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 28 September 2018

The attached paper outlines the approach that Oxfordshire Clinical Commissioning Group (OCCG) and Oxford University Hospitals NHS Trust (OUHFT) are proposing to take to address the outcome of the referral to the Secretary of State. We are sharing it in draft form to enable the Joint OSC to ensure we are covering all aspects and to comment and input before presenting it to our Boards for approval.

We welcome comments on any aspects of the attached plan but in particular would like the Joint OSC to:

- Agree the scope of the work as outlined in section 2
- Review and agree the draft engagement plan (Section 3.1 and Appendix 1)
- Agree the approach to option development and appraisal (section 3.5)
- Agree to the outline timescales, gateways and further meetings of the joint OSC as identified in section 4
- Identify whether there are any aspects missing from the plan

Louise Patten, Chief Executive, Oxfordshire CCG
Dr Bruno Holthof, Chief Executive, Oxford University Hospitals NHS Trust

OCCG and OUH draft plan as at 7 September 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

It is proposed that the scope of the work is to take a fresh look at the options presented in the August 2018 Decision Making Business Case (DMBC) and any additional options identified taking into account geographical areas outside of Oxfordshire. The test would be whether taking account of the additional geographical areas (and future population growth) would change any of the options or make any more viable. 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.

The work also needs 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 <u>Stakeholder involvement and patient experience – lead Heads of Communication and Engagement OCCG</u>

The purpose of this work stream is

- to ensure that the work is undertaken with stakeholders in an open and transparent way

- to seek and use the views of women and families who have used the services since 1 October 2016

3.1.1 Stakeholder engagement

- Work with 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 OUHFT 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 between 1 October 2016 and 31 March 2018 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
- Get sign-off/input to survey from Joint OSC
- Commission external expertise to manage and administer survey (will ensure questions are not leading and also to give independence)

Position at 20 September 2018:

- Outline plan developed and attached as Appendix 1 for comment and approval by Joint OSC
- External companies contacted for quotes to undertake survey and focus group work

Completion of this work will be demonstrated through:

- Delivery of the agreed stakeholder 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 Service description – leads Clinical Director of Obstetrics, OUHFT and Head of Children's Commissioning, OCCG and Oxfordshire County Council

The purpose of this work stream is to provide the description of the full range of maternity services available to women and their families. This concentrates on the following main providers:

- Oxford University Hospitals NHS Foundation Trust services (services from John Radcliffe Hospital, Horton Hospital and MLUs in Wallingford, Wantage and Chipping Norton)
- Northampton Hospital services
- South Warwickshire NHS Foundation Trust services

Position at 20 September 2018:

- Initial draft completed and attached as Appendix 2.

Completion of this work is demonstrated by an agreed description of the service model and how this is delivered.

3.3 Interdependencies – leads Acting Director of Clinical Services OUHFT and Director of Governance, OCCG

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

Position at 20 September 2018

- First draft is attached as Appendix 3.

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 Activity and Population Modelling – lead Director of Governance, OCCG

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.

- 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

Position at 20 September 2018

- Births analysis from 1 October 2015-31 March 2018 for Oxfordshire, Northamptonshire and South Warwickshire attached as Appendix 4.
- Housing growth projections for Cherwell District Council, Stratford-on-Avon received) and South Northamptonshire received.

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 Option development and appraisal

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

3.5.1 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
  - Capital cost to the system
- 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

3.5.2 Long list development

- Start with long list included in August 2017 Decision Making Business Case
- Ensure captures any other proposals highlighted in 2017 consultation responses; in particular confirm with Cherwell District Council that it captures the proposal from their response
- Review with Joint OSC and wider stakeholders to ensure complete

Position at 20 September 2018

- Long list reviewed and descriptions rewritten to be clearer (draft attached as Appendix 5)
- Initial meeting held with Cherwell District Council indicated all options included
- Draft sent to Cherwell District Council representatives for them to confirm that all options included and to test whether descriptions are clear (additional option identified by Cherwell District Council incorporated into long-list)

3.5.3 Appraisal process

- Develop process eg
    - Are all options fully appraised or is there filtering to a short list?
    - is it quantitative scoring or qualitative with descriptions for each option against criteria,
    - Are any criteria pass/fail?
- Through engagement work stream develop method to undertake/test/share option appraisal

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

3.6 <u>Addressing Clinical Senate Recommendations - leads Director of Governance, OCCG and Head of Children's Commissioning OCCG and Oxfordshire County Council</u>

The purpose of this work stream is to ensure that all of the Clinical Senate recommendations have been addressed.

- Review recommendations and confirm what has been completed

- Any outstanding actions to be covered in work streams above

Position at 20 September 2018

- See Appendix 6 for current position.

Completion of this work will be demonstrated by evidence showing all recommendations have been addressed.

4. Timescales

The table outlines the work required going forward and indicative timeframes. The timing for delivery has two external dependencies which could impact on the outline timeline proposed

- The timescale required for assurance of process and outcome by NHS England (including Clinical Senate review)
- Timing of meetings of the Joint Overview and Scrutiny Committee

	NHS actions	**Engagement**	**External dependencies**
September 2018	Present draft plan to OSC		OSC agreement of plan
October 2018	Develop survey Commission external support Review housing and population growth projections		NHSE review of progress to date
November 2018	OCCG and OUH Board review and agree plan	Run surveys Engagement on long list of options and criteria	
December 2018			
January 2019			Gateway review with joint OSC
February 2019		Option appraisal	
March 2019			
April 2019			Gateway review (option appraisal) with Joint OSC
May 2019	OCCG Board review and decision		NHSE (including Clinical Senate) assurance

Catherine Mountford
Director of Governance, Oxfordshire CCG
20 September 2018

List of Appendices

Appendix 1	**Draft engagement plan**
Appendix 2	**Draft service description for maternity and related services**
Appendix 3	**Vision for role of Horton General Hospital and interdependencies**
Appendix 4	**Births analysis from 1 October 2015-31 March 2018 for Oxfordshire, Northamptonshire and South Warwickshire**
Appendix 5	**Draft Long List of Options**
Appendix 6	**Progress against Clinical Senate recommendations**

Appendix 1: Engagement Plan

Purpose

The purpose of this work stream is

- to ensure that the work is undertaken with stakeholders in an open and transparent way
- to seek and use the views of women and families who have used the services since 1 October 2016

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.

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.

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 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 with an expectation that this would be on a weekly basis 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 also be used to highlight specific pieces of this work.

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

Meetings

Representatives from OCCG and OUH 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.

Representatives from OCCG and OUH will also continue to participate in regular meetings of the Community Partnership Network (CPN). The CPN has no statutory role but 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.

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. 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 professionally, several professional organisations have been approached for quotes for conducting this work based on the following:

- **Survey**

To design a survey to capture experience of women and their partners who have given birth since 1 October 2016. This needs to capture the following:

- Experience of women and their partners who chose to give birth in any one of the Oxfordshire 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 Oxfordshire who gave birth at Warwick alongside MLU
- Experience of women and their partners living in Oxfordshire 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 SCBU

- **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 detailed above.

- **Contacting women**

The OUH will identify the women who have given birth at the JR or in one of the MLUs and will be able to distribute the survey and any other correspondence.

For women who gave birth at Warwick Hospital, or other hospital out of county, we are currently exploring options for how to reach them – either via the CCG and their GP or via the hospital.

Reporting

A report will be produced that will detail the experience of women and their families 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.

Appendix 2 Description of Maternity and Neonatal services

Oxfordshire

Women receive care from one of ten Community Midwifery Teams across Oxfordshire in conjunction with their GP and Obstetrician as required thus receiving personalised care from a small team of midwives. All antenatal care for low risk women will be provided by midwives. GPs will be responsible for the very early pregnancy Maternity Medical Risk Assessment (MMRA). The booking assessment by the midwife at 10 weeks will focus on a health and social care assessment and the development of a bespoke pregnancy plan. Antenatal care requiring obstetrician input will take place at Horton General Hospital (HGH) and John Radcliffe Hospital (JR).

The maternity service will continue to offer all four choices for place of birth; home, freestanding Midwife Led Unit (MLU), alongside MLU or obstetric unit. The options will be discussed with the woman and an explanation given about what services are available in each maternity setting. It is important that the woman is aware that she can change her mind about where she wishes to give birth at any time in her pregnancy.

The community midwives will co-ordinate the woman's postnatal care plan. This will include a bespoke feeding plan with information about local services and specialist support postnatally. For women with a previous history of mental health problems there will be a clear plan of support identified and access to the specialist perinatal mental health team. Midwives provide screening to identify women at risk of postnatal depression. In the first week women will be reviewed at home or in clinic settings and will be able to access a wide range of other clinics in local settings including breastfeeding support, neonatal examination and neonatal hearing screening. Information on support groups and other local information will be available electronically if preferred.

OUH provide specialist medical and surgical care for babies across the Thames Valley Neonatal Network, and have a specialist transport team to pick up sick babies from partner hospitals. The Neonatal Unit is located at JRH and provides all three levels of neonatal care; intensive care, high dependency and low dependency.

Warwickshire

South Warwickshire NHS Foundation Trust offer women the choice of giving birth at Warwick Hospital or at home. A new alongside MLU (The Bluebell Birth Centre) will open in Autumn 2018 and will offer four birthing rooms each with a birthing pool. The Trust does not have a freestanding MLU.

Antenatal clinics are provided at Warwick and Stratford Hospital as well as clinics in Alcester and Bidford. Eight community midwifery teams support women across South Warwickshire, providing antenatal and postnatal care as well as providing the homebirth service. A special Care Baby Unit (SCBU) is located at Warwick Hospital and those babies requiring more specialist care are transferred to the Regional Neonatal Unit at University Hospital in Coventry.

Babies requiring neonatal intensive care

The Oxford Newborn Care Unit is a Neonatal Intensive Care Unit (NICU). It is the only NICU in Thames Valley and therefore provides intensive care for all babies born in Thames Valley region (~30,000 births/ year). The NICU covers 4 district general hospitals:

- Royal Berks/ Reading,
- Wexham Park/ Slough,
- Stoke Mandeville / Aylesbury
- Milton Keynes DGH, MK

The Oxford NICU also provides high dependency care (medium level of care) e.g. non-invasive respiratory support / parental nutrition (TPN) and special care (lowest level of care) for all babies in Oxfordshire (prior to closure of Horton Special care unit, babies in North Oxfordshire needing the lowest level of care (non-complex and requiring no respiratory support) would be looked after at the Horton Hospital.

There are 16 Intensive Care beds, 13 High Dependency beds, 21 Special Care beds (total 50 beds) currently in use at JR. In addition, 10-12 babies per day requiring additional care are looked after on the postnatal wards (transitional care patients). There are approximately 980 admissions per year from across the different hospitals

SCBU at Horton

There used to be a SCBU at the Horton. This provided additional support for babies born moderately premature (34 weeks and above) who did not require any respiratory support and did not have complex needs. There were 8 beds at the Horton hospital but only approximately 5 were being used at the time of closure The closure of Horton has not affected overall capacity within JR NICU.

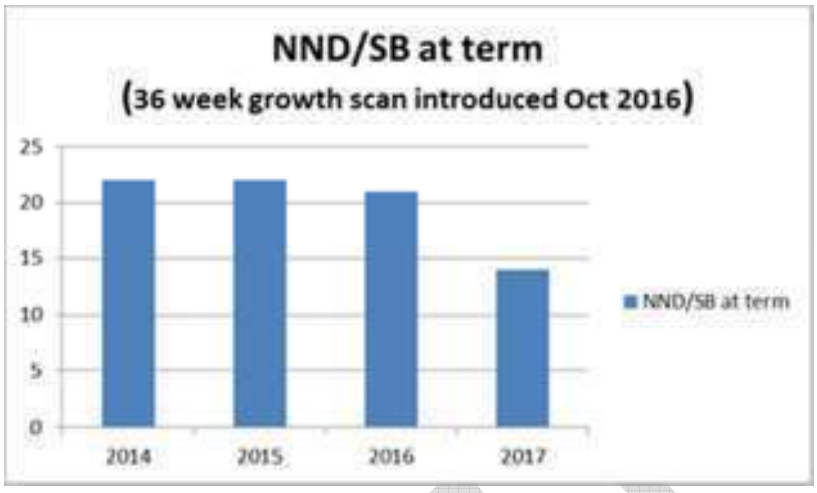
Requirement for Special Care Baby Unit if undertaking Obstetric Care

All obstetric units in the country have access to a SCBU as a minimum (e.g. Warwick Hospital).Approximately 1 in 9 babies giving birth will require admission to special care (national ATAIN data) The main reasons for admission in term or near term babies are respiratory problems, jaundice, hypoglycaemia, and hypoxic ischaemic encephalopathy (birth asphyxia). Births in an obstetric unit require 24/7 personnel able to attend the delivery to support resuscitation of an infant born in poor condition. There would also need to be a team (nurse, doctor and senior consultant as a minimum) needed to support and manage that infant optimally until the transport team were able to retrieve the infant (this might be several hours if the team are already out retrieving another infant)

Improving outcomes for babies

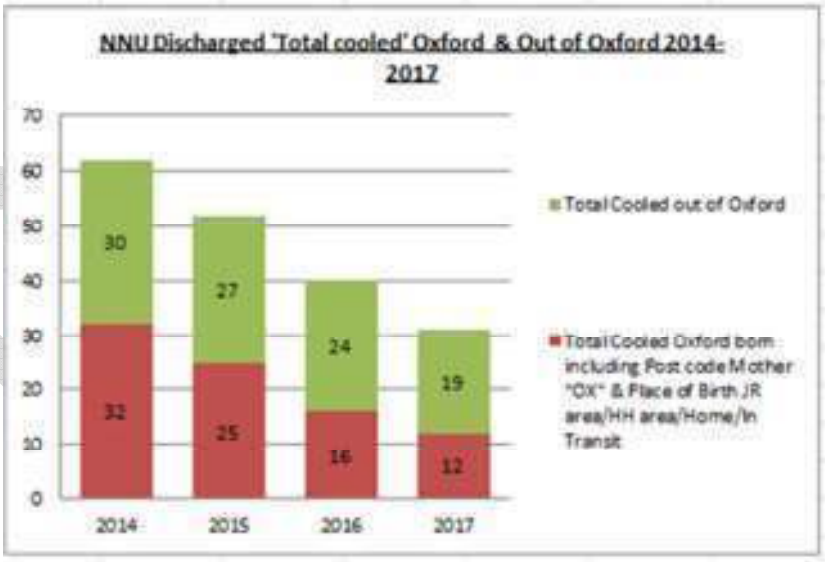
Over the past two years there has been a strong focus on implementing initiatives know to reduce stillbirths and early neonatal deaths. This is a government priority in Better Births (2016). The OUH detection rate of SGA babies has increased from 44% in 2016 to 58% in 2017/18. This is significantly better than the national rate which remains at 30%. In addition the perinatal death rate of babies over 36 weeks has also significantly reduced by 60% since the new service to scal all women at 36

weeks of pregnancy to detect babies with growth retardation (also called small for dates babies). This is demonstrated below.



When monitoring babies in labour, CTG interpretation is a high level skill and is susceptible to variation in judgment between clinicians and by the same clinician over time. These variations can lead to inappropriate care planning and subsequently impact on perinatal outcomes

As well as reducing stillbirth rates there is a need to reduce avoidable fetal morbidity related to brain injury causing conditions such as Hypoxic-Ischemic Encephalopathy (HIE) and Cerebral Palsy.



In summary babies outcomes have improved over the last two years. There has been a reduction in the HIE rate, the perinatal mortality and still birth rate of term babies. There has been an increase in the detection of babies with fetal growth restriction which is significantly above the national average rate .OUHFT 58% vs National rate 30%.

MLUs

For more than a decade OUH has offered Oxfordshire women the choice to give birth in a Freestanding Midwife-led Unit (FMLU) with good outcomes for women and babies. The aim is to promote normal birth in healthy women (with uncomplicated pregnancies entering labour at low risk of developing intrapartum complications). Currently the Horton MLU is part of this countywide network of four sites (Banbury, Chipping Norton, Wallingford and Wantage). Over this period, the staffing model employed by the Trust has been to staff the FMLUs with an on-call rota of Community Midwives. Women in labour call a central number and the person who answers that call (currently a Maternity Support Worker) then contacts the relevant midwife on call to attend the FMLU and support the woman in labour.

At present, as part of the emergency closure, the HGH MLU is staffed differently to the other MLUs in the county. The HGH MLU is currently staffed with a Midwife and Maternity Support Worker 24/7 and women who are in labour and plan to give birth at the HGH call the unit directly.

Ambulance and transfers

Historically none of Oxfordshire's permanent FMLUs have had a dedicated ambulance provided onsite whilst still achieving good outcomes for women and babies, including those who required a transfer to an Obstetric Unit. The permanent FMLUs use the OUH Maternal Transfer by Ambulance Guideline which includes the South Central Ambulance Service (SCAS) 'Time Critical Inter-Hospital Transfers Flow Chart for Acute Trusts in Thames Valley'.

As part of the contingency plan for the emergency closure at the HGH, a dedicated ambulance was stationed outside the HGH MLU to transfer women and babies (in labour or immediately postpartum).

Whilst it is recognised that the distance and therefore the travel times from the Horton MLU are generally longer than from the other Oxfordshire MLUs, in the first year of operation the transfer data shows (see table 1 below) that the average travel times in the ambulance are not significantly different.

Table 1	Number of transfers (including postnatal and neonatal transfers)	Average time from call to arrival of ambulance (range) mins	Average travel time to John Radcliffe Hospital (range) mins
Cotswold	32	25 (5 – 94)	35 (27 – 45)
Wallingford	51	20 (4 – 40)	37 (20 – 65)
Wantage	17	23 (15 – 50)	31 (30 – 45)
Horton*	95	2.5 (0 – 20)	37 (30 – 120)
	195		

Despite the varying distances from each of the FMLUs to the John Radcliffe Hospital, the average travel time in the ambulance only varied by 6 mins.

The data show that the presence of the dedicated ambulance at the Horton FMLU has resulted in a much shorter response time to summon an ambulance than from the other three FMLUs. There were 95 transfers from the Horton from 3 October 2016 – 30 September 2017, which equates to one transfer every 3.8 days. There have been no adverse outcomes (for mother or baby) related to transfer times from any of the four FMLUs during the time period analysed.

OUHFT reviews all transfers on a continual basis and any potential concerns are escalated to SCAS. During the time period analysed, however, no concerns have been raised by the Trust.

Epidurals

Community Midwives will be responsible for ensuring that women have all the information they need to make an informed decision about where they want to give birth. A key part of that face to face discussion will be ensuring women understand that there is no access to general, spinal or epidural anaesthetic at an MLU.

During the 12 month period from October 2016 – September 2017, six women in Oxfordshire were transferred for epidural pain relief across all four FMLUs (all primiparous) which is 1% of the total number of women admitted to an FMLU during that period.

Draft at 20 September 2018

Appendix 3 Future vision for Horton General Hospital and Service interdependencies

The future for the Horton General Hospital

Background

The Horton General in Banbury has been delivering hospital care since 1872. Over the years it has adapted to meet the changing healthcare needs of a growing population and it still provides a vital base for a range of general hospital services to the people of North Oxfordshire and the neighbouring counties. The catchment area for the hospital is around 164,000 people. This is likely to grow to 200,000 by 2026 (to be reviewed in light of new housing growth figures received). The hospitals in Oxford, Warwick, Coventry and Northampton also provide services for this population.

Our vision is that the Horton General will stay open and develop to become a hospital fit for the 21st century. OUHFT has invested significantly in the hospital so it can continue to develop and change as healthcare evolves and meet the needs of local people and it is planned this investment will continue. Recent investment in facilities and transfer of activity from Oxford has included:

- Endoscopy suite
- Renal services
- CT

Planned care at the Horton General

Many diagnostic tests and surgical and medical treatments for patients from North Oxfordshire are currently offered in Oxford, which means people have to travel there. Patients find that transport and car parking can be difficult in Oxford. Sometimes waiting times are longer than they should be as appointments for planned care are cancelled to make way for an emergency.

Following clinical review the following services could be provided closer to home for these patients (and this is what patients say they want):

- Diagnostics such as Magnetic Resonance Imaging (MRI), Computerised Tomography (CT) scans and ultrasound.
- Outpatients including 'one stop shop' clinics.
- Planned day surgery and medical care.
- Assessments which are carried out before patients have planned surgery.

It is proposed to develop the services at the Horton General. This option fits in with the vision of significant developments at the Horton General, so most North Oxfordshire patients would have their care locally in buildings using equipment fit for the 21st century. This would include more outpatient and diagnostic appointments for patients and the expansion of some services such as dialysis for kidney patients, and chemotherapy for cancer patients.

Urgent and Emergency care and the development of Ambulatory Provision

A fully functioning district general hospital Accident & Emergency (A&E) service will remain at the Horton General Hospital with the addition of a new single access point and an integrated team for patients requiring urgent care at the front door of the Horton.
The clinical model is currently being developed with clinicians from all our system organisations and will incorporate clinical streaming in A&E, GP out of hours services and some of the services that were previously part of the Banbury Health Centre contract. By moving the staff into a single working model, we can support patients better by improving access to the most appropriate clinician or professional, making best use of the workforce and reducing duplication.

The service is aimed at people who urgently need medical care; GP practices in Banbury will continue to offer same day appointments and some evening and weekend appointments at the Hub and patients are encouraged to use this as appropriate in the first instance, or to call 111 if they are unsure.

NHS England commission major trauma networks to deal with highly specialised conditions. For the very small number of patients living locally to the Horton with certain severe life-threatening conditions such as major trauma, ruptured aortic aneurysm or acute heart attack (myocardial infarction), the Headington site is able provide the very highly specialist care they require. Patients identified by the ambulance service as having these needs will continue to be conveyed to Headington for emergency treatment by highly specialist teams as is currently the case, but with an increased focus on prompt return home or to the Horton General, once the initial highly specialist phase of the illness is over. [Independent research into survival rates of patients in England has found an additional 1,656 lives have been saved since major trauma centres were established in 2012.]

The proposed model has inpatient beds and wards, but recognises that best evidence is that many patients are better cared for by the Horton General clinical workforce as outpatients, day case or through its teams' care outreaching directly into the patients' own homes. The need for inpatient beds is minimised by the deployment of rapid diagnostic tests (eg. point-of-care blood analysis), improved imaging facilities (CT, MRI), an advanced ambulatory emergency care capability (ref toolkit), improved clinical coordination of health and social care services and improved network support for specialist conditions.

Complex obstetrics at OUH (Fetal and Maternal Medicine Units)

The Obstetric unit at the John Radcliffe Hospital has on site access to multidisciplinary support including a large Neonatal Unit (level 3), Adult Critical Care facilities (level 3), and support from related disciplines e.g. Cardiology, General Surgery, Interventional Radiology and Gynaecology. It provides a comprehensive tertiary level obstetric service for women with complex pregnancies living in Oxfordshire and the Thames Valley Region. This includes the highly specialised Fetal medicine and high risk Maternal medicine services. There are approximately 3000 referrals / year into these services from across the region. The cases include women with complex medical problems such as major cardiac disease, organ

transplants or type1 diabetes or pregnancies complicated by severe fetal anomalies, major heart malformations, and complex multiple pregnancies or women requiring invasive diagnostic tests. These are just a few examples of the type of high risk pregnancies that are cared for at the JRH by these specialist teams.

Service interdependencies for paediatrics, A&E, acute medicine

Work undertaken by the South East Coast Clinical Senate has reviewed the dependency for co-location of clinical services. The full report is available here, the full co-dependency grids are shown on pages 30-32.

This report highlights that provision of A&E (pages 34-37), acute medicine (pages 37-38) and paediatrics (see pages 49-52) are not dependent on the provision of an obstetric service on the same site. This has been seen in practice locally in that all these services have continued to be run from the Horton General Hospital since the temporary closure of the obstetric service in October 2016.

The Obstetric Anaesthetic rota at the Horton was independent of the other anaesthetic rotas for vital services such as trauma or the resuscitation team. The absence of obstetrics should therefore not impact on the provision of anaesthetics for other vital services at the Horton General going forward.

Appendix 4 Births Analysis

Birth information for Oxfordshire, South Warwickshire, Nene and Corby CCGs for the periods 1 October 2015 to 31 March 208 (30 June 2018 for Nene and Corby) has been analysed. This is considered in three periods relative to the temporary closure of the obstetrics unit at the Horton General Hospital:

- Pre change period: 1/10/2015 through to 30/09/2016)
- Post change Period 1: 1/10/2016 through to 30/09/201
- Post change Period 2: 1/10/2017 through to 31/03/2018 (30 June 2018 for Nene and Corby CCGs. This was then extrapolated to give a full year forecast outturn.

The following information is presented in the tables in the spreadsheet:

- Tables 1-4: Total births (numbers and percentage distribution) by location for Oxfordshire, South Warwickshire, Nene and Corby CCGs.
- Tables 5-8: Births (numbers and percentage distribution) by location for the practices in Oxfordshire, South Warwickshire, Nene and Corby CCGs who had women giving birth at the Horton Hospital pre the temporary closure of the obstetric unit.

Overview of practices whose patients accessed obstetric services at the Horton General Hospital

- 49 practices from Oxfordshire CCG had some women giving birth at Horton prior to the temporary closure of the obstetric unit. 14 of these practices had a minimum of 10 births at the Horton and accounted for 80% of this activity and these were:
    - 12 practices in Cherwell District Council Area:
        - Banbury – Windrush Surgery, West Bar Surgery, Woodlands Surgery, Horsefair, Hightown
        - Bicester – Montgomery House Surgery, Bicester Health Centre, Alchester Medical Group
        - Village Practices – Deddington Health Centre, Wychwood Surgery, Cropredy, Bloxham
    - 2 practices in West Oxfordshire District Council Area
        - Chipping Norton Health Centre and The Charlbury Medical Centre
- The 6 practices (listed below) from South Warwickshire CCG used the Horton General Hospital. Of these the majority of births (86%) came from Shipston Medical Centre and Fenny Compton Surgery
    - Avonside Health Centre
    - Fenny Compton Surgery
    - Hastings House Medical Centre
    - Kineton Surgery
    - Rother House Medical Centre
    - Shipston Medical Centre
- For Nene and Corby CCGs births at the Horton General Hospital came from the 9 practices listed below. The majority (78%) of these came from

Springfield Surgery, Brackley Medical Centre and Abbey House Medical Practice.

- Danetre Medical Practice
- Springfield Surgery
- Greens Norton and Weedon Medical Practice
- Towcester Medical Centre
- The Brook Health Centre
- Brackley Medical Centre
- Brackley Health Cetnre
- Byfield Medical Centre
- Abbey House Medical Practice.

Key Messages

- Total numbers of births for Oxfordshire residents have decreased; for South Warwickshire have increased and have held steady for Nene and Corby.
- In the year before the temporary closure of the obstetric unit 15% of the births for Oxfordshire residents, 2% of the births for South Warwickshire residents and 3% of the births for Nene and Corby residents occurred at the Horton General Hospital.
- During the temporary closure of the obstetric unit 2% of the births for Oxfordshire residents, occurred at the Horton General Hospital
- For Oxfordshire residents the births moved to the John Radcliffe Hospital and Warwick Hospital.
- For South Warwickshire patients the shift was to Warwick Hospital.
- For Nene and Corby patients the shift was evenly split between Northampton and the John Radcliffe Hospital.

Combined births data for Oxfordshire, South Warwickshire and Nene and Corby (Northamptonshire) CCGs

Table 1a Oxfordshire - numbers

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Home Births OUH (2)	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	1,029	5,333	1	0	2	619	23	7,007
Post Change Period 1	Oct-16 to Sep-17	140	5,885	2	0	99	552	25	6,703
Post Change Period 2	Oct-17 to Mar-18 (1)	138	5,876	2	0	84	504	30	6,634

Table 1b Oxfordshire - percentage distribution by site

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Home Births OUH (2)	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	15%	76%	0%	0%	0%	9%	0%	100%
Post Change Period 1	Oct-16 to Sep-17	2%	88%	0%	0%	1%	8%	0%	100%
Post Change Period 2	Oct-17 to Mar-18 (1)	2%	89%	0%	0%	1%	8%	0%	100%

Table 2a South Warwickshire - numbers

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Home Births OUH (2)	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	56	12	0	0	2,041	278	0	2,387
Post Change Period 1	Oct-16 to Sep-17	1	13	0	0	2,257	276	0	2,547
Post Change Period 2	Oct-17 to Mar-18 (1)	0	16	0	0	2,300	296	0	2,612

Table 2b South Warwickshire - percentage distribution by site

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Home Births OUH (2)	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	2%	1%	0%	0%	86%	12%	0%	100%
Post Change Period 1	Oct-16 to Sep-17	0%	1%	0%	0%	89%	11%	0%	100%
Post Change Period 2	Oct-17 to Mar-18 (1)	0%	1%	0%	0%	88%	11%	0%	100%

Table 3a Nene and Corby - numbers

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Home Births OUH (2)	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	212	85	4,407	3,243	0	257	0	8,204
Post Change Period 1	Oct-16 to Sep-17	35	221	4,452	3,232	0	254	0	8,194
Post Change Period 2	Oct-17 to Mar-18 (1)	21	223	4,583	2,991	0	300	0	8,118

Table 3b Nene and Corby - percentage distribution by site

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Home Births OUH (2)	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	3%	1%	54%	40%	0%	3%	0%	100%
Post Change Period 1	Oct-16 to Sep-17	0%	3%	54%	39%	0%	3%	0%	100%
Post Change Period 2	Oct-17 to Mar-18 (1)	0%	3%	56%	37%	0%	4%	0%	100%

Table 4a TOTAL - numbers

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Home Births OUH (2)	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	1,297	5,430	4,408	3,243		1,154	23	15,555
Post Change Period 1	Oct-16 to Sep-17	176	6,119	4,454	3,232		1,082	25	15,088
Post Change Period 2	Oct-17 to Mar-18 (1)	159	6,115	4,585	2,991		1,100	30	14,980

Table 4a TOTAL - percentage distribution by site

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Home Births OUH (2)	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	8%	35%	28%	21%	0%	7%	0%	100%
Post Change Period 1	Oct-16 to Sep-17	1%	41%	30%	21%	0%	7%	0%	100%
Post Change Period 2	Oct-17 to Mar-18 (1)	1%	41%	31%	20%	0%	7%	0%	100%

(1) Activities are Projected to Full Year for Comparison (for OCCG and South Warwickshire this is based on FOT from 6 months data, for Nene/Corby CCGs this is based on FOT from 9 months data)

(2) Activities do not include Home Births where there was no contact with an Acute Provider

(3) Birth activity is identified by HRG codes. This is the best proxy measure but please be mindful some of the underlying information may not reflect it is fully related to Births

Births data for Oxfordshire, South Warwickshire and Nene and Corby (Northamptonshire) CCGs for practices that used Horton obstetric unit

Table 5a Oxfordshire - numbers

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	1,029	4,041	0	0	2	342	5,414
Post Change Period 1	Oct-16 to Sep-17	140	4,689	2	0	99	300	5,230
Post Change Period 2	Oct-17 to Mar-18 (1)	138	4,708	1	0	84	309	5,240

Table 5b Oxfordshire - percentage distribution by site

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	19%	75%	0%	0%	0%	6%	100%
Post Change Period 1	Oct-16 to Sep-17	3%	90%	0%	0%	2%	6%	100%
Post Change Period 2	Oct-17 to Mar-18 (1)	3%	90%	0%	0%	2%	6%	100%

Table 6a South Warwickshire - numbers

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	56	11	0	0	339		406
Post Change Period 1	Oct-16 to Sep-17	1	10	0	0	442		453
Post Change Period 2	Oct-17 to Mar-18 (1)	0	8	0	0	460		468

Table 6b South Warwickshire - percentage distribution by site

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	14%	3%	0%	0%	83%	0%	100%
Post Change Period 1	Oct-16 to Sep-17	0%	2%	0%	0%	98%	0%	100%
Post Change Period 2	Oct-17 to Mar-18 (1)	0%	2%	0%	0%	98%	0%	100%

Table 7a Nene and Corby - numbers

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	211	16	531	2	0	48	808
Post Change Period 1	Oct-16 to Sep-17	35	206	551	1	0	77	870
Post Change Period 2	Oct-17 to Mar-18 (1)	21	207	569	0	0	63	860

Table 7b Nene and Corby - percentage distribution by site

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	26%	2%	66%	0%	0%	6%	100%
Post Change Period 1	Oct-16 to Sep-17	4%	24%	63%	0%	0%	9%	100%
Post Change Period 2	Oct-17 to Mar-18 (1)	2%	24%	66%	0%	0%	7%	100%

Table 8a TOTAL - numbers

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	1,296	4,068	531	2		390	6,287
Post Change Period 1	Oct-16 to Sep-17	176	4,905	553	1		377	6,012
Post Change Period 2	Oct-17 to Mar-18 (1)	159	4,923	570	0		372	6,024

Table 8a TOTAL - percentage distribution by site

Period Name	Period	Horton General	John Radcliffe	Northampton	Kettering	Warwick	Other hospitals	Total Births (3)
Pre Change Period	Oct-15 to Sep-16	21%	65%	8%	0%	0%	6%	100%
Post Change Period 1	Oct-16 to Sep-17	3%	82%	9%	0%	0%	6%	100%
Post Change Period 2	Oct-17 to Mar-18 (1)	3%	82%	9%	0%	0%	6%	100%

(1) Activities are Projected to Full Year for Comparison (for OCCG and South Warwickshire this is based on FOT from 6 months data, for Nene/Corby CCGs this is based on FOT from 9 months data)

(2) Activities do not include Home Births where there was no contact with an Acute Provider

(3) Birth activity is identified by HRG codes. This is the best proxy measure but please be mindful some of the underlying information may not reflect it is fully related to Births

Appendix 5 Options for obstetric provision – long list

Types of options

The long list of options includes both options that focus on staffing models and options to increase activity at the Horton General Hospital (HGH) to make the current, or alternative staffing model more sustainable. 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.

Ob1	**2 obstetric units – (2016 model)**	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.
Ob2a	**2 obstetrics units – fixed consultant**	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.
Ob2b	**2 obstetrics units – rotating consultant**	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.
Ob2c	**2 obstetrics units – fixed combined consultant and middle grade**	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.
Ob2d	**2 obstetrics units – rotating combined consultant and middle grade**	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).
Ob3	**2 obstetrics units – external host for HGH**	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.
Ob4	**50 / 50 split of non-tertiary births**	This option increases the number of births at the HGH by making sure that all non-complex births for Oxfordshire women are split equally between the JRH and HGH. The staffing model could by any of Ob1 – Ob2d.
Ob5	**2 obstetrics units – elective (planned) caesarean sections at HGH**	This option increases the number of births at the HGH and means there would be a unit at JRH and a unit at HGH. All planned caesarean sections for Oxfordshire women would take place at the HGH. The staffing model could be any of Ob1 – Ob2d.
Ob6	**Single obstetric service at JRH**	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.
Ob7	**Single obstetric service at HGH**	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.
Ob8	**Rural and remote services option**	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.
Ob9	**2 obstetric units both with alongside MLU**	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.

Appendix 6 Clinical Senate Phase 1 Maternity Recommendations current position

7.2.8	**(CRT) Maternity services** The CRT agreed that if there is no way to make the obstetric unit at the Horton safe on staffing, it was supportive of the principle to change to an MLU at the Horton subject to the final proposals being assured before implementation. The proposal to include Chipping Norton MLU within the public consultation was not included in the documentation provided to the CRT and therefore was not considered by the CRT.

Ref no	Senate Recommendation	Commentary / Recommendation	Documentary Evidence / Action
7.2.8.1	Evidence of the capacity at the JR to accommodate the additional births	Review of first year of operation of HGH MLU - OUHFT over 35 bed baseline on 34 occasions Recommendation - **Closed**	Sept 2018: Over the last year more than 35 beds have been used on up to 11 times /month but never exceeded the new JR capacity of 46 beds.
7.2.8.2	Evidence of the capacity of the SCBU at the JR given that the SCBU at the Horton would close	1 transfer out of JRH due to NNU capacity shortfall (L3). HGH cots were L1 classification Recommendation - **Closed**	Sept 2018: SCBU transfers have not increased.
7.2.8.3	Assurance that the proposals for the MLU at the Horton will not be affected by subsequent proposals put forward for children's services	Midwives at HGH FMLU will not call upon Paediatricians for advice. Low risk bookings at HGH. Problems with any baby resolved by transfer to JRH Recommendation - **Closed**	Sept 2018: No unexpected admissions to SCBU which are monitored.
7.2.8.4	Confirmation that the JR will provide clinical leadership across the accountable care system for community support /training in high risk skills and skills drills	This refers to rotation of midwifery staff to maintain skills. Recommendation - **Closed**	Sept 2018: Assumed responsibility of OUHFT

7.2.8.5	Additional modelling of predicted births at the Horton MLU – in the absence of this, the CRT recommends that staffing continues on a 24/7 basis	1 year of operation – predictable at 200 births p.a. Booking rate is stable: 47 in Oct – Dec 2016 and 49 in same period 2017. Recommendation - **Closed**	Report to OCCG Quality Cte (Dec 2017)
7.2.8.6	Additional workforce planning and confirmation that the rotation required has been formally agreed with staff	Should be available from OUHFT Assumes refers to midwives only Recommendation - **Closed**	Sept 2018: Workforce planning and rotations complete and in place
7.2.8.7	Confirmation of mental health provision to support the maternity pathway	Wave 2 funding for perinatal pathway is open. Oxfordshire submission in March 2018. Assume funding is in 19/20 CCG baseline. Recommendation - **Closed**	Sept 2018: Wave 2 funding secured
7.2.8.8	Benchmarked evidence from existing MLUs on safety for women requiring an emergency transfer	Full year of data following temporary closure – no adverse outcomes Recommendation - **Closed**	Report to Quality Cte (Dec 17)
7.2.8.9	Confirmation of the emergency planning for women who need to be transferred to the JR whilst in labour	OUHFT operational policy for comms between HGH and JRH teams Recommendation - **Closed**	Sept 2018: Protocol for transfer of women from MLU at to JR in place
7.2.8.10	The process for carrying out the early risk assessment on all pregnant women – there is lack of evidence that this is the right solution and is sustainable and other options should be considered e.g. improved communication between GPs and midwives	LMC approval is conditional on midwives picking up 2nd and 3rd assessment appointments Recommendation - **Closed**	LMC minutes Kings Fund report on role of GP. Timescale table from LMS plan  EMRA and Low Risk Pathway Table.docx
7.2.8.11	Assurance that subsequent work streams in the transformation plan do not affect the proposals as submitted, particularly primary care.	Locality plans do not conflict with plans for EMRA Recommendation - **Closed**	Summary of 2018/19 OCCG Locality plans available on website