birth location, travel and transfers; and emphasise how and why longer travel times do not necessarily equate with increased risk.*

### **CCGs' response to recommendation 5b**

3.12.1 A communications strategy is attached to this document as an appendix. The strategy includes actions to ensure the factors highlighted by the HOSC are included as key elements of the communications strategy, with a particular focus on future service users, whilst also addressing the needs of other key stakeholders.

### **Recommendation 6a - AGREED**

3.13 *Significant importance should be attached to understanding and communicating the lessons resulting from serious incidents; such learning and resulting actions should be included in future monitoring reports to HOSC.*

### **CCGs' response to recommendation 6a**

3.13.1 The CCGs, with ESHT and other providers, recognise the importance of learning from and communicating the lessons learned from serious incidents in order to prevent recurrence of incidents and to improve services. This information is reported regularly to the CCGs and, whilst it would not be appropriate to share the details of individual incidents, any trends and resulting action will be included in progress reports to the HOSC. Attached as an appendix to this report is a process map which shows how quality issues are identified and addressed, including the levels of scrutiny.

<sup>1</sup> Coleman, L.C. and Sherriff, N.S. (2014). *Independent Analysis of the better Beginnings Public Consultation in East Sussex: 14th January - 8<sup>th</sup> April 2014: Final Summary report*. Coleman Research and Evaluation Services.

### **Recommendation 6b - AGREED**

3.14 *A 'clinical safety champion' should be appointed for Obstetrics and Gynaecology who would liaise with the Royal Colleges and other bodies to collate clinical, safety and outcomes data and ensure that safety lessons are effectively put into practice.*

#### **CCGs' response to recommendation 6b**

3.14.1 Clinical Directors liaise with the Royal Colleges and other bodies on behalf of Acute Trusts, and the CCGs recognise the value of the HOSC recommendation that commissioners might also wish to identify a champion to liaise with both the Royal Colleges and the Clinical Director. The CCGs will ensure that this role of Clinical Safety Champion for Obstetrics and Gynaecology for East Sussex is identified as an explicit role within the CCGs.

### **Recommendation 7a - AGREED**

3.15 *A strategy should be put in place to 'vision' a centre of excellence that will successfully attract training grade clinicians to Obstetric and Paediatric Services in East Sussex.*

(and)

### **Recommendation 7b - AGREED**

3.16 *Being able to retain and develop the skills of midwives is critical to providing a sustainable and safe Maternity Service in East Sussex. HOSC will require evidence that the significant role undertaken by midwives is given widespread recognition and especially that:*

- *Protocols are established to ensure that midwives can make consistently accurate assessments of place for delivery and provide safe and effective antenatal risk assessments.*
- *A strategy is put in place to ensure the effective support and retention of midwives in East Sussex.*

#### **CCGs' response to recommendation 7a and 7b**

3.16.1 The CCGs welcome the HOSCs support in creating a centre of excellence in East Sussex. It should be noted that recent external reviews of Maternity and Paediatric Services by the Royal Colleges has found that, through the temporary single-siting of services, clinical training and supervision has begun to improve. The CCGs and ESHT are committed to further development of robust clinical pathways and mechanisms for service delivery that will ensure that excellent maternity services are provided across the County.

3.16.2 The measure of a centre of excellence is a service that is of high quality, both in the eyes of clinicians and service users, and one which is considered an attractive place to work. The delivery of the Better Beginnings Service Implementation Plan will support these services in becoming centres of excellence.

3.16.3 With regards to assessments by midwives of place for delivery, assessments in East Sussex are currently made by skilled midwives, who use the Maternity Early Warning System (MEWS), a nationally regarded tool to support this. The CCGs recognise the excellent work being carried out by the midwives in East Sussex and will continue to monitor the quality of the Maternity Service and report regularly to the HOSC as outlined in Recommendation 6a.

## 4.0 Summary

- 4.1 The CCGs in East Sussex agree with all of the HOSC recommendations and will develop a full action plan to support implementation. The Senior Responsible Officers<sup>2</sup> will be responsible for ensuring progress with the actions described.

Annex 1: Action Plan to meet to the HOSC Recommendations

Annex 2: Letter from the Strategic Clinical Network (SCN) in relation to upgrading of the Conquest's Special Care Baby Unit (SCBU)

Annex 3: Communications Strategy

Deirdre Coffey

Programme Manager: Maternity and Paediatrics

Eastbourne, Hailsham and Seaford CCG

Hastings and Rother CCG

High Weald Lewes Havens CCG

28 July 2014

<sup>2</sup> The Senior Responsible Officers for the Better Beginnings Programme are: Amanda Philpott, Chief Officer for EHS CCG and HR CCG, and Wendy Carberry, Chief Officer for HWLH CCG.

### ANNEX 1: CCGs' ACTION PLAN TO MEET HOSC RECOMMENDATIONS

These actions are jointly owned by Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes CCG, with delegated responsibility to the lead people identified in the plan.

Recommendation	Action Required	Lead	Monitored by	Timescale	Update	Rag Rating
1a	<p><b>Configuration of Services:</b> The future configuration of maternity services in East Sussex should provide for the best geographical spread of locations across the County whilst ensuring safe and sustainable services. Options 1, 2, 3 and 4 limit the choices of locations available therefore none of these four options should be selected.</p>	Associate Director of Quality and Whole Systems	Governing Bodies	25-Jun-14	HOSC recommendations were included in the Governing Bodies papers for decision making. Governing Bodies unanimously agreed on Option 6.	Complete
1b	1a (i)	To ensure that HOSC recommendations are available to the Governing Bodies as part of a suite of information and evidence.	Associate Director of Quality and Whole Systems	25-Jun-14	Papers for the Governing Bodies meetings on 25 June 2014 were published and provided to members one week in advance of the meetings. At the Governing Bodies meetings, following verbal presentations of the clinical case for change, the development of the options and other evidence and information, Governing Body members also took time to ask many questions regarding the evidence, several in relation to the factors highlighted by the HOSC recommendation, to assure that informed decisions were made. In addition, the options appraisal process that provided a report to the Governing Bodies considered all of the issues raised in detail as part of assessing the options against the appraisal criteria.	Complete
	1b (i)	Information and evidence packs, including finance paper, health needs analysis, updated equality analysis and Options Appraisal Report are published in advance of meetings to ensure Governing Body members have enough time to read the contents	Associate Director of Quality and Whole Systems	25-Jun-14		
1c	1b (ii)	Governing Body demonstrate an understanding of the evidence and information provided to them, to support their decisions	Associate Director of Governance and Strategy	25-Jun-14		Complete
		1c (i)	The Better Beginnings Service Implementation Group will deliver its agreed objectives, including	Better Beginnings Service Implementation Group	08/04/2014	
1c	1c (i)	The Better Beginnings Service Implementation Group will deliver its agreed objectives, including	GP Governing Body Lead and Chair of Better Beginnings Service Implementation Group	08/04/2014		Complete
1c	1c (i)	- The development of an investment plan, including capital expenditure for upgrading of facilities, to be published prior to close of consultation in order to support options appraisal and decision making.				
1c	1c (i)	Changes to the configuration of maternity services should include upgrading and modernising facilities, with due consideration given to the number of beds required across all type and location of unit. HOSC wishes to see excellent, modern Obstetric and				

Recommendation	Action Required	Lead	Monitored by	Timescale	Update	Rag Rating
<p>Gynaecological services that put the needs of women and babies at the heart of these services in East Sussex.</p>	<p>(Continued)</p> <ul style="list-style-type: none"> <li>- Following HOSC decision on 28/07/2014, to develop a full implementation plan, informed by Staff and Service User feedback. The working group will ensure that the implementation plans for reconfiguration includes upgrading and modernising of services, and that facilities are fit for purpose.</li> <li>- close working with the head of engagement to ensure that the needs of women and babies are at the heart of services in East Sussex.</li> </ul>			<p>31/08/2014</p>	<p>this, the CCGs will actively seek assurance that</p> <ul style="list-style-type: none"> <li>- environments are fit for purpose</li> <li>- capacity is appropriate to demand</li> <li>- access is appropriate to demand.</li> </ul> <p>The implementation of Option Six is supported by an investment plan, including allocated spend for upgrading and modernising of services. This investment plan was published on the Better Beginnings website, and included capital expenditure for upgrading and modernising of hospital environments. The assignment of costings to the upgrading and modernisation of facility was informed in part by feedback from staff during consultation. The provision of a modern service was a key consideration of the options appraisal panel.</p> <p>The Better Beginnings Service Implementation Group delivered the financial costings for each option as part of the group objectives and will also oversee the implementation of service upgrades.</p> <p>The working group will develop a full implementation plan following the HOSC decision on 28/07/2014.</p> <p>Service User and Staff feedback will continue to inform the ongoing development of services. Feedback from focus groups and staff input will be fed into the Better Beginnings Service Implementation Group. A focus group with clinicians in relation to the SSPAU will take place by end August 2014, with the aim of improving Paediatric services in hospital, primary care and in the community.</p>	<p>On Target / Pending initiation</p>



2	Recommendation	Action Required	Lead	Monitored by	Timescale	Update	Rag Rating
2	<p><b>Maternity Services in High Weald:</b> The maternity care pathway for women in Crowborough and the North Weald needs to be addressed as a matter of urgency to include provision for reconnecting community midwifery with the birth choices now being made in practice by High Weald women:</p> <ul style="list-style-type: none"> <li>• Women should have the opportunity to give birth at CBC midwife-led unit with the option to go to Pembury seamlessly should an Obstetric service be required or desired</li> <li>• The administrative pathway barriers, such as formats of patient notes and booking arrangements operating differently in different trusts, must be resolved</li> <li>• Activity levels at CBC should be improved pending longer term management decisions such as reinstating Obstetric scanning services at CBC</li> <li>• The 'emergency transfer link' from the High Weald and Crowborough Birthing Centre (CBC) to Tunbridge Wells Hospital at Pembury must be strengthened as reflected in existing practice for women in distressed labour at CBC.</li> </ul>	<p>2 (i)</p> <p>A working group, led by a GP Governing Body Member for High Weald Lewes Havens CCG, and including clinical membership from ESHT and MTW will be established to</p> <ul style="list-style-type: none"> <li>- identify, raise and resolve pathway issues and barriers (not already raised during consultation) relating to maternity services and transfer protocols in the High Weald, ensuring good clinical governance, communication and record keeping</li> <li>- ensure that the pathways for High Weald women reflect demand</li> <li>- review booking processes and patient notes to improve maternity services for both providers</li> <li>- Actively promote the use of CBC, with the support of the communications and engagement working group and consider how activity at CBC might be improved. The marketing of CBC (and the EMU) has been identified as an action in the Communications Strategy.</li> <li>- Recognising that emergency transfer links, pathways and protocols are currently in place, test that pathways are robust and known to staff</li> <li>- feed into the communications and engagement working group with regards to updates to services and pathways, so that the concerns of patients that were raised during consultation are addressed, and services are further promoted.</li> </ul> <p>The CBC Working Group will feed into the communications and engagement working group, and the Better Beginnings Service Implementation group.</p> <p>The CBC Working Group will report into the Programme Board, where progress against actions and milestones will be measured.</p>	<p>GP Governing Body Member and Chair of Crowborough Birthing Centre Working Group</p>	<p>Better Beginnings Programme Board</p>	<p>31/08/2014</p>	<p>Prior to the agreement to establish the CBC working group, a meeting took place involving the Heads of Midwifery for ESHT and MTW, to begin discussions around the care pathway for women wishing to use maternity pathways between Crowborough and Pembury.</p> <p>Dr David Roche, GP Governing Body Member for HWLH CCG, has been identified as the Lead for the CBC Working Group.</p> <p>The inaugural meeting of the CBC working group will take place in August 2014.</p> <p>Transfer by ambulance from CBC to Pembury for women requiring 'Hot' transfer (e.g. Risk to life) has been established for many years and has proven to be robust. Women who have booked with ESHT, but decide then to travel to Pembury, can do so. These assurances will be tested as part of the CBC Working Group's objectives and are identified in the Communications Plan as information that will be used to market and promote the service.</p> <p>Protocols for transfer by ambulance from CBC to Pembury for women of less urgency (e.g. for pain relief) is an objective of the HWLH Maternity Working group.</p>	<p>On Target / Pending initiation</p>

Recommendation	Action Required	Lead	Monitored by	Timescale	Update	Rag Rating
3	<p><b>Paediatric Services:</b> Both Eastbourne DGH and the Conquest need a Short Stay Paediatric Assessment Unit (SSPAU) that provides a level of service that is better aligned with peak periods of need than the current service. This will require :- a review of SSPAU opening hours, - consideration of how services can be provided outside normal opening hours and - a robust protocol on transfers to ensure that, for example, the intended destination is clearly communicated and agreed amongst all parties in a timely manner.</p>	<p>GP Governing Body Lead and Chair of Better Beginnings Service Implementation Group</p>	<p>Better Beginnings Programme Board</p>	<p>To be agreed following implementation of preferred option.</p>	<p>The Better Beginnings Service Implementation Group has recently completed an in-depth analysis of the activity and casemix of children using the SSPAUs. The analysis reviews current opening hours of both SSPAUs against demand. Further work is being carried out to identify the optimum opening hours and to consider how Paediatric services might be better aligned with other services, such as A&amp;E. Through this analysis and as part of the working group objectives, the working group has begun to develop the potential models of SSPAUs. An initial meeting has taken place between the GP Lead and the Paediatric clinical staff, and feedback has been captured. A second, follow-up meeting with a smaller group of consultants is being arranged for August 2014 (to allow for completion of analysis work and clinical diary commitments) for some more detailed work on how the service might be developed. The Governing Bodies will be presented with the findings of the working group, to agree on the best model of care for Paediatrics.</p>	<p>On Target / Pending initiation</p>
4a	<p><b>Paediatric Services:</b> Co-locating inpatient Paediatric services with a consultant-led Obstetric unit is appropriate based on the evidence available.</p>	<p>Associate Director of Quality and Whole Systems</p>	<p>Governing Bodies</p>	<p>25/06/2014</p>	<p>The CCGs agree with and accept this recommendation which is reflected in their final decisions.</p>	<p>Complete</p>

4b	Recommendation	4b (i)	Action Required	Lead	Monitored by	Timescale	Update	Rag Rating
	<p><b>Paediatric Services:</b> The operation of the Special Care Baby Unit (SCBU) should be reviewed with the strategic clinical network to see whether Level 2 services would be more appropriate in future.</p>		<p>Liaise with the Strategic Clinical Network regarding a review of the SCBU level, and inform the HOSC of the SCN Response.</p> <p>Work closely with the Sussex and Surrey Area Team who commission specialist services, including neonatal care, on all matters relating to the neonatal services, to ensure the needs of East Sussex are fully reflected.</p>	Associate Director of Quality and Whole Systems	Strategic Clinical Network	28/07/2014	<p>The response from the SCN in relation to a review of the SCBU is attached to the CCGs Report to the HOSC (28/07/2014). The response includes a description of the different levels of SCBU and what each level provides. Excerpts from the response are below.</p> <p>'The Neonatal Network has to monitor and report transfers out of area due to lack of capacity, last year 2013/14 99% of babies stayed within neonatal pathways, this suggests there is capacity for our population. A network is expected to keep 95% and above within network, at present there are no plans to review changing any units in region to accommodate more babies.</p> <p>'At present NHS England are reviewing all specialised services, there is 'no investment funding and unlikely to be any, therefore there would have to be a need to develop a service further.</p> <p>'There are no minimum deliveries for LNU's but there needs to be enough activity to sustain the unit. The Neonatal Clinical Reference Group is interested in the numbers of units nationally and whether they are staffed to the levels required. At present most NICUs are having problems filling posts, this is the same for LNUs.</p> <p>'The Neonatal Network has been involved throughout the East Sussex process and has consistently reviewed activity as with all services in region; at present the activity would not suggest a higher level of unit is required or sustainable.'</p> <p>The CCGs will continue to work closely with the Sussex and Surrey Area Team through regular meetings, during which the neonatal activity will continue to be reviewed.</p>	Green

Recommendation	Action Required	Lead	Monitored by	Timescale	Update	Rag Rating
5a	<b>Implementation</b> The evidence and arguments supporting the CCGs' campaigning organisations and many individuals of the need to change the configuration of the services. This points to the requirement, whichever option is selected, for an effective and innovative communications strategy to be in place in advance of full implementation.	Associate Director of Governance and Strategy	Better Beginnings Programme Board	28/07/2014	A communications strategy has been developed by the Communications and Engagement Working Group, and has been shared with HOSC members in advance of HOSC meeting (28/07/2014). Lessons Learned from independent analysis have been incorporated into the strategy. The strategy aims to address the needs of all stakeholders, including members of the public, service users, targeted groups, GPs, providers, schools and interested bodies. The chair of the communications and engagement working group is also a member of the Better Beginnings Service Implementation Group and the Better Beginnings Programme Board. The actions outlined in the delivery plan will be initiated immediately following HOSC decision on 28/07/2014, for example briefing stakeholders on the outcome of the meeting.	On Target / Pending initiation
5b	The (Communications) strategy needs to be targeted particularly at future users of the service to provide clearer information and advice about: risks, safety, choices of birth location, travel and transfers; and emphasise how and why longer travel times do not necessarily equate with increased risk.	Associate Director of Governance and Strategy	Better Beginnings Programme Board	28/07/2014	The Communications Strategy, as shared with the HOSC (28/07/2014) aims to address the needs of all stakeholders, including members of the public, service users, targeted groups that might be differently impacted by service change, GPs, providers, schools and other interested bodies.  Many elements of the strategy are particularly focussed on ensuring that current and potential service users are informed and have knowledge of how to access services. The strategy draws out each of the factors highlighted by the HOSC and shows the communication channels that will be used to inform and address concerns. These include, for example, use of the maternity pages on ESHT website. The strategy also considers how best to inform people and address concerns, in relation to a range of groups, for example those who do not access information through internet use, and those who mainly access information via smartphones.	Complete
				28/07/2014		On Target / Pending initiation
				20/08/2014		On Target / Pending initiation

Recommendation	Action Required	Lead	Monitored by	Timescale	Update	Rag Rating
6a	Significant importance should be attached to understanding and communicating the lessons resulting from serious incidents; such learning and resulting actions should be included in future monitoring reports to HOSC.					Complete
6b	A 'clinical safety champion' should be appointed for Obstetrics and Gynaecology who would liaise with the Royal Colleges and other bodies to collate clinical, safety and outcomes data and ensure that safety lessons are effectively put into practice.	Associate Director of Quality and Whole Systems	Clinical Quality Review Meetings	28/07/2014	The Head of Quality continues to monitor the quality of services and to analyse provider data.	
	6a (i) and 6b (i)	<p>The CCGs will continue to monitor quality of the service through regular clinical quality review meetings and through assessment of the data that is provided to the CCGs by Providers.</p> <p>A nationally agreed process is in place to enable CCGs and Trusts to follow up on lessons learned from Serious Incidents to ensure mitigating actions are put in place, where possible.</p> <p>Any trends identified in serious incidents will be highlighted to the HOSC, by the CCGs.</p> <p>The Head of Quality continues to review and report on:</p> <ul style="list-style-type: none"> <li>- BBAs</li> <li>- Caesarean Rates</li> <li>- Serious Incidents (Maternity and Paediatrics)</li> <li>- Induction Rates</li> <li>- Medical Staffing (Maternity and Paediatrics)</li> <li>- Midwifery Staffing</li> <li>- Patient Experience and Feedback (Maternity and Paediatrics)</li> <li>- Complaints (Maternity and Paediatrics)</li> <li>- Activity (Maternity and Paediatrics)</li> <li>- Transfers (Maternity and Paediatrics)</li> <li>- Information relating to other trusts</li> </ul> <p>The ESHT Clinical Director will continue to liaise with Royal Colleges and other bodies, and with the Head of Quality as clinical champion to ensure that safety lessons are effectively put into practice, using a nationally approved process.</p> <p>A copy of the approved process for monitoring, reporting and learning from serious incidents to be included in the report to the HOSC (28/07/2014)</p>				

Recommendation	Action Required	Lead	Monitored by	Timescale	Update	Rag Rating		
7a	<p>A strategy should be put in place to 'vision' a centre of excellence that will successfully attract training grade clinicians to Obstetric and Paediatric services in East Sussex.</p>	7a (i)	<p>The Head of Quality will monitor the improvement of clinical training and supervision, through reports from the Royal Colleges and other bodies. The Head of Quality will monitor the use of locums and temporary clinical staff as part of Quality review. The Head of Human Resources, the Clinical Director and the Head of Midwifery for ESHT will link with the Programme to ensure that any concerns around staffing are highlighted early and to identify any actions required to mitigate staffing concerns. The delivery of the communications strategy and this action plan will support ESHT in becoming the employer of choice for midwives, training grades and other Obstetric and Paediatric clinicians, including the marketing and promotion of East Sussex Healthcare Trust as a preferred employer of choice. The communication strategy will identify actions to recognise and promote the skills of midwives in East Sussex and will engage with midwives to ensure that any development to services is informed by them. Protocols for accurate assessments of place for delivery and risk levels of pregnant women are established and tested nationally.</p>	Head of Quality	Clinical Quality Review Meetings	As per action plans(ongoing)	The models of care for Maternity, Paediatrics and Gynaecology were developed with a focus on improving services in East Sussex, with aspirations to becoming a centre of excellence. Improvements to clinical staff training and supervision, and reductions in the use of locum and temporary medical staff, have been reported by the Royal Colleges. These improvements will continue to be reviewed and reported by the Head of Quality. The marketing of ESHT as an employer of choice has been identified as an action in the communications strategy. The Head of HR for ESHT, the Clinical Director and the Head of Midwifery are members of the Better Beginnings Implementation Group. The implementation plan for medical staffing is agreed as an objective of this group. The communications and engagement working group, and the service implementation group, are monitored in the delivery of their objectives by the Better Beginnings Programme Board. ESHT midwives currently use the nationally regarded Maternity Early Warning System (MEWS) tool to assess the most appropriate place for women to deliver. Any changes to this will be made in line with national guidance. The Head of Quality monitors the quality of the maternity service. Any risks identified relating to midwife assessments will be reported and managed following the appropriate policies and procedures, and where appropriate, any trends in serious incidents will be reported to HOSC. The agreed option, which includes two standalone midwifery led units, promotes East Sussex as an innovative and desirable place for midwives to work.	On Target / Pending initiation
7b	<p>Being able to retain and develop the skills of midwives is critical to providing a sustainable and safe maternity service in East Sussex. HOSC will require evidence that the significant role undertaken by midwives is given widespread recognition and especially that:</p> <ul style="list-style-type: none"> <li>• Protocols are established to ensure that midwives can make consistently accurate assessments of place for delivery and provide safe and effective antenatal risk assessments.</li> <li>• A strategy is put in place to ensure the effective support and retention of midwives in East Sussex.</li> </ul>							

## **ANNEX 2: LETTER FROM THE STRATEGIC CLINICAL NETWORK (SCN) IN RELATION TO UPGRADING OF THE CONQUEST'S SPECIAL CARE BABY UNIT (SCBU)**



**South East Coast  
Operational Delivery  
Networks**

**Hosted By Medway NHS Foundation trust**

### **Information for Dee Coffey : Programme manager Maternity & Paediatrics**

One of the recommendations is around the CNST Level of the single-sited SCBU, on the Conquest site in Hastings, which will become a permanent configuration in the agreed option. To quote the HOSC: **“The operation of the Special Care Baby Unit (SCBU) should be reviewed with the strategic clinical network to see whether Level 2 services would be more appropriate in future.”**

Can you tell me whether there are any plans for such a review in the pipeline, or what actions the CCGs should take to initiate a review?

### **Reply from Vanessa Attrell, SEC Operational Delivery Network Manager: Neonatal.**

Neonatal services operate as part of an Operational Delivery Network which has a remit to ensure there are services across the South East Coast region to accommodate babies requiring care after delivery.

Units operate at three levels:

Neonatal Intensive Care – taking all sick babies requiring intensive care and their local population for high dependency & special care.

Royal Sussex, Brighton, William Harvey, Ashford.

Local Neonatal Unit – taking babies at 27 weeks upwards for short term intensive care plus high dependency and special care for their local population. They can accept transfers of babies for high dependency care.

Tunbridge Wells

Special Care Unit – taking babies from 31 weeks upwards for special care and limited high dependency care.

Conquest, Princess Royal.

The Neonatal Network has to monitor and report transfers out of area due to lack of capacity, last year 2013/14 99% of babies stayed within neonatal pathways, this suggests there is capacity for our population. A network is expected to keep 95% and above within network, at present there are no plans to review changing any units in region to accommodate more babies.

Looking at Conquest activity since May 2013 when they became the single unit under the ESHT temporary arrangement, their average occupancy has dropped slightly in the last three months. The two units had combined cots of 13, the single unit has 12 cots; on average these are occupied 70% of the time, there have been occasions when special care

babies have been delayed in returning from Brighton but they have always been able to transfer out sick babies when required. If any changes were required in the future it maybe additional special care cots but this is not indicated at present.

If a baby requires transfer out from Conquest they have two neonatal intensive care units and one local neonatal unit that can normally accept transfers.

The change in status from special care unit to local neonatal unit is considerable. The needs to be a separate rota for the junior medical staff to ensure there is always a clinician for the unit 24 hours: these would be ST1-3 or ANNP not GP trainees. There has to be resident registrar ST4 level and above, out of hours this can be shared with Paediatrics but daytime they have to be immediately available. From the nursing staff perspective a local neonatal unit may have 1 intensive care cot and 4 high dependency cots; this equates to 3 extra nurses per shift plus a shift supernumary nurse. This would require significant investment.

At present NHS England are reviewing all specialised services, there is no investment funding and unlikely to be any , therefore there would have to be a need to develop a service further.

There are no minimum deliveries for LNU's but there needs to be enough activity to sustain the unit. The Neonatal Clinical Reference Group are interested in the numbers of units nationally and whether they are staffed to the levels required. At present most NICUs are having problems filling posts, this is the same for LNUs.

It is likely there will be a national requirement to review numbers of units, there is a mapping tool in development; but this is unlikely to propose additional LNUs. SEC ODN will participate in this when the tool is produced. Neonatal services have to be planned alongside and in partnership with maternity and Paediatric services because they have to be co-located with an Obstetric led service and require Paediatrics alongside. If the CCGs required a review of neonatal services they would need to request via NHS England Surrey & Sussex Area Team as the commissioners of the service; it is likely they would need to identify a problem or gap. The Neonatal Network has been involved throughout the East Sussex process and has consistently reviewed activity as with all services in region; at present the activity would not suggest a higher level of unit is required or sustainable.



[Better Beginnings: Implementation  
Communications Strategy  
July 2014](#)

**1.0 Background**

- 1.1 From January to April 2014 the three East Sussex clinical commissioning groups led a major public consultation on six options for the configuration of safe, high quality and sustainable maternity, inpatient Paediatric and emergency Gynaecology services in East Sussex.
- 1.2 On 19 June 2014 East Sussex Health Overview and Scrutiny Committee (HOSC) met to scrutinise the Better Beginnings consultation. At that time HOSC agreed an amended report containing its findings and recommendations for submission to the CCGs for consideration when making their decision.
- 1.3 The CCGs met jointly on 25 June 2014 and unanimously agreed that option six was the best way to ensure safe and high quality services for local women and children in the long term. This option results in the following configuration of services:
- Birthing services retained at all three current sites
  - Consultant-led maternity services provided at the Conquest Hospital, Hastings
  - Two midwife-led birthing units provided – at Crowborough and Eastbourne
  - Short-stay Paediatric assessment units provided at both Eastbourne and Hastings.
  - In-patient (overnight) Paediatrics, the special care baby unit and emergency Gynaecology co-located at the same site as the consultant-led maternity service.
- 1.4 HOSC will receive the CCGs' final conclusions and decision on 28 July 2014 and will consider whether that decision is in the best interests of the health services for the local area. HOSC has the power to refer the decision to the Secretary of State for Health for an independent review following local mediation.

**2.0 Scope of communications strategy**

- 2.1 This Communications Strategy is aimed at supporting the implementation of the agreed configuration by:

- 2.1.1 Identifying the various stakeholders, internal and external, including current and future service users, clinicians, providers, staff and diverse groups.
- 2.1.2 Providing a clear and robust communications delivery plan, detailing how the three CCGs in East Sussex and East Sussex Healthcare NHS Trust (ESHT) will develop and maintain effective and appropriate communication with all audiences, including timescales
- 2.1.3 Providing assurance to HOSC by incorporating recommendations made by HOSC in respect of communications.
- 2.1.4 Establishing governance arrangements by which the Implementation Communications strategy and its delivery is overseen and analysed.
- 2.1.5 Establishing indicators by which the successful delivery of this strategy can be measured.

### **3.0 Governance**

- 3.1 A *Better Beginnings* Communications and Engagement Working Group was established to oversee the delivery of the *Better Beginnings* consultation communications strategy. This group includes core membership from East Sussex CCGs and ESHT, and is regularly attended by Healthwatch. Other key stakeholders are invited to attend when appropriate to the agenda.
- 3.2 The working group will continue to meet monthly, with additional exceptional meetings as required, to oversee delivery of the *Better Beginnings* implementation communications strategy, and to analyse its effectiveness.
- 3.3 The working group will report into the *Better Beginnings* Programme Board, which in turn provides regular reports to the CCGs' Governing Bodies and to the HOSC.

### **4.0 Stakeholders, objectives and key messages**

- 4.1 Supported by recommendations made by the HOSC, the *Better Beginnings* Communications and Engagement Working Group has completed a stakeholder needs analysis, which identifies<sup>3</sup>:
  - 4.1.1 a range of specific audiences and stakeholders, for whom different communications channels may be required, in respect of sharing information on the implementation of the agreed configuration
  - 4.1.2 objectives in communications/engagement activity with these groups
  - 4.1.3 Key messages of importance to local people
  - 4.1.4 Communications channels to most effectively reach identified stakeholders

### **5.0 *Better Beginnings* Implementation Communications delivery plan**

- 5.1 Based on the stakeholder needs analysis, the Communications and Engagement Working Group has developed a robust Communications delivery plan<sup>4</sup> which identifies:

<sup>3</sup> *Better Beginnings Implementation Stakeholder Needs Analysis attached as Appendix 2*

- 5.1.1 Specific communications activities linked to objectives – e.g. production of leaflets, social media campaigns, communications via schools
- 5.1.2 Specific engagement activities linked to objectives – e.g. focus groups with parents of children with long-term conditions.
- 5.1.3 Organisations and individuals responsible for delivery
- 5.1.4 Timescales for delivery
- 5.1.5 Budget requirements
- 5.1.6 Success indicators

## **6.0 Budget and resourcing**

- 6.1 Communicating and engaging with patients and the public is an integral part of the way NHS organisations are working locally. In order to design and implement meaningful communications and engagement, the CCGs will need to ensure sufficient resources are deployed to achieve this aim. This will require additional resource for the production materials, and venue hire as well as staff time to support delivery.
- 6.2 The CCGs in East Sussex are committed to ensuring prudence in any additional spend required to deliver this plan and will balance this with a commitment to ensuring good information is available and accessible to all local people who may need it.

## **7.0 Risks**

- 7.1 A risk register for the *Better Beginnings* Programme has been established and is overseen by the *Better Beginnings* Programme Board. The *Better Beginnings* Communications and Engagement working group will review the register weekly for additions, amendments or escalations with regard to communications and engagement.

Appendix 1: *Better Beginnings Implementation Stakeholder Needs Analysis*

Appendix 2: *Better Beginnings Implementation Communications Delivery Plan*

Appendix 3: *Sample of communication materials currently in use, to be updated*

<sup>4</sup> *Better Beginnings Implementation Communications Delivery Plan attached as Appendix 3*

## Appendix 1: Stakeholder needs analysis

**PLEASE NOTE: This document is not a delivery plan. This document is a stakeholder needs analysis which informs the Delivery Plan (Appendix 2).**

Stakeholder/audience	Communications Provision	Outcome	Potential communications channels
<p>Current and future users of maternity services and their families, including service users from protected groups as identified in the equality analysis</p>	<ul style="list-style-type: none"> <li>• Knowledge of birthing choices available to them.</li> <li>• Knowledge of the relative risks and benefits of Obstetric and midwife-led services?</li> <li>• Knowledge of what may happen in labour, if there is a requirement to transfer from midwife-led to Obstetric services.</li> <li>• Knowledge of the risks of temporary closures and understanding of what would happen in that event</li> <li>• Reassurance over potential concerns about travel during or after labour</li> <li>• Confidence in the quality and safety of services.</li> <li>• Knowledge about visiting information</li> <li>• Information for birthing partners, relating to the protocols for each site, if not already included above</li> <li>• A range of ways to access information is available</li> <li>• Knowledge of options available to women who arrive too early in labour, but who do not wish to return home (Local facilities, cafes, B&amp;Bs)</li> <li>• Information to midwives and</li> </ul>	<ol style="list-style-type: none"> <li>1. Women and their families are confident about the safety and quality of local maternity services.</li> <li>2. Women are able to make an informed choice about where they choose to give birth.</li> <li>3. Women choosing midwife-led services, and their families, know in advance what may happen if they require transfer to consultant-led care.</li> <li>4. Women do not feel anxious about the prospect of additional travel to access birthing services.</li> <li>5. Support normalised birth by achieving an increase in the number of women choosing midwife-led births, where possible.</li> <li>6. Women can access information in a range of ways</li> </ol>	<ul style="list-style-type: none"> <li>• Midwives in ante-natal care</li> <li>• Campaign Group networks and social media sites</li> <li>• Engaging and accessible website content (ESHT website)</li> <li>• Social media, mumsnet</li> <li>• Smartphone apps</li> <li>• GP/primary care</li> <li>• Printed literature e.g. leaflets</li> <li>• Maternity Services Liaison Committee</li> <li>• Parent/Carer group</li> <li>• Networked stakeholders identified during focus group work with protected groups</li> <li>• SECAmb 'show and tell' days, where pregnant women nervous of potential transfer can familiarise themselves with an ambulance and ask questions of the paramedic</li> <li>• Information pathway to be established to share information between</li> </ul>

Stakeholder/audience	Communications Provision	Outcome	Potential communications channels
<p>Current and future users of Crowborough birthing centre and their families, including protected groups as identified in the equality analysis</p>	<p>women in labour about planned or unplanned road closures</p> <ul style="list-style-type: none"> <li>• Understanding of what the service provides and protocols for transfers</li> <li>• Confidence that they can receive seamless care - e.g. ante-natal scanning at Pembury but other antenatal, birthing and post-natal services from ESHT.</li> <li>• Confidence that they can be transferred to Pembury during labour, if required, rather than Hastings, except in exceptional circumstances (e.g. Pembury Obstetric Unit is on divert to other hospitals)</li> <li>• A range of ways to access information is available</li> <li>•</li> </ul>	<p>7. Women are confident to book at Crowborough, in the knowledge that they can choose to receive seamless care at Pembury, e.g. scanning and transfer to Obstetrics.</p> <p>8. Service users are informed of the design of care pathways and/or future changes in provision.</p>	<p>SECAmb and midwives about planned or unplanned road closures.</p> <p>As above, and also:</p> <ul style="list-style-type: none"> <li>• CBC staff</li> <li>• Local campaign group communications channels (e.g. Facebook)</li> <li>• Crowborough birthing centre website</li> <li>• Crowborough Hospital League of Friends website and newsletter</li> <li>• Kent and Sussex Courier</li> <li>• Leaflets</li> <li>• Workshops/focus groups</li> <li>• Online surveying</li> <li>• Smartphone apps</li> <li>• Networked stakeholders identified during focus group work with protected groups</li> </ul>
<p>Those campaigning to improve the consistency of care for patients who currently wish to receive maternity services at Crowborough and Pembury. Includes:</p> <ul style="list-style-type: none"> <li>• League of Friends of Crowborough Hospital</li> <li>• Crowborough birthing centre user group</li> <li>• MPs</li> <li>• Local elected council members</li> </ul>	<ul style="list-style-type: none"> <li>• Confidence in the future sustainability of services at CBC.</li> <li>• Knowledge of the active steps being taken to improve and implement services.</li> <li>• A point of contact within the CCGs to receive updates, express feedback etc.</li> <li>•</li> </ul>	<p>9. These stakeholders are confident that active steps are being taken by the CCGs to address identified service issues, what those steps are and timescales.</p> <p>10. These stakeholders are confident they have a direct identified line in to the CCGs.</p> <p>11. These stakeholders have the opportunity to represent members/constituents in any discussions around the design of care pathways and/or future changes in provision.</p>	<p>As above but also:</p> <ul style="list-style-type: none"> <li>• Face-to-face and telephone briefings</li> <li>• Direct email/mail</li> </ul>

Stakeholder/audience	Communications Provision	Outcome	Potential communications channels
<p>Current and future users of Paediatric services, their parents/carers and their families, including those belonging to protected groups as identified in the equality analysis</p>	<ul style="list-style-type: none"> <li>• Clarity on where to take unwell children.</li> <li>• Confidence in the quality and safety of services.</li> <li>• Knowledge about the possibility of a transfer to another unit, where appropriate</li> <li>• Confidence that decisions around their child's care or transfer is being communicated with the parents</li> <li>• A range of ways to access information is available</li> </ul>	<p>12. Parents are carers are confident in the quality and safety of Paediatric services</p> <p>13. Parents and carers are informed about the services available to them and how to access them, and are informed of the protocols around transfers</p>	<ul style="list-style-type: none"> <li>• Primary care</li> <li>• NHS 111 operators</li> <li>• NHS choices website</li> <li>• School communications</li> <li>• Materials in children's centres, council offices, GP benefits offices, GP practices, libraries, hotels, camp and caravan sites, tourist information</li> <li>• Social media</li> <li>• ESHT website</li> <li>• Smartphone app</li> <li>• Networked stakeholders identified during focus group work with protected groups</li> <li>• SECAMB 'show and tell' days, where pregnant women nervous of potential transfer can familiarise themselves with an ambulance and ask questions of the paramedic (currently taking place in schools)</li> </ul>
<p>ESHT Staff, particularly in midwifery, Obstetrics and Gynaecology, Paediatrics, community midwives, health visitors, A&amp;E?</p>	<ul style="list-style-type: none"> <li>• Knowledge and understanding of existing or new protocols</li> <li>• Confidence in the quality of ESHT services</li> <li>• Can be confident that they can raise concerns or ideas</li> <li>• Directly informs and drives the development of services and protocols</li> </ul>	<p>14. EHST staff are confident in the safety and quality of local services.</p> <p>15. ESHT staff have a clear knowledge of the relevant pathways and are able to advise patients accordingly</p> <p>16. ESHT staff feel confident and empowered to raise concerns or ideas about services</p>	<ul style="list-style-type: none"> <li>• Internal newsletters and briefings</li> <li>• Meetings between CCGs and staff</li> <li>• ESHT intranet and emails</li> <li>• Updates from managers</li> <li>• Posters</li> <li>• Quality reports</li> </ul>

Stakeholder/audience	Communications Provision	Outcome	Potential communications channels
	<ul style="list-style-type: none"> <li>Up to date on changes to services or pathways</li> </ul>		
Schools, nurseries, children's centres, clubs and other childcare providers	<ul style="list-style-type: none"> <li>Clarity on what they should do in the event of child becoming unwell</li> <li>Clarity on what advice to give to parents/children in the event that their child is unwell</li> <li>Point of contact within ESHT for queries and information requests</li> </ul>	17. Schools, nurseries etc. are clear about what steps should be taken in the event that a child is unwell and what advice and information they should give to parents.	<ul style="list-style-type: none"> <li>Formal guidance</li> </ul>
NHS professionals to include: <ul style="list-style-type: none"> <li>GPs and practice staff</li> <li>NHS 111 operatives</li> <li>Walk-in centre/out-of-hours staff</li> <li>Other primary care providers including pharmacies, optometrists, dentists</li> <li>Clinical Networks</li> <li>CCG staff</li> </ul>	<ul style="list-style-type: none"> <li>Clarity on pathways for unwell children</li> <li>Clarity on what advice to give to parents/children with unwell children</li> <li>Knowledge of the opening hours of SSPAUs and the type of illnesses or injuries that can be treated there</li> <li>Knowledge of birthing choices and sites</li> <li>Confidence in the safety and quality of maternity and Paediatric services</li> </ul>	18. Other NHS professionals are confident in the safety and quality of maternity/Paediatric and Gynaecology services 19. Other NHS professionals ESHT staff have a clear knowledge of the relevant pathways and are able to advise and refer patients accordingly 20. Other NHS professionals know how they can raise concerns about ESHT services if necessary.	<ul style="list-style-type: none"> <li>GP IT systems</li> <li>NHS 111 systems</li> <li>Information bulletins to practices and primary care</li> <li>CCGs contract managers</li> <li>Posters</li> <li>Information for intranets</li> <li>Engagement via the locality engagement team</li> </ul>
Maternity Services Liaison Committee	<ul style="list-style-type: none"> <li>Updates on service improvements and implementation</li> <li>Information that can be shared with the community</li> </ul>	21. As topic experts, the views of Maternity Services Liaison Committee inform service development 22. Maternity Services Liaison Committee support the spread of information through their channels into the community	<ul style="list-style-type: none"> <li>Established meetings</li> <li>Stakeholder messages / briefings</li> </ul>
<ul style="list-style-type: none"> <li>Campaign groups (Save the DGH; Hands off the Conquest; Friends of Crowborough)</li> <li>Local media, including newspaper, television and radio</li> </ul>	<ul style="list-style-type: none"> <li>Information relating to the safety and quality of reconfigured services, particularly in regard to additional travel.</li> <li>General updates on progress with implementation and service development milestones</li> </ul>	23. Campaign groups and the media are able to access information about the safety and quality of reconfigured services 24. The media publishes information in relation to the safety and quality of reconfigured services, case studies, news items on investment in facilities/estates etc.	<ul style="list-style-type: none"> <li>Established meetings with campaign groups</li> <li>Social media</li> <li>Media releases</li> </ul>

Stakeholder/audience	Communications Provision	Outcome	Potential communications channels
<p>Governing Bodies and CCG members for</p> <ul style="list-style-type: none"> <li>• Eastbourne Hailsham and Seaford CCG</li> <li>• Hastings and Rother CCG</li> <li>• High Weald Lewes Havens CCG</li> </ul>	<ul style="list-style-type: none"> <li>• Updates on implementation</li> <li>• Updates on quality and safety of services</li> <li>• Updates on feedback from engagement work with staff and members of the public</li> <li>• Briefings on key messages</li> <li>• Reports relating to communications, where appropriate to the agenda, for Governing Body meetings</li> </ul>	<p>25. CCGs and ESHT are seen to be open and transparent in their dealings</p> <p>26. Governing Bodies can make informed decisions and are briefed on CCG business</p>	<ul style="list-style-type: none"> <li>• Reports, verbal and written, to established Governing Body meetings</li> <li>• GP member briefings</li> <li>• News updates on websites and intranets</li> <li>• Key messages from programme board</li> </ul>
<p>Better Beginnings Programme Board</p>	<ul style="list-style-type: none"> <li>• Reports, verbal and written, to the programme board</li> <li>• Escalation of risks relating to the delivery of the communications delivery plan</li> <li>• Requests for advice and decisions in relation to the delivery of the communications delivery plan</li> </ul>	<p>27. To enable the programme board to steer the communications relating to implementation and to hear feedback from stakeholders</p>	<ul style="list-style-type: none"> <li>• Reports, verbal and written, to established Programme Board meetings, including updates from communications and engagement working group</li> </ul>
<p>Interested bodies including:</p> <ul style="list-style-type: none"> <li>• HOSC</li> <li>• MPs, senior councillors</li> <li>• District and Borough councils</li> <li>• PPGs</li> <li>• Healthwatch</li> <li>• Children's Services</li> <li>• Health and Wellbeing Board</li> <li>• Public Health</li> </ul>	<ul style="list-style-type: none"> <li>• Timely, clear and accurate information relating to the safety and quality of reconfigured services, particularly in regard to additional travel.</li> <li>• Assurance that feedback from the public is properly considered and appropriate action taken</li> </ul>	<p>28. Interested bodies are confident in the safety and quality of local services and that feedback/complaints etc. are properly considered and appropriate action taken</p>	<ul style="list-style-type: none"> <li>• Reports, verbal and/or written, to established meetings</li> <li>• Stakeholder briefings</li> <li>• Key messages from programme board</li> <li>• Healthwatch involvement via the communications and engagement working group and via the Better Beginnings Programme Board</li> </ul>



Stakeholder/audience	Communications Provision	Outcome	Potential communications channels
<ul style="list-style-type: none"> <li>• Local Strategic Partnerships</li> <li>• East Sussex County Council (corporate)</li> <li>• Critical Friends Partnership members</li> <li>• Local Medical Council</li> <li>• Voluntary and Community Sector providers</li> <li>• NCAT</li> <li>• NHS England</li> <li>•</li> </ul>			
<p>Providers (Strategic and Operational Communications)</p> <ul style="list-style-type: none"> <li>• ESHT</li> <li>• SECAmb</li> <li>• MTW</li> <li>• BSUH</li> </ul>	<p>Up to date information regarding services</p> <p>Channels in place to feed into Service Implementation Group</p> <p>Can directly inform pathway improvements</p>	<p>29. Issues with and Improvements to services and pathways are raised by those 'on the ground', who can directly inform how services and pathways can be improved.</p>	<ul style="list-style-type: none"> <li>• Established meetings with providers</li> <li>• CBC Working Group</li> <li>• Better Beginnings Programme Board</li> <li>• Better Beginnings service implementation group</li> <li>• Staff engagement/feedback</li> </ul>

## Appendix 2: Communications Strategy delivery plan

### PLEASE NOTE: THIS DOCUMENT IS INFORMED BY THE STAKEHOLDER NEEDS ANALYSIS (APPENDIX 1)

Activity	Target stakeholder	Meets objectives	Timescales for actions	Responsible parties	Cost	Success indicators
<p>Develop a leaflet outlining the birthing choices for women in East Sussex, for distribution by midwives.</p> <p>To include:</p> <ul style="list-style-type: none"> <li>• Info on each unit</li> <li>• Frequently asked questions</li> <li>• Information about risks and travel</li> <li>• What happens in event of temporary closure or transfer</li> </ul>	<ul style="list-style-type: none"> <li>• Current and future maternity service users and their families</li> <li>• Maternity Services Liaison Committee</li> </ul>	1-6, 21 - 22, 25	<ol style="list-style-type: none"> <li>1. Development of initial content by midwifery team – underway</li> <li>2. Editing and design of content/leaflet – by mid September 2014</li> <li>3. Review by Maternity Services Liaison Committee – September 2014</li> <li>4. Print and distribution – early October 2014</li> </ol>	Midwifery team, ESHT and CCGs' communications team	Print costs TBC	<ul style="list-style-type: none"> <li>• Increased bookings at midwife-led units</li> <li>• Improved friends and families test feedback</li> </ul>
<p>Investigate feasibility of developing a smartphone/mobile device app supporting choice in local birthing services, to include:</p> <ul style="list-style-type: none"> <li>• Video tours of birthing centres</li> <li>• Ability to ask questions of midwives about birthing choices and facilities</li> <li>• Ability to capture and publish user ratings, feedback and case studies.</li> </ul>	<p>Current and future maternity service users and their families</p>	1-6, 25	<ol style="list-style-type: none"> <li>1. Talk to potential providers about whether such an app already exists, or alternatively the cost and timescales of commissioning one – underway</li> <li>2. If appropriate, CCGs and ESHT develop a business case, to include costed spec, by end November 2014</li> </ol>	CEWG	TBC	<ul style="list-style-type: none"> <li>• Increased bookings at midwife-led units</li> <li>• Improved friends and families test feedback</li> <li>• Number of people who download and use app</li> <li>• Feedback and ratings received via app</li> </ul>

Activity	Target stakeholder	Meets objectives	Timescales for actions	Responsible parties	Cost	Success indicators
Ensure users are able to access clear, concise and engaging information about ESHT birthing services on the ESHT website	<ul style="list-style-type: none"> <li>Current and future maternity service users</li> <li>Maternity Services Liaison Committee</li> </ul>	1-6, 21, 25, 28	<ul style="list-style-type: none"> <li>ESHT midwifery team to conduct a review of all ESHT website maternity content - underway</li> <li>Website changes to be actioned by ESHT communications team – end August 2014, for review by Maternity Services Liaison Committee</li> <li>Commission a virtual video tour of the Eastbourne MLU – for completion November 2014</li> </ul>	Midwifery team, ESHT and CCGs communications team	TBC in respect of virtual video tour. Funding source TBA	<ul style="list-style-type: none"> <li>Increased bookings at midwife-led units</li> <li>Improved friends and families test feedback</li> </ul>
Marketing campaign communicating what parents/carers and family members should do if children are unwell. To include: <ul style="list-style-type: none"> <li>A poster campaign</li> <li>Social media campaign</li> <li>Prominent and accurate information on relevant websites - ESHT, NHS Choices</li> <li>Specific briefing for schools</li> <li>Messages to parents via school newsletters</li> <li>Should be clear on the fact that children may need to be transferred and in what circumstances</li> <li>Information via</li> </ul>	<ul style="list-style-type: none"> <li>Current and future users of Paediatric services, their parents/carers and their families</li> <li>Other NHS professionals</li> <li>Schools, nurseries, children's centres, clubs and other childcare providers</li> </ul>	11-13, 17, 18-20, 23, 24, 25, 28	<ul style="list-style-type: none"> <li>Poster campaign for distribution to schools, libraries, NHS facilities, Citizens Advice Bureau, council and benefits offices, hotels, campsites, and others – for distribution end of August 2014</li> <li>Website content to be reviewed and amended if necessary by end August 2014</li> <li>Schools briefing – detailing what schools should do in event of a child being unwell and what information they should give to parents - by end August 2014</li> <li>Daily Tweets and Facebook messages from ESHT accounts referring parents to accurate information on ESHT website. Throughout August with regularity to be reviewed end</li> </ul>	ESHT with oversight from CEWG SECAmb	Print and distribution costs TBC. Design in-house from ESHT. Funding source TBA	<ul style="list-style-type: none"> <li>Monitoring of retweets, Facebook likes and shares etc</li> <li>Improved friends and families test feedback</li> <li>Feedback to be invited from schools</li> </ul>

Activity	Target stakeholder	Meets objectives	Timescales for actions	Responsible parties	Cost	Success indicators
<p>campaign group networks and social media</p>			<ul style="list-style-type: none"> <li>• August</li> <li>• GPs to be informed by email and DXS referral system and intranet about SSPAU opening times and types of injuries/illnesses can be treated there</li> <li>• Commissioning lead to link with NHS111/SECAMBs to ensure correct messages and pathway information is being provided to callers.</li> </ul>			
<p>Communication around the improvement of pathways from users of Crowborough birthing Centre , to include:</p> <ul style="list-style-type: none"> <li>• Direct engagement with service user groups and local campaigners</li> <li>• News updates for in respect of the implementation of HOSC recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Current and future users of CBC</li> <li>• Those campaigning to improve the consistency of care for patients using CBC and wishing to access maternity services at Crowborough and Pembury. To include: <ul style="list-style-type: none"> <li>○ Hospital league of friends</li> <li>○ CBC user group</li> <li>○ MPs</li> <li>○ Local councillors</li> <li>○ CBC staff</li> </ul> </li> </ul>	6-10 14-16, 23, 24, 25, 28	<ul style="list-style-type: none"> <li>• News updates on progress in respect of the HOSC recommendations. To address the subject, raised by campaigners, of the possibility of transfer of facility to MTW. To be distributed via: <ul style="list-style-type: none"> <li>○ Local press</li> <li>○ CBC staff</li> <li>○ CBC website, ESHT and CCGs' social media channels</li> <li>○ Healthwatch</li> <li>○ Campaign group</li> <li>○ Facebook page</li> <li>○ League of Friends website</li> <li>○ By email to MPs and councillors with the offer of a follow-up meeting phone call for further discussion/questions</li> </ul> </li> </ul>	CEWG CBC Working Group	No additional	<ul style="list-style-type: none"> <li>• Increased bookings at CBC</li> <li>• Positive feedback from users</li> <li>• Website/social media hits</li> <li>• Analysis of media coverage</li> </ul>

Activity	Target stakeholder	Meets objectives	Timescales for actions	Responsible parties	Cost	Success indicators
Promote investment in and ongoing safety and quality of local maternity and Paediatric services	<ul style="list-style-type: none"> <li>• All users</li> <li>• NHS professionals</li> <li>• CCG governing bodies</li> <li>• CCG staff</li> <li>• ESHT staff</li> <li>• Campaign groups</li> <li>• Interested and influential bodies</li> <li>• Local media</li> <li>• General public</li> <li>• NHSE</li> </ul>	14-16 18-20, 22-28	<ul style="list-style-type: none"> <li>• By mid-September 2014, with a follow up in mid-October to update on any outstanding issues</li> <li>• Ensure active engagement with all parties in respect of any discussions around the design of care pathways and/or future changes in provision</li> <li>• To be reviewed end September to ensure any further changes in provision or pathways have a robust communications strategy</li> </ul>	CEWG	No additional	

Activity	Target stakeholder	Meets objectives	Timescales for actions	Responsible parties	Cost	Success indicators
			<p>channels</p> <ul style="list-style-type: none"> <li>○ CBC website, ESHT and CCG social media channels</li> <li>○ Healthwatch</li> <li>○ Campaign group</li> <li>○ Facebook page</li> <li>○ League of Friends website</li> <li>○ By email to MPs and councillors with the offer of a follow-up meeting phone call for further discussion/questions</li> <li>• By mid-September 2014, with a follow up in mid-October to update on any outstanding issues</li> <li>• Ongoing engagement with providers' and staff</li> </ul>			

Appendix 3: One example of communications materials currently in use – to be updated

East Sussex Healthcare **NHS**  
NHS Trust

## Children's services at Eastbourne DGH are changing

From **7th May 2013** the way we provide children's services at Eastbourne DGH is changing

**What is changing?**  
Friston Children's Unit will become a Short Stay Paediatric Assessment Unit which will only assess and treat children who have been referred by their GP. Any child who is likely to need an overnight stay in hospital will be treated at Conquest Hospital in Hastings.

**What is not changing?**

- Children's outpatient services
- All booked day surgery
- The Scott Unit service
- Community paediatric nursing services

**What will I do if my child is unwell and needs medical help?**  
The same as now, either ring your GP, use the new NHS 111 or get advice from your local pharmacy. In an emergency if your child needs urgent and immediate attention ring 999 and ask for an ambulance which will take you to the most appropriate unit.  
The Accident and Emergency (A&E) Department at Eastbourne DGH and the Minor Injury Units at Lewes Victoria Hospital and Uckfield Community Hospital will be able to provide assessment and treatment for children with minor injuries.

For more information visit  
[www.esht.nhs.uk/paediatrics/changes](http://www.esht.nhs.uk/paediatrics/changes)

