

# Notice of Meeting Public Document Pack



## Horton Joint Health Overview & Scrutiny Committee Monday, 26 November 2018 at 2.00 pm The Town Hall, Banbury Town Council, Bridge Street, Banbury OX16 5QB

### Membership

Chairman – Councillor Arash Fatemian  
Deputy Chairman – Councillor Fiona Baker

**Councillors:**

Sean Gaul	Wallace Redford	Alison Rooke
Keiron Mallon	Barry Richards	Sean Woodcock
Neil Owen		

**Co-optees:** Dr Keith Ruddle

**Notes:** *Date of next meeting: 19 December 2018*

#### What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

#### How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

#### For more information about this Committee please contact:

Chairman	-	Email:
Policy & Performance Officer	-	<i>Samantha Shepherd Tel: 07789 088173 Email: <a href="mailto:Samantha.shepherd@oxfordshire.gov.uk">Samantha.shepherd@oxfordshire.gov.uk</a></i>
Committee Officer	-	<i>Julie Dean Tel: 07393 001089 Email: <a href="mailto:julie.dean@oxfordshire.gov.uk">julie.dean@oxfordshire.gov.uk</a></i>

Yvonne Rees  
Chief Executive

November 2018

## **About the Horton Health Overview & Scrutiny Committee**

Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (HOSC) for the purposes of the consultation.

In response to the Oxfordshire Clinical Commissioning Group's proposals regarding consultant-led maternity services at the Horton General Hospital, the Secretary of State and Independent Reconfiguration Panel (IRP) have advised a HOSC be formed covering the area of patient flow for these services. The area of patient flow for obstetric services at the Horton General Hospital covers Oxfordshire, Northamptonshire and Warwickshire.

The County Councils of Oxfordshire, Northamptonshire and Warwickshire have therefore formed this joint committee.

### **What does this Committee do**

The purpose of this mandatory Horton Health Overview and Scrutiny Committee across Oxfordshire, Northamptonshire and Warwickshire is to:

- a) Make comments on the proposal which is the subject of the consultation
- b) Require the provision of information about the proposal, as necessary
- c) Require any member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
- d) Determine whether to make a referral to the Secretary of State on the consultation of consultant-led obstetric services at the Horton General Hospital where it is not satisfied that:
  - Consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
  - That the proposal would not be in the interests of the health service in the area
  - A decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate

NB The Committee's duration is expected to last only as long as necessary for the matters above to be considered. Responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

**If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting**

**A hearing loop is available at County Hall.**

## AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Declarations of Interest - see guidance note on the back page**
3. **Minutes (Pages 1 - 10)**

To approve the minutes of the last meeting held on 28 September 2018 (HHOSC3) and to receive information arising from them.

4. **Petitions and Public Address**
5. **Responding to the IRP and Secretary of State recommendations (Pages 11 - 36)**

2.10 pm

At its last meeting the Joint Committee asked the Oxfordshire Clinical Commissioning Group (OCCG) and the Oxford University Hospitals Foundation Trust (OUH) for the following information for consideration at this meeting:

- A revised programme plan for addressing the recommendations of the Secretary of State.
- A comprehensive engagement plan that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire.
- Further information about the approach to recruitment and retention of midwives and doctors at the Horton.

A report is attached at **HHOSC5**.

***The Horton Joint Overview and Scrutiny Committee is asked to:***

- ***Confirm that in the opinion of the Committee the proposed approach and plan outlined will address the recommendations of the Secretary of State/Independent Reconfiguration Panel.***
- ***Confirm that the Engagement plan presented is comprehensive and allows for full engagement in the work streams and appraisal process.***

- ***Note and endorse the revised timeline which has extended to ensure fuller engagement throughout the work streams as requested by the Horton Joint OSC and the period of political restriction prior to the local elections.***
- ***Note the revised timeline would indicate that further meetings of the Horton Joint OSC for the proposed gateways should be held in February and June 2019 (previously January and April 2019)***
- ***Agree that the priority now is for OCCG and OUH to proceed to implement the plan.***

## **6. Midwifery and Medical Staffing recruitment at Oxford University Hospitals NHS Trust (OUH) (Pages 37 - 40)**

3.25 pm

The Horton Joint Overview and Scrutiny Committee is asked to comment on the attached paper (**HHOSC6**) from OUH that summarises current and past efforts to increase recruitment of midwives and obstetricians.

**CLOSE OF MEETING: 3.55 pm**

## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

### What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

### List of Disclosable Pecuniary Interests:

**Employment** (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

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## **HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**MINUTES** of the meeting held on Friday, 28 September 2018 commencing at 2.00 pm and finishing at 3.55 pm

**Present:**

**Voting Members:**

Councillor Fiona Baker  
Councillor Arash Fatemian  
District Councillor Sean Gaul  
Councillor Kieron Mallon  
District Councillor Neil Owen  
District Councillor Barry Richards  
Councillor Alison Rooke  
District Councillor Sean Woodcock  
Councillor Mark Cargill (In place of Councillor Wallace Redford)

**Co-opted Members:** Dr Keith Ruddle

**Officers:**

Whole of meeting Strategic Director of Resources; Director of Law & Governance, Julie Dean and Katie Read (Resources)

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.*

**1/18 ELECTION TO CHAIRMAN**  
(Agenda No. 1)

Councillor Arash Fatemian was elected as Chairman of the Joint Committee.

**2/18 ELECTION OF DEPUTY CHAIRMAN**  
(Agenda No. 2)

Councillor Fiona Baker was elected Deputy Chairman of the Committee.

**3/18 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 3)

Cllr Mark Cargill attended in place of Cllr Wallace Redford.

**4/18 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**

(Agenda No. 4)

Cllr Sean Gaul declared a personal interest on account of his wife being in employment for an Oxfordshire Health Service employer. Cllr Arash Fatemian also declared a personal interest by virtue of his child being born at the maternity Unit at Horton Hospital.

**5/18 PETITIONS AND PUBLIC ADDRESS**

(Agenda No. )

The following requests to speak at Agenda Item 7 had been agreed:

- Jenny Jones-Claydon – as a member of the public;
- Keith Strangwood – as Chairman of ‘Keep the Horton General’ campaign Group
- Cllr Andrew McHugh – Cabinet Member for Health, Cherwell District Council

Jenny Jones – Claydon

Jenny Jones spoke as an informed member of the public with more than 10 years’ experience attending meetings associated with the Horton Hospital. She stated her view that the list of options was incomplete. She stated that when the Oxfordshire Joint Health Overview & Scrutiny Committee was addressed in August 2017, the CCG had indicated that the General Medical Council would allow each of the obstetrics trainees from the John Radcliffe Hospital to work 8 hours per week at the Horton. It was her view that no attention had been given to this by the CCG. She asked that this be included as an additional option.

With regard to the engagement plan to consider the options, it was her view that responses to questions from the public on the website contained so much ‘spin’, adding that this was not a substitute for face-to-face dialogue. She pointed out that the Plan was non-statutory, asking that OUH and the CCG do not use this non-statutory status as reason not to do this.

Keith Strangwood

Keith Strangwood pointed out that the obstetrics unit had now been closed for two years. He made reference to some individual cases of mothers who had given birth which he had personally sent to the members of the Committee, and stated that there were many more cases to follow.



He also made reference to certain information currently in the media that this Committee did not have the power to refer again to the Secretary of State, which was not the case, but that there would be no concrete decisions made by this Committee until May 2019. He expressed a hope that this matter be not 'pushed into the long grass again' as the mental stress this had caused had been substantial.

He urged the Committee to opt for option 9 in the paper, it being the only viable one in his view.

Cllr Andrew McHugh

Cllr McHugh expressed his concern that, in his view, a safe maternity service could not be delivered at the Horton on the grounds that it had proved impossible to recruit sufficient staff, this having been under threat since before 2008. He referred to the high living costs in the County and the costs of housing, albeit these were lower in the Banbury area. He made reference to a report produced by the Royal College of Nursing which suggested that the recruitment of obstetricians and gynaecologists was set to improve which should attract candidates for employment at the hospital. Cllr McHugh stated that Cherwell District Council believed that a safe and efficient obstetrics service given at the Horton Hospital would lead to a vibrant future for the hospital, whilst leaving the complex cases to the John Radcliffe Hospital. He pledged that Cherwell District Council would work collaboratively with the OCCG to re-establish an obstetrics service at the Horton. In conclusion he urged the Committee to approve option 9.

**6/18 TERMS OF REFERENCE**  
(Agenda No. 5)

The Committee's Terms of Reference (HHOSC6) were before the Committee for approval.

The Chairman pointed out that, by virtue of the agreed Terms of Reference, the Joint Committee held the full powers of referral to the Secretary of State without the need for the decision to be referred back to each Council for approval. In addition, substitutes had been allowed at the request of Warwickshire County Council.

In response to a question from Cllr Cargill, the Chairman explained that the numbers of representatives on the Joint Committee from each Council was in proportion to the percentage of births at the Horton Maternity Hospital for the last full year.

The Committee **RESOLVED** to approve the Terms of Reference.

**7/18 REFERRAL TO THE SECRETARY OF STATE**  
(Agenda No. 6)

The Chairman presented the background to the referral by the Oxfordshire Joint Health Overview & Scrutiny Committee and outlined the Secretary for Health and Independent Reconfiguration Panel recommendations (HHOSC7).

The Joint Committee noted the report.

**8/18 RESPONDING TO THE RECOMMENDATIONS: A PROPOSED APPROACH**  
(Agenda No. 7)

The Chairman welcomed the following representatives to the meeting:

- Chris Panel – Northamptonshire General Hospital
- Sue Lloyd – Obstetrics/Gynaecology – Northamptonshire General Hospital
- Anne Hargrove – South Warwickshire
- Lou Patten, Sarah Adair, Veronica Miller and Catherine Mountford - Oxfordshire Clinical Commissioning Group
- Kathy Hall and Sarah Randall – Oxford University Hospitals Foundation Trust

Lou Patten gave a brief overview of the situation from the OCCG's perspective, stressing that Accident & Emergency and Paediatrics services would remain at the Horton and the OCCG was espousing a main focus on planning services, rather than buildings, in order to give a vibrant future for the Horton. The future service planning was linked to a growing population and its growing health and care needs which would lead to, over time, service change at the Horton. She added that, at this meeting, the OCCG intended to share the draft plan and to glean the Joint Committee's views and comments on the scope of the work and to identify if anything was missing, having learned the lessons from the Secretary of State's comments in relation to the referral. It was anticipated that there would be monthly updates to the Committee, as well as HOSC meetings, on how work was progressing.

Sarah Adair spoke of the CCG's plans for stakeholder involvement and a patient experience workstream, to be conducted in an open and transparent way. The CCG would be seeking the views of women and families who had used maternity services across Oxfordshire, including people in north Oxfordshire who had used the obstetric unit at the Horton. These views would be brought into a report to be used in an options appraisal to list the final options.

Veronica Miller stated that a report would be produced describing what maternity services currently look like, to include information from the ten community midwife teams, the four freestanding Midwife-Led Units, the Spires Unit alongside the John Radcliffe Hospital and the main obstetric delivery suite and the tertiary unit at the John Radcliffe Hospital. This would also include information on regional referrals across Oxfordshire, the neo-natal unit at the John Radcliffe Hospital and the transitional care facilities for families. She added that there was close working in place with Warwick Hospital, where mothers were given options for where they wished to deliver their babies. Referrals were accepted from other authorities and a border was shared with Northamptonshire. Sarah Adair added that the paediatric, urgent care team in Accident & Emergency would also be included.

Catherine Mountford added that very detailed information on activity and population modelling had been received and shared, including statistics on, for example, where mothers had given birth and, if the obstetrics service had been needed, where these mothers had come from. Analysis had not yet commenced on information received regarding housing growth for surrounding areas. The CCG aimed to have a full list of

all potential options and would work with this Committee to determine the method of appraisal.

Questions asked by members of the Committee and responses received, were as follows:

When asked if the ambitious timescales should be revised, Lou Patten responded that the workstreams would be scoped out in the next four weeks, after which realistic timescales would be determined.

A member expressed his frustration at the need for information and data to support yet another consultation. Lou Patten responded that the IRP had made clear that there was a need for an additional specification focusing on key groups and staffing. Information and data gathered would be added to what was already known.

A member spoke of his concern at the ambulance transfer times from the Horton to the John Radcliffe Hospital, the maximum time of two hours being too long and the range too high. He raised his concern also about how long the temporary ambulance arrangement at the Horton Hospital would be in place. Veronica Miller responded that the Banbury to Oxford and Oxford to Banbury had now been recognised as a good road for travel. Over the last two years there had not been an increase in poor outcomes. The member responded that this statement did not take into account the range of travel time which was 40 minutes to 2 hours, and did not take into account incidents on the road. Also, the temporary arrangement with the Ambulance Trust to keep an ambulance at the Horton in readiness for emergency journeys to Oxford, could be withdrawn at any time. Veronica Miller responded that transfer times were monitored. The focus was on outcomes and over the last two years there had not been an increase in poor outcomes. In response to a question about whether this non-increase could be related to other mothers being diverted to other hospitals, Lou Patten stated that average transfer times would be revisited, together with contingency plans for weather warnings/accidents and where mothers went for alternatives.

A member expressed her concern that the same attention with regard to consultation and engagement was not paid to Northamptonshire residents. The data provided was based on today's population, but the local plans had been produced up to 2031. Cherwell and South Northamptonshire were aware of population growth up to the next 12 years. Two thousand houses were scheduled to be built in Brackley, some of which had already been built and people were waiting to move in. Population growth is not for the future, it is happening now. Catherine Mountford responded that the CCG was in possession of all the population growth information up to 2031 and what that entailed.

A member commented that the public had to be able to put its trust in this consultation and she was keen for the voices of local people to be heard, as they were the local experts. There was also a need for the whole of Oxfordshire, South Northamptonshire and Warwickshire to be taken into account when considering the number of suites available, to reflect, practically, the number of people who could utilise the units. For example, if there were more births recorded in the Spires birthing Unit, this would affect people from across all the counties. Lou Patten responded that

the number of suites in Midwife-Led Units (MLU) would be included. The consultation would have a definite focus on local voices and, in light of the comments today on travel times and contingency planning, these would be reviewed. She wanted to ensure that people were aware that the CCG had a very strong clinical vision for Oxfordshire.

The Chairman stated the importance of the CCG making the distinction between transfer times (in an ambulance) and travel times for a person not in an ambulance.

In response to concern from a member of the Committee, Lou Patten stated that the CCG would consider the impact on the family of extended transfer times and multiple demands on the dedicated ambulance.

A South Warwickshire member expressed his concern about cross-border co-operation between authorities and his belief that this should be looked at nationally. Lou Patten responded that Oxfordshire CCG was keen to ensure that South Warwickshire was appropriately engaged in the options and their analysis. He asked also why there was a recruitment problem at the Horton. Veronica Miller responded that there had been successful recruitment at the Horton, but it was a very competitive market and there was limited opportunity to further careers at the Horton. Staff saw other opportunities and went elsewhere. She added that the retention of doctors had been a problem nationally. Sarah Randall added that OUH would be transparent about rotas and recruitment/retention practices across professions. In response to a further statement that if prospective applicants felt that the Horton offered security of tenure, then perhaps more people would apply there for jobs, Veronica Miller responded that job stability was available to applicants as the terms of contract offered 2 years plus of job tenure. In terms of midwife numbers, Sarah Randall reported that there was currently a shortage of 39 midwives. However, due to the ongoing recruitment campaign, by December it was anticipated that an additional 40 would be coming to Oxfordshire.

A member of the Committee commented on the importance of ensuring west Oxfordshire population housing and growth data was contained within the options, as there was no mention of it in the papers. He also asked the CCG to consider market share, not just market size, for example, to take account of an increased number of births as a proportion of the population (sensitivity analysis). He also advocated the views of the Royal College on the possibility and viability of options. Lou Patten agreed to refine option 4, with market share in mind and to seek the views of the Royal College.

A Committee member asked whether the options presented would give mothers a choice about where to give birth, expressing also a wish to see an assessment of which options were safe. Lou Patten responded that the scoping of each option would include an assessment of safety.

Lou Patten was asked how cost-effective was the transfer of money out if Oxfordshire to neighbouring county trusts; and could it lead to the Horton's Midwife Led Unit (MLU) being under threat? She replied that money followed the patient and patients exercised their choice. She undertook to share statistics in relation to this. A member asked a further question as to whether the fall in numbers of mothers choosing the

Horton was due to concern on their part of a possible two hour journey to Oxford in the event of complications – and would this lack of demand pose a threat to the viability of the MLU? Veronica Miller replied that there was a national drive to establish MLU's in local environments. She assured the Committee that demand would increase once the future plans were known. Lou Patten added also that there were other people coming to Oxfordshire which helped the figures. She undertook to share the statistics on this matter with the Committee also.

A member made reference to the Shrewsbury & Telford NHS Maternity Unit experience which was currently in the media. Veronica Miller stated that the contributing factors were awaited. She stressed the importance of proper risk assessment and good communication policies between free-standing Midwife -Led Units and Obstetric Units.

The Chairman stated that it was unclear what was in or out of the scope and a detailed look at the survey was required before publication, together with more clarification on the engagement period and the consultation period. He asked if there was any weighting behind the criteria for appraisal of the options. Lou Patten undertook to share the details of the survey and the weighting of options. Moreover, she stated that there would be full transparency on the appraisal process, which was likely to be a two - stage process. She added that the IRP recommendations were about further engagement and the need for consultation would be dependent on the outcome of the options appraisal and engagement.

It was suggested by a member that the CCG might consider accepting views from the public via the 'Keep the Horton General' in order to maintain the anonymity of the people giving their opinions. A further suggestion was for mothers to give their evidence via a third party. Lou Patten agreed that this was reasonable and they were welcome to testify before this Committee in this manner.

A further suggestion for the consultation with stakeholders was for the CCG to consider who else they might like to talk to, for example, with future mothers.

A member suggested that the CCG be requested to indicate how the data would be tested and analysed to assess the need in a robust way, including where families had or were being diverted to other hospitals. It also needed to include information on the impact of demand should the Horton become a centre of excellence. In response to a question, Catherine Mountford assured the Committee that the outcome of the work to involve stakeholders in the development of proposals would be taken through the Clinical Senate.

On the conclusion of the questions the Committee **AGREED** the following:

- (a) at a meeting of the joint Committee to be arranged in early/mid-November 2018 the CCG and OUH will share the following:
  - (i) a more detailed scope for each of the proposed workstreams and a realistic timetable for completion;
  - (ii) a review of transfer times between the Horton and John Radcliffe Hospitals for mothers needing obstetric interventions and the contingency plans for when

there are multiple demands on the dedicated ambulance or severe traffic delays, etc;

- (iii) a clinical view on the acceptability of the quoted transfer times (30-120 minutes) from the Horton Hospital to the JR;
  - (iv) an overview of the data on mothers who have **chosen** to go to other hospitals because of the situation at the Horton and where those hospitals were;
  - (v) analysis of the current and future demand for services at the Horton, including an assessment population growth as a result of future housing and growth plans;
  - (vi) a comprehensive engagement plan that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire;
  - (vii) further refinement of the options (particularly option 4) to take account of the population share of births, as opposed to just the size – i.e. some sensitivity analysis.;
  - (viii) an overview of the cost of patients going out-of-county vs. the income received from patients coming to the Horton;
  - (ix) the questions in the proposed survey before this is sent out;
  - (x) detail about the options appraisal process and any weighting of the appraisal criteria; and
  - (xi) further information about the approach to recruitment and retention of midwives and doctors at the Horton.
- (b) an 'opinion-evidence gathering meeting' will be held in December 2018 for the Horton HOSC to hear the views of key stakeholders, the public and interested parties in order to inform the Committee's future scrutiny of CCG and OUH plans. The Committee agreed to initially invite the following witnesses (this is not an exhaustive list):
- The Local Medical Committee
  - District Councils
  - Healthwatch (across Oxfordshire, Warwickshire and Northamptonshire)
  - Royal Colleges
  - NHS England
  - Thames Valley Clinical Senate
  - Interested professionals (e.g. midwives, obstetric trainee doctors, middle-grade doctors, consultants)
  - The Ambulance Service
  - Mothers / families who are or have been affected by the loss of obstetric services at the Horton
  - Campaign groups

**9/18 FUTURE MEETINGS**

(Agenda No. 8)

It was **AGREED** that the next meeting would be in November 2018, there would be an evidence gathering meeting in December 2018 and a possibility of further meetings in January and April.

..... in the Chair

Date of signing .....

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**Oxfordshire  
Clinical Commissioning Group**

## **Responding to Secretary of State letter following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital**

### **Paper for the Joint OSC meeting 26 November 2018**

The attached paper outlines the approach that Oxfordshire Clinical Commissioning Group (OCCG) and Oxford University Hospitals NHS Trust (OUH) are proposing to take to address the outcome of the referral to the Secretary of State. This has been updated taking into account the points raised at the first meeting of the Horton Joint Health Overview and Scrutiny Committee (Horton Joint OSC).

Work is underway on all the information collecting work streams as these progresses products will be shared on our website [here](#).

### **The Horton Joint Overview and Scrutiny Committee is asked to:**

- **Confirm that in the opinion of the Committee the proposed approach and plan outlined will address the recommendations of the Secretary of State/Independent Reconfiguration Panel.**
- **Confirm that the Engagement plan presented is comprehensive and allows for full engagement in the work streams and appraisal process.**
- **Note and endorse the revised timeline which has extended to ensure fuller engagement throughout the work streams as requested by the Horton Joint OSC and the period of political restriction prior to the local elections.**
- **Note the revised timeline would indicate that further meetings of the Horton Joint OSC for the proposed gateways should be held in February and June 2019 (previously January and April 2019)**
- **Agree that the priority now is for OCCG and OUH to proceed to implement the plan**

**Louise Patten, Chief Executive, Oxfordshire CCG**

**Dr Bruno Holthof, Chief Executive, Oxford University Hospitals NHS Trust**

The table below contains all the points included in the summary of the Horton Joint OSC meeting held on 28 September 2018. The second column indicates how the point is being addressed. Most of the actions highlighted have been incorporated into the revised programme plan and will then be delivered through the implementation of the programme.

<b>Action requested by joint OSC at meeting on 28 September 2018</b>	<b>How this is being addressed</b>
a) A more detailed scope for each of the proposed workstreams and a realistic timetable for completion.	Work streams revised and outlined in more detail in this plan. Revised timetable included in section 4 on page 11.
b) A review of transfer times between the Horton and JR hospitals for mothers needing obstetric interventions and the contingency plans for when there are multiple demands on the dedicated ambulance or severe traffic delays, etc.	Included in work stream 5c (section 3.5.3 on page 8).
c) A clinical view on the acceptability of the quoted transfer times (30-120 minutes) from the Horton Hospital to the JR.	Included in work stream 5c (section 3.5.3 page 8).
d) An overview of the data on mothers who have <i>chosen</i> to go to other hospitals because of the situation at the Horton and where those hospitals were.	Data on location of birth included in work stream 4 (section 3.4 on page 6).
e) Analysis of the current and future demand for services at the Horton, including an assessment population growth as a result of future housing and growth plans.	Included in work stream 4 (section 3.4 on page 6).
f) A comprehensive engagement plan that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire.	Work stream 1 (section 3.1 on page 5) with supporting detail in Appendix 1.
g) Further refinement of the options (particularly option 4) to take account of the population share of births, as opposed to just the size – i.e. some sensitivity analysis.	Options revised to focus on work force models. Work stream 4 (section 3.4 on page 6) on activity and population growth incorporates a sensitivity analysis.
h) An overview of the cost of patients going out-of-county vs. the income received from patients coming to the Horton.	New work stream, 5b (section 3.5.2 on page 8), on finance added.
i) The questions in the proposed survey	This is included in work stream

<p>before this is sent out.</p>	<p>1. Representatives from the Horton Joint OSC and Keep the Horton General are part of the panel appointing the company to undertake the survey and defining the areas to be covered. The appointed company will write the questions.</p>
<p>j) Detail about the options appraisal process and any weighting of the appraisal criteria.</p>	<p>This is included in work stream 6 (section 3.6 on page 9) and stakeholder input to this described in the Engagement plan</p>
<p>k) Further information about the approach to recruitment and retention of midwives and doctors at the Horton.</p>	<p>Presented as a separate paper to the Horton Joint OSC meeting on 26 November 2018</p>

## **OCCG and OUH plan as at 15 November 2018**

### **1. Context**

The Secretary of State (SoS) accepted the recommendations of the Independent Reconfiguration Panel in full and therefore asked for:

- A more detailed appraisal of options and in particular ensuring that the population growth in the wider catchment is considered
- Reviewed with stakeholders
- Address outstanding issues from November 2016 Clinical Senate recommendations
- Learn from experiences of mothers, families and staff
- Review and confirm the staffing and transfer models for Midwife Led Units (MLUs)
- Interdependencies with other services
- For the CCG and Overview and Scrutiny Committee to work together to involve stakeholders from the wider area to participate in the debate.

“Whatever option eventually emerges, it should demonstrate that it is the most desirable for maternity services across Oxfordshire and all those who will need them in the future.”

### **2. Scope of work**

1. Working closely with neighbouring CCGs to ensure we have a full understanding of the population size and future housing/population growth for Oxfordshire and surrounding areas. Northamptonshire and Warwickshire are key populations but also need to consider the whole of Oxfordshire and flow from other counties to the John Radcliffe unit as the IRP was clear that the options must be the most desirable for the whole of the Oxfordshire population and wider population that access services in Oxfordshire. This enables modelling of potential market size (number of births) and ability to test market share.
2. To take a fresh look at the options presented in the August 2018 Decision Making Business Case (DMBC) and any additional options identified to identify whether there is a feasible staffing model to maintain obstetric services at the Horton General Hospital.
3. To address the other challenge of how the absence of obstetrics at the Horton may affect the sustainability of other specialties. A key area is to test viability of the anaesthetic rota

### 3. Work streams

#### 3.1 Work stream 1 - Engagement – lead Heads of Communication and Engagement OCCG

The purpose of this work stream is

- To ensure that the programme of work to address the requirements as set out by the Secretary of State is undertaken with stakeholders in an open and transparent way
- To seek feedback from mothers and families in Oxfordshire and the bordering areas in the north of the county who have given birth since the temporary closure of the Horton obstetric unit on 1 October 2016.

##### 3.1.1 *Stakeholder engagement*

- Work with Horton Joint OSC throughout so plan agreed at beginning and review delivery with them (fulfils requirement to consult with scrutinising bodies)
- Public/stakeholder involvement throughout;
- Outcome of detailed work on option appraisal will determine whether or not there is a need for a formal public consultation (would also discuss/agree this with Joint OSC as part of plan agreement)

##### 3.1.2 *Patient experience (work with Clinical Director of Obstetrics OUH and Head of Children's Commissioning, OCCG and Oxfordshire County Council)*

- Use information from CQC survey
- Women and families to survey are those who have given birth since 1 October 2016 and to include
  - Women (sampling may be required to get representative groups) registered with an Oxfordshire GP wherever they have given birth
  - Women from identified Northamptonshire and Warwickshire practices wherever they have given birth
- Survey questions to be developed and input sought from Maternity Voices and other stakeholders
- Commission external expertise to manage and administer survey (will ensure questions are not leading and also to give independence)

Position at 15 November 2018:

- A comprehensive engagement plan, that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire, has been developed and attached as Appendix 1 for comment and approval by Horton Joint OSC
- External companies contacted for quotes to undertake survey and focus group work
- Date set for review of external companies to undertake survey and focus group work

Completion of this work will be demonstrated through:

- Delivery of the agreed engagement plan, including clear demonstration of how the information collected has been used
- Production of a report on the experience of women and their families and using this in the option appraisal process

### 3.2 Work stream Service description – leads Clinical Director of Obstetrics, OUH and Head of Children’s Commissioning, OCCG and Oxfordshire County Council

The purpose of this work stream is to provide a description of the whole maternity pathway (pre-conception to post-natal) and identifies where services available to women and their families. This considers services available within Oxfordshire and those in surrounding counties which may be accessed by women and their families in the Horton General Hospital catchment areas.

### 3.3 Work stream 3 Future vision for the Horton General Hospital and Interdependencies – lead Director of Strategy, OUH

The purpose of this work stream is to describe the future vision for the Horton General Hospital and to identify what, if any service interdependencies there are which may be impacted by any decision on provision of obstetric services.

- Reiterate vision for Horton as described in DMBC and Horton strategic review
- Use South East Coast Clinical Senate review (and experience of running for last 18 months) to evidence lack of dependency on obstetrics for key services (paediatrics, A&E, acute medicine)
- Address the other challenge of how the absence of obstetrics at the Horton may affect the sustainability of other specialties. A key area is to test viability of the anaesthetic rota.

Completion of this work is demonstrated by a clear articulation of the place of the Horton General Hospital in future provision of services and ensuring that the interdependency of services is addressed in the option appraisal

### 3.4 Work Stream 4 Size and share of the market (activity and population modelling) – lead Director of Governance, OCCG

- l) The purpose of this work stream is to collate and analyse activity and develop activity projections that take into account population growth for areas that access services in Oxfordshire. This incorporates analysis of the current and future demand for services at the Horton, including an assessment population growth as a result of future housing and growth plans.

- Get full understanding of shift in location for births from 12 month pre-change period (01.10.15 to 30.09.16) to 18 month post temporary closure period (01.10.16 to 31.03.18) for Oxfordshire residents and for Warwickshire and Northamptonshire practices that are significant users of Oxfordshire services
- SCBU/neonatal activity
- Work with District Councils to look at future housing and population growth and consider what this might mean for numbers of births
- Undertake some sensitivity analysis to vary population share of births that take place at different sites to give an indication of the size of shift required to increase the numbers of births at the Horton General Hospital to over 2,500.

Position at 15 November 2018

- Births analysis from 1 October 2015-31 March 2018 for Oxfordshire, Northamptonshire and South Warwickshire completed (as presented to the last meeting of the Committee).
- Housing growth projections for Cherwell District Council, Stratford-on-Avon, West Oxfordshire District Council and South Northamptonshire received and understanding of locations and which of these that fall in the catchment area of the Horton General Hospital. Some Annual Monitoring Reports are in the process of being updated so analysis of housing and population growth will be undertaken once these are received from District Councils (end November/early December).

Completion of this work will be demonstrated by presentation of past activity and projections based on District Council provided housing growth figures with any assumptions identified.

### 3.5 Work stream 5 Options work up

The purpose of this work stream is to ensure that all potential options are appraised openly and consistently.

#### *3.5.1 Work stream 5a Workforce analysis – leads Clinical Director of Obstetrics OUH and Head of Children's Commissioning, OCCG and Oxfordshire County Council*

- An assessment of what would be required to have training accreditation for doctors in training in the obstetric service at the Horton General Hospital reinstated. This will require seeking views from Royal College of Obstetricians and Gynaecologists and Health Education England/Postgraduate Dean (responsible for allocating doctors in training).
- A detailed analysis of staffing requirements (medical and nursing) for each of the shortlisted options. This will include development of rotas and job plans.
- Review of the deliverability of each of the staffing models.

### *3.5.2 Work stream 5b Financial Analysis – leads Directors of Finance, OUH and OCCG*

The purpose of this work stream is to demonstrate how funding flows (including overview of the cost of mothers going out-of-county and the income received for mothers coming to the Horton and the John Radcliffe hospitals) and, how it is used and be able to present the additional/difference in costs for each option. The following areas are being worked on.

- The income received/spent in total for both the OUH and for OCCG. For OUH this will include an explanation about how it is then used to fund maternity and all required services to support it in the Trust.
- A presentation of baseline costs of maternity services against which the increased costs of any of the potential staffing options will be assessed. This needs to be one that shows the cost of the previous model of providing obstetrics at the Horton.
- Costing of the different workforce models in the options to understand the changes in cost.

### *3.5.3 Work stream 5c Travel and access – lead Director of Governance, OCCG*

The purpose of this work stream is to understand the range of travel times for services and the impact (in terms of increased travel time) on these of the temporary closure of the obstetric services from the Horton General Hospital. This will differentiate between travel times (defined as the time taken for women and their families to travel to services) and transfer times (defined as the time taken for an ambulance transfer from an MLU to an obstetric service)

- Travel times; previous analyses to be reviewed and reissued to identify if any further work is required.
- Transfer times
  - Using the information collected over the period of the temporary closure of the obstetric service at the Horton General Hospital a review of transfer times between the Horton MLU and the other three Oxfordshire MLUs and the John Radcliffe will be undertaken. If possible these will be set in the context of national data.
  - An independent clinical view on the acceptability of transfer times will be sought.
  - The processes enacted when there are multiple demands on the dedicated ambulance or severe traffic delays will be summarised.

Completion of this work will be the development of clear information that is used within the option appraisal process.



## 3.6 Work stream 6 Option Appraisal

### 3.6.1 *Long list development*

Following the discussion at the first Horton Joint OSC meeting the draft long list has been revised. Taking on board the comments made the options are primarily focused on different work force models to enable provision of an obstetric service at the Horton General Hospital. The impact of population growth is considered as part of work stream 4.

Position at 15 November 2018

- Revised final draft attached as Appendix 2

### 3.6.2 *Developing and agreeing Criteria*

The criteria below are based on those used in 2016/17 as part of the Horton Strategic review and then to inform the Phase One proposals. They have been modified slightly to ensure they reflect the context of the whole system and whole maternity pathway.

- Quality of care for all
  - Clinical outcomes
  - Clinical effectiveness and safety
  - Patient and carer experience (survey will feed in here)
- Access to care for all
  - Distance and time to access service
  - Service operating hours
  - Patient choice
- Affordability and value for money
  - Deliver within tariff/current financial envelope
- Workforce (medical and nursing)
  - Rota sustainability
  - Consultant hours on the labour ward – in line with “Each Birth Counts” for a busy specialist unit
  - Recruitment and retention
  - Supporting early risk assessment
- Deliverability
  - Ease of delivery
  - Alignment with other strategies

These are consistent with the criteria used in other areas.

### 3.6.3 Appraisal process

- Shortlisting

The shortlisting methodologies of other systems have been reviewed and these have generally undertaken a high level review against the criteria. However the range of options in this piece of work are of a different nature as they are focused on was there a viable staffing model to maintain obstetrics at the Horton and a high level application of the criteria would not differentiate

The long list includes all options that had been identified to us including the one presented at the first meeting of the joint Committee. At this stage we propose that the “remote and rural” and “single obstetric unit at the Horton” are the only two options that should be discarded at shortlisting and that all others would need to be worked up and appraised. This would still leave 9 options on the shortlist. We would welcome the support of the Committee for this proposal.

The rationale for this is:

- Remote and rural; the catchment population served by the Horton General Hospital would not be defined as remote and therefore this would not be a preferred model.
- Single obstetric unit at the Horton; this is discarded as the provision of a specialist services for the wider geography served needs to be co-located with other services (such as neonatal intensive care, paediatric surgery), have strong and close links with the University of Oxford research departments and be centrally located with respect to the geography served. This requires that these services need to be maintained in Oxford.

- Weighting the criteria

This will be undertaken following input from the first stakeholder workshop described in Work stream 1.

- Option appraisal

The output from other work streams will be used to provide the information required to assess each of the shortlisted options against the agreed and weight criteria.

An appraisal panel who will be set up to undertake the scoring and full option appraisal. It is proposed this will include members from the Horton Joint OSC, Keep the Horton General, Maternity Voices Partnership and Healthwatch Oxfordshire as well as OCCG and OUH.

The output from the panel meeting will be presented for discussion at the stakeholder event(s) described in work stream 1 that would take place in May.

Completion of this work will be demonstrated by agreement that all options have been identified and appraised in an open, fair and transparent manner.

#### 4. Timescales/Project Plan

Following discussion with the Committee at its first meeting this timetable has been reviewed. The timeline has been extended to ensure fuller engagement in all aspects of the work as recommended by the Horton Joint OSC at its first meeting and to take account of the period of political restriction prior to the local elections on 2 May 2019.

	<b>NHS actions</b>	<b>Engagement</b>	<b>External dependencies</b>
<b>September 2018</b>	Present draft plan to OSC		First Horton Joint OSC meeting
<b>October 2018</b>	Revise plan to incorporate OSC comments	Engagement plan developed to address recommendations from Horton Joint OSC	NHSE review of progress to date
<b>November 2018</b>	Work on population growth/activity; baseline finances; travel and service underway		Presentation of plan to Horton Joint OSC
<b>December 2018</b>		Appointment of support to run survey and focus groups	
<b>January 2019</b>	Information on population growth/activity; baseline finances; travel and service description published	Development of survey	
<b>February 2019</b>	Work on workforce modelling, finances, interdependencies and travel analysis underway to inform option appraisal.	Survey mothers and families Stakeholder event(s)	Gateway review with joint OSC
<b>March 2019</b>		Focus groups	
<b>April 2019</b>			Period of political restrictions prior to local elections
<b>May 2019</b>	Option appraisal		
<b>June 2019</b>		Stakeholder event(s)	Gateway review with joint OSC
<b>July 2019</b>		Report on engagement activities published	NHSE (including Clinical Senate) assurance
<b>August 2019</b>			
<b>September 2019</b>	OCCG Board review and decision		

Catherine Mountford  
 Director of Governance, Oxfordshire CCG  
 15 November 2018  
 V2.0

## VERSION CONTROL

<b>Date</b>	<b>Details</b>	<b>Version</b>	<b>Contributor</b>
<b>26/09/2018</b>	<b>Version presented to Horton Joint OSC</b>	<b>1.0</b>	<b>CM</b>
<b>08/11/18</b>	<b>Revision to address Horton Joint OSC recommendations, shared with project group</b>	<b>1.1</b>	<b>Project group</b>
<b>14/11/2018</b>	<b>Comments addressed and shared with project group and LP</b>	<b>1.2</b>	<b>Project group and LP</b>
<b>15/11/18</b>	<b>All comments from Project Group and LP addressed and submitted to Horton Joint OSC</b>	<b>2.0</b>	<b>CM</b>

## **List of Appendices**

**Appendix 1          Draft engagement plan**

**Appendix 2          Draft Long List of Options**

**VERSION CONTROL**

<b>Date</b>	<b>Details</b>	<b>Version</b>	<b>Contributor</b>
<b>28/9/18</b>	<b>Draft plan shared with Joint OSC for comment. Members discussed and shared feedback to be incorporated and revised plan to come back to next meeting.</b>	<b>V1</b>	<b>Joint OSC members</b>
<b>9/11/18</b>	<b>Revised plan sent to LP, shared with Freshwater</b>	<b>V1.1</b>	<b>CM</b>
<b>12/11/18</b>	<b>Freshwater comments shared with LP, CM, AG</b>		<b>Freshwater</b>
<b>14/11/18</b>	<b>LP comments added; sent to AG for comment</b>	<b>V1.2</b>	<b>L Patten</b>
<b>14/11/18</b>	<b>All comments addressed. Final draft also shared with SB (OUH Comms)</b>	<b>V1.3</b>	
<b>14/11/18</b>	<b>Incorporates corrections from SB</b>	<b>V1.4</b>	<b>SB</b>
<b>15/11/18</b>	<b>Incorporates final feedback from LP and CM</b>	<b>V2</b>	

This document has been developed with feedback from a number of groups and individuals. Comments and suggestions made at the first meeting of the Joint OSC have been used to develop the plan. Expertise has also been sought from Buckinghamshire New University and Freshwater Communications who have a wide experience working on these sorts of projects and their feedback has been helpful and has also been incorporated.

## **Engagement Plan to support the programme of work responding to Secretary of State requirements following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital**

### **1. Introduction**

Oxfordshire Clinical Commissioning Group (OCCG) will address the requirements as set out by the Secretary of State following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital:

- To formally consult with the new joint Oxfordshire Overview and Scrutiny Committee (OSC) established for this purpose with membership from Oxfordshire, Warwickshire and Northamptonshire.
- To seek feedback from mothers in Oxfordshire and the bordering areas to the north of the county who have given birth since the temporary closure of the Horton obstetric unit on 1 October 2016.

The approach that will be taken to do this will be to work in an open and transparent way, to ensure engagement and feedback is sought across the borders in south Northamptonshire and south Warwickshire and in the context of services for all of Oxfordshire.

Concerns expressed during the previous consultation and at the first meeting of the new joint OSC have been considered in developing this plan. Every effort will be made to pick up questions and concerns and to address these during the coming weeks and months and to ensure the OCCG website is actively maintained.

No reduction to A&E or paediatric services are proposed or anticipated. For this reason the concerns raised during the public consultation about the interdependency of services will not be addressed through this work.

### **2. Stakeholders**

The range of stakeholders interested in this work is wide and varied. It includes stakeholders in Oxfordshire, south Northamptonshire and south Warwickshire. A key stakeholder is the newly formed joint Overview and Scrutiny Committee (Joint OSC), in addition other stakeholders include the public, local MPs, local authorities and their members, local GPs, staff and patients at the Horton, the Community Partnership Network, the local media, patient and voluntary groups and the local campaign group Keep the Horton General (KTHG).

The engagement in this work will start with the new Joint OSC. The description of the work involved and the approach to be taken will be agreed with the Joint OSC to ensure the plan will deliver the requirements as set out by the Secretary of State.

The plan will ensure wide public and stakeholder engagement throughout. We will maintain a log of all communication with stakeholders and will publish letters,

briefings and papers shared with stakeholders on the OCCG website.

The stakeholders for this work are identified below:

Patients and their families who have used maternity services
Women and families who expect to use maternity services in the future
General public of Oxfordshire, south Northamptonshire and south Warwickshire.
Groups that support women and families during pregnancy and childbirth including: <ul style="list-style-type: none"> <li>• NCT</li> <li>• La Leche League</li> </ul>
Members of the new Joint OSC
Members of the local authorities: <ul style="list-style-type: none"> <li>• Cherwell District Council</li> <li>• Stratford on Avon District Council</li> <li>• South Northamptonshire District Council</li> <li>• West Oxfordshire District Council</li> <li>• Warwickshire County Council</li> <li>• Northamptonshire County Council</li> <li>• Oxfordshire County Council</li> <li>• Banbury Town Council</li> </ul>
Local MPs: <ul style="list-style-type: none"> <li>• Victoria Prentis MP for Banbury</li> <li>• Andrea Leadsom MP for south Northamptonshire</li> <li>• Nadhim Zahawi MP for Stratford-on-Avon</li> <li>• Robert Courts MP for Witney</li> <li>• Chris Heaton Harris MP for Daventry</li> </ul>
Members of the Community Partnership Network
Keep the Horton General campaign group (KTHG)
Healthwatch Oxfordshire Healthwatch Northamptonshire Healthwatch Warwickshire
GPs in north Oxfordshire, south Northamptonshire and south Warwickshire
NHS organisations: <ul style="list-style-type: none"> <li>• Nene CCG (Northamptonshire)</li> <li>• South Warwickshire CCG</li> <li>• Oxford University Hospitals NHS Foundation Trust (OUH)</li> </ul>



<ul style="list-style-type: none"> <li>• South Warwickshire NHS Foundation Trust</li> <li>• Northampton General Hospital NHS Foundation Trust</li> <li>• South Central Ambulance Service NHS Foundation Trust</li> <li>• East Midlands Ambulance Service NHS Foundation Trust</li> </ul>
<p>Professional bodies:</p> <ul style="list-style-type: none"> <li>• Local Medical Committees</li> <li>• Royal College of Obstetricians</li> <li>• Thames Valley Clinical Network</li> </ul>
<p>Local media:</p> <p>Oxfordshire:</p> <ul style="list-style-type: none"> <li>• Banbury Guardian</li> <li>• Banbury Cake (online)</li> <li>• Banbury Sound</li> <li>• BBC Radio Oxford</li> <li>• Oxford Mail and Times</li> </ul> <p>Warwickshire:</p> <ul style="list-style-type: none"> <li>• Stratford Herald</li> <li>• BBC Coventry and Warwickshire</li> <li>• Leamington Courier</li> <li>• Coventry Evening Telegraph</li> </ul> <p>Northamptonshire:</p> <ul style="list-style-type: none"> <li>• Brackley &amp; Towcester Advertiser</li> <li>• Northampton Chronicle</li> <li>• BBC Radio Northampton</li> </ul>
<p>Staff working in maternity services in Oxfordshire, Northamptonshire and Warwickshire</p>

### 3. Communication

A section will be dedicated to this work on the CCG website in a similar style to the current section on Cogges. It will be directly accessible from the Home page and will include the following.

- A question and answer section - the content will develop during the project picking up new questions raised through meetings with stakeholders and the joint OSC as the work progresses.
- Documents associated with this work will be posted on this dedicated area of the CCG website. This will include documents containing data, analysis of information, briefings and papers presented to other bodies. There will be an assumption that all papers prepared for this work will be published on this page. A link will be provided to the documents previously published for completeness but any that are to be used specifically in this work may be published again.

- A timeline setting out the key milestones for this work so that all know what to expect and when to expect it.

This part of the website will be regularly updated to ensure all have access to the most up to date information rather than waiting until the next meeting of the OCCG Board or the Joint OSC.

Social media will be used to highlight specific pieces of this work. Advice will be sought from The Centre for Health Communications Research at Buckinghamshire New University which has experience in this field.

Letters and written briefings for stakeholders will be provided from time to time during the course of this work between meetings of the joint OSC. These will be published on the CCG website.

#### **4. Meetings**

Representatives from OCCG and OUH (and when possible supported by representatives from the NHS in south Warwickshire and south Northamptonshire) will attend all meetings of the Joint OSC. Papers will be provided as needed and those attending will be prepared and expect to answer questions and to listen to members of the committee.

Member representatives from OCCG and OUH will also continue to participate in regular meetings of the Community Partnership Network (CPN). The CPN is an important group that brings together most of the key stakeholders for this work, including representatives from the south Northamptonshire and south Warwickshire local authorities and local MPs. All material produced will be available to the CPN.

#### **5. Stakeholder events**

Events will be organised for stakeholders to attend. These will form part of the project plan and will be engagement events where participants will take part in discussions and consideration at key stages. These events will be facilitated by an external professional facilitator who will also write up reports on each.

1. Focused on reviewing the shortlisting process, considering the criteria to be used for assessing options and the process for assessment.
2. Reviewing the assessment of the shortlist, the data and evidence used and what the results have shown.

Attendance at each event will be managed to ensure a wide range of stakeholders (see stakeholder list above). Additional expertise will be provided from clinical and professional bodies.

All information gathered to share before and at the events will also be published so that it is available for all to see. At the events, the data and evidence being gathered to help support the assessment of options will be discussed and there will be opportunities to explain, question and develop understanding of all

important information used. This will include data and information gathered from elsewhere, associated with each area of assessment criteria.

## **6. Patient experience**

We intend to seek feedback about the experience of women who have used maternity services since the temporary closure of the obstetric unit at the Horton General Hospital in Banbury on 1 October 2016. The IRP was clear that the options must be the most desirable for the whole of the Oxfordshire population and wider population that access services in Oxfordshire and so this needs to be done within a wider context of maternity across Oxfordshire.

During the public consultation in 2017, the main concerns raised about changes to maternity services in Banbury related to:

- Travel time between Banbury and Oxford.
- Parking at the JR and the Horton
- Risk associated with distance from the obstetric unit

To gather this feedback we intend to organise a survey and several focus groups. To ensure this is conducted objectively and supported with statistical evidence several professional research organisations have been approached for quotes for conducting this work based on the following.

## **7. Survey**

A survey will be designed to capture the experience of women and their partners who have given birth since 1 October 2016 across Oxfordshire and those women living in south Northamptonshire and south Warwickshire.

An independent organisation with expertise in survey design and statistical analysis will be appointed to design and deliver this work and report on it.

Stakeholders will be invited to participate in developing the criteria to be used and the assessment of bids. The questions themselves will be developed by the organisation appointed using their experience and expertise to ensure the questions are objective and can be statistically analysed.

Annex 1 (see page 7) provides more detail on the approach to the survey.

## **8. Focus groups**

In addition to the survey, a number of focus groups will be organised to gather more in depth feedback on the same areas as those covered in the survey. This may include meeting with women who are not yet mothers but plan to start a family in the future. They will be organised and facilitated by an external organisation to ensure the same professional approach. The purpose of the focus groups will be to allow more in depth discussion around the questions in the survey.

## 9. Reporting on the engagement

A report will be produced by the appointed organisation that will detail the experience of those women and their partners who have used maternity services across Oxfordshire and beyond during the period of the temporary closure of the Horton obstetric unit. It will provide analysis to allow comparison and deeper understanding of the relative impact depending on where the women live and which service they use. The results will be used to support the option appraisal.

## 10. Outline timeline for engagement:

The overall programme timeline is published in the main report and should be read alongside the timeline for engagement below.

December 2018	Confirm appointment of organisation(s) to support survey
February/March 2019	Survey and focus groups to capture the experience of women and their partners who have given birth since 1 October 2016
February 2019	Stakeholder event(s) - sharing information about the shortlisted options, evidence and data to be used and criteria
Mid March 2019	Report on stakeholder event(s) published
Mid March	Aim to share interim report (with statistical analysis but without full narrative) on survey with stakeholders before the political restrictions start.
25 March – 2 May	Political restriction prior to local election
Mid-May 2019	Publish report from survey and focus groups.
June 2019	Stakeholder event(s) – presenting the shortlisted options and the assessment against criteria
Early July	Report on stakeholder event(s) published
Late July	Publish full engagement report to support OCCG Board decision-making.

## Annex 1

### Survey description

A survey will be designed to capture the experience of women and their partners who have given birth since 1 October 2016. This will aim to capture the following:

- Experience of women and their partners who chose to give birth in any one of the Oxfordshire midwife led units (MLUs):
  - Horton Hospital in Banbury
  - Chipping Norton MLU
  - Wantage MLU
  - Wallingford MLU
- Experience of women and their partners who intended to give birth in an MLU but were transferred during labour to the obstetric unit in Oxford.
- Experience of women and their partners who gave birth in the Spires Unit (alongside MLU) at the JR in Oxford.
- Experience of women and their partners who gave birth in the obstetric unit at the JR in Oxford.
- Experience of women and their partners living in the Horton Hospital catchment area (north Oxfordshire, south Northamptonshire and south Warwickshire) who gave birth at the Bluebell Birth Centre at Warwick Hospital (an alongside MLU)
- Experience of women and their partners living in the Horton Hospital catchment area (north Oxfordshire, south Northamptonshire and south Warwickshire) who gave birth at an obstetric unit outside the county.

For all these categories, we will need the respondents grouped geographically by postcode and registered GP Practice.

- Women who live within the catchment area of the Horton Hospital in Banbury. This would be sub-divided into:
  - Women who live in Banbury
  - Women who live in south Northamptonshire
  - Women who live in south Warwickshire
  - Women who live in north Oxfordshire
- Women who live in Oxford City Locality
- Women who live in West Oxfordshire Locality
- Women who live in South East Oxfordshire Locality
- Women who live in South West Oxfordshire Locality
- Women who live in North East Oxfordshire Locality

Areas to explore:

- Experience of travelling to and from the hospital/MLU for antenatal care

- Experience of travelling to hospital/MLU at start of labour
- Experience of transfer via ambulance during labour or immediately after birth
- Experience of giving birth – staff, facility, care etc
- Experience of postnatal care
- Experience if needed to stay in hospital for some days after birth
- Experience if baby in special care baby unit (SCBU)

As already outlined an independent organisation with expertise in survey design and statistical analysis will be appointed to design and deliver this work and report on it.

Stakeholders will be invited to participate in developing the criteria to be used and the assessment of bids. This will include members of the joint OSC, a representative of the KTHG and Maternity Voices. They will also have an opportunity to help define the areas for questioning.

The questions themselves will be developed by the organization appointed using their experience and expertise to ensure the questions are objective and can be statistically analysed. This means that if an area of concern was highlighted as needing to be explored in the survey, such as the potential stress of travelling between Banbury and Oxford, then the organization designing the survey would be asked to include one or more questions that would deliver data that would demonstrate the extent of this.

### **Contacting women**

Data protection law does not allow personal details of any patients to be shared without their permission. Maternity departments and GPs can support information being shared in a targeted way with those women directly affected by the changes who have given birth during the time of the temporary closure at the Horton.

The OUH will identify the women who have given birth at the JR or in one of the Oxfordshire MLUs and will distribute the survey and any other correspondence on behalf of the organisation running the survey.

For women who gave birth at hospitals out of county, we are currently working with the relevant CCGs and their maternity providers to determine how best to do this.

Every effort will be made to reassure women that their feedback and views will be gathered carefully and recorded confidentially so that it will not be linked to their name or other identifiable information. The local MP and KTHG have offered to promote the survey and encourage people to complete it to ensure there is a good uptake. If following receipt of the report of the findings from the survey it is felt that some aspects are missing then we will work with stakeholders to agree what else should be done to address this.

## **Appendix 2 Options for obstetric provision – long list**

### **Types of options**

The long list of options focuses on staffing models to try and identify a sustainable staffing model. The options listed are based on different staffing models at the HGH, which would impact on the staff rotas at the John Radcliffe Hospital (JRH) to a greater or lesser extent depending on the model. The list of options assumes that obstetric provision at the JRH is always provided by consultants and doctors in training.

All the options listed would ensure safe cover during the out of hours period (evening, overnight and weekends) by including as a minimum, a Consultant on-call and a suitably qualified doctor on site. This is a requirement of all obstetric units.

### **Types of doctors**

For the purposes of these options 'doctors in training' are those learning to become an obstetrician but who are not yet approved onto the Speciality Register (which is required to practise as a Consultant in the NHS). Doctors in training work alongside qualified doctors under their supervision.

Middle grade doctors are those who have attained the required competencies to undertake out-of-hours work within labour ward and emergency gynaecology settings but who still require support from consultants. There is a shortage of middle grade doctors and difficulties in recruiting to vacant posts at the HGH led to the temporary closure of the obstetric unit. These doctors are not in training.

Consultants are doctors who have trained to the highest level. The support and advice of a consultant must be available at all times.

The HGH is not approved for training obstetric doctors (this is a decision made by the Deanery in 2012). For this reason, all long list options assume that there are no doctors in training at the HGH. It also assumes that in line with current practice, Consultants at the HGH are both obstetrics and gynaecology but Consultants at the JRH are only obstetricians.

Further information on the training required to become a Consultant Obstetrician can be found [here](#).

### **Alongside Midwifery Unit**

Almost all Obstetric units nationally now have an alongside midwifery unit (AMU). The purpose of these units is to offer women the choice of giving birth in a dedicated midwifery unit, with dedicated maternity staffing but with the option to easily access obstetric care if required (e.g for epidural). For options Ob1-Ob8 in the table below it is assumed that there will continue to be a single AMU in Oxfordshire.

<b>Ob1</b>	<b>2 obstetric units – (2016 model)</b>	This means a separate obstetric service at JRH and HGH with separate staffing arrangements including separate doctor rotas at both sites. The service at the HGH will be delivered by middle grade doctors and consultants and the service at the JRH will be delivered by doctors in training and consultants.
<b>Ob2a</b>	<b>2 obstetrics units – fixed consultant</b>	This means a separate obstetric service at JRH and HGH with separate staffing arrangements including separate doctor rotas at both sites. The service at HGH will be consultant delivered (no middle grade doctors) and the service at the JRH will be provided by doctors in training and consultants.
<b>Ob2b</b>	<b>2 obstetrics units – rotating consultant</b>	This means a separate obstetric service at JRH and HGH but with one consultant rota covering both units (i.e. consultants would work at both sites) and doctors in training will only be at the JRH. The service at the HGH will be consultant delivered with no middle grade doctors.
<b>Ob2c</b>	<b>2 obstetrics units – fixed combined consultant and middle grade</b>	This means a separate obstetric service at JRH and HGH with separate staffing arrangements and separate rotas but using consultants and middle grades at both sites (i.e. doctors only work at one site). At the JRH this will be doctors in training, middle grades and consultants. At the HGH this will be consultants and middle grades on a single rota that requires 24/7 resident medical cover with a consultant on-call.
<b>Ob2d</b>	<b>2 obstetrics units – rotating combined consultant and middle grade</b>	This means a separate obstetric service at JRH and HGH but with one doctor rota with both consultant and middle grade doctors covering both units and doctors in training at the JRH only (i.e. this means doctors would work at both sites).
<b>Ob3</b>	<b>2 obstetrics units – external host for HGH</b>	This means there would be a unit at JRH and HGH but the unit at HGH would be managed by a different NHS Trust from outside Oxfordshire.
<b>Ob4</b>	<b>Single obstetric service at JRH</b>	This means one unit based at the JRH. This means there would be an MLU at the HGH. The staffing at the obstetric unit would be provided by consultants and doctors in training. Other clinical services to support complex (tertiary) obstetrics and level 3 neonatal services will also be provided at JRH.
<b>Ob5</b>	<b>Single obstetric service at HGH</b>	This means one unit based at the HGH. It means there would be an MLU at the JRH. The staffing at the obstetric unit would be provided by consultants and middle grades. Other clinical services to support complex (tertiary) obstetrics and level 3 neonatal services would also be required at the HGH. This would mean no training doctors for obstetrics in Oxfordshire. The Deanery would be approached to review accreditation for HGH.



<b>Ob6</b>	<b>Rural and remote services option</b>	This means there would be obstetric units at the JRH and HGH and the staffing model at the HGH would be specialist GPs (local GPs given extra training to be able to perform caesarean sections) with access to on-call support from the JRH.
<b>Ob7</b>	<b>2 obstetric units both with alongside MLU</b>	This means a separate obstetric service at JRH and HGH (both with an alongside MLU) with separate staffing arrangements including separate doctor rotas at both sites. The service at the HGH will be delivered by middle grade doctors and consultants and the service at the JRH will be delivered by doctors in training and consultants.
<b>Ob8</b>	<b>2 obstetric units – doctors in training at JR spend 8 hours a week at Horton</b>	This means there would be obstetric units at the JRH and HGH. The staffing at the obstetrics unit at the HGH would be provided by consultants with support from JR based doctors in training.

Draft at 15 November 2018

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## Summary of Midwifery and Medical Staffing recruitment at OUH

Oxford University Hospitals makes continual and concerted efforts to increase recruitment of midwives and obstetricians. This paper summarises our current and past efforts.

### **1. Midwifery Staffing**

A midwifery staffing ratio of 1:29 (midwife to birth) is required to provide maternity services for women and their families in hospital and the community. This is a standardised figure and relates to the numbers of women who are in the care of the maternity services overall, including antenatal and postnatal care. This is totally separate from the Trust's ongoing commitment to providing one to one midwife care in labour which we have successfully achieved over many years.

The current funded midwifery establishment at OUH is 280 whole time equivalent (wte) midwives. At the beginning of October the midwifery establishment was 274.59 wte. The shortfall is made up of a combination of vacancies, maternity leave and secondments.

In spring 2018, there was a successful recruitment campaign and 40 new midwives have been recruited to join the midwifery team. They are expected to all be in post by mid-November. The current midwifery numbers have improved and will continue to improve slightly in November. However, we are unlikely to meet our midwifery establishment of 280 wte if you exclude maternity leave.

As there continues to be turnover in the staff, recruitment will continue throughout the year. It is important to recognise that 27% of the midwifery workforce is over the age of 50. The maternity service is predicting a significant shortfall in staffing from June 2019. This is a national shortfall in midwives and not just isolated to Oxfordshire.

In July 2018, BirthRate Plus was commissioned to review the midwifery establishment against the level of acuity and complexity of women being cared for in Oxfordshire. The final report is due in November but the initial findings suggest that this will confirm the shortfall in the agreed midwifery establishment.

Oxfordshire is reviewing its recruitment and retention strategy to minimise future service disruption and to provide a comprehensive maternity service for women and their families. This includes the following:

### **Recruitment**

- Recruitment open days
- An agreed uplift in the number of midwives to be recruited
- Continue to actively advertise for midwives throughout the year
- Work with Oxford Brookes University to recruit student midwives due to qualify in 2019

- Training six Assistant Practitioners (band 4) to support midwives
- Reviewing new roles i.e. Discharge Coordinators, Recovery Nurses, Obstetric Nurses etc.
- Offering Midwifery Apprenticeships
- International recruitment to India in March 2019 for Obstetric Nurses
- Flexible working opportunities
- Considering flexible working packages for midwives wishing to retire and return
- Working with the Berkshire, Oxfordshire and Buckinghamshire Local Midwifery System to review workforce planning and initiatives across the Thames Valley

### **Retention**

- Proactive exit interview with an emphasis on what would support individuals to stay
- Promotion of flexible working opportunities
- Offering further training opportunities for staff
- Working with the wider Trust to look at incentives to recruit and retain staff
- Review Preceptorship package

### **Other**

- Further reconfiguration of services to minimise the need to close beds
- Use of agency staff
- Incentives for staff
- New roles

### **2. Medical Staffing for HGH Obstetric unit (Middle grade doctors)**

To attract and recruit doctors into the middle grade posts at the Horton General Hospital the Trust strategy was

- to run a regular advertising campaign through the BMJ rather than just NHSP as this would attract an international field.
- to agree to pay for visa expenses and support applicants with sponsorship and an enhanced salary above the national level was offered.
- to include “special interest” sessions at the John Radcliffe and the opportunity to work towards completing RCOG Advanced Speciality Training Modules as part of the job.

The campaign has been successful in attracting many applicants. However, most do not have the clinical experience required for the position.

### Table of recruitment

Date of advert	Applications	Shortlisted	Attended for interview	Offered position	Accepted offer
20/04/16	5	4	1	0	N/A
20/05/16	7	3	3	3	0
13/07/16	4	3	2	2	1
12/08/16	8	3	3	3	3
12/09/16	8	4	2	1	1
07/10/16	7	3	1	1	1
27/10/16	9	2	0	0	0
03/01/17	13	6	4	2	2
16/03/17	31	3	1	0	0
06/08/17	13	3	3	2	1
02/10/17	17	3	1	0	0
20/03/18	19	3	3	1	0
29/05/18	18	4	In process now (was scheduled for September but unable to take place due to illness)		
30/08/18	24	2	November		
1/10/18 (still running closing date 27/11)					

Although 15 doctors were offered positions six did not to take up the offer. Of these, five decided to remain with their current employer and one was unable to provide the required references.

### Summary

Over the last 2 ½ years, nine doctors have accepted offers of employment. However, there are only two doctors remaining in post. The maximum total number of doctors in post reached five in February 2017 (however one of these was already working out their notice). Of the nine doctors who did accept offers:

- two doctors resigned for family reasons.
- five doctors took up offers of other training positions in the UK. (Two Royal College of Obstetrician and Gynaecologists NTN posts, two senior fellow posts in specialist training, one Royal College of General Practitioners NTN post)

The two doctors that remain in post have been assimilated into the middle grade on-call rota at the John Radcliffe Hospital but also provide antenatal care at the Horton General Hospital.

### 1. Consultant Obstetricians

Hospital	Funded establishment (wte)	Actual establishment (wte)	Difference
Horton General	5	2	-3
John Radcliffe	15	13	-2
<b>Total</b>	20	15	-5

The Horton General Hospital consultants are general obstetricians and gynaecologists. There has been one retirement and two who no longer practice obstetrics.

The consultants at the John Radcliffe Hospital are Obstetricians most of whom (70%) have higher training in specialist obstetrics e.g. fetal medicine. The absences are due to both vacancies and long term sickness. There will be an additional locum consultant Obstetrician in place by December 2018.

### **2. Junior Doctors and Middle grade doctors at John Radcliffe Hospital**

<b>Level</b>	<b>Funded establishment (wte)</b>	<b>Actual establishment (wte)</b>	<b>Difference (wte)</b>
ST6/7	10	7	-3
ST3/5	10	10	0
FY2/CT1-2/ST1-2	14	10	-4

To address the gaps in these rotas, there are plans to recruit senior clinical fellows and trust grade doctors with speciality training in fetal medicine, urogynaecology and laparoscopic surgery. However the specialty has an attrition rate nationally of 30% which has led to a national shortage of doctors so the posts are very competitive and recruitment is challenging even in large teaching hospitals.

### **3. Neonatal nurses**

	<b>Establishment (wte)</b>	<b>Actual establishment (wte)</b>	<b>Difference (wte)</b>
SCBU (Horton General Hospital)	13	4	-9

To run the Special Care Baby Unit at the Horton General Hospital 13 wte neonatal nurses are required. There are four currently working at the John Radcliffe Hospital who would work at the Horton General Hospital. Despite running recruitment programmes there have been no new successful appointments.

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