

**PROGRESS AGAINST ACTION PLAN – Updated March 2015**

These actions are jointly owned by Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes CCG.

	<b>Recommendation</b>		<b>Action Required</b>	<b>Timescale</b>	<b>R.A.G.</b>	<b>Update</b>
1a	<b><u>Configuration of Services:</u></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.	1a (i)	To ensure that HOSC recommendations are available to the Governing Bodies as part of a suite of information and evidence.	25-Jun-14	Complete	HOSC recommendations were included in the Governing Bodies papers for decision making. Governing Bodies unanimously agreed on Option 6.
1b	<b><u>Configuration of Services:</u></b> 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	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	25-Jun-14	Complete	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.
		1b (ii)	Governing Body demonstrate an understanding of the evidence and information provided to them, to support their decisions	25-Jun-14		
1c	<b><u>Configuration of Service:</u></b> Changes to the configuration of maternity services should include	1c (i)	The Better Beginnings Service Implementation Group will deliver its agreed objectives, including	08/04/2014	Complete	The implementation of Option Six is supported by an investment plan, including allocated spend for upgrading

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<p>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.</p>	<p>- 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.</p>			<p>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>Following HOSC decision on 28/07/2014, to develop a full implementation plan, informed by Staff and Service User feedback.</p>	<p>31/08/2014</p>	<p>Complete</p>	<p>The Improvement Board developed a full implementation plan following the HOSC decision on 28/07/2014.</p>
	<p>The working group will ensure that the implementation plans for reconfiguration includes upgrading and modernising of services, and that facilities are fit for purpose.</p>	<p>31/08/2014</p>	<p>Complete</p>	<p>ESHT continuously monitor bed numbers and adjust as appropriate, as part of normal ESHT operational business. The CCGs continue to monitor the quality of services as part of formal commissioning mechanisms. As part of this, the CCGs 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 Better Beginnings Service Implementation Group delivered the financial costings for each option as part of the group objectives. The implementation of service upgrades was overseen by the Improvement Board.</p> <p>A focus group with clinicians in relation to</p>

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						the SSPAU was held in August 2014, with the aim of improving Paediatric services in hospital, primary care and in the community.
				Ongoing	Ongoing	Improvements have taken place within the Conquest hospital and further action that may require capital investment is included as part of usual trust investment planning (2015/16 capital plan).
			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.	31/08/14	Complete	Service User and Staff feedback continues to inform the ongoing development of services. Feedback from focus groups and staff input has been fed into the working groups.
2	<p><b><u>Maternity Services in High Weald:</u></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> </ul>	2 (i)	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:	31/08/2014	Complete	<p>Prior to the agreement to establish the Midwifery Care Pathway 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 Birthing Centre and Pembury.</p> <p>Dr David Roche, GP Governing Body Member for HWLH CCG, was identified as the Lead for the Working Group. The inaugural meeting took place in August 2014 and has met regularly since.</p>

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<ul style="list-style-type: none"> <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>To 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</p>	31/8/2014	Complete	<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 Care Pathway Working group Midwifery pathways that are intended to support an excellent maternity service (regardless of cross-boundary care) have been agreed by all providers.</p>
	<p>To ensure that the pathways for High Weald women reflect demand</p>	31/03/2015	Ongoing	<p>Midwifery pathways that are intended to support an excellent maternity service (regardless of cross-boundary care) have been agreed by all providers. <i>Ongoing work to be incorporated into High Weald Lewes Havens CCG and Trust planning.</i></p>
	<p>To review booking processes and patient notes to improve maternity services for both providers</p>		Ongoing	<p>Improved liaison between providers in place. <i>Ongoing work to be incorporated into CCG and Trust planning.</i></p>
	<p>To Actively promote the use of CBC, with the support of the communications and engagement</p>		Complete	<p>The marketing of CBC (and the EMU) was identified as an action in the Communications Strategy. The delivery</p>

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			working group and consider how activity at CBC might be improved.			of the Communications and Engagement Strategy has been overseen by the Improvement Board, including the promotion of the MLUs and normal birth, and improvements to information given to mothers and partners about their birthing choices.
			Recognising that emergency transfer links, pathways and protocols are currently in place, to test that pathways are robust and known to staff		Complete	Robust transfer protocols are in place and staff are aware.
			To 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.		Complete	The Maternity Care Pathway Working Group has fed into the communications and engagement working group.
			The CBC Working Group will report into the Improvement Board, where progress against actions and milestones will be measured.	Ongoing	Complete	The Maternity Care Pathway Working Group has reported into, and been overseen, by the Better Beginnings Improvement Board
3	<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,	3 (i)	The Better Beginnings Service Implementation Group, led by a GP Governing Body member and including senior clinicians and managers from the CCGs and ESHT, have identified the following objectives as part of their remit: - To identify, raise and resolve pathway issues and barriers (not already raised during consultation) relating to Paediatric services and transfer protocols, ensuring good	To be agreed following implementation of preferred option.	Ongoing	The Better Beginnings Service Implementation Group has completed an in-depth analysis of the activity and case mix 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&E. Through this analysis and as part of the working group

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	<p>for example, the intended destination is clearly communicated and agreed amongst all parties in a timely manner.</p>	<p>clinical governance, communication and record keeping- To analyse the activity and casemix of the SSPAUs, to better understand how the service might be developed- To be informed by the communications and engagement working group, in relation to the needs of service users and their families- To identify how Primary Care and Community pathways and services might be enhanced, supporting the development of the Paediatric service. - To meet with and be informed by Paediatric clinical staff when considering how services should be developed- To identify the different models of care for the SSPAUs that would support an excellent Paediatric service in East Sussex and to present these to the Governing Bodies for agreement- To oversee implementation of service development in the community and in the local hospitals and to work closely with GPs, with the support of the CCGs' locality engagement team, on the enhancement of Paediatric care in primary careThe Better Beginnings Service Implementation Group has been established for several months and has supported the programme by developing an investment plan for the options,</p>			<p>objectives, the working group has begun to develop the potential models of SSPAUs. A 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 took place in August for some more detailed work on how the service might be developed.</p> <p>The working group has now completed the SSPAU assessment and is developing models of care for access to urgent paediatrics that includes GPs, community paediatric services and A&amp;E. The CCGs' Governing Bodies will be presented with the findings of the working group, to agree on the best model of care for Access to Urgent Paediatric Care. This recommendation is expected in Summer 2015.</p>

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			which focussed on providing a sustainable, modern service. The implementation group will continue to report into the Better Beginnings Programme Board, where progress against milestones is measured.			
4a	<b>Paediatric Services:</b> Co-locating inpatient Paediatric services with a consultant-led Obstetric unit is appropriate based on the evidence available.	4a (i)	Ensure that clinical evidence supporting the colocation of Obstetric and Inpatient Paediatric Services is available to Governing Body members.	25/06/2014	Complete	The CCGs agree with and accept this recommendation which is reflected in their final decisions.
4b	<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.	4b (i)	Liaise with the Strategic Clinical Network regarding a review of the SCBU level, and inform the HOSC of the SCN Response.  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.	28/07/2014	Complete	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.  '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.' 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.
5a	<b>Implementation</b> 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	5a (i)	The Communications and Engagement Working group will develop a Communications strategy for Implementation. The delivery of strategy milestones will be the responsibility of the working	28/07/2014	Complete	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

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	points to the requirement, whichever option is selected, for an effective and innovative communications strategy to be in place in advance of full implementation.		group, but will be overseen by the Better Beginnings Improvement Board, which will build on the strategy used for consultation. The communications strategy will be shared with the HOSC and ratified by the Better Beginnings Programme Board. The plan will be initiated once the implementation of the option has been agreed. A process will be established to ensure that the outputs from the strategy (e.g. findings from service users or clinical engagement) will feed into the appropriate working groups to ensure that each workstream informs the other.			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 were initiated immediately following HOSC decision on 28/07/2014, for example briefing stakeholders on the outcome of the meeting. The strategy and action plan was agreed and monitored by the Better Beginnings Improvement Board. Most actions have now been complete. Further actions on raising awareness of access to urgent paediatric care is aligned with that work stream and will be implemented upon agreement of model of care. This action is agreed as complete, with remaining actions to be incorporated as part of business planning for any further implementation of models.
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	5b (i)	Stakeholder mapping to be undertaken to ensure communications strategy is appropriately targeted, with specific focus on the factors highlighted in the HOSC recommendation.	28/07/2014	Complete	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



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	risk.					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.
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.	5b (ii)	Delivery plan to be initiated. Various messages to media prepared in response to potential HOSC decisions.	28/07/2014	Complete	The actions outlined in the delivery plan were initiated immediately following HOSC decision on 28/07/2014, for example briefing stakeholders on the outcome of the meeting.
6b	A 'clinical safety champion' should be appointed for Obstetrics and Gynaecology who would liaise with the Royal Colleges and other bodies	5b (iii)	The strategy will be agreed by the Better Beginnings Improvement Board on 20/08/2014	20/08/2014	Complete	The strategy has been agreed and overseen by the Better Beginnings Improvement Board.
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.	6a (i) and 6b (i)	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.	28/07/2014	Complete	The CCGs continue to monitor the quality of services and to analyse provider data.
6b	A 'clinical safety champion' should be appointed for Obstetrics and Gynaecology who would liaise with the Royal Colleges and other bodies		A nationally agreed process is in place to enable CCGs and Trusts to follow up on lessons learned from Serious Incidents to ensure			The CCGs and the Trust continue to monitor the quality and safety of services and have reported the ongoing improvements in quality and safety of maternity and paediatric services to the HOSC.  This action is marked as complete, as

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<p>to collate clinical, safety and outcomes data and ensure that safety lessons are effectively put into practice.</p>	<p>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</p>			<p>this now forms part of business as usual for both the Trust and the CCGs.</p>

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			monitoring, reporting and learning from serious incidents to be included in the report to the HOSC (28/07/2014)			
7a	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.	7a (i)	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	As per action plans (ongoing)	Complete	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
7b	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: <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>					

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			accurate assessments of place for delivery and risk levels of pregnant women are established and tested nationally.			<p>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.</p> <p>The trust has a workforce strategy and action plan in place of which maternity and paediatric recruitment and retention is part. The trust monitors staff satisfaction through a range of measures and acts on any findings.</p> <p>A review by the deanery has stated that the trust now offers much improved training opportunities.</p>