Notice of Meeting Public Document Pack

Horton Joint Health Overview & Scrutiny Committee

Thursday, 4 July 2019 at 2.00 pm

The Town Hall, Banbury Town Council, Bridge Street, Banbury OX16 5QB

Membership

Chairman –
Deputy Chairman -

Councillors:	Sean Gaul	Wallace Redford	Sean Woodcock
	Kieron Mallon	Barry Richards	Arash Fatemian
	Neil Owen	Alison Rooke	
Co-optees:	Dr Keith Ruddle		

Notes: ***Date of next meeting:*** *tbc*

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	-	Councillor Arash Fatemian Email: arash.fatemian@oxfordshire.gov.uk
Policy & Performance Officer	-	*Samantha Shepherd Tel: 07789 088173* *Email: Samantha.shepherd@oxfordshire.gov.uk*
Committee Officer	-	*Julie Dean Tel: 07393 001089* *Email: julie.dean@oxfordshire.gov.uk*

Yvonne Rees
Chief Executive

Date Not Specified

About the Horton Health Overview & Scrutiny Committee

Health Services are required to consult a local authority's Heath 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. Election to Chairman for the 2019/20 Council Year

2. Election to Deputy Chairman for the 2019/20 Council Year

3. Apologies for Absence and Temporary Appointments

4. Declarations of Interest - see guidance note on the back page

5. Minutes (Pages 1 - 8)

To approve the minutes of the last meeting held on 11 April 2019 (**HHOSC3**) and to receive information arising from them.

6. Petitions and Public Address

7. Responding to the IRP and Secretary of State Recommendations (Pages 9 - 104)

14:20

At the last Meeting, the Joint Committee asked Oxfordshire Clinical Commissioning Group (OCCG) and the Oxford University Hospitals Foundation Trust (OUHFT) to report back, in line with their timetable on the progress with the following information for consideration at this Meeting:

(a) Report on the survey conducted (independent consultant, Pragma to present);
(b) Workforce Analysis;
(c) Financial Analysis;
(d) Options Appraisal and Outcome;
(e) Review of small units;
(f) Next steps

The reports are attached at **HHOSC7**

8. Chairman's Report (Pages 105 - 110)

15:55

The report (**HHOSC6**) gives an update on the activity of the Committee between meetings.

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 for a hard copy of the document.

HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 11 April 2019 commencing at 2.00 pm and finishing at 3.30 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	Councillor Kieron Mallon District Councillor Neil Owen Councillor Wallace Redford District Councillor Barry Richards Councillor Alison Rooke District Councillor Sean Woodcock
Co-opted Members:	Dr Keith Ruddle
Officers:	
Whole of meeting	J. Dean and S. Shepherd (Resources); R. Winkfield (Adult Social Care)

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.

7/19 ELECTION OF A DEPUTY CHAIRMAN
(Agenda No. 1)

Councillor Wallace Redford was elected Deputy Chairman of the Committee for the duration of the Municipal year 2018/19.

8/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 2)

Apologies were received from Councillors Sean Gaul and Adil Sadygov.

9/19 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 3)

There were no declarations of interest submitted.

10/19 MINUTES

(Agenda No. 4)

The Minutes of the meetings held on 19 December 2018 and 25 February 2019 were approved and signed as a correct record (HHOSC4).

There were no matters arising.

11/19 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 5)

The Chairman had agreed a request to address the Committee in relation to Agenda Item 6 from Charlotte Bird, representing 'Keep the Horton General' campaign.

12/19 RESPONDING TO THE IRP AND SECRETARY OF STATE RECOMMENDATIONS

(Agenda No. 6)

Prior to consideration of this item the Committee was addressed by Charlotte Bird, from 'Keep the Horton General' campaign group (KTHG) who was speaking on behalf of Sophie Hammond also of KTHG.

She informed the Committee that investigations carried out by KTHG had found that, despite the information given to this Committee that hospitals could no longer be registered as a training centre for obstetricians if they had less than 3,500 births per year, this information was false. To date the Group had found other hospitals with births amounting to this figure who were operating with obstetricians. She informed the Committee that KTHG would be offering a paper to the Committee's next meeting, which would include data on this. It would also be offering viable options for a viable and sustainable unit at the Horton.

The Chairman welcomed the following Health representatives to the Committee:

- Dr Bruno Holthof, Chief Executive, Oxford University Hospitals Foundation Trust (OUH) attending on behalf of Louise Patten, Chief Executive Officer, Oxfordshire Clinical Commissioning Group (OCCG);
- Veronica Miller, Clinical Director, Maternity, OUH
- Kathy Hall, Director of Strategy, OUH
- Catherine Mountford, Director of Governance, OCCG
- Ally Green – Head of Communications, OCCG
- Kate Barker, Deputy Director, Strategy & Planning, Northamptonshire CCG (NCCG)

<u>Survey</u>

Catherine Mountford introduced the report HHOSC6 stating that, in relation to engagement, the largest area to update the Committee on was the survey, which was currently live and open. Ally Green highlighted the following:

- to date 958 women had been surveyed and 450 partners had also completed the section which invited them to give their views;
- Pragma who had been appointed to run the survey were very pleased with this response to date and hoped to reach a thousand respondees in what was a very lengthy survey;
- Three focus groups for women to discuss their experiences had been planned, the first of which had taken place that morning in Wantage and there would be two in Banbury. There had been plans to run a focus group for partners only, but there had been insufficient interest. Instead partners would be involved via a slightly different way which would still be a means of gathering in depth information on their perspective;
- The second event was taking place in June. Information on these events were available on the front page of the OCCG website in date order to encourage use and to raise awareness.

The Chairman asked if there was any information on how many of the people who had responded to the survey lived within the Horton catchment area and how many lived outside of it. Ally Green responded that Pragma was looking at the geographical spread against the baseline and was satisfied that there was a reasonable spread across the geographical area. A member of the Committee stated that some of the invitations had been sent out from GP practices based in South Northamptonshire and Warwickshire. He urged the CCG to ensure that there was a robust response from these areas which would look both ways and similarly from hard to reach areas. Catherine Mountford responded that they had a catch-up call with Pragma the following week to see if there were any additional areas that they needed to focus on to encourage a response – or even to give additional time to. She extended her thanks to KTHG for promoting the survey. Kate Barker also assured the Committee that they were doing all they could to ensure a good response from South Northamptonshire and South Warwickshire - and had sent the letters out from their GP practices in good time. Ally Green added that PRAGMA was monitoring this and, as a result, it had raised concerns about the demographic spread. Fewer Polish and Eastern European communities had responded. To remedy this the CCG had published advertisements in Polish and had sought the help of community workers in Banbury who had gone out to groups to encourage people to respond. Ally Green added that a website link was also available with screening questions.

In response to a question asking if OCCG had a bank of full data, or was everything received added to information which had been gleaned in the past? Ally Green stated that OCCG was not discounting all that had been received over a period of time. She added that the Secretary of State for Health had requested that public opinion be gathered across the area in order for views to be fully understood. Kathy Hall added that OUH had also gathered data on patient experience for various exercises and surveys.

<u>Recruitment</u>

Veronica Miller introduced this section explaining that the staffing required depended upon the size of the service. The John Radcliffe Hospital was a tertiary centre, looking at complex foetal medicine. 15 doctors who were starting out on their training were required, but only 12 were in post. She also highlighted the complexity of this,

due to factors such as maternity leave etc. and it rotated frequently. She added that qualified doctors in training had to pass core competencies for the additional skills that were required to do the job. Doctors who had reached year 4 and above were competent to work alone. As they became more experienced by the end of 7 years, they were exposed to more complex cases and thus received more training and additional experience. At the end of year 6 – 7 they undertook specialist training and focused on becoming specialist consultants, which took a further 2 years. Some became specialist consultants, some general consultants. Gynaecology specialists, were requested to attend certain sessions which were speciality – based. Thus, if one was looking at different models of how to run these services there was a need to look at different tiers of staffing. Rules had changed, and doctors no longer undertook shift patterns of the past. The rules for new doctors specified that they had to be compliant with junior doctor conditions of service. This was different for trust grade doctors. Kathy Hall added that workforce modelling would be included as part of the assessment of all options. She told the Committee that the rules had changed since 2016 to ensure compliance with junior doctors' service. Terms and Conditions of Service were expected to be followed.

Comments and questions from Members, and responses received, were as follows:

- A member commented that the IRP advice given in 2018, stipulated that 7 doctors were needed, to the required 9 and currently there were 2 in post, asking what had happened to the other five? – Veronica Miller explained that this accorded with the drop-out rate nationally, which amounted to a 30% attrition rate. The Royal College of Obstetricians and Gynaecology had opened up another entrance level to the profession at stages 3 and 4. This had led to some doctors entering the national trainee scheme at stage 4. Of these, most had taken up consultant posts elsewhere. Also, some had already been working their notice. Kathy Hall pointed out that this breakdown had been provided in a previous paper – and offered to circulate it again.
- A member made a plea to start with a clean sheet, which would very helpful as it was easy to build in a set of assumptions. In a short time, the Committee would be looking at a set of options, together with models and practices elsewhere and innovative practice required a fresh approach. In this respect, it was also important for the Committee to understand the details of different models and practices elsewhere, in relation to clinical viability. This would include, for example, practices at Harrogate and Lancaster;
- A member commented that it had proved helpful to use clinical research fellows as a temporary plugging solution from 2012 for 3 to 4 years. In response to a question about whether this particular option was totally out of the question, Veronica Miller stated that the option of running solely on clinical fellows had been taken off, adding that no details of this were available as they related to the running of academic programmes. However, staffing was being looked at, and different health specialities were also under investigation. She emphasised that this option was not being discounted totally, but in reality, with the numbers in question, running it exclusively with clinical research fellows was not a robust way of

managing it. She added that it was also too difficult to find sufficient numbers of people of the required calibre.

Financial Analysis

Catherine Mountford, in introducing this section of the report, pointed out that the OCCG had both looked at, and noted, that they and OUH had erroneously provided tables showing differing calendar and financial years.

A member commented that valuable data from current and previous years was missing which would have provided a comparison with which to study how far birth rates had dropped and the associated decline in income for the Trust. This had been asked for at a number of occasions by this Committee. Catherine Mountford agreed that there was a need to provide historical information in relation to the commissioning spend for the same period. She undertook to bring those workstreams together for the next meeting of Committee. She clarified that OCCG had presented the Committee with information as the work, based on current activity flows, had been completed on catchment populations and housing growth.

Kathy Hall added that there was a need to show the Committee the difference between specific services in order to give a more complete picture. This would include a breakdown of all the figures.

Dr Holthof stated that OUH wanted to provide an excellent service regardless of the money, adding that skilled professionals across all services in Oxfordshire had a tough time in Oxfordshire. The biggest challenge was how to ensure that enough patients were treated, with insufficient numbers of staff to do so. A member commented that the Committee still needed to be convinced that efforts were being made to make maternity services more attractive at the Horton, for women to feel that they wanted to give birth there.

Option Appraisal Process

Catherine Mountford, in introducing this section of the report which outlined the option appraisal process, emphasised that CCG wanted this to be as open and transparent as possible. She added that weighted scorings would not be the only part of the decision, an engagement exercise would also be undertaken on a written proposal and recommendation. She asked if the Committee would like to look at the engagement exercise.

A member enquired why would the scoring exercise be undertaken without a decision on the weightings? Ally Green explained that the weighting had already been completed at the first stakeholder event in February 2019. The scorings would be collated by an external team and the weightings would be applied afterwards.

A member put forward the view that the manner in which the weighting was determined would then determine the outcome. Catherine Mountford responded that this was the reason why stakeholders were involved in the weighting activity, and OCCG and OUH had not taken part in the activity. Kathy Hall added that this process was based on good practice.

Whilst the Committee agreed with the concept of separating the weighting from the scoring, it felt that this was rife with potential problems, such as it being an invisible process. Somebody had to judge on the process of deciding which was important, how it compared with the others and then to make judgements – and this was not a mechanical art. Judgement would then have to be made on whatever was decided made sense. It also depended upon who put the evidence and data together, there being issues of nuance. It was suggested that this should not be the only process.

Dr Holthof also agreed that whilst separation was good, the weighting process should be both visible and transparent in order to give more confidence on the scoring. Moreover, the weighting would impact on the overall assessment of options. There was thus a need to take another look at the process and on how to resolve the influencing of the weighting. Catherine Mountford **AGREED** to take it away to look at the process and how to share with, and involve the Committee in it. There were 13 categories. She **AGREED** at the request of the Chairman, that once it had been decided about how the weighting process would be undertaken, then this would be shared with the Head of Legal at OCC, Mr Nick Graham, in order to keep the integrity of the process.

The Committee then **AGREED** to request Sam Shepherd to seek independent advice of the possibility of the timing, costs and feasibility of appointing independent consultants to clinically evaluate the options.

With regard to the transparency of the evidence and the scoring, Catherine Mountford reported that these would be published and taken to the stakeholder event and then to the next meeting of this Committee. This would be presented in a formative stage prior to their submission to NHSE to undergo the assurance process. The Chairman requested that there be a transparency about the process, as the Committee had substantial concerns about the option appraisal process. Catherine Mountford responded that the option appraisal was important but was not the only part of the process.

A member asked why the scoring panel had not included any clinical input, to which Catherine Mountford stated that this could be considered as part of the assurance process.

The Chairman stated that a significant amount of work was to be provided at the June meeting, and, in light of the need for this information to be more substantive, he advised Health representatives to consider the Committee's meeting date of the 24 June to be provisional only. There was a strong possibility that the meeting would take place during early to mid - July in order to give sufficient time for a fuller and frank discussion.

Dr Holthof was asked by the Chairman whether he could honestly say that the quality of service provision for women giving birth at the Horton was improved by not having an Obstetric service? He responded that OUH took all decisions on the principles of quality and safety, adding that it was not about money. The Trust wanted to provide a safe service and this was the biggest concern for staff. Veronica Miller added that if the Trust had continued with the numbers of doctors it had, it would have been an

unsafe service and a worsened patient experience. Catherine Mountford quoted the three elements of quality as defined by national NHS for quality outcomes which were clinical effectiveness, safety and patient experience.

A member asked if the process of doing the options analysis and the weighting would be fruitless if the workforce options were not sustainable? Kathy Hall responded that the Trust felt it was important to look at the different workforce models to see if there were different ways of doing it.

In response to a question, Kathy Hall confirmed that the options would involve multiple sites. Dr Holthof re-iterated that safety trumped everything else – and it was therefore important that agreement was reached on the options and weighting processes, as money would not enter into it. If safety could be guaranteed, then other options would be looked, if not, then the service at the Horton could not be provided.

The Chairman thanked all for attending.

..... 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 4 July 2019

At the November 2018 meeting the Horton Joint Health Overview and Scrutiny Committee (Horton Joint OSC) confirmed that in the opinion of the Committee the proposed approach and plan outlined would address the recommendations of the Secretary of State/Independent Reconfiguration Panel. The full plan is available here.

The work streams are progressing to plan and in line with our timetable the papers presented today include updates in the following areas:

1. Work stream 1 – Engagement

Experience of families using maternity services

Since the last report for Horton HOSC, the survey, focus groups and interviews have been completed, that together provide insight into the experience of families that have used maternity services during the time of the temporary closure of obstetric services at the Horton.

More than 1,000 women responded to the survey and more than 400 partners. In addition, three focus groups and 8 participants (including 2 partners) were interviewed to gather more in-depth information from those that had more complex experience to share.

The full report is attached and data pack is published on Oxfordshire Clinical Commissioning Groups (OCCG) website here. A presentation will be provided at the Horton HOSC meeting on 4 July 2019.

Second Stakeholder event

The second stakeholder event took place on 14 June 2019 at Rye Hill Golf Club. An outline of the option appraisal process and outcomes was presented. Other presentations at the event included the findings of the survey, focus groups and interviews held with families who have used the service since the temporary closure of obstetric-led maternity services and more information about workforce and recruitment.

Stakeholders had an opportunity to reflect on and discuss the information shared and feedback was gathered. This feedback will be used, alongside the other evidence gathered, by NHS Oxfordshire Clinical Commissioning Group in order to inform their thinking in advance of a decision making process in September.

Publishing information

The dedicated section on the OCCG website is directly accessible via the homepage. Regular updates are posted here and all documents produced and being used by the project are published here.

Information recently published here includes:

- The information pack and additional information shared with the Scoring Panel in advance of their first meeting
- The further information gathered and shared with Scoring Panel to allow them to complete the task at their second meeting.
- The results of the criteria weighting and scoring with the options ranked.
- The report from the patient survey, focus groups and interviews and the data pack.
- The presentation slides from the second Stakeholder event.

All these documents can be found here: https://www.oxfordshireccg.nhs.uk/get-involved/horton-maternity-services.htm

2. Work stream 5a – Workforce analysis.

2.1 Obstetric staffing models

The detailed work on the modelling of the obstetric workforce has been completed and was used by the scoring panel in the options appraisal. This work was informed by the information gathering exercise OCCG and OUH had undertaken of small units (see section 6.1 below) and supplemented by the review undertaken by Keep the Horton General. In addition we met with the Royal College of Obstetricians and Gynaecologist workforce lead to ensure we had considered all possible models and recruitment possibilities.

2.2 Other staffing requirements

Other clinical and non-clinical staff are required for a fully functioning obstetric unit. These include anaesthetists, midwives, neonatal nurses and clerks. For the purpose of the option appraisal scoring it was assumed that the funding for this staffing is within the baseline budget of services so would not differentiate between options in the scoring process under the finance criterion. However as staffing two obstetric units requires more staff than one unit in areas where there are national workforce challenges this was considered in scoring the ease of deliverability.

An overview of the workforce analysis for obstetrics and other staff, including the numbers of doctors required for each model is presented in the report on this workstream.

3. Work stream 5b – Financial analysis

The attached paper provides the baseline financial position for OCCG (spend by provider) and OUH (income by commissioner).

4. Work stream 6 – Option appraisal

The options appraisal process was shared with the HOSC at the 11 April 2019 meeting.

Since then, the Scoring Panel was recruited and concluded the task of scoring all options. The Scoring Panel members included clinicians (GP, midwives, Medical Director and obstetrician), stakeholders and patient representatives (Keep the Horton General, Community Partnership Network, Maternity Voices) and OCCG managers. They were provided with information and invited to score each criteria for all 12 options in advance of a meeting to discuss and agree consensus scores; all but one stakeholder chose to score. The task was not completed at the end of the first day and a further meeting was arranged to complete the final scores.

In addition, a small number of observers were invited to attend the meetings including Keep the Horton General, Healthwatch Oxfordshire and Horton HOSC.

All information used and produced during this process has been published on the OCCG website.

Further details about the process are set out in the update paper on this workstream.

5. Outcome of Option appraisal

The panel agreed scores are shown in the table below.

	Ob1: 2 obstetric units – (2016 model)	Ob2a (i): 2 obstetrics units – fixed consultant	Ob2a(ii): 2 obstetric units - tier 1 support	Ob2b: 2 obstetrics units – rotating consultant	Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	Ob3: 2 obstetrics units – external host for HGH	Ob5: 2 obstetrics units – elective (planned)	Ob6: Single obstetric service at JRH	Ob9: 2 obstetric units both with alongside MLU	Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training
1. Clinical outcomes	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
2. Clinical effectiveness and safety	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	3.00	3.00	3.00	3.00
3. Patient and carer experience	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	4.00	2.00	2.00
4. Distance and time to access service	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	4.00	3.00	3.00
5. Service operating hours	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	3.00	2.00	2.00	2.00
6. Patient choice	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	3.00
7. Delivery within the current financial envelope	2.00	1.00	1.00	1.00	2.00	1.00	2.00	2.00	3.00	2.00	2.00	2.00
8. Rota sustainability	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	3.00	1.00	1.00	1.00
9. Consultant hours on the labour ward	2.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	3.00
10. Recruitment and retention	1.00	1.00	1.00	1.00	2.00	1.00	2.00	2.00	2.00	2.00	1.00	2.00
11. Supporting early risk assessment	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
12. Ease of delivery	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	2.00	1.00	1.00	1.00
13. Alignment with other strategies	2.00	2.00	2.00	2.00	2.00	2.00	1.00	2.00	4.00	2.00	2.00	2.00
Score												

Following completion of the work of the scoring panel the criteria weights were applied to the scores which has resulted in the ranking of the options as follows:

Option	Weighted score
Ob9: 2 obstetric units both with alongside MLU	243.70
Ob6: Single obstetric service at JRH	243.59
Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training	218.14
Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	209.65
Ob5: 2 obstetrics units – elective (planned)	208.56
Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	208.56
Ob3: 2 obstetrics units – external host for HGH	196.82
Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	194.48
Ob2b: 2 obstetrics units – rotating consultant	194.48
Ob2a (ii): 2 obstetric units – tier 1 support	194.48
Ob2a (i): 2 obstetrics units – fixed consultant	194.48
Ob1: 2 obstetric units – (2016 model)	193.13

This indicates that two options score very closely and significantly higher than any other. It is interesting that the two favoured (and almost equalling scored) options are relatively polarised – ie Ob6 single obstetric unit at JR versus Ob9 two obstetric units both with Midwifery Let Units (MLU) alongside. In Ob9 the preferred obstetric staffing model is the consultant/middle grade hybrid rota, as has been found in the review of other small units.

An important part of this process was to review whether other potential options exist that could prove to be an alternative viable option for re-introducing obstetrics to the Horton General Hospital. These possible options were explored, described and scored; feedback was that despite the outcomes of the process, including these options was a valuable exercise. None of the alternative options scored as high as the two above.

It is also important to note that the staffing models referred to across the options are not considered to be mutually exclusive. This means, for example, that if the option of two obstetric units were to be implemented, every effort would be made to reinstate training accreditation.

Whilst the top two options are near equal on total weighted score, the two unit option scored more highly on public/patient/outcome/choice. On the other hand the single unit option scored more highly on deliverability/sustainability/cost and providing a stronger platform for delivering on the national strategies. Between now and the decision making CCG Board meeting in September, we will need to consider what will be required to deliver each of the options – in particular, what would be needed to mitigate the weaknesses for each option (e.g. to improve patient choice and experience in the single obstetric unit model; and to improve deliverability and sustainability for the two obstetric units with alongside MLUs).

6. Other items of interest

6.1 OCCG and OUH review of other small units

OCCG and OUH have been looking at how NHS Trusts across the country manage the challenge of safe obstetric care in units with small numbers of births. The aim is to use any learning, particularly around medical staffing, training accreditation and safety to inform the appraisal of options for the unit at the Horton General Hospital.

A summary report of the findings is included in the attached paper. We will arrange visits to a small number of units where we feel there may be specific learning; and are due to attend an Royal College of Obstetricians and Gynaecology (RCOG) event on smaller obstetric units.

6.2 Work stream 5c – Travel and Transfer

Following the discussion at the HOSC Evidence Day held in December both South Central Ambulance Service and OUH have confirmed there have not been any reported serious incidents requiring investigation (SIRI) linked to ambulance transfers from any Midwife Led Unit to the John Radcliffe.

Responding appropriately when things go wrong in healthcare is a key part of the way that the NHS can continually improve the safety of the services we provide to our patients. We know that healthcare systems and processes can have weaknesses that can lead to errors occurring, some of which can have consequences for patients.

Over the last decade the NHS has made significant progress in developing a standardised way of recognising, reporting and investigating when things go wrong and a key part of this is the way the system responds to serious incidents. Serious incidents in health care are events where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant that they warrant our particular attention to ensure these incidents are identified correctly, investigated thoroughly and, most importantly, trigger actions that will prevent them from happening again.

At the same time there are times when the experience of a patient is unpleasant and sometimes traumatic that would not be classified by the NHS as an incident.

For example, a woman needing to be transferred from an MLU to an obstetric unit may have an experience that would, quite understandably, be considered frightening but if the clinical staff looking after her are making appropriate decisions, following a protocol, caring appropriately for her during the transfer and no harm was caused as a direct result of the transfer or the care she received, this would not be reported as an incident (the details of her care would be recorded in her notes). The ambulance service had not logged any ‘incidents’ based on the approach taken by the NHS but they would have been involved in the care of the patient and if the transfer had not been managed appropriately then a report would have been made.

6.3 Work stream 3 – Future Vision for the Horton

As the Committee is aware the Health and Wellbeing Board agreed the proposed new approach to planning for population health and care needs. This approach is being rolled out to the local ‘Banburyshire’ area and will incorporate further discussions on the future vision for the Horton General Hospital. This is a key area of work, as it aims to ensure there is an ongoing dialogue with local residents and stakeholders about future population health needs. This will ensure that if local

populations change dramatically over the next 5-10 years, there is a transparent process to review current and future service plans at the Horton.

The approach includes setting up a Stakeholder Group to co-produce the services design, based on a population needs analysis, before future proposals for changes to local health services are brought forward; work is in hand to build on the Community Partnership Network to take this forward. Bruno Holthof and Lou Patten, Chief Executives of the Trust and OCCG are presenting at OUHs Annual Public Meeting in Banbury (25 July 2019) and will outline this unique approach for the Horton's future services.

6.4 Previously completed work

For completeness, three work streams have been completed and final reports have been presented to the Horton HOSC previously:

- Work stream 2 – Service description (as presented to the February Horton HOSC meeting)
- Work stream 4 – Size and Share of the Market (as presented to the February Horton HOSC meeting)
- Work stream 5c – Travel and Access (as presented to the February Horton HOSC meeting)

7. Next Steps

OCCG and OUH will now bring together the findings from all of our workstreams, plus any further evidence (for example, on what would be required to deliver the highest scoring options and what would be required to mitigate their weaknesses.) This information will be presented to OCCGs Board in September to inform the decision. It is proposed that the Horton HOSC may wish to meet again in September to review this prior to the CCG Board meeting.

OCCG will also be working with NHS England to ensure that their assurance process has been undertaken.

The HOSC is asked to

- Note the work completed and the outcome of the option appraisal process.
- Note that OCCG and OUH will now working on pulling together the findings from the HOSC workstreams, and any additional information, into papers for the CCG Board meeting in September.
- Confirm whether the HOSC wishes to arrange a date for September to review the OCCG Board paper in advance of the CCG Board meeting.

Louise Patten, Chief Executive, Oxfordshire CCG

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


PRAGMA

Oxfordshire CCG

Maternity services: Voice of the service user
SUMMARY: FINAL DRAFT

18 / 742

V2

5 June 2019

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NHS Oxfordshire Clinical Commissioning Group

Prepared for

Oxfordshire CCG

Prepared by

Pragma Consulting

Disclaimer

This report was commissioned by Oxfordshire CCG to gather feedback on maternity services

Any observations, analyses, comments, conclusions and recommendations are those of the authors, and are made in good faith based on information reported to us and the information we had access to. We cannot, however, give any warranties or guarantees as to the accuracy or appropriateness of the content thereof, and the information in this report.

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Contents

Summary (1 / 4)

SUMMARY

Project background

- Pragma has completed a programme of research to capture feedback from users of maternity services in Oxfordshire and neighbouring south Northamptonshire and south Warwickshire
- We conducted an online survey as well as qualitative research (focus groups and in-depth interviews) to understand service user experiences of maternity services at each stage of the journey through pregnancy, labour and postnatal care

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Decision making

- Parents feel a high level of responsibility in the decision making process, anxious to select the best option and to balance risk and choice
- There is mixed understanding of services and facilities available at each type of site, highlighting scope to improve information provision
- While there is variation in preferences and priorities - depending upon outlook and circumstances - there is a broad hierarchy of needs for service users when choosing where to give birth:
    1. Risk management is the most important and is illustrated by the importance that is placed on having doctors and medical facilities on site
    2. Practicality (getting to place of birth) and comfort are also important (comfort especially for first-time mothers)
    3. Costs associated with travel and parking are the least important factors
- If the service user feels there is no obvious solution which provides a balance of all three, significant anxiety can result, with service users seeking advice and often keeping their options open or changing their mind
- Comparing service users by geography, those living in Cherwell are least satisfied with their level of choice about where to give birth. They are also, retrospectively, least satisfied with choice they made

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately

Summary (2 / 4)

SUMMARY

Ideal maternity experience

- Service users recognise that childbirth is inherently unpredictable and that the journey does not always follow a fixed plan
- There are common themes around the *ideal* maternity journey; service users prioritise **feeling safe**, **continuity of care**, and **access to support networks** – **all of which serve to reduce anxiety**
- Anxiety levels generally increase during labour and birth. Stress can impact birth experience, stall labour and change outcomes, and can cause lasting emotional damage
- The feedback received from service users highlighted a number of key areas to focus on in order to reduce anxiety throughout the journey:
  - **Continuity of care**: seeing familiar professionals throughout and medical notes being passed on to the relevant people
  - **Staff availability:** timely access to staff, providing attentive and effective care
  - **Information**: relevant information easily accessible in a central source
  - **Manageable logistics**: convenience of location, travel and parking
  - **Partners staying overnight**: emotional support when most needed

Better Births

- In 2016, Better Births, a National Maternity Review, was published and outlined priorities for maternity services in the UK. Our survey results echo the priorities outlined in their recommendations:
  - 31% of all service users selected the opportunity for partners to stay after the birth as one of their top 3 improvements to their overall experience, 30% selected more available staff, 25% more consistency in healthcare staff and 24% easier / cheaper car parking
  - Partners of service users had similar priorities; 41% selected the opportunity for partners to stay after the birth, 31% easier / cheaper car parking, 23% more available staff and 19% facilities nearer home to reduce travelling time

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Summary (3 / 4)

SUMMARY

Service user journey

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Antenatal care:

- The quality of care received at the antenatal stage of the journey is generally rated highly by service users (receiving a net satisfaction score of 78%) and this is consistent across different council areas
- Parking availability and choice of location receive low rating scores (-8% and 21% net satisfaction scores respectively)
- The Horton is being used for routine antenatal care by Cherwell residents; for example, 42% of Cherwell residents that had a hospital appointment with a consultant attended the Horton for the appointment

Labour & Birth:

- Nearly half, 47%, of service users were moved during their labour and half of service users identified at least one incident during their labour, with a shortage of staff and parking difficulties occurring most often
- Cleanliness (net satisfaction score 77%) and staff competence (net satisfaction score 72%) are scored highly whereas staff availability (net satisfaction score 40%), continuity of care (net satisfaction score 38%) and parking practicalities (net satisfaction score 19% for availability and -16% for cost) are rated poorly by service users

Postnatal care:

- Service users rated cleanliness and hygiene highly (net satisfaction score 74%) in postnatal care, but were least satisfied with the continuity of care (net satisfaction score 20%) and emotional support received (30%)

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Summary (4 / 4)

SUMMARY

Reflections on Choice

- At a total level, 79% of service users would have chosen the same place to give birth, This decreases to 66% of Cherwell residents
- Oxford Spires offers service users an opportunity to balance choice and risk, with medical intervention on-site if required. More service users would prefer to give birth at both Oxford Spires and the Horton than end up delivering there. In contrast, more service users end up delivering at the Obstetric Unit at the JR than would have chosen to do so

Perceived impact of temporary closure of Horton's consultant-led maternity care

- Women living in Banbury and surrounding areas feel that previously, the Horton would have been the default choice for women nearby. The closure of consultant-led care removes an obvious choice for them. This impacts anxiety levels for Cherwell and South Northamptonshire service users, who report feeling more anxious at the point of deciding where to give birth
- This anxiety centres around concerns relating to emotional support, journey time, parking and risk of transfer
- Partners of service users are also feeling the impact of changes at the Horton with Cherwell residents rating ease of visiting and choice of locations lower than other council areas
- We heard individual cases where service users felt their experience had been negatively impacted by the changes to provision in Banbury
- The options for service users in Banbury include Warwick, The Spires and The Cotswold Birth Centre but service users highlight different challenges with each, with none considered an equivalent alternative
- When asked to select their ideal geographical location to give birth, 24% of all service users selected Banbury at a total level, i.e. all survey respondents. This increases to 74% of Cherwell residents and 97% of South Northamptonshire residents
- The awareness of changes to maternity services at the Horton is highest in Cherwell and South Northamptonshire; 75% of service users in Cherwell and 93% in South Northamptonshire would have preferred to give birth at the Horton if obstetric services had been available vs. 30% of all service users
- 68% of Cherwell service users (82% of South Northamptonshire and 24% of all service users) feel that the temporary closure of the obstetric unit at the Horton had an impact on their decision of where to deliver

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Contents

Pragma has completed a programme of research to capture feedback from users of maternity services in Oxfordshire and neighbouring south Northamptonshire and south Warwickshire

Project Background

- On 1st October 2016, the obstetric unit at the Horton General Hospital in Banbury was temporarily closed on safety grounds because of staff. In August 2017, following a period of uncertainty, the Oxfordshire Clinical Commissioning Group (OCCG) decided that the obstetric unit should be permanently closed. The decision to remove Consultant-led services and make Horton General a Midwife-Led Unit (MLU) was not supported by the joint Health Overview and Scrutiny Committee (JHOSC) and was subsequently referred to the Secretary of State
- An independent report delivered in March 2018 ruled that further action be required before a final decision is made about the future of maternity services in Oxfordshire, i.e. to appraise options, balancing the needs of the population (locality of services and specialised care provision) with the sustainability of staffing and the best use of finite NHS resources
- As part of this process, Pragma were commissioned to undertake a programme of research to engage and capture feedback from users of maternity services in Oxfordshire and neighbouring south Northamptonshire and south Warwickshire.
- This document is the output of that programme of research

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately

Our methodology included an online survey among service users, focus groups and in-depth interviews

METHODOLOGY

Online survey

- Women in relevant areas of Oxfordshire, south Northamptonshire and south Warwickshire who had given birth since October 1st 2016 were sent a letter inviting them to take part in an online survey
- The link to the survey was also publicised through local and social media to encourage participation and as a back-up in case of lost letters. The survey could be completed on mobile, desktop or laptop devices
- There was an optional section at the end of the survey for partners to complete
- Letters were sent to 13,637 women; 1,035 completed the survey and 436 partners completed the optional section
- Open-ended questions were included in the survey and quotations from these have been used in the report to illustrate feedback from service users

Focus groups

- Survey service users were asked if they would like to opt-in to be considered to take part in further research in order to gather more detailed feedback from users of maternity services. A recruitment process through local baby groups, nurseries and children's centres was also launched to recruit pregnant women
- A selection of women that opted-in were invited to take part. 20 participants signed up and attended one of 3 groups:
  - One held in Banbury with pregnant women
  - One held in Banbury with mothers who had given birth since October 2016
  - One held in Wantage with mothers who had given birth since October 2016

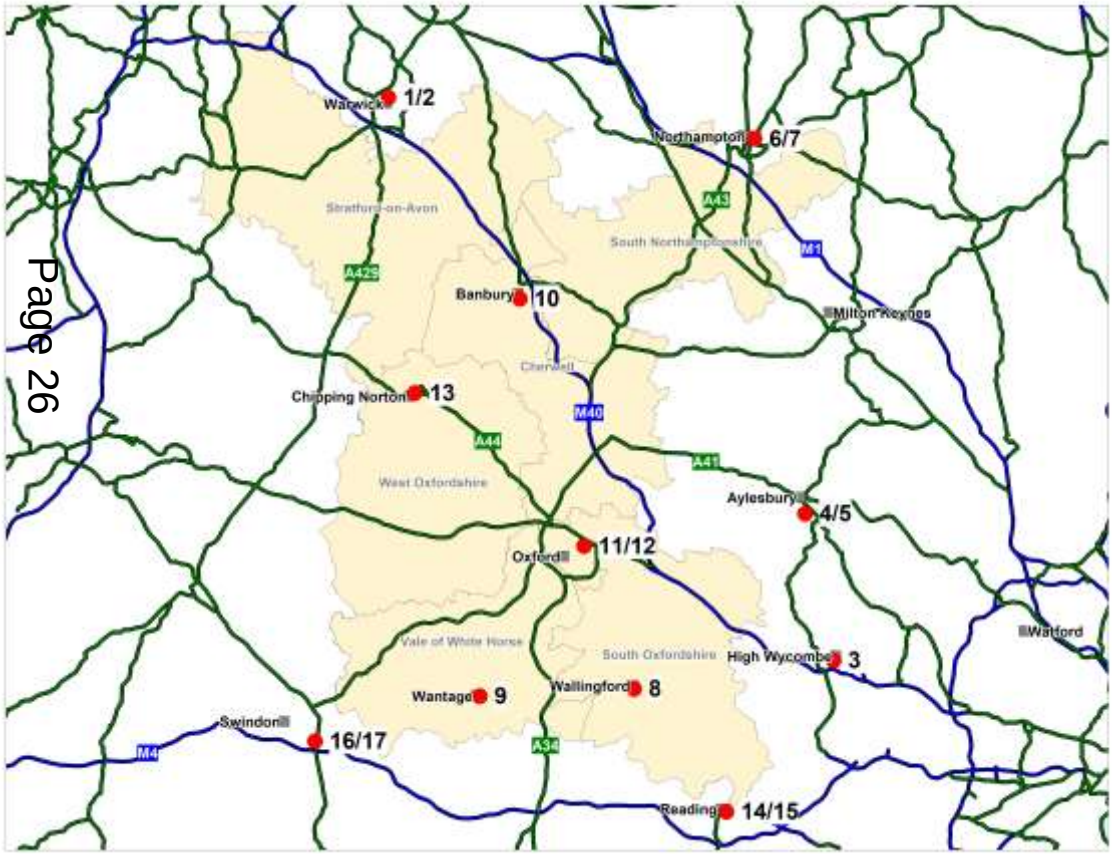
In-depth interviews

- Survey service users had the choice of whether to opt-in for a focus group or for an in-depth interview
- In-depth interviews were carried out either in person or over the phone
- Partners were also invited to attend / join the call
- 8 participants, including 2 partners shared their experiences

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately

The catchment includes a range of options where women can give birth…

Catchment



Reference number	Location
1	Obstetric Unit, Warwick Hospital
2	Bluebell Birth Centre, Warwick Hospital
3	Wycombe Birth Centre, Wycombe Hospital
4	Obstetric Unit, Stoke Mandeville Hospital
5	Aylesbury Birth Centre, Stoke Mandeville Hospital
6	Obstetric Unit, Northampton General Hospital
7	Barratt Birth Centre, Northampton General Hospital
8	Wallingford Maternity and Birthing Centre
9	Wantage Maternity Unit
10	Horton Midwife Led Unit, Banbury
11	Obstetric Unit, John Radcliffe Hospital
12	Oxford Spires Midwife Led Unit, John Radcliffe Hospital
13	Cotswold Birth Centre, Chipping Norton
14	Obstetric Unit, Royal Berkshire Hospital
15	Rushey Midwife Led Unit, Royal Berkshire Hospital
16	Obstetric Unit, Great Western Hospital
17	White Horse Birth Centre, Great Western Hospital

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately

…and the uptake of service users that give birth at each location varies by council area

Location Of Delivery

Q. …and which of these places did you actually give birth at?
Base: All service users (1,013)

Actual birth location		Resident in which council area					
	Total	Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northam-ptonshire
	(1,013)	*(321)*	*(191)*	*(163)*	*(148)*	*(118)*	*(63)*
Obstetric Unit, JR	66.1%	62.3%	73.4%	60.0%	68.7%	72.4%	56.8%
Oxford Spires Midwife Led Unit, JR	17.0%	13.4%	23.3%	12.8%	18.0%	19.3%	14.3%
Horton MLU, Banbury	5.5%	16.4%	-	-	-	-	26.7%
Wallingford Maternity and Birthing Centre	3.7%	-	-	19.3%	1.0%	-	-
Home birth	3.2%	2.8%	3.4%	3.0%	4.7%	3.7%	0.8%
Obstetric Unit, Warwick Hospital	1.5%	4.0%	-	-	-	-	-
Wantage MLU	0.6%	-	-	-	4.3%	-	-
Obstetric Unit, Royal Berkshire Hospital, Reading	0.5%	-	-	2.7%	-	-	-
Cotswold Birth Centre, Chipping Norton	0.5%	-	-	-	-	3.9%	-
Rushey Midwife Led Unit, Royal Berkshire Hospital	0.4%	-	-	2.2%	-	-	-
White Horse Birth Centre, Great Western Hospital	0.4%	-	-	-	2.7%	-	-
Obstetric Unit, Great Western Hospital	0.1%	-	-	-	0.6%	-	-
Obstetric Unit, Northampton General Hospital	0.1%	-	-	-	-	-	1.3%
Bluebell Birth Centre, Warwick Hospital	0.1%	0.2%	-	-	-	-	-
Obstetric Unit, Stoke Mandeville Hospital	-	-	-	-	-	-	-
Aylesbury Birth Centre, Stoke Mandeville Hospital	-	-	-	-	-	-	-
Wycombe Birth Centre, Wycombe Hospital	-	-	-	-	-	-	-
Barratt Birth Centre, Northampton General Hospital	-	-	-	-	-	-	-
Other	0.1%	0.2%	-	-	-	-	-
In transit	0.2%	0.6%	-	-	-	0.8%	-

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

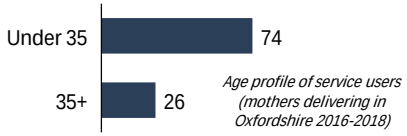
The survey data has been statistically weighted to reflect the demographics of the actual audience profile, in order to provide an accurate and representative view of the population

Data Weighting

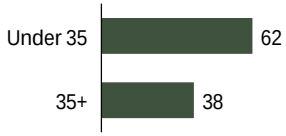
- The survey on maternity services was open for all eligible participants to complete. Inevitably, the response rates achieved varied across different subgroups of the data e.g. more older mothers completed the survey. If we used the actual data, without weighting, the groups where more mothers responded would be over represented
- Weighting involves:
  - Comparing the profile of the survey sample with that of the actual population, using information provided by OCCG, the census and government estimates
  - Discrepancies which would impact the accurate reflection of the population, are corrected by applying a weighting so that underrepresented groups get a larger weight and those in over represented groups get a smaller weight
  - The weighted data used in this report will accurately represent the population, allowing accurate conclusions to be drawn and comparisons to be made

Age

Make up of wider population (%)



Response rates of survey (%)



More older mothers responded to the survey, data was weighted to ensure voice of all ages accurately represented

Location[1]

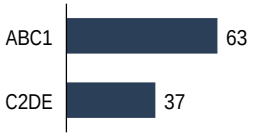
Make up of wider population (%)

Response rates of survey (%)

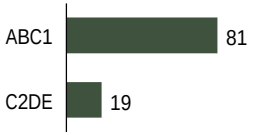
More mothers in Cherwell responded to the survey, data was weighted to ensure that the voice of residents from all regions accurately represented

Social grade

Make up of wider population (%)



Response rates of survey (%)

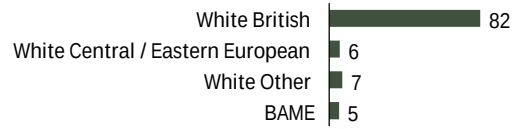


More mothers from higher social grades responded to the survey, data was weighted to ensure that the voice of those from all social grades accurately represented

Ethnicity

Make up of wider population (%)

Response rates of survey (%)



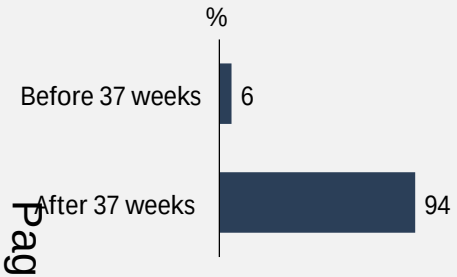
Response rates were broadly in line with the wider population and important Central / Eastern European group not separated in census so weighting was not applied

Notes: 1. Some service users live in South Northamptonshire and Stratford Upon Avon. Although not shown on this slide as there is no representative data, response rates were assessed as a total of the mailout and weighted appropriately. There were just 9 service users from Stratford-upon-Avon so this break is not shown in this report . As such, bases will not always sum to all service users

We captured detail about service users' pregnancies, births and lifestyles to support comparisons across different groups

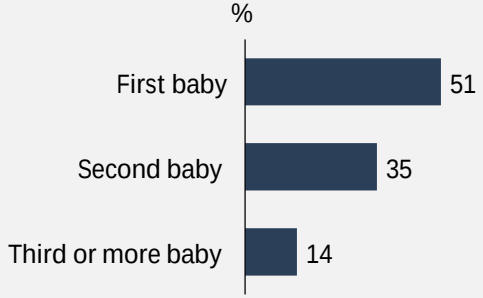
Profile Of Survey service users

Delivery

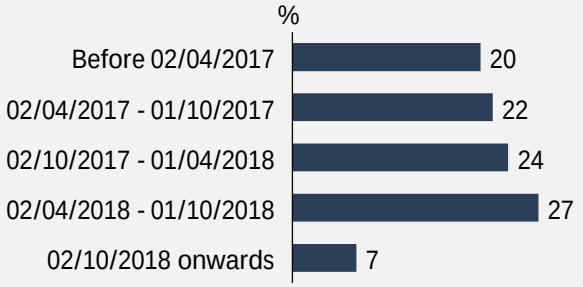


Premip vs Multip

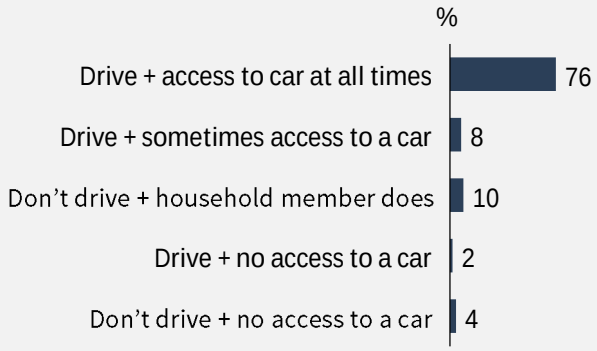
1% or 10 service users had twins rather than a single baby



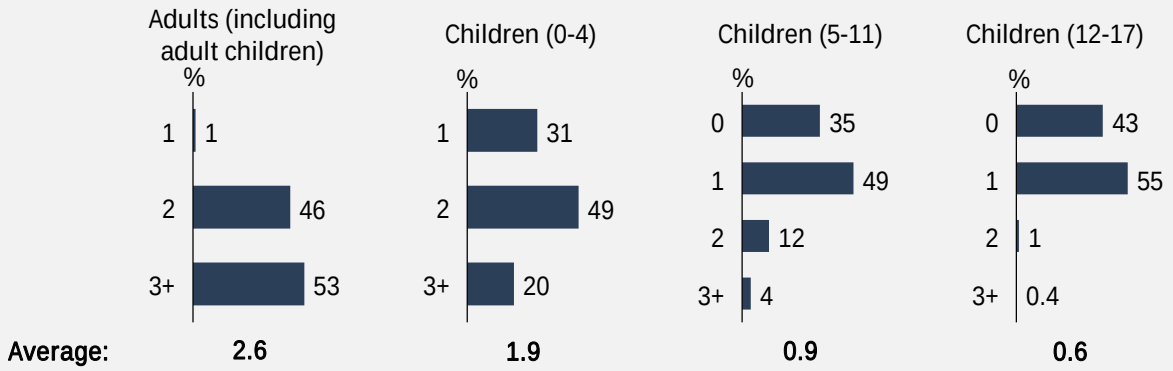
Date of delivery



Access to a car



Household make up



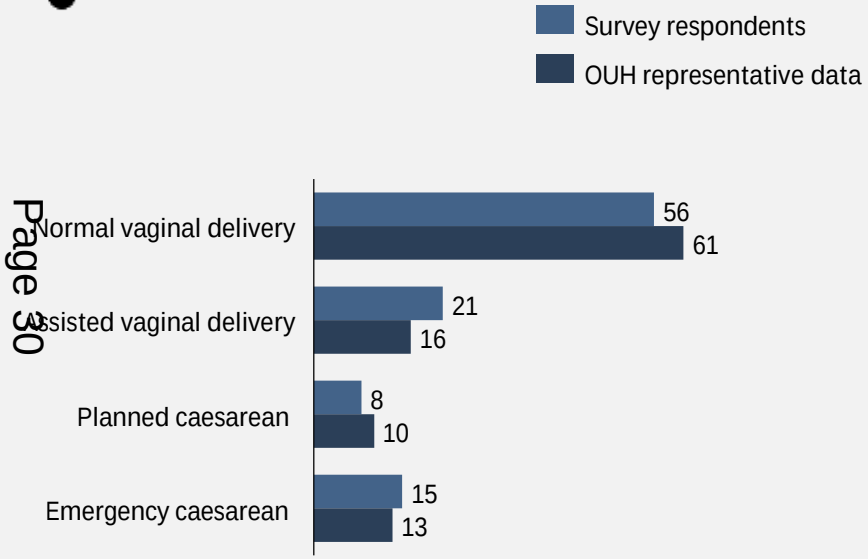
Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

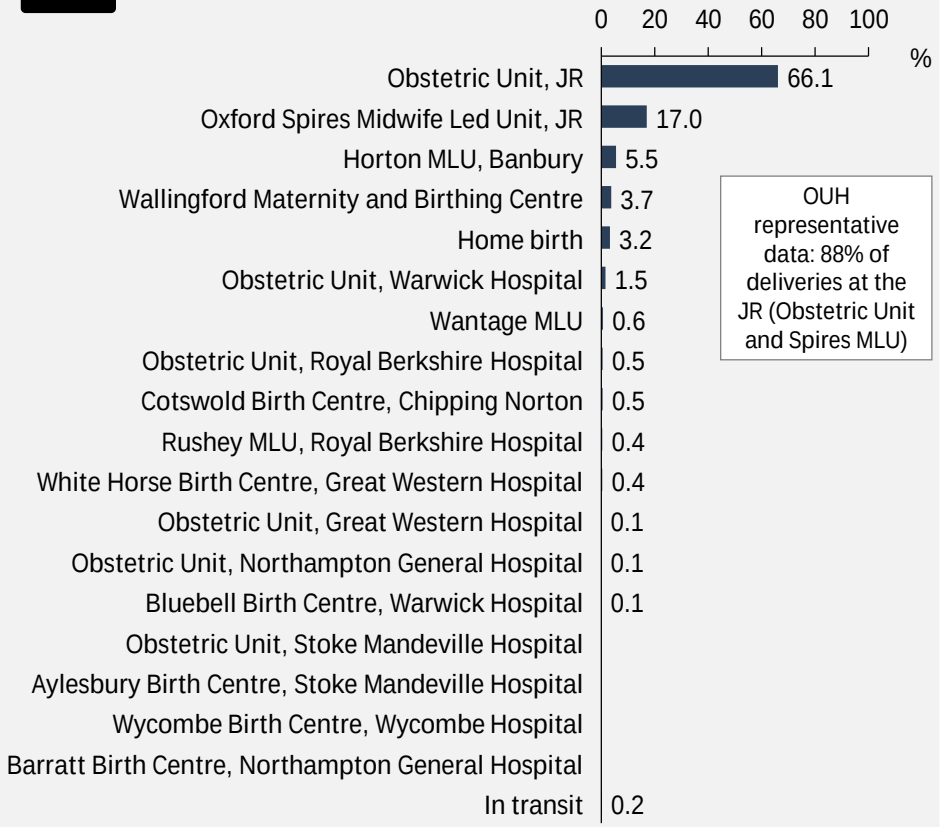
This provides confidence that a broad range of representative views are included

Profile Of Survey service users

Type of delivery



Place of delivery



Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

The survey and focus groups / in-depth interviews asked women about their experiences of using maternity services at each stage of the journey through pregnancy and birth. Partners were also asked about their experiences

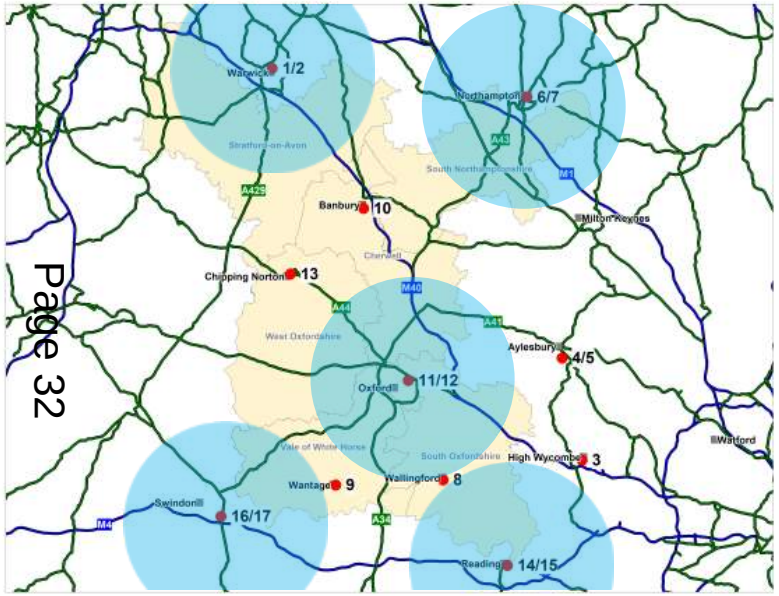
Research Structure

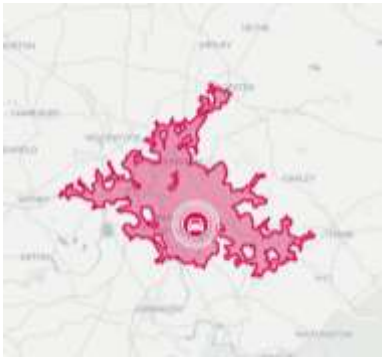
Throughout this report we include direct verbatim and quotations to illustrate specific points of view. These are sourced from free response boxes on the survey, focus groups and in-depth interviews. Many comments focus on opportunities to improve, therefore gravitate towards negative aspects of experience. Please consider these in balance with the quantitative data from the survey

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Postcode analysis allowed us to group service users based on their peak drivetime from any obstetric service. We classified service users as either 'near' or 'far' from obstetric services to give an indication of impact

Postcode Analysis





Blue drivetime circles on the map above are indicative only, distances were calculated exactly based on peak traffic hours as per this red shape from the JR, Oxford

- Based upon the first part of each service user postcode, we calculated peak drive times (from a central point of the postcode area) from any obstetric service (Warwick, Northampton, Oxford, Reading and Swindon)
- We then grouped all postcodes into:

1. **'Near obstetric services'**

Those that are less than 30 minutes drive from an obstetric service (indicatively, those falling within the blue circles on the map). 461 (45%) of all service users in the survey fell into this category

2. **'Far from obstetric services'**

Those more than 30 minutes drive from obstetric services (indicatively, those not covered by the blue circles on the map). 574 (55%) of all service users in the survey fell into this category

These groupings have been used as breaks for certain tables in this report

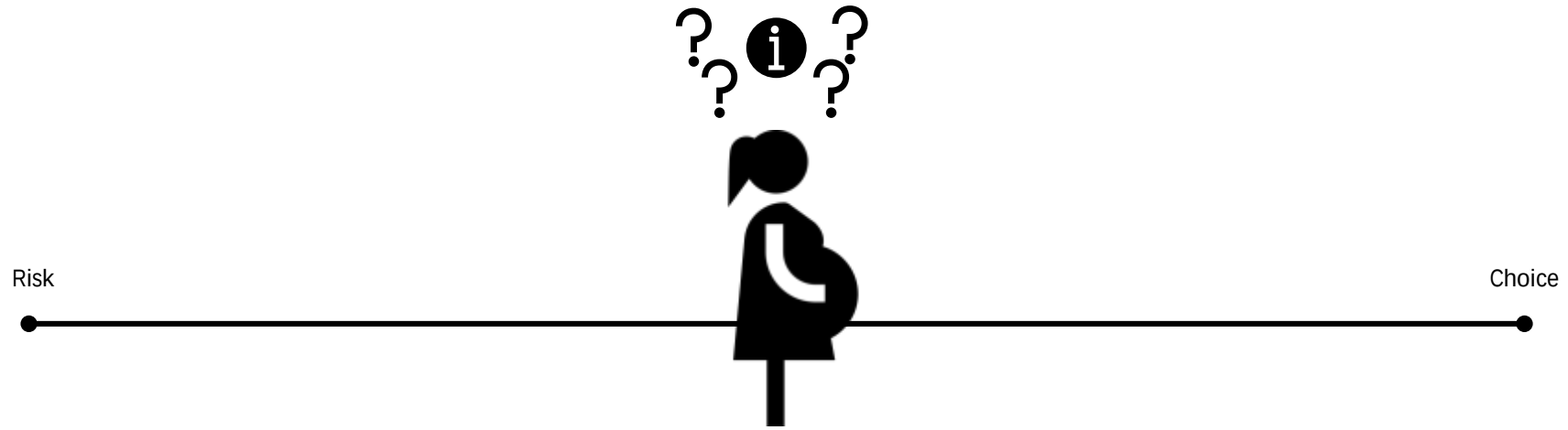
Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Contents

Parents feel a high level of responsibility in the decision making process, anxious to select the best option and to balance risk and choice

Decision-making

Decision Making | Context



"There was no choice unless I chose to disregard medical opinion."

Service User, South Northamptonshire

"It's left to us almost to assess the level of risk that we're willing to tolerate. And the level of anxiety that we're willing to tolerate around birth which feels unequal in terms of what's available throughout the country."

Pregnant Service User, Banbury

"I had really fixed on going to the JR but I work almost opposite the JR and I knew what the traffic was like. It was keeping me awake at night. I decided that I would go to the Horton as it would be more comfortable and then that was keeping me awake at night. I just did not know what to do; I was absolutely terrified."

Service User, Banbury

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

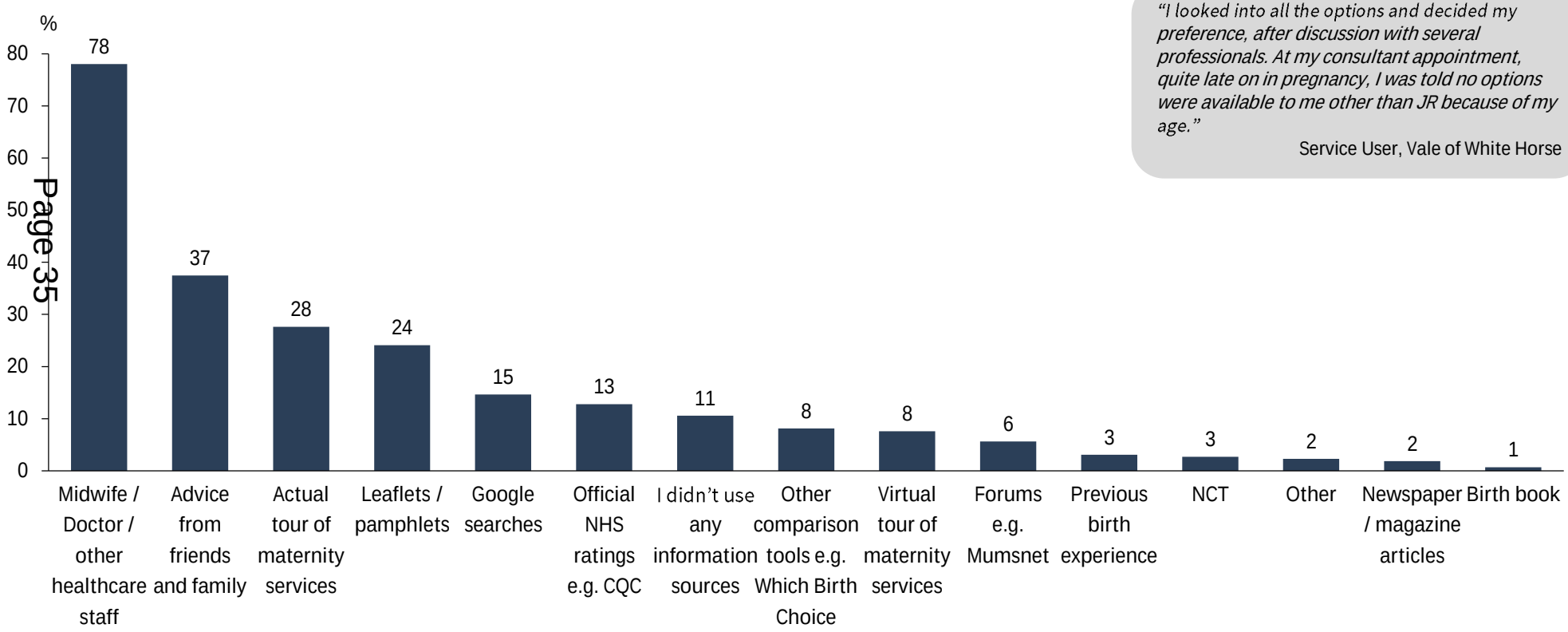
Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Healthcare professionals are the main source of information for users of maternity services. Many felt that a central information resource on maternity services, e.g. a website, would be an extremely helpful reference point

Decision-making

Q. Which of the following information sources did you use when making your decision about where to give birth? Please select all you used

Base: All service users (1,013)

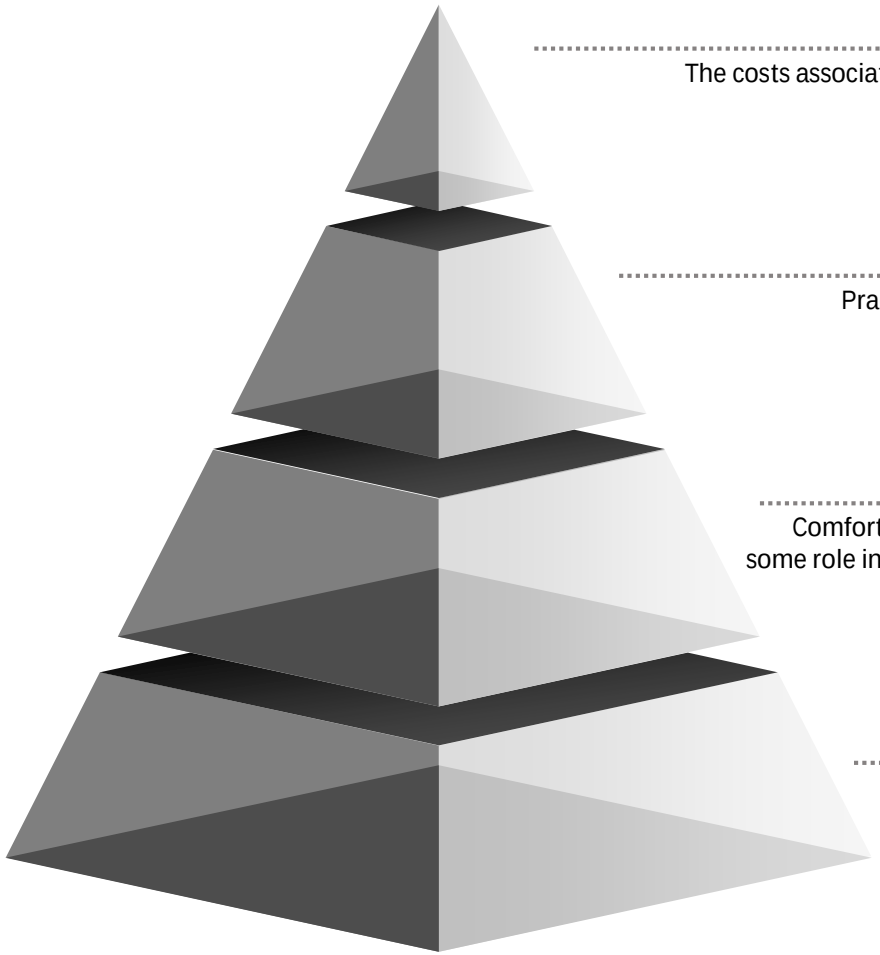


> *"I looked into all the options and decided my preference, after discussion with several professionals. At my consultant appointment, quite late on in pregnancy, I was told no options were available to me other than JR because of my age."*
>
> Service User, Vale of White Horse

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

There is a broad hierarchy of needs for service users that is built on minimising risk



Associated Costs

The costs associated with travel and parking are not key to decision making

Practicality

Practical elements such as travel to place of birth are important decision factors

Comfort

Comfortable surroundings and environment play some role in decision making, especially for first-time parents

Risk Management

Minimising risk to prioritise a good outcome is the fundamental element of decision making

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

While some expecting mothers favour a more natural experience and minimal intervention, the reassurance of knowing there is medical support on hand is an important consideration

Decision-making

Risk Management

"When I first gave birth, there was a slight complication so now I'm really anxious…I'd really like to have doctors around."

Pregnant Service User, Banbury

"It's not about me, it's about my baby being in the safest place available."

Pregnant Service User, Banbury

"I felt incredibly supported at The Spires. It was very positive and natural, I was in the birth pool. I also felt supported by the doctors when it did turn into a bit more of an emergency."

Service User, Wantage

Comfort

"Comfortable surroundings and environment is quite important. Everyone has a view of what makes it comfortable, it doesn't matter whether it's hospital, home or midwife, as long as you're comfortable otherwise labour just doesn't happen."

Service User, Wantage

"A private room might be important for your first child. Your second, you realise all your dignity goes out the window!"

Pregnant Service User, Banbury

Practicality

"I was so worried about hubby not making it to the birth or being unable to visit due to lack of parking."

Service User, Oxford

"The closer I was getting to my due date, all I was thinking was that I wanted to be close to home. I really didn't want to travel."

Pregnant Service User, Banbury

Associated Costs

"You don't have babies every week so I don't really care about the cost of parking."

Pregnant Service User, Banbury

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

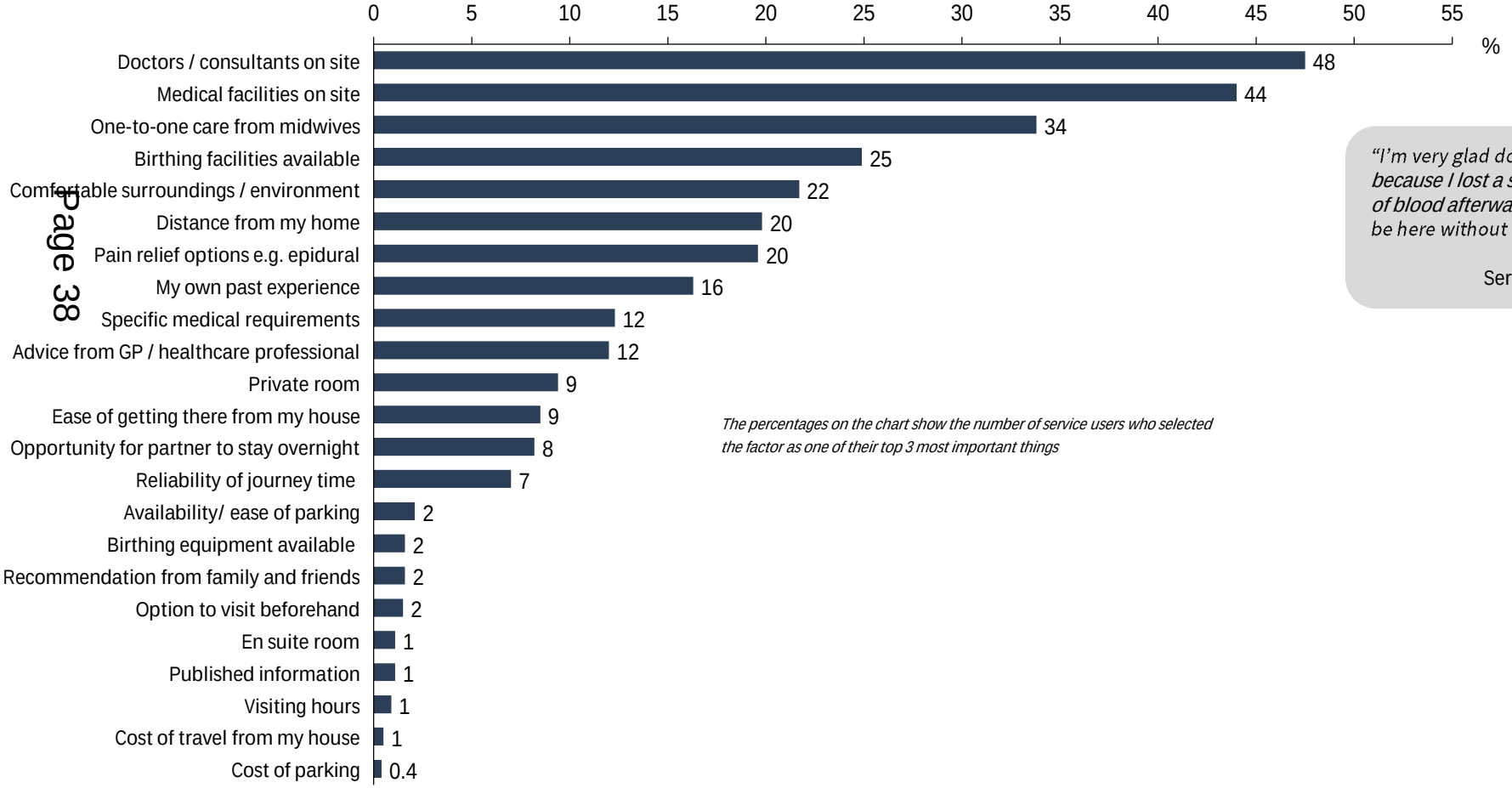
Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Overall, having doctors and medical facilities on site if they are needed are the most important factors to service users

Decision-making

Q. And from this list, what were the top three most important things to you in making your decision?

Base: All service users (1,013)



The percentages on the chart show the number of service users who selected the factor as one of their top 3 most important things

> *"I'm very glad doctors were around because I lost a significant amount of blood afterwards so I might not be here without that."*
>
> Service User, Wantage

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Preferences and priorities vary depending on outlook and circumstances

Q. And from this list, what were the top three most important things to you in making your decision?
Base: All service users (1,013)

	All service users	Cherwell	First time mother	Given birth before	Near obstetric services	Far from obstetric services
	(1,013)	(321)	(523)	(490)	(461)	(574)
Doctors / consultants on site	48%	42%	48%	47%	52%	44%
Medical facilities on site	44%	44%	45%	43%	45%	43%
One-to-one care from midwives	34%	30%	35%	33%	33%	35%
Birthing facilities available	25%	26%	31%	19%	26%	24%
Comfortable surroundings / environment	22%	20%	23%	21%	19%	24%
Distance from my home	20%	28%	17%	22%	20%	19%
Pain relief options e.g. epidural	20%	18%	23%	17%	24%	16%
My own past experience	16%	10%	1%	32%	15%	17%
Specific medical requirements	12%	10%	12%	13%	13%	12%
Advice from GP / healthcare professional	12%	12%	10%	14%	10%	14%
Private room	9%	5%	14%	5%	11%	8%
Ease of getting there from my house	9%	14%	7%	10%	7%	10%
Opportunity for partner to stay overnight	8%	7%	11%	6%	8%	9%
Reliability of journey time	7%	14%	7%	7%	5%	9%
Availability/ ease of parking	2%	5%	2%	2%	2%	2%
Birthing equipment available	2%	1%	2%	2%	2%	1%
Recommendation from family and friends	2%	1%	2%	1%	3%	1%
Option to visit beforehand	2%	1%	2%	1%	0.2%	3%
En-suite room	1%	0.4%	2%	1%	1%	1%
Published information	1%	0.2%	2%	1%	1%	1%
Visiting hours	1%	2%	1%	1%	1%	1%
Cost of travel from my house	1%	2%	0.3%	1%	-	1%
Cost of parking	0.4%	1%	-	1%	-	1%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Service users were broadly aware of what was offered at each location, although there are some examples of misunderstandings

Decision-making

Q. Which of the following services did you understand to be available at each location?
Base: Various; all service users considering location, see table

	Caesarean delivery	Forceps delivery	Ventouse suction cup	Intravenous drip	Baby heartbeat monitoring	Epidural	Injection of painkillers	Gas and air	TENS machine	Water / birthing pool	Specialist treatment for newborns
Obstetric Unit, JR (720)	96%	95%	90%	92%	95%	98%	89%	97%	61%	62%	92%
Oxford Spires MLU, JR (561)	12%	21%	21%	20%	49%	17%	47%	97%	76%	95%	23%
Horton MLU (223)	4%	23%	16%	14%	56%	10%	40%	97%	71%	90%	5%
Home birth (109)	0%	6%	4%	2%	19%	-	25%	80%	77%	80%	4%
Cotswold Birth Centre (105)	0%	9%	8%	7%	45%	0%	41%	96%	75%	95%	3%
Wallingford Maternity and Birthing Centre (104)	0%	10%	11%	8%	32%	0%	35%	95%	83%	95%	2%
Obstetric Unit, Warwick Hospital (60)	91%	91%	81%	90%	91%	91%	85%	91%	78%	77%	87%
Wantage Maternity Unit (41[1])	0%	9%	11%	4%	38%	0%	24%	92%	75%	91%	0%

Source: Pragma Maternity Services Online Survey March 2019

Notes: 1. Low base, indicative only
There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

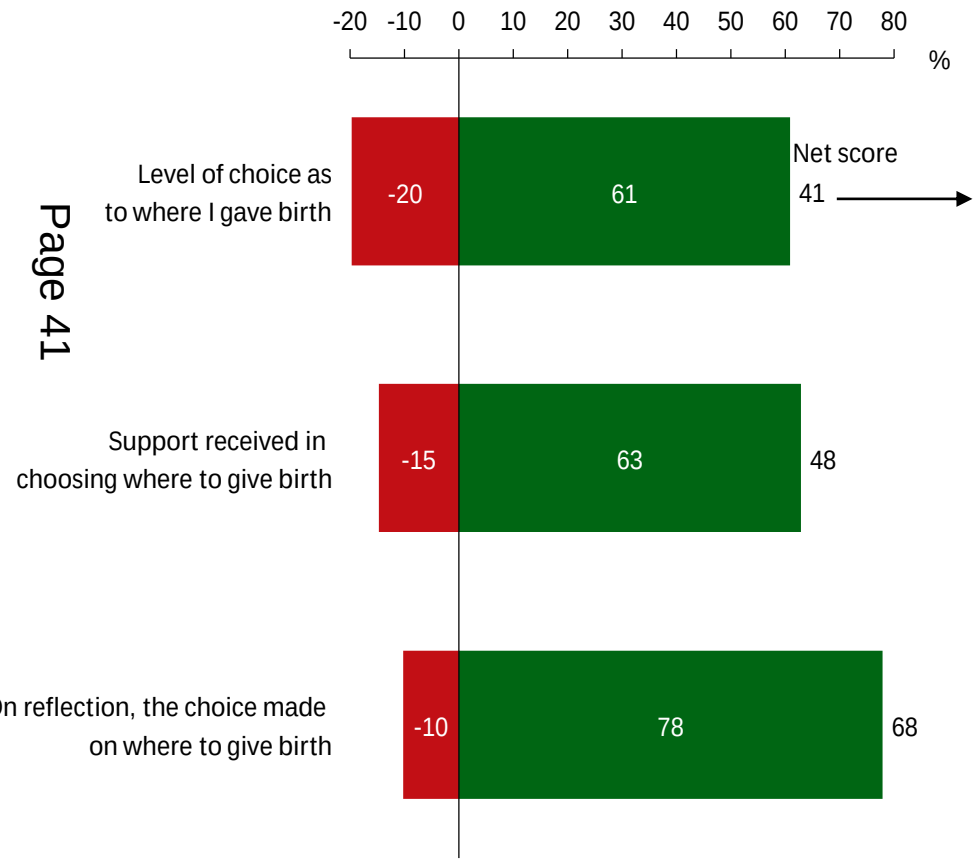
At a general level, those living further from obstetric services have lower levels of satisfaction with the choice available to them. By area, dissatisfaction is most profound for Cherwell and South Northamptonshire, indicating impact of the Horton downgrade on service perceptions

Decision-making

Decision Making | Satisfaction

Not satisfied Satisfied

Q. How satisfied were you with the following factors? Please rate on a 1-5 scale, with 5 being highly satisfied
Base: All service users (1,013)



Net score (sum of highly satisfied + satisfied minus very dissatisfied + dissatisfied)							
Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northam-ptonshire	*Near obstetrics*	*Far from obstetrics*
(321)	*(191)*	*(163)*	*(148)*	*(118)*	*(63)*	*(461)*	*(574)*
12%	54%	45%	62%	60%	-2%	49%	35%
30%	52%	47%	63%	64%	36%	53%	45%
48%	75%	71%	82%	68%	64%	72%	64%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Contents

While recognising that pregnancy and childbirth is inherently unpredictable, there are many common themes around an *ideal* maternity services journey

"A birth flow plan would actually be a much better way to describe it. A decision tree. Preference is a much better word than plan because a plan can leave you quite disheartened if things change."

Service User, Banbury

Continuity of care: healthcare professionals and notes

"It was amazing continuity of care . The midwife knew exactly what was going on with me and she remembered random facts that weren't important at all . She was really lovely."

Service User, Banbury

Feeling safe

"My midwife made me feel safe and cared for. Without her, it would have been a very different experience. The process of labour and birth was long and scary but she made it better."

Service User, Oxford City

Access to support network (partner, family)

"I guess we're having to think very much about what support we have around us, family and friends wise, in terms of having that time away."

Service User, Wantage

Informed choices – in control

"You should be able to have a conversation about your care and you have a right to say yes or no to things."

Service User, Banbury

No unnecessary stress / anxiety

"You just don't need that added stress because it can be stressful already and you don't want stress on the baby and yourself."

Service User, Banbury

A package of care that follows the patient

"I was living in Warwickshire when I fell pregnant, but was about to move to Northamptonshire. I thought this was handled really well and I didn't have to have duplicate tests or scans."

Service User, South Northamptonshire

Doctors / intervention on hand, IF required

"I didn't want the cascade of intervention. As soon as we turned up at the JR that was it…monitoring and probes on her head and drips."

Service User, Wantage

Control of the controllable

"The care I received during labour was great. The breech team made me feel very special and in control

Service User, Cherwell

Communication / information as things develop

"The staff at the JR for my induction and while I was giving birth were fabulous….they made me feel at ease, explained everything fully and let me make my own choices."

Service User, Vale of White Horse

Understanding of needs

"Midwives and the health visitors need to do their own handover and talk to each other. When the health visitor comes they say 'I've already spoken to your midwife and I understand you had a vaginal delivery and know what you need.'"

Service User, Wantage

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

When asked for spontaneous descriptors, service users generally describe their experience with words that are broadly positive

Q. Overall, what 3 words would you use to describe your experience of the maternity services during this recent pregnancy and birth? *Base: All service users (1,035)*

The size of the words is determined by the number of times the words were mentioned
Words of similar root e.g. caring, care are grouped and shown as one root word

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

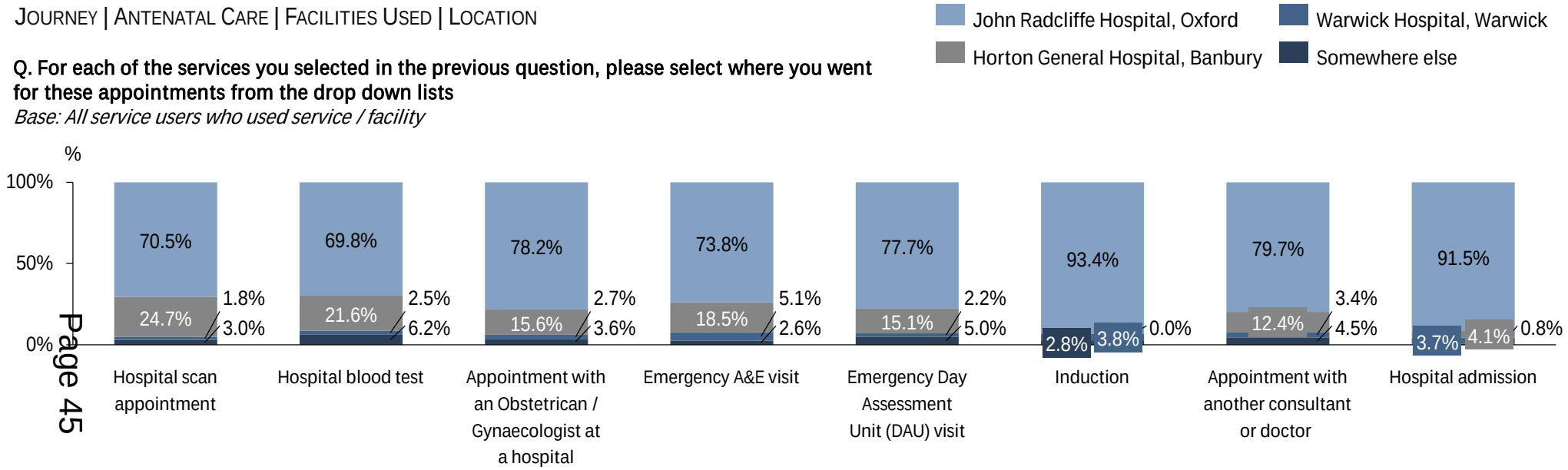
Antenatal services are provided across a range of locations and the Horton tends to be used for routine care by Cherwell residents

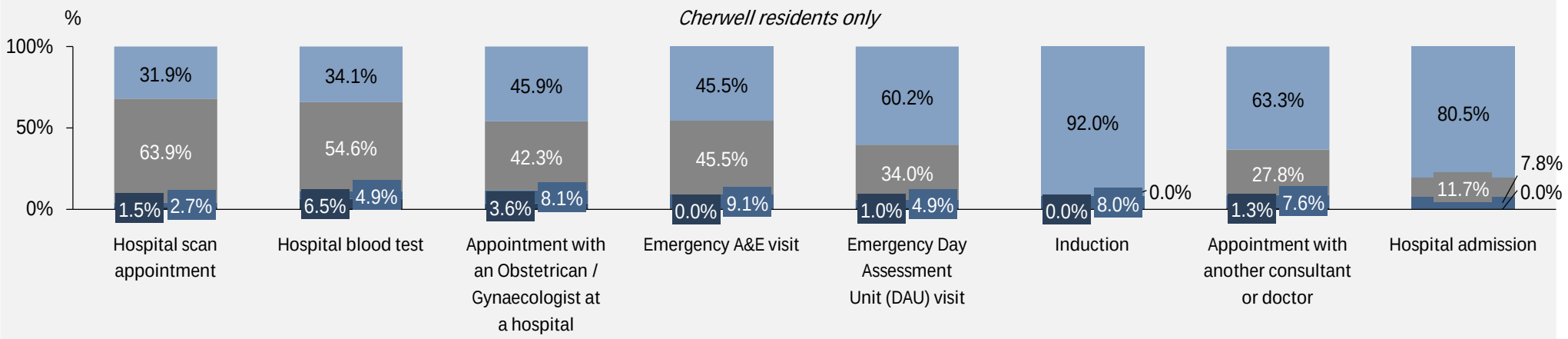
Antenatal care

Journey | Antenatal Care | Facilities Used | Location

Q. For each of the services you selected in the previous question, please select where you went for these appointments from the drop down lists

Base: All service users who used service / facility





Source: Pragma Maternity Services Online Survey March 2019

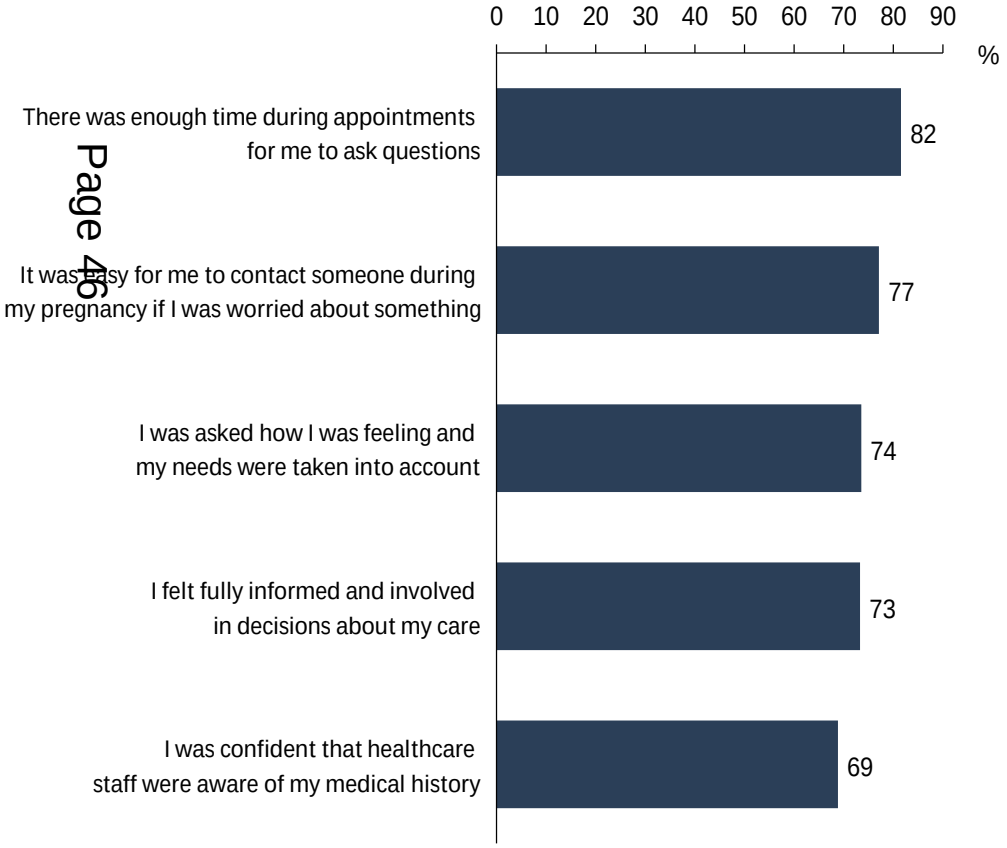
Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Service users across different council areas have a similar quality of antenatal experience

Journey | Antenatal Care | Statements

Q. Thinking about your experience of antenatal care during your most recent pregnancy, please indicate the extent to which you agree with each of these statements, % strongly agree + agree

Base: All service users (1,013)



% of service users selecting strongly agree + agree by area					
Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northam-ptonshire
(321)	*(191)*	*(163)*	*(148)*	*(118)*	*(63)*
79%	82%	80%	80%	85%	88%
74%	74%	78%	82%	85%	69%
72%	73%	71%	77%	74%	81%
70%	73%	71%	78%	78%	76%
67%	72%	64%	72%	68%	69%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

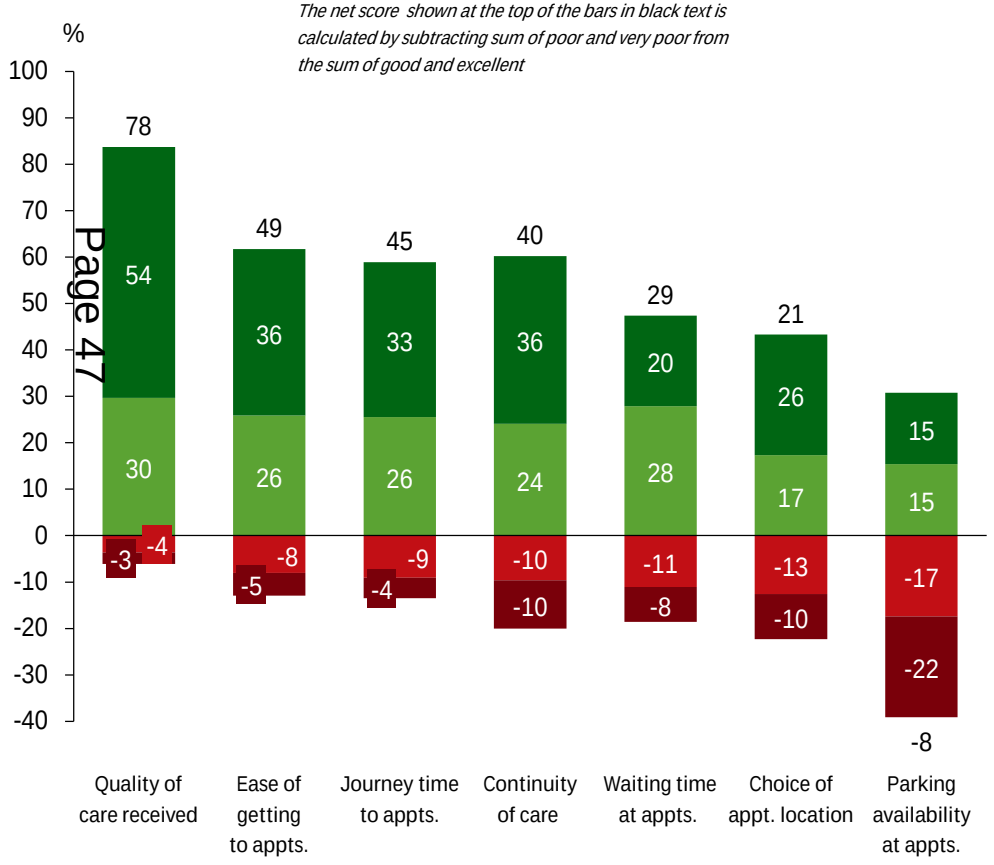
The quality of antenatal care is highly rated by service users. Cherwell is particularly well-regarded for continuity of antenatal care

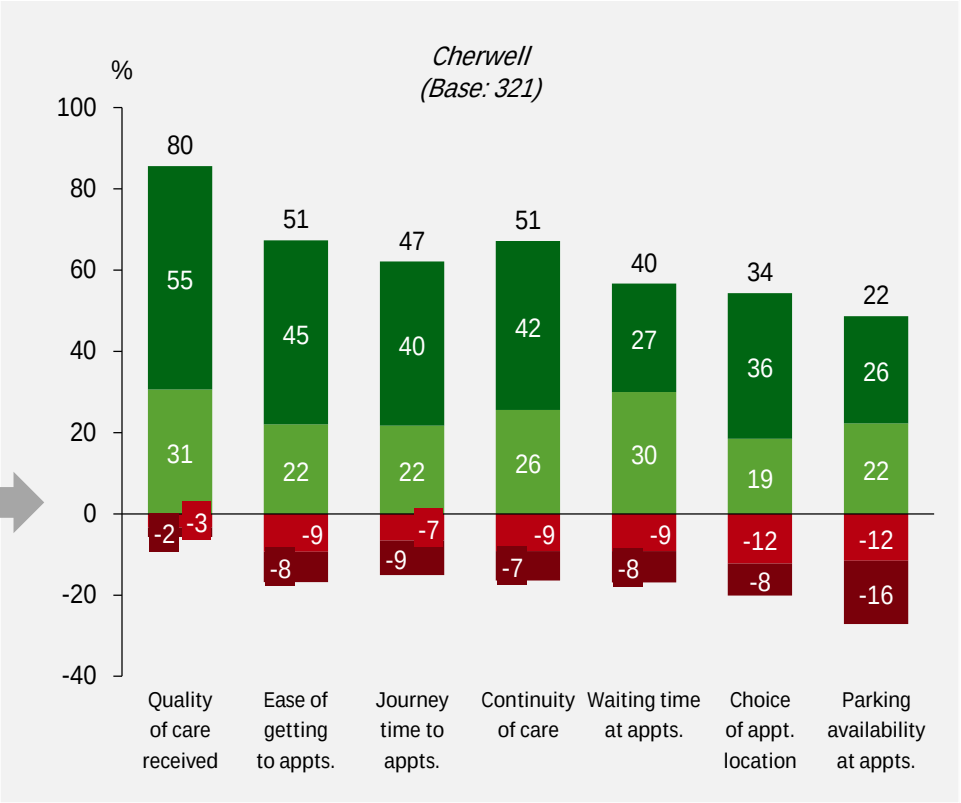
Antenatal care

Very Poor | Poor | Good | Excellent

Q. Thinking about your experience of antenatal care during your most recent pregnancy, please rate each of the following
Base: All service users (1,013)

The net score shown at the top of the bars in black text is calculated by subtracting sum of poor and very poor from the sum of good and excellent





Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Feedback from service users across the catchment area regarding antenatal care can be grouped into themes around continuity of care, choice of location, information and logistics

Antenatal care

"Appointments were either unreasonably long or stupidly short with no time to ask questions. It was hard to get hold of anyone to help with advice or questions about my pregnancy."
Service User, Cherwell

"For antenatal appointments, one clinic I was visiting on a weekly basis had wait times of 1-2 hours. It would have helped if my different appointments could have been better scheduled so I didn't have to go back several times a week. With two medical issues during pregnancy, I felt that communication between different teams was non-existent which led to stress and confusion."
Service User, West Oxfordshire

"My care was inconsistent as I rarely saw the same midwife twice during my antenatal care."
Service User, Oxford City

"In all the times I went to hospital, I didn't see the same doctor twice. They didn't have time to read my notes, each time they'd come in and ask what happened and for my history. Then you think 'Did I forget to tell them something? Will this have affected my care?'"
Service User, Banbury

- Information
- Continuity of care
- Location
- Logistics: travelling and finding parking

"I had a lot of tests as I was higher risk, I was often sent to the JR for these and then they would say "you could have had this done at the Horton." That was frustrating as I was taking a whole day off work for appointments. Why can't more routine appointments be pushed to the Horton?" Service User, Banbury

"Every scan appointment at the JR was so stressful trying to get parked and it takes even longer to go by bus."
Service User, West Oxfordshire

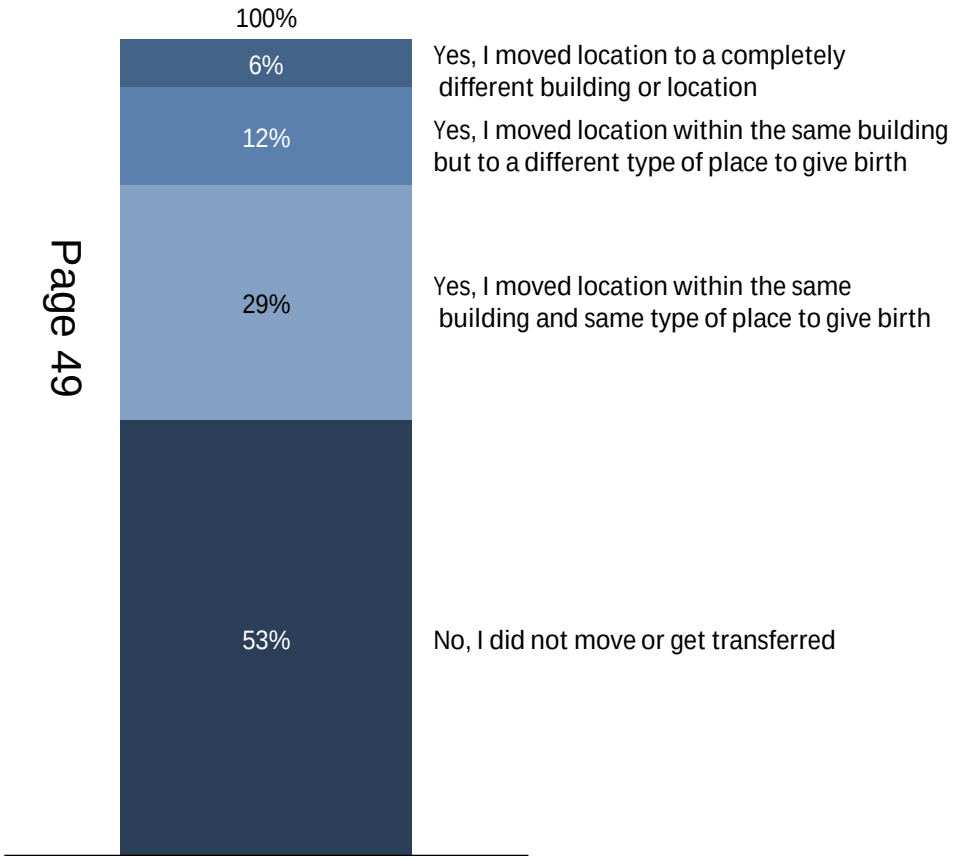
"Accessing appointments at the JR is a nightmare due to traffic and parking, even though we only live a few miles away."
Service User, Oxford City

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

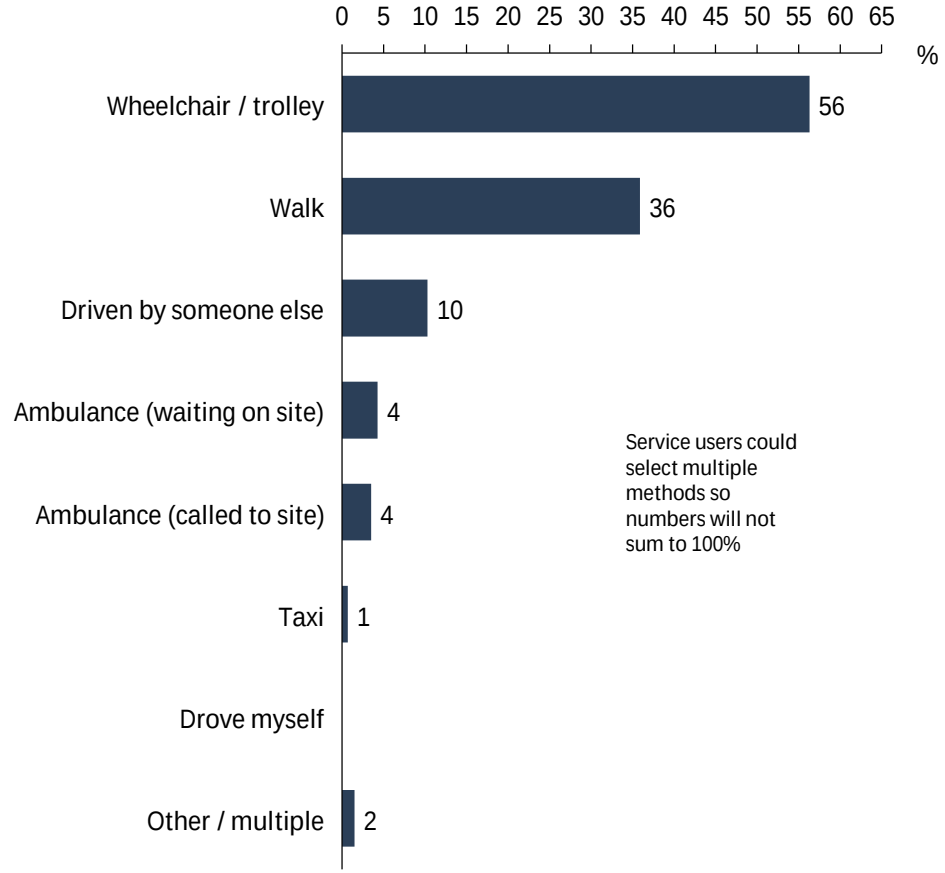
Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

47% of service users were moved during their labour, with wheelchair / trolley being the most common mode of transport

Q. Did you move location or get transferred during your labour?
Base: All service users (1,013)



Q. What mode of transport was used for your transfer during labour?
Base: All service users who transferred during labour (479)



Source: Pragma Maternity Services Online Survey March 2019

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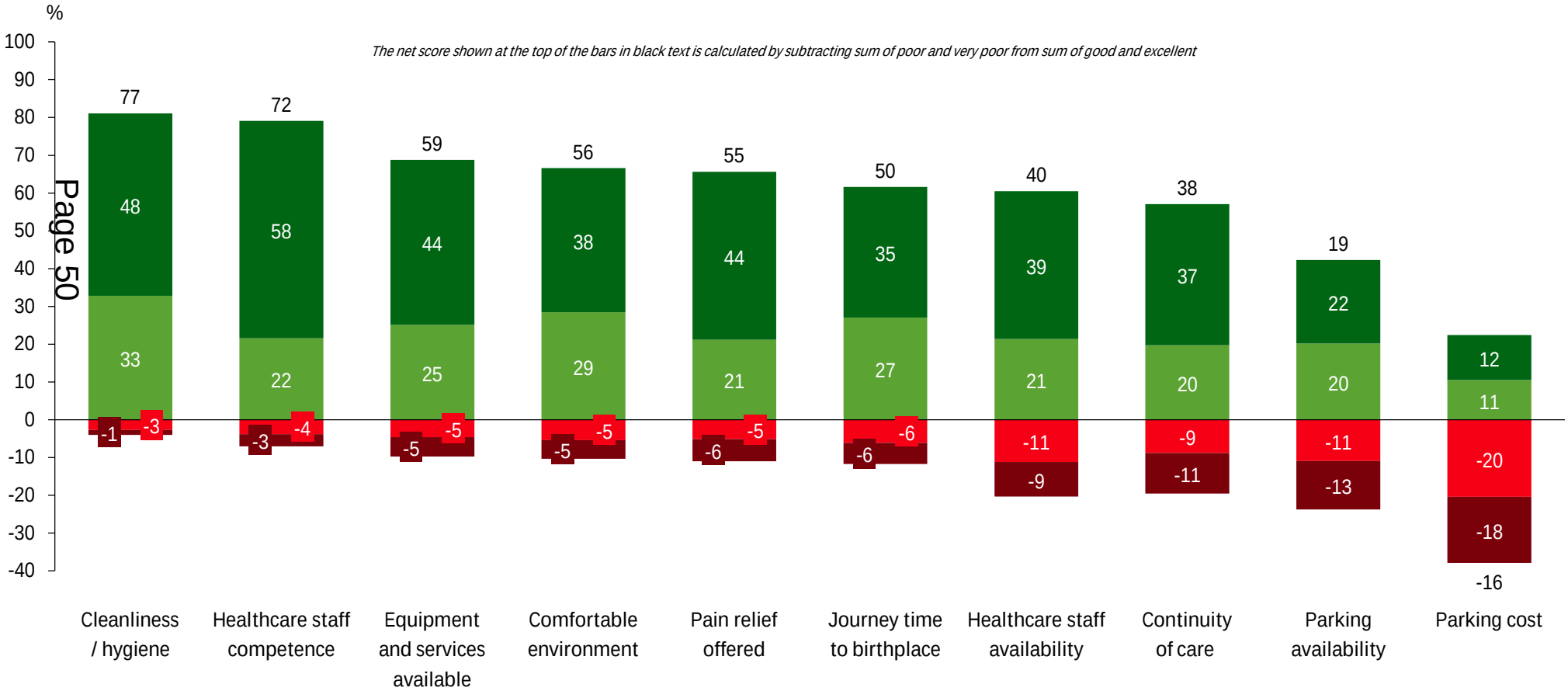
Service users rate cleanliness and healthcare staff competence very highly but give lower overall scores to parking, continuity of care and staff availability

Journey | Labour & Birth | Ratings

Q. Thinking about your experience of labour and birth, please rate each of the following

Base: All service users (1,013)



Source: Pragma Maternity Services Online Survey March 2019

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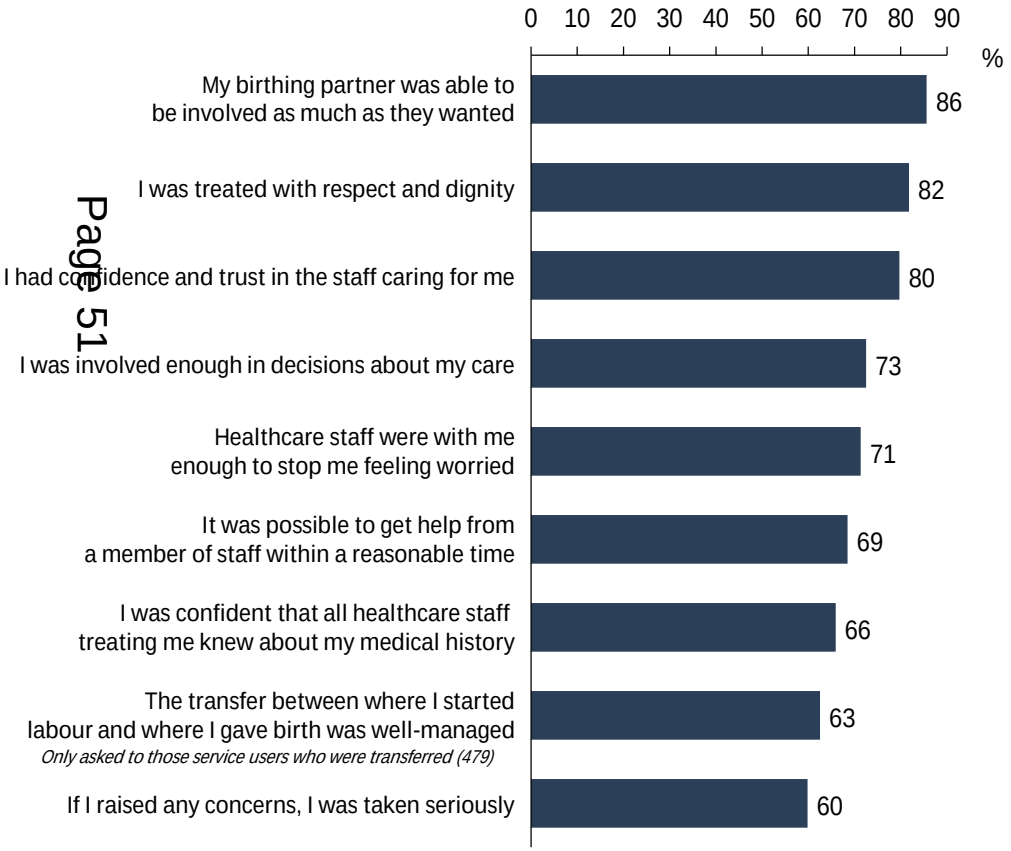
During labour, the majority of women were satisfied with the level of partner involvement, and felt confident in staff and treated with respect and dignity. There is room to improve areas such as patient transfers and medical history awareness

Q. Thinking about your experience during labour and birth, please indicate the extent to which you agree with each of these statements. % strongly agree + agree
Base: All service users (1,013)



% of service users selecting strongly agree + agree by area					
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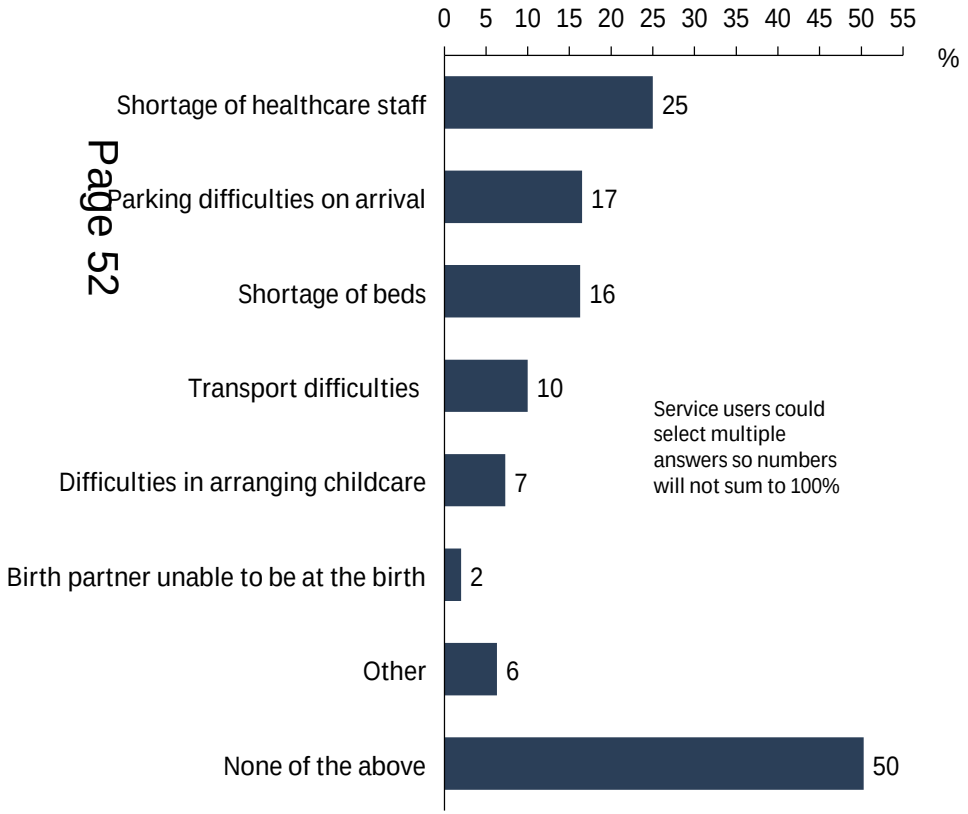
80%	80%	80%	88%	81%	84%
79%	76%	81%	84%	80%	80%
66%	72%	74%	79%	77%	72%
68%	73%	75%	72%	69%	64%
65%	71%	70%	66%	68%	71%
62%	70%	66%	66%	67%	63%
61%	64%	61%	63%	67%	52%
59%	60%	60%	62%	59%	61%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Half of service users identified at least one negative aspect of their labour, with a shortage of staff and parking difficulties most cited

Q. Did any of the following apply to you and your most recent experience of giving birth? Multiple choice
Base: All service users (1,013)



% of service users by area					
Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northam-ptonshire
(321)	*(191)*	*(163)*	*(148)*	*(118)*	*(63)*
27%	25%	20%	26%	27%	29%
24%	14%	18%	7%	14%	22%
18%	18%	13%	16%	14%	22%
20%	4%	6%	4%	11%	19%
12%	3%	11%	5%	7%	5%
4%	1%	2%	0%	1%	6%
7%	4%	5%	7%	7%	11%
42%	52%	53%	58%	51%	43%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Feedback from service users across the catchment area regarding labour and birth can be grouped into themes around staff availability, continuity of care, feeling safe and logistics

Labour & Birth

Journey | Labour & Birth

"I was induced and then I was left because the JR was overstretched. And then my baby came within a minute of someone answering the buzzer." Service User, Banbury

"I had to wait for free space at Spires. I just made it in the wheelchair before giving birth on the chair itself." Service User, Oxford City

"There were no midwives available for my home birth. I was too far in labour to travel so an ambulance attended." Service User, Cherwell

Staff availability / burden on JR

Continuity of care

Feeling safe and listened to

Logistics: travelling and finding parking

"When we arrived at hospital with regular contractions the midwife on the triage unit said they had no beds on maternity ward and no staff. Once a bed was found and two midwives called in from home (splitting the night shifts between them) all went well, though not much continuity in care due to having 3 midwives in 12 hours." Service User, Oxford City

"I had difficulties in getting pain relief and difficulties convincing staff that I was in labour and about to push the baby out!" Service User, Vale of White Horse

"Suddenly, it all kicked off and I felt really not listened to. I wanted a midwife to say, 'yes you are in labour, yes this is fine, let's transfer you to somewhere where you can have the baby'. But instead it was, 'no, no, don't worry you are fine, don't worry, it will be okay.'" Service User, Banbury

"There was heavier traffic than usual as I went into labour during rush hour. I was worried we wouldn't get to hospital. Then. the midwife didn't seem to have anyone to hand over to at end of her shift to continue my care so she stayed." Service User, West Oxfordshire

"I was pacing the corridors in tears thinking is my husband going to get here in the rush hour? Is he going to get parked or miss the birth?" Service User, Wantage

"I was in full labour, contractions a few minutes apart, and had to walk myself into the hospital while my partner parked." Service User, West Oxfordshire

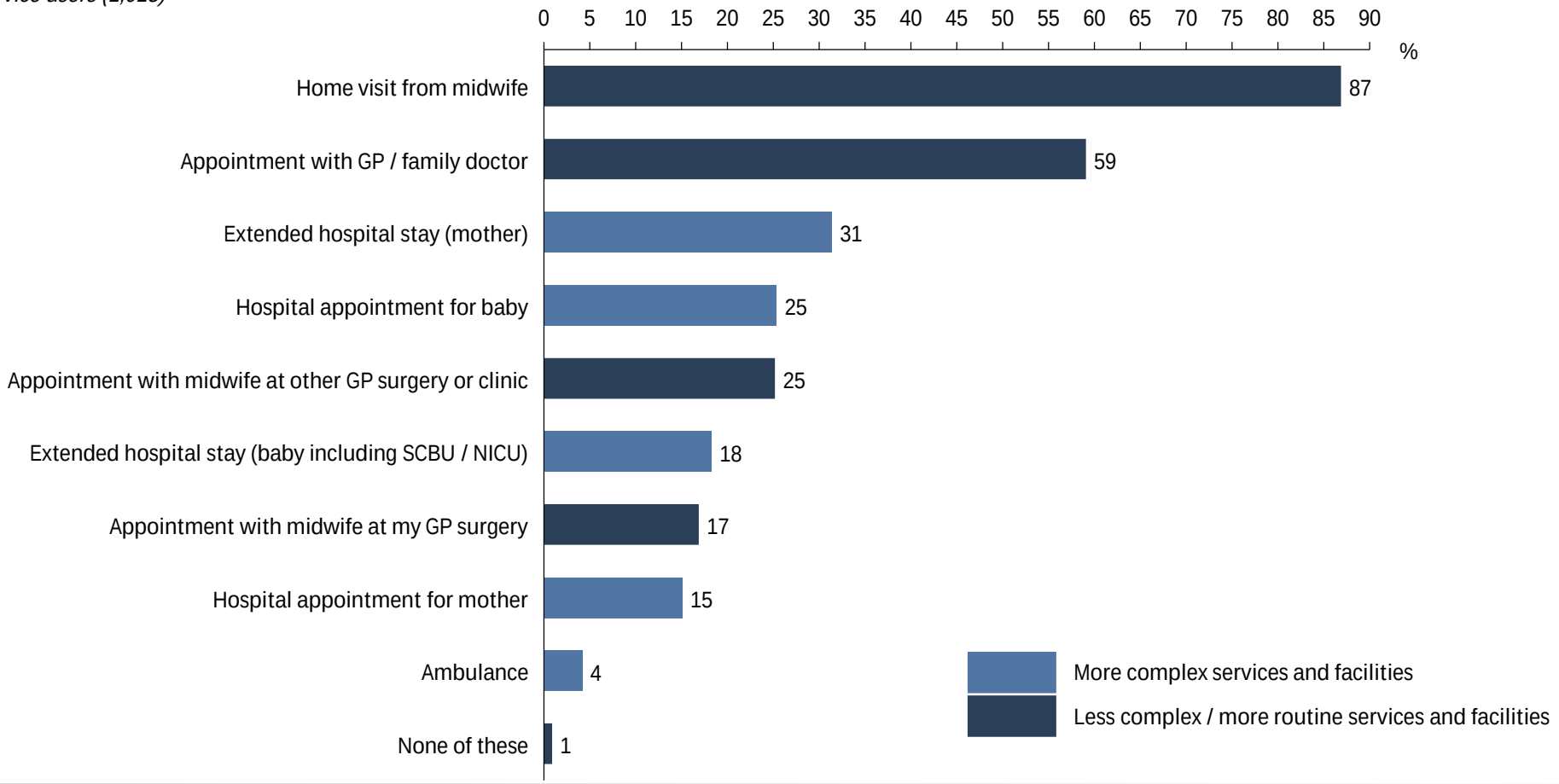
Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Postnatally, the most used services were home visits from the midwife and appointments with the GP

Q. Which of the following services and medical facilities did you use after your most recent birth? Please think about both immediately after giving birth and in the few weeks afterwards

Base: All service users (1,013)



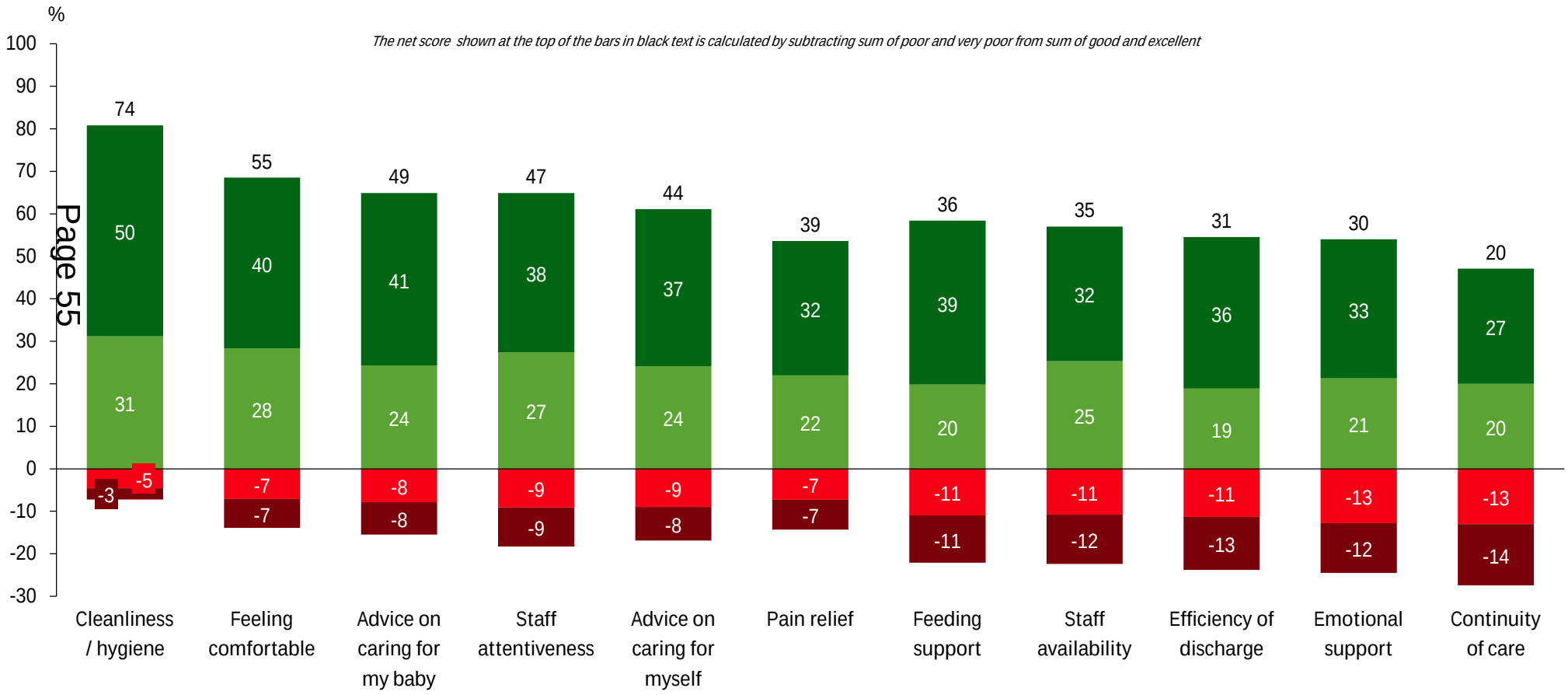
Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Cleanliness and hygiene was highly rated, but service users were least satisfied with the continuity of care and emotional support received

Journey | Postnatal Care | Ratings

Q. Thinking about your experience and the care you received after giving birth, please rate each of the following
Base: All service users (1,013)



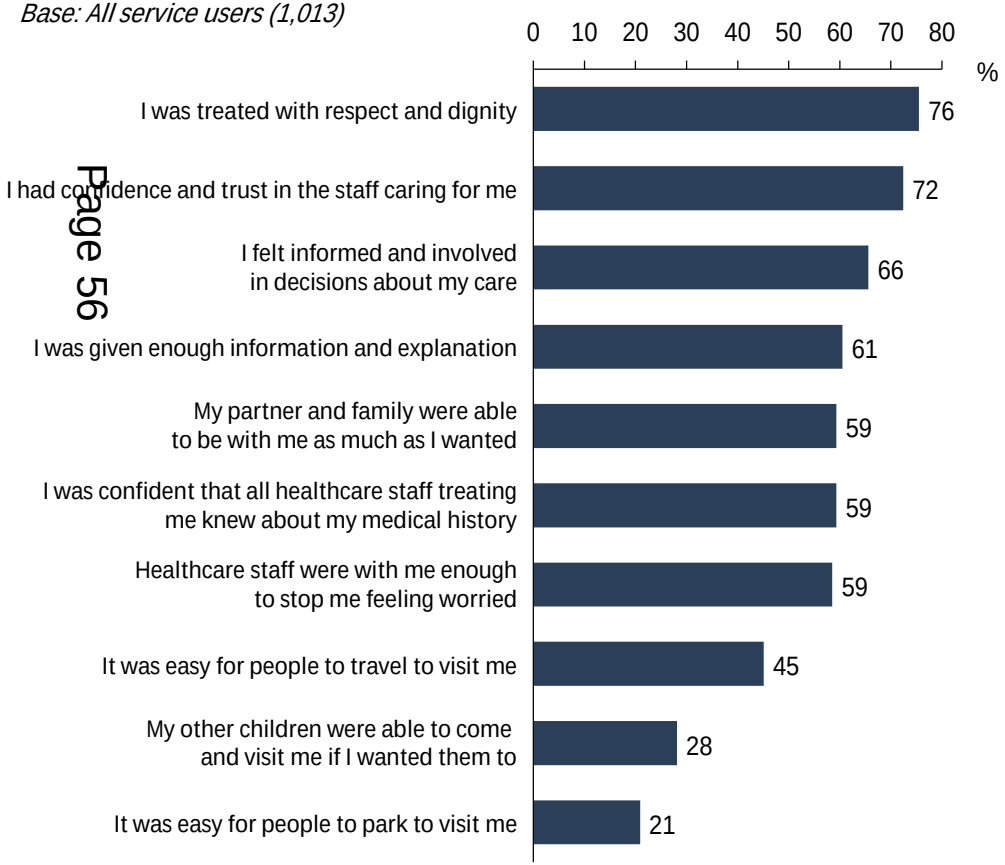
Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

When asked about their postnatal experiences, residents of all council areas disagreed that it was easy for visitors to park and for other children to visit. Cherwell and South Northamptonshire residents reported significantly less satisfaction with ease of visitor travel

Q. Thinking about your experience and the care you received after giving birth, please indicate the extent to which you agree with each of these statements on a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree. % strongly agree + agree

Base: All service users (1,013)



% of service users selecting strongly agree + agree by area					
Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northam-ptonshire
(321)	*(191)*	*(163)*	*(148)*	*(118)*	*(63)*
76%	74%	73%	79%	74%	77%
69%	70%	73%	77%	75%	75%
63%	66%	62%	77%	66%	55%
59%	58%	62%	65%	58%	63%
57%	64%	59%	63%	52%	57%
59%	59%	55%	60%	64%	67%
57%	57%	58%	62%	57%	61%
32%	58%	48%	54%	41%	27%
26%	34%	31%	25%	24%	23%
21%	19%	26%	18%	20%	18%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Feedback from service users across the catchment area regarding postnatal care can be grouped into themes around staff availability, continuity of care, partners staying overnight and logistics

Postnatal care

Journey | Postnatal Care

"The ward at the JR was overrun and the staff simply didn't have the time to be as engaged as I'm sure they would like to have been. My son and I both had infections. It seemed no one had an overview of our drugs monitoring schedules which meant that virtually every hour overnight one or other of us needed some input from midwives."
Service User, Vale of White Horse

"With the medical knowledge and expertise in the theatre at the JR, I wouldn't want to be anywhere else, but they're just so overstretched on the wards after, that's where it goes downhill." Service User, Banbury

"The staff were really caring but you could see they were really struggling to cope with the workload. It also took almost 24 hours to be discharged."
Service User, Oxford City

Staff availability / burden on JR

"I was very poorly after the birth. I remember lying there and I couldn't get to my baby. I felt so very guilty about it. I just don't remember holding him. I couldn't get to him because my husband had gone home."
Service User, Wantage

Continuity of care

"I saw so many people afterwards and they are asking the same questions over and over again and I just hated it." Service User, Banbury

Partner staying overnight

"It was hard for me having to leave my partner and poorly baby just a few hours after she was born. I couldn't return until 9am the next day."
Partner of Service User, Cherwell

Logistics: travelling and finding parking

"My husband was told he couldn't stay…so he drove home. I was really worried about him driving home so tired." Service User, Banbury

"I was stressing as much about parking at the JR as I was about actually giving birth there." Service User, Wantage

"Traveling to the JR is not easy, wherever you are traveling from, but I felt extra anxious due to local roadworks." Service User, Vale of White Horse

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

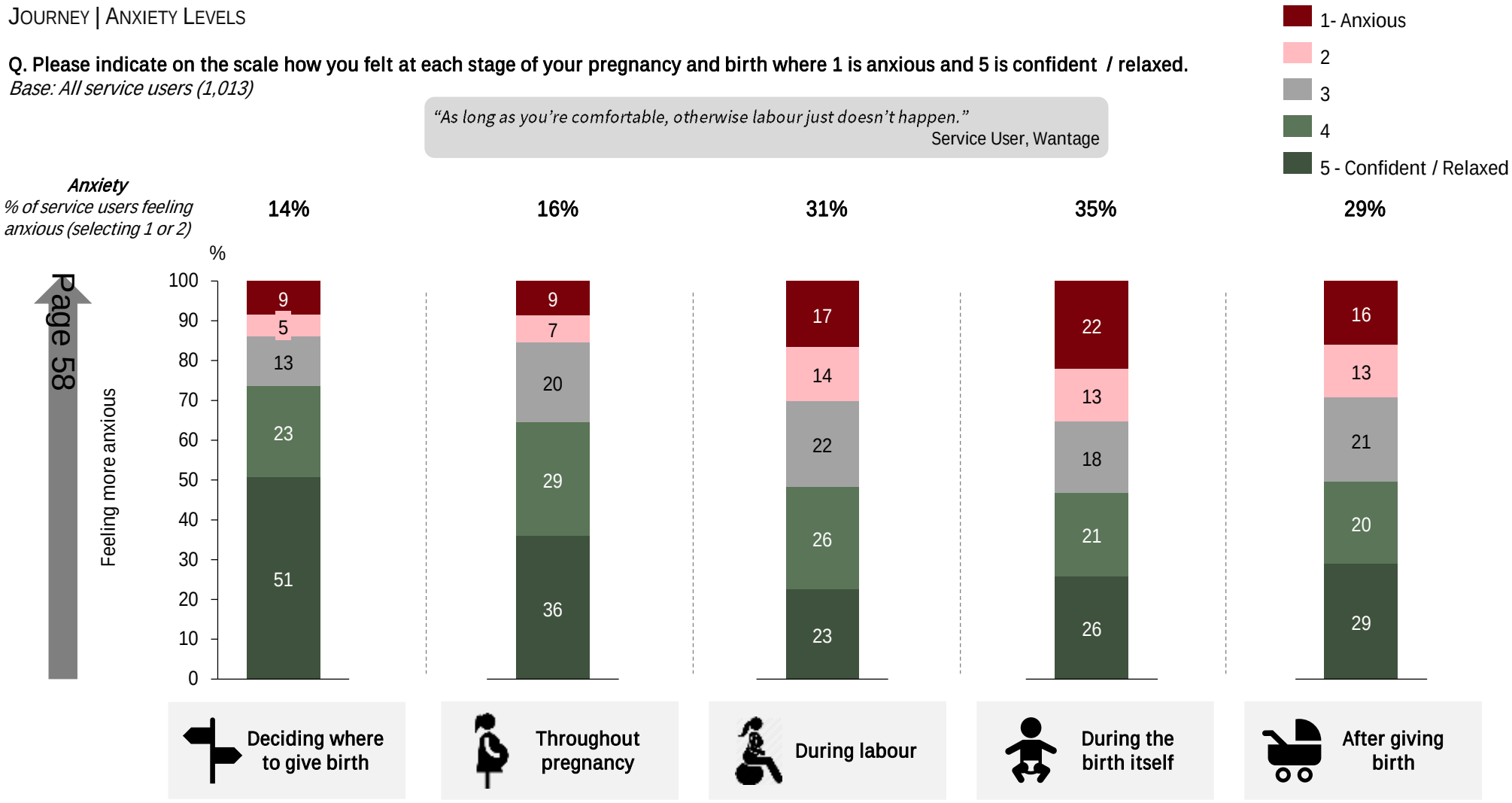
Stress and anxiety impact birth experience, can stall labour and change outcomes, and can cause lasting emotional damage. Anxiety levels increase significantly during the labour and birth periods

Reflections

Journey | Anxiety Levels

Q. Please indicate on the scale how you felt at each stage of your pregnancy and birth where 1 is anxious and 5 is confident / relaxed.
Base: All service users (1,013)

> *"As long as you're comfortable, otherwise labour just doesn't happen."*
> Service User, Wantage



Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

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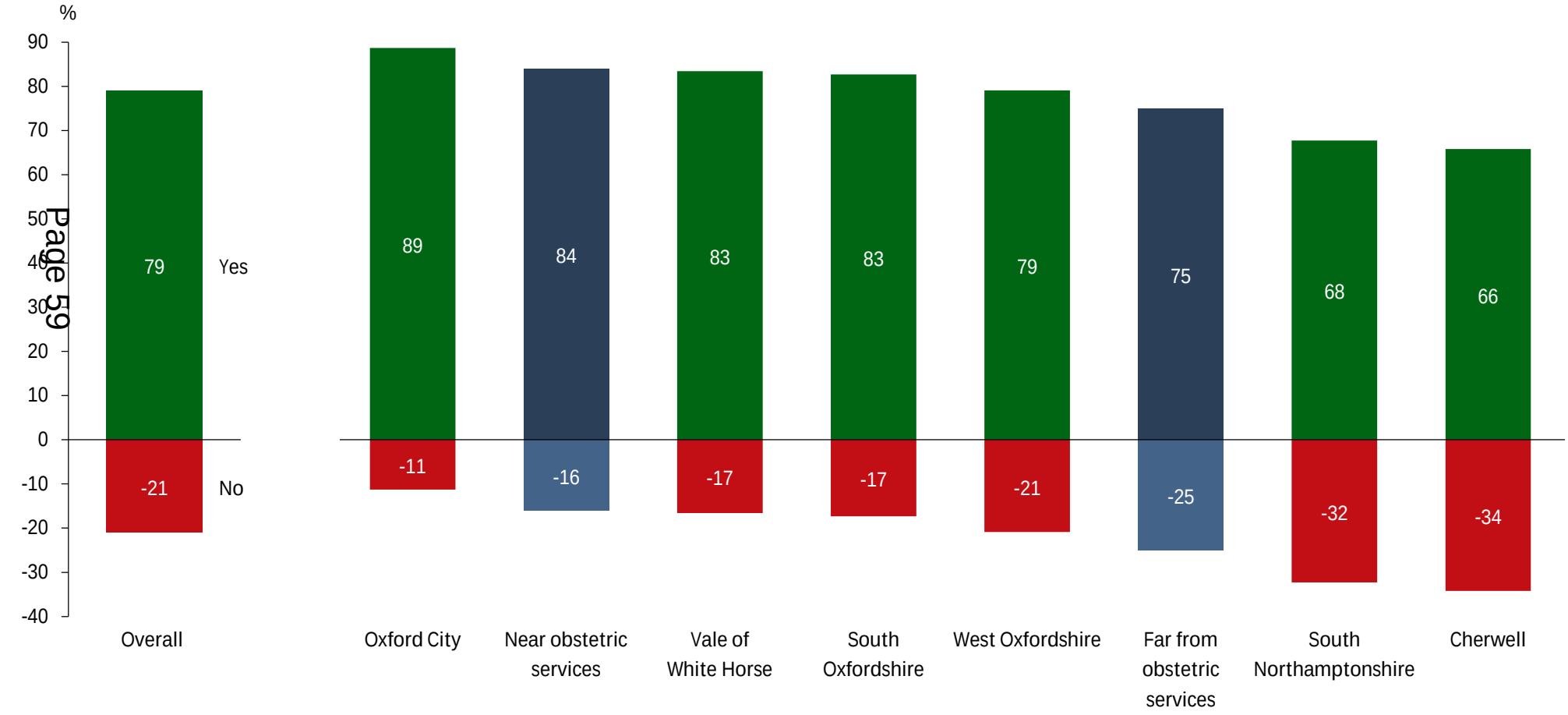
On reflection, 79% of service users would have chosen the same place to give birth. Cherwell residents are least likely choose the same place to give birth

Reflections

Q. Reflecting on your experience, would you have chosen the same place to give birth?

Base: All service users (1,013)



Source: Pragma Maternity Services Online Survey March 2019

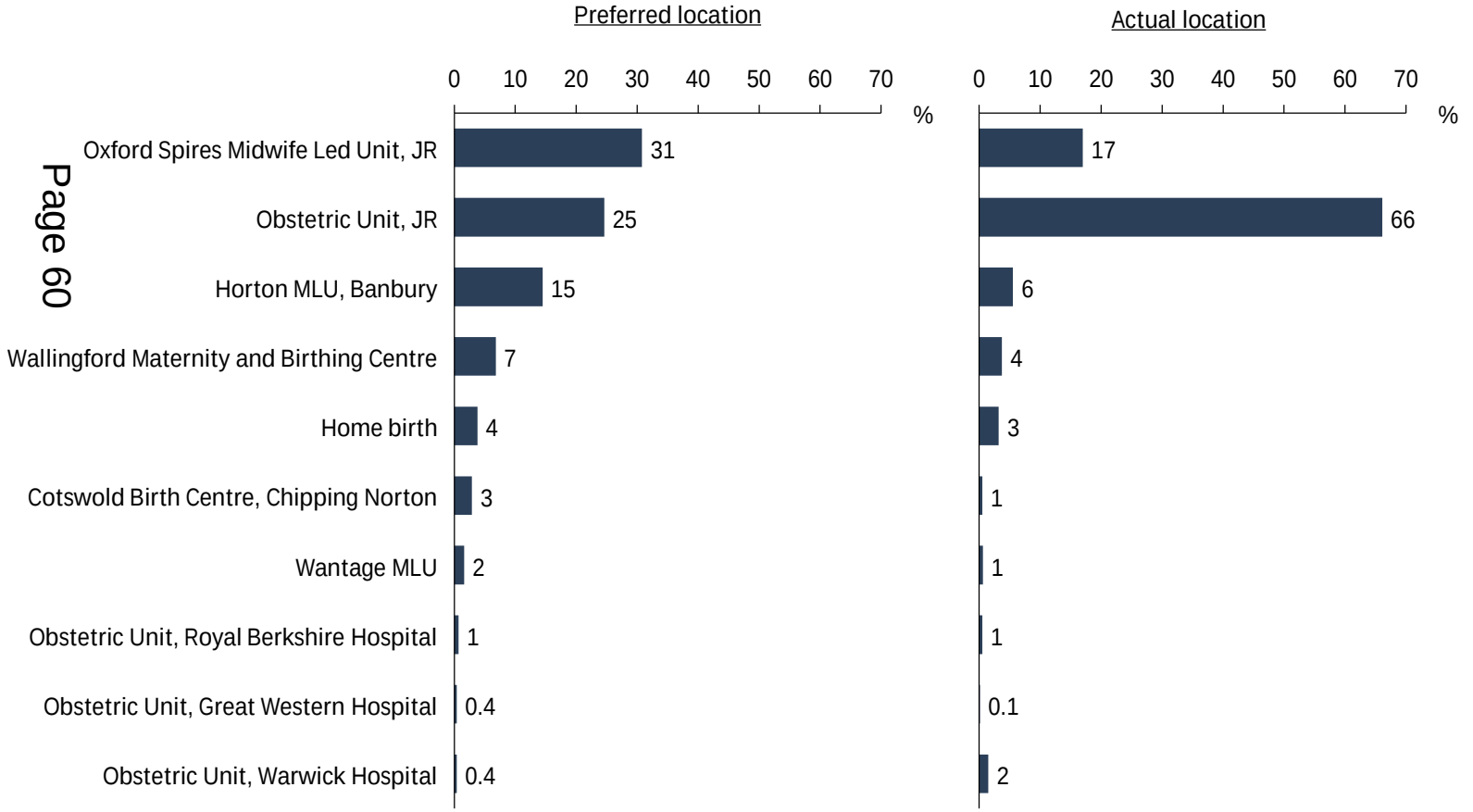
Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

More service users would prefer to give birth at both Oxford Spires and the Horton than end up delivering there. In contrast, more service users end up delivering at the Obstetric Unit at the JR than would have chosen to do so

Reflections

Journey | Reflections on Preference vs. Delivery Location

Q. ...and which of those places would you have preferred to have given birth at?
Q. ...and which of these places did you actually give birth at?
Base: All service users (1,013)



'Conversion' between preferred and actual location
0.55
2.69
0.38
0.54
0.84
0.17
0.38
0.71
-
-

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Contents

In 2016, Better Births, a National Maternity Review was published and outlined priorities for maternity services in the UK

1. **Personalised care,** centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.

2. **Continuity of carer,** to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.

3. **Safer care,** with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.

4. **Better postnatal and perinatal mental health care,** to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.

5. **Multi-professional working,** breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.

6. **Working across boundaries** to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.

Source: Better Births 2016

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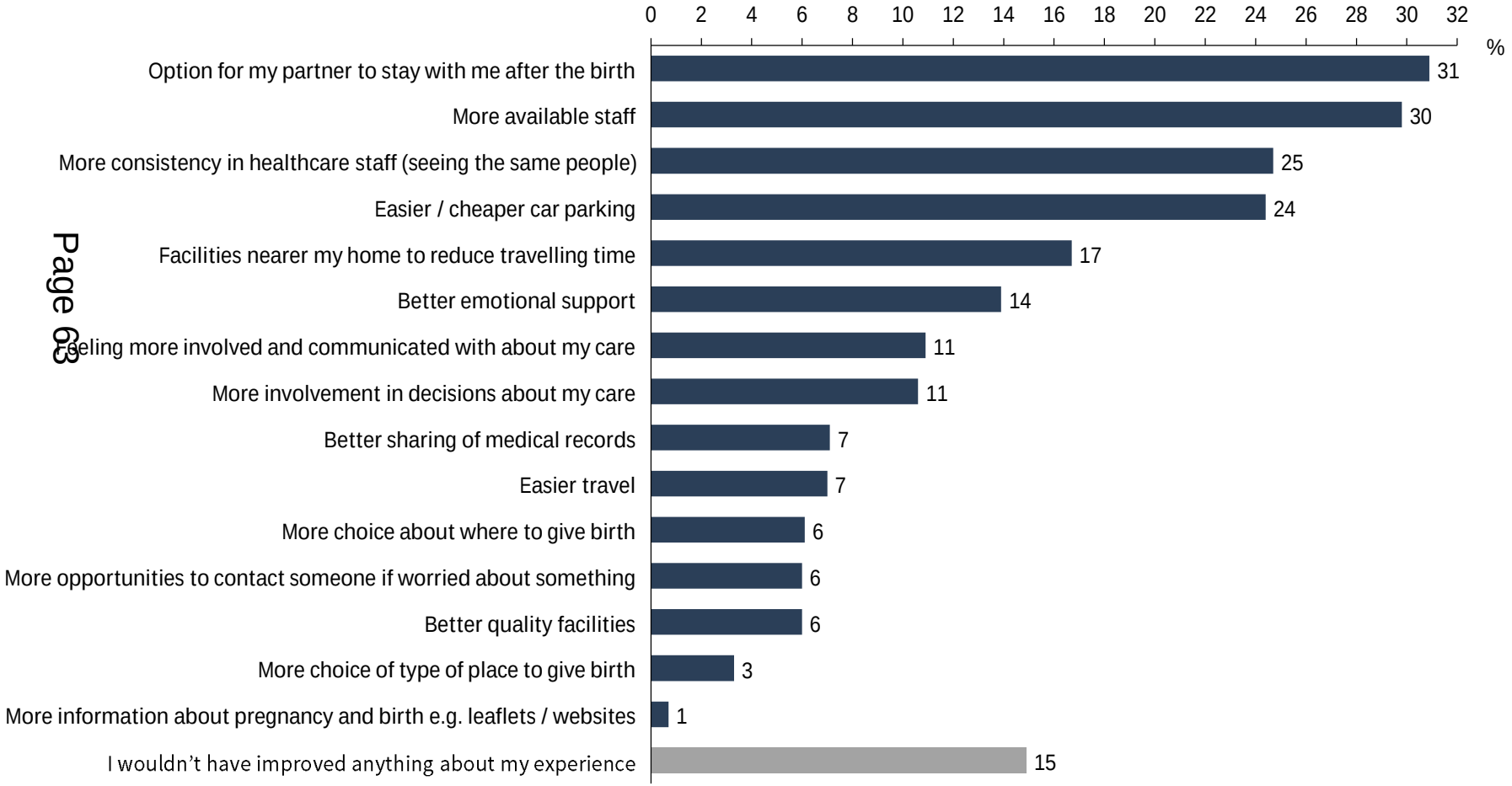
The improvements suggested by service users also feature many of the priorities outlined in Better Births

Reflections

Q. How could your overall experience have been improved? Please select up to 3 reasons

Base: All service users (1,013)



Source: Pragma Maternity Services Online Survey March 2019

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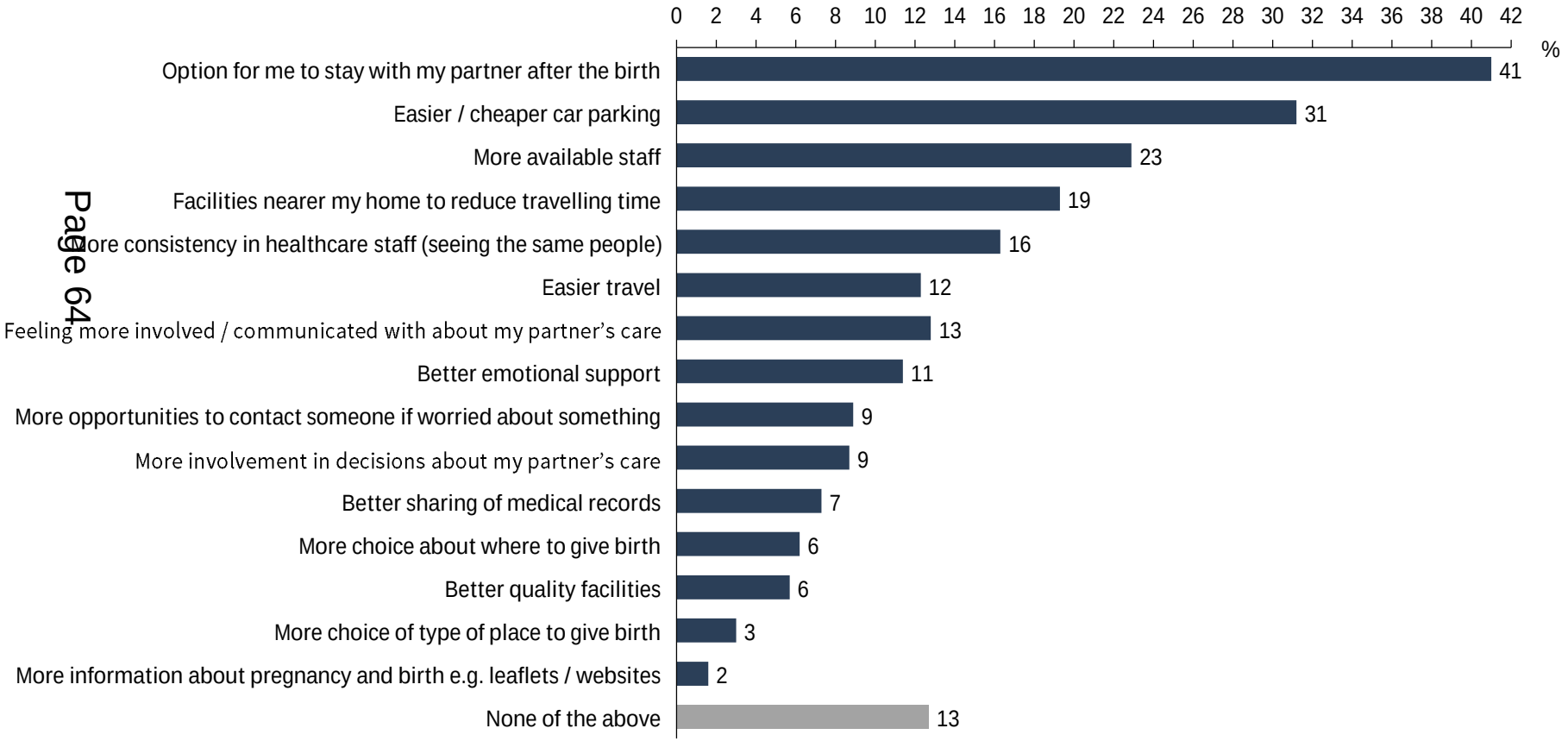
Partners of service users cite similar areas for improvement, but with greater emphasis on practical improvements around parking and accessibility

Partner loop

Q. How could your overall experience have been improved? Please select up to 3 reasons

Base: All partners (436)



Source: Pragma Maternity Services Online Survey March 2019

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These priorities also match the improvements suggested in the focus groups and interviews

Reflections

Impact & Improvements | Qualitative Improvements

Partner allowed to stay after the birth

"The main thing I would change is partners staying. He was told at 9pm that he had to go. It certainly affected how I felt about our family unit in the early days." Service User, Wantage

"Better communication between the community midwife and the hospital team about the pathway I was on and being kept aware of what's going on. I was in hospital for 3 days before I saw a consultant. That makes a difference as a patient, you want the information and to know the plan." Service User, Banbury

Feeling safer, more supported and with more available staff

"It was so busy in the JR, it felt a bit like being on a conveyor belt." Service User, Cherwell

"I think the midwives should work in a small team and then the mums should get to know those midwives and at least have then a friendly face." Service User, Wantage

Better continuity of care

"When you were actually able to get someone into the room to help you, you had to explain everything. Having the same midwife would have helped massively. My wife was kept in hospital initially because her heart rate was so erratic, I think it was the stress'." Partner of Service User, Banbury

"It was extremely difficult for me to see my partner and toddler which affected his bond with my baby. Travel was over an hour and parking the same." Service User, Cherwell

Logistics

"Visiting hours should be in the morning and then the evening rather than just afternoon and evening. With traffic, it was impossible for my husband and other child to visit me." Service User, South Northamptonshire

More joined up communication and access to records

"The best things about the blue folder is all the information about the appointments and what to expect. Those won't necessarily be available in such an easy access format if they move to electronic records." Service User, Wantage

"When you're going through pregnancy and birth, particularly the first time, it's quite scary and daunting. Videos or virtual tours of places you can give birth would be really helpful to let people visualise the kind of place you might go." Service User, Wantage

More information to support decision making and care

"I had to sign a release form for my partner during a difficult birth. I still do not fully understand what I was signing for. A clearer explanation pre birth of some possible outcomes or contingencies to make the fathers aware would be beneficial." Partner of Service User, Vale of White Horse

"I had great support with breastfeeding but I don't think I knew anything about where to get support beforehand . You need it all written down and pinned to the fridge – it's Monday at 7am, who can I talk to?" Service User, Wantage

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

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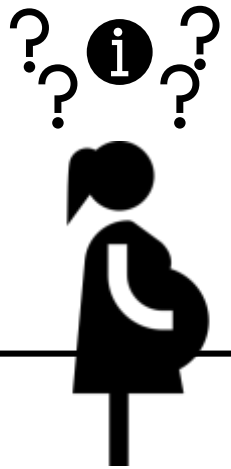
The Horton was previously the default choice for many women living nearby, yet the closure of consultant-led care has made it as a more difficult decision with greater perceived risk

Reflections



Risk — Choice

Temporary closure of consultant-led care at Horton General Hospital

"I needed a 2.5 hour repair job after my first baby, what would have been the choice if that had happened with this one? Guidelines say that women have a choice, I didn't feel like I had a choice as I wanted medical facilities."
Service User, Banbury

"There's a general sense of anxiety and uncertainty now around the birthing options. A few years ago, we assumed that we would give birth at our local hospital."
Service User, Banbury

"Feeling safe, feeling like you have a nest. It all feels like it's been shifted down our priorities because of what's happened at the Horton. This time around, I'm thinking risk management, practicality management, how am I going to make this work in a way that is not going to impact me, my baby and my family."
Service User, Banbury

"After 2 hours at the Horton, the baby's heartbeat kept going dangerously low. Then it turned serious and that's when you realise there is nothing here. It's alright having a birthing pool and a radio and lights but we didn't think about what happens when things get serious because it was our first one. All the midwife had was a stethoscope and a mirror."
Partner of Service User, Banbury

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Cherwell residents express more negative words than all service users, reflecting the practical challenges with the distance travelled and the resulting anxiety

Q. Overall, what 3 words would you use to describe your experience of the maternity services during this recent pregnancy and birth? *Base: All service users (1,035)*

The size of the words is determined by the number of times the words were mentioned

Exclusive words in the top 20
(when all words are ranked by number of mentions, which words are unique in the top 20)

Key position differences

All service users (1,035)

Positive
Informed
Safe

Stressful
14th place

Frustrating
23rd place

Cherwell residents (329)

Scary
Disappointed
Far

Stressful
8th place

Frustrating
12th place

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Individual service user journeys highlighted incidences where the closure of the Horton obstetrics had a direct negative impact upon either the service user experience and / or resulted in increased risk (1/3)

This slide outlines the story of a single journey of a service user

- Errors with care pathway in community services and communication
- High blood pressure discovered during appointment at the Horton after reduced movements - Ambulance transfer to JR
- 2 week stay in hospital followed by emergency caesarean section at 2 months premature
- 6 week stay in SCBU – presented challenges for visiting and sibling childcare increasing journey anxiety
- Baby now healthy

Decision-making

"I had absolutely no choice whatsoever, it was 'this is a medical emergency,' and 'our way or no way,' and there was very little information."

Antenatal care

"My husband missed the birth as it was an emergency. I had a two week inpatient stay with a two year old, a 40 minute drive and very limited visiting hours. Not having access to that support was distressing. I felt like a prisoner and cried with relief when I finally left."

"They don't let you off the unit until your blood pressure is stable so I couldn't even go to the local park with my toddler. They should have an arrangement so you can see other children. It's the human cost of organisational things."

"The care was very good at the JR but I was traumatised by it all – it was such a shock and so sudden."

Labour & Birth

"You can't take a 2 year old to SCBU, we were only able to visit every other day."

"If she'd been in SCBU in Banbury, it would have been so much easier."

Postnatal care

"It was the worst experience of my life."

"Have to give information to the patient, if anyone had mentioned pre-eclampsia at any point, I would have monitored it. But they didn't."

Reflections

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Individual service user journeys highlighted incidences where the closure of the Horton obstetrics had a direct negative impact upon either the service user experience and / or resulted in increased risk (2/3)

This slide outlines the story of a single journey of a service user

- Stillbirth at JR at 23 weeks following history of miscarriages
- High levels of anxiety around travel and parking at JR for appointments and visiting
- Financial impact associated with distance from loss of earnings, parking and fuel costs
- Distance from home reduced access to support network limiting visits from partner and parents and intensified patient anxiety and sense of isolation

Decision-making

"I rang my husband [after they told me I had lost the baby], who had to drive over which took him ages because it was 9 in the morning. He rang me really upset from the car park, because he was queuing and couldn't find anywhere to park."

"I was driving around for ages and you just end up getting more and more stressed, fighting over spaces…it's whoever can get there first."

"I went in for a routine appointment and drove and did park and ride. I left my house at 11 and got back at 5, so it's a whole day."

"The financial effect this has had on us has been an added extra to the anxiety. Last year I lost hundreds if not over a thousand pounds in loss of earnings for both of us, fuel, parking and transport costs."

Antenatal care

Labour & Birth

Postnatal care

"I was on an antenatal ward. A lot of people didn't know what had happened… people were speaking to me as if I was still expecting'."

Reflections

"The Horton [where she had been treated for a previous miscarriage] had a homely feel, it's a much smaller place with fewer patients. It was not a nice thing to happen, but it was still a good experience. At the JR, they are overworked and you feel guilty asking for anything."

"Every person I saw said something different, it felt like I was on a conveyor belt.'

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Individual service user journeys highlighted incidences where the closure of the Horton obstetrics had a direct negative impact upon either the service user experience and / or resulted in increased risk (3/3)

This slide outlines the story of a single journey of a service user

- Transfer from Horton to JR during labour due to baby's slowing heartbeat
- Hour wait as on call midwife went straight to JR, resulting in Horton midwife having to travel in ambulance
- Epidural at the JR, followed by overnight stay
- During follow up, confused for another patient
- Baby now healthy

Decision-making

"We chose the Horton as I was keen to get to the hospital as quickly as possible, we live one minute away."

"I work at the JR so I did consider it."

"The closer it was getting to my due date, the more I was thinking 'I just want to be close to home.'"

Antenatal care

"We got there [at the Horton] and the room was lovely, a lovely birthing room, with a pool and gas and air, and I was having the time of my life. It started off really well."

"They made us very aware there was only one midwife there… we asked 'what if two people came in, in labour?' She said she'd have to deal with them both."

"All she had [the midwife] was a mirror and a stethoscope."

"It was fine when it was all going well, but when we realised we needed actual serious help… there is no help."

"When we went into the JR I realised just how little there is at the Horton. It was like this IS a hospital, it was a massive thing of relief."

Labour & Birth

"I stayed in overnight, the midwife who looked after me after was incredible – she helped me to get [baby] to latch on and feed and to get me into the shower."

"It was very daunting, I've got a brand new being and they just pull the curtain around us and say goodnight."

Postnatal care

"We want the Horton to stay open, we want to use the facilities, we thought 'if we use it, maybe we can encourage others to use it.'"

"I would now advise anyone not to go there, and don't waste your time [with the Horton]."

"I can't knock the JR with anything, the experience was great."

Reflections

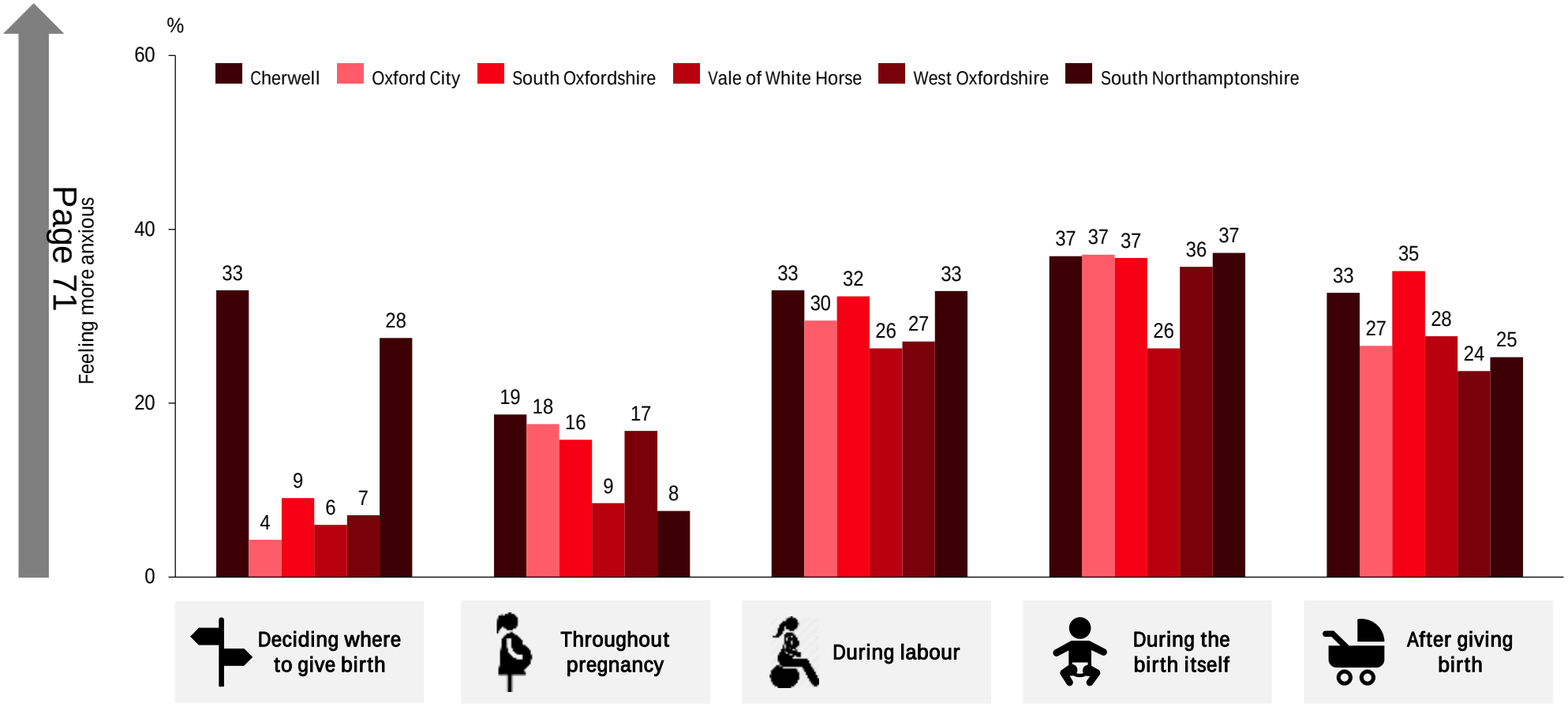
Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

On reflection, those in Cherwell and South Northamptonshire report higher levels of anxiety when deciding where to give birth

Q. How did you feel at each stage of your pregnancy where 1 is anxious and 5 is confident? ***% of service users feeling anxious (selecting 1 or 2)***

Base: Cherwell (321), Oxford City (191), South Oxfordshire (163), Vale of White Horse (148), West Oxfordshire (118), South Northamptonshire (63)



Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Feedback from service users in the Banbury area can be grouped into themes around emotional support, travel time, parking and risk of transfer

Reflections

"There was the fear of being transferred and something going wrong." Service User, Banbury

"I don't want to be in the later stages of labour in an ambulance." Service User, Banbury

"I had to follow an ambulance to Oxford at 6am after 8 hours of labour. I can't imagine how my wife felt doing that without me." Partner of Service User, Cherwell

3 women who answered the survey gave birth in transit, 1 from West Oxfordshire and 2 from Cherwell

"My daughter was in special care. My in-laws had to travel from Cornwall and watch my older child. We couldn't visit her as much as we would've liked and she didn't have a great a deal of contact in the early weeks of her life. Having her closer to hand in Banbury would've made it easier." Service User, Banbury

"It would have been wonderful to have my baby at the Horton, as I did with my first two babies. It's close to where I live so family can pop in to visit." Service User, Banbury

- Risk associated with transfer
- Emotional support / visiting
- Parking
- Travel time

"I almost missed my child's birth because of parking at the JR." Partner of Service User, Cherwell

"The financial effect this has had on us has added hugely to my anxiety…last year I lost hundreds, if not thousands of pounds in loss of earnings for both of us, fuel, parking and transport costs." Service User, Banbury

"You don't want to have to travel a long distance or think about how you are going to get there. Having to decide if you are going to get there in time and can you park…you just don't need that added stress on the baby or yourself." Service User, Banbury

"I cannot imagine myself having contractions and driving to Oxford, being stuck in traffic." Service User, Banbury

"My partner had to travel quite fast; we got to one set of traffic lights and my waters broke and her head was coming out." Service User, Banbury

Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Partners of service users are also feeling the impact of changes at the Horton with Cherwell residents rating ease of visiting and choice of locations lower than other council areas

Partner loop

Q. Thinking about your recent experience during your partner's pregnancy and birth, please rate each of the following from your own perspective on a scale of 1 to 5 where 1 is very poor and 5 is excellent

Base: All partners (436)

	Total	Net score (sum of good and excellent minus sum of poor and very poor)					
		Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northam-ptonshire
	(436)	*(149)*	*(74)*	*(67)*	*(59)*	*(55)*	*(28)* *low base, indicative only*
Staff attentiveness	**53%**	45%	70%	46%	57%	61%	23%
Staff availability	**41%**	32%	53%	30%	54%	45%	18%
Ease of visiting	**34%**	12%	63%	32%	46%	29%	7%
Continuity of care	**28%**	22%	41%	21%	28%	40%	13%
Choice of locations (for appointments and for labour)	**27%**	10%	43%	33%	48%	19%	-9%
Travel times (for appointments, birth and afterwards)	**25%**	6%	69%	32%	41%	-6%	-27%
Ease of childcare for siblings (if applicable)	**6%**	8%	-1%	2%	7%	22%	-3%
Ease of parking (for appointments, birth and afterwards)	**-11%**	-12%	-4%	-22%	1%	-16%	-16%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

Other options for service users in Banbury include Warwick, The Spires and The Cotswold Birth Centre. Each of these alternatives comes with issues / challenges which limit their appeal

Reflections

Warwick

"Because I said I was going to go to Warwick, the Horton wouldn't deal with me, they wouldn't do any scans…it's sort of disappointing because you think I haven't done this... They give you Warwick likes it an option, but when you take it as an option they make it hard for you."
Service User, Banbury

"I chose Warwick purely on logistics, not for care or medical reasons."
Service User, Banbury

As an alternative to the Horton, Warwick is generally chosen due to logistical benefits. Service users report issues around joined-up care between trusts

Spires, JR

"I liked knowing that the hospital was just downstairs." Service User, Wantage

"I was pulled out of a birthing pool in the Spires at 8cm dilated as the unit was closed due to staff shortages." Service User, Cherwell

"And on the day that I went into labour, I rang them up and they said no, Spires is closed. We've got no staff. It's the summer. It's been closed all August. "
Service User, Wantage

The Spires is rated highly due to its ability to give MLU benefits alongside the wider medical expertise of the JR but there are issues around closures

Cotswold Birth Centre, Chipping Norton

"We're ringing the door bell and the phone – no answer, total panic and chaos. We're in the car park for an hour or more waiting."
Service User, Banbury

"I was tempted by CBC as it seemed lovely and travel and parking would be easier. The peace of mind knowing there were specialist doctors available without being carted off to another hospital was the reason I chose the JR." Service User, Cherwell

The Cotswold Birth Centre also received some negative feedback about closures

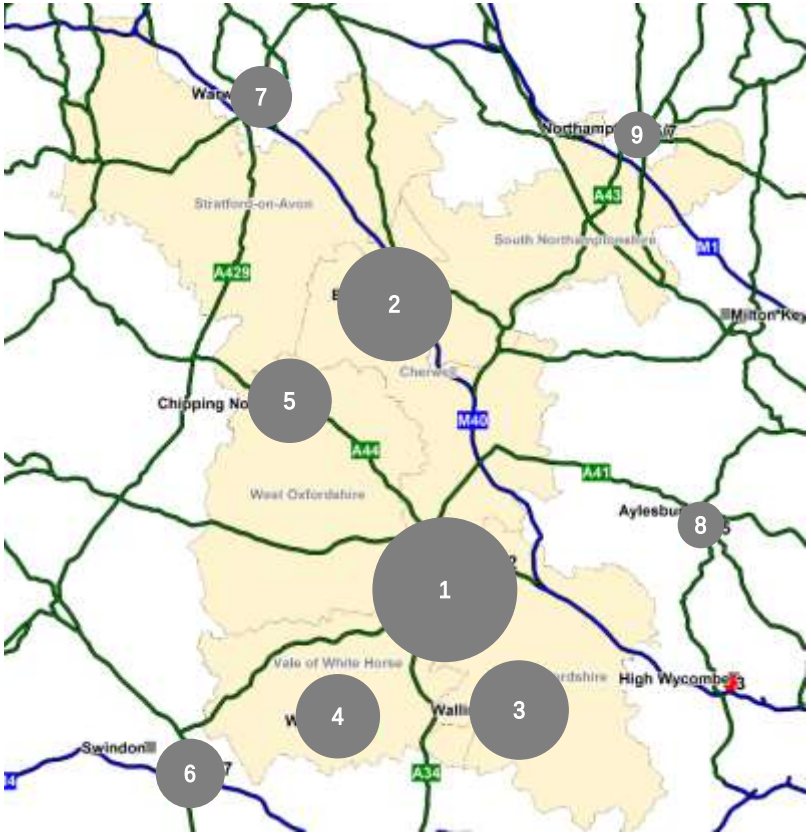
Source: Pragma Maternity Services Online Survey March 2019 , Pragma Qualitative Research April 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

When asked to select their ideal geographical location to give birth, 24% of all service users selected Banbury…

Reflections

Q. Imagine your ideal place to give birth could be located anywhere on this map below, where would you select? *Base: All service users (1,013)*



1. Oxford: 49.4%
2. Banbury: 23.8%
3. Wallingford: 11.0%
4. Wantage: 5.1%
5. Chipping Norton: 5.1%
6. Swindon: 0.7%
7. Warwick: 0.5%
8. Aylesbury: 0.1%
9. Northampton: 0.1%

"I would choose to give birth at my home": 4.3%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

...which increases to 74% of Cherwell residents

Impact & Improvements | Ideal Location

Q. Imagine your ideal place to give birth could be located anywhere on this map below, where would you select? *Base: All service users (1,013)*

Ideal birth location	% of service users by area					
	Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northamptonshire
	(321)	*(191)*	*(163)*	*(148)*	*(118)*	*(63)*
Oxford	21.2%	94.7%	33.4%	59.1%	54.8%	1.3%
Banbury	73.8%				1.7%	97.0%
Wallingford			56.0%	4.8%		
Chipping Norton	2.6%	0.5%			33.7%	
Wantage			4.7%	28.4%		
Swindon				3.3%	2.0%	
Warwick	0.2%					
Aylesbury			0.4%			
Northampton						0.8%
Choose home birth	2.1%	4.8%	5.5%	4.4%	7.9%	0.8%

Of all survey service users who live in Cherwell, 74% selected Banbury as their ideal geographical location to give birth

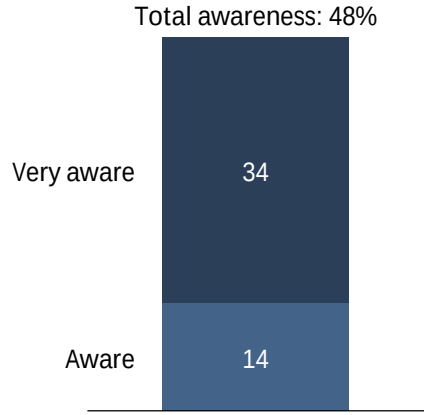
Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

The awareness of changes to maternity services at the Horton is highest in Cherwell and South Northamptonshire

Reflections

Q. To what extent are you aware of the recent change to maternity services at the Horton General Hospital in Banbury involvin g the temporary closure of consultant-led care? *Base: All service users (1,013)*



Council area	% Very aware + aware
Cherwell (321)	81%
Oxford City (191)	33%
South Oxfordshire (163)	24%
Vale of White Horse (148)	30%
West Oxfordshire (118)	49%
South Northamptonshire (63)	92%

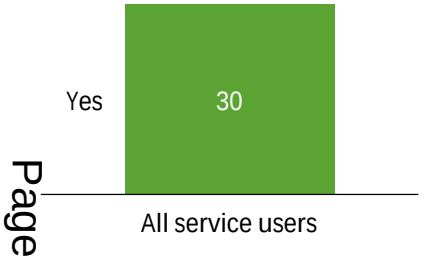
Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

75% of service users in Cherwell and 93% in South Northamptonshire would have preferred to give birth at the Horton if obstetric services had been available

Reflections

Q. Had the Horton obstetric service been available as an option to you, would you have preferred to give birth there? *Base: All service users (1,013)*



Council area (base)	% Yes
Cherwell (321)	75%
Oxford City (191)	3%
South Oxfordshire (163)	3%
Vale of White Horse (148)	1%
West Oxfordshire (118)	21%
South Northamptonshire (63)	93%

Response rates by key postcode areas

Please note that this level of granularity reduces the base of service users for each group and so results with low bases must be viewed as indicative only

Postcode area (base)	% Yes	Postcode area (base)	% Yes
NN13 (45)	91%	OX15 (28)	97%
NN11 (9)	100%	OX16 (109)	92%
CV (8)	50%	OX17 (30)	91%
OX1 (20)	12%	OX18 (28)	13%
OX2 (59)	3%	OX20 (4)	16%
OX3 (83)	4%	OX25 (13)	58%
OX4 (93)	3%	OX26 (39)	34%
OX7 (21)	42%	OX27 (5)	60%
OX10 (46)	5%	OX28 (44)	17%
OX11 (82)	1%	OX29 (30)	23%
OX12 (38)	3%	OX44 (10)	7%
OX14 (64)	1%	HP / MK (5)	40%

Postcodes with 0% Yes:
OX5, OX9, OX13, OX33, OX49, RG9, SN

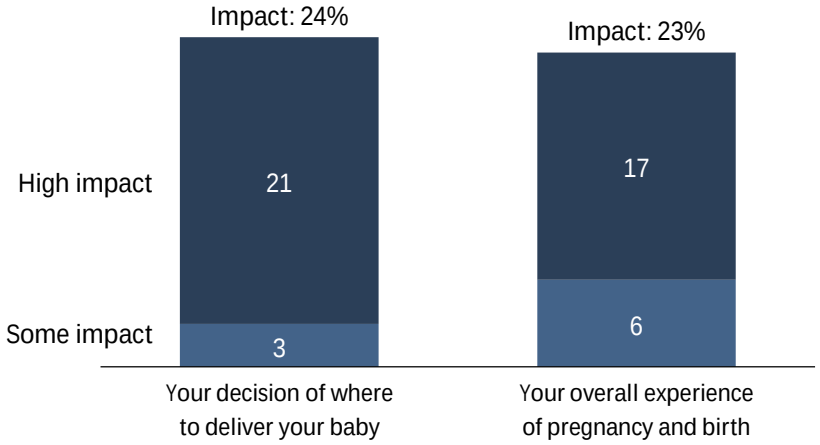
Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

68% of Cherwell service users (82% in South Northamptonshire) feel that the temporary closure of the obstetric unit at the Horton impacted their decision of where to deliver and 59% in Cherwell and South Northamptonshire feel it impacted their overall experience

Reflections

Q. To what extent did the temporary closure of the obstetrics unit at Horton General Hospital impact...: *Base: All service users (1,013)*



Council area (base)	% Impact on decision	% Impact on experience
Cherwell (321)	68%	59%
Oxford City (191)	3%	7%
South Oxfordshire (163)	2%	4%
Vale of White Horse (148)	0%	6%
West Oxfordshire (118)	13%	14%
South Northamptonshire (63)	82%	59%

Source: Pragma Maternity Services Online Survey March 2019

Notes: There were just 9 service user responses from Stratford-upon-Avon so throughout the report, these responses are counted in the totals but not shown separately. Bases will therefore not always add to the total

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 4 July 2019

Work stream 5a – Workforce analysis.

1. Introduction

This paper brings together several sections of the Information Pack shared with members of the Scoring Panel. More information including the detail of the calculations and the generated rotas are available in the pack, published on OCCG website here.

This paper includes the following:

- Careers in obstetrics and gynaecology
- Workforce planning in obstetrics
- Summary of obstetric staffing numbers required to support each option
- Non-obstetric workforce requirements
- Recruitment and retention of the obstetric workforce

2. Careers in Obstetrics and Gynaecology

Obstetrics is the area of medicine that looks after mothers and their babies before, during and after birth.

Gynaecology is the area of medicine that covers female reproductive health outside of pregnancy. This includes reproductive and fertility medicine as well as sexual and reproductive health. The common link is women's health: before, during and after the reproductive years.

Doctors who choose to work in this speciality have combined training both in obstetrics and gynaecology and the majority of consultants are Consultant Obstetricians and Gynaecologists. Some consultants having undertaken additional higher training are recognised as experts in a particular field. They are known as Consultants with Subspecialist training. At this point they are usually either Consultant Obstetricians or Consultant Gynaecologists.

2.1 Training to become a Consultant Obstetrician and Gynaecologist

For the purposes of these options "doctors in training" are those learning to become an Obstetrician and Gynaecologist but who are not yet approved onto the Speciality Register (which is required to practise as a Consultant in the NHS). Doctors in training, also known as 'Junior Doctors', work alongside consultants under their supervision.

The newly qualified doctor finishes University and then works for 2 years in a foundation scheme developing general clinical skills under supervision, in this period they are known as FY1s and FY2s (FY - Foundation Year).

After this foundation period, the doctor can then apply for a 7 year speciality training scheme. To advance in their speciality career, the doctors have to gain clinical experience and be assessed as competent in specific clinical skills.as well as passing professional exams. So for example in Obstetrics and gynaecology to move from a level of year 3 specialist training (ST3) to year 4 (ST4) a doctor would be expected to demonstrate they can safely deliver a baby by forceps or perform a basic emergency caesarean section independently and have passed part 1 the RCOG membership exam.

Specialist trainees in years 4 and 5 (ST4-5) can work more independently but require supervision for more complex cases. In year 6 and 7 (ST6-7) there is the opportunity for sub speciality training in a more defined area of obstetrics and gynaecology. When a doctor successfully completes training they are awarded a **Certificate of Completed Training** and can be added to the Specialist Register. They are now able to work as a consultant in Obstetrics and Gynaecology. Some doctors who have trained outside the NHS can apply to get on to the Specialist Register by applying for a **Certificate of equivalent specialist registration (CESR).**

2.2 Medical teams in Obstetrics

To run a service a team of doctors is required. This is usually led by a consultant and made up of 3 tiers:

- **Tier 1** is made up of qualified doctors with general clinical skills but fairly new to the speciality .e.g. FY2/CT2/ST1-3/General Practice Trainees
- **Tier 2:** Doctors who are clinically competent to perform routine speciality clinical duties but require further supervision for complex cases. E.g. ST4-7/Trust grade doctors/Subspecialty trainees and associated speciality doctors
- **Tier 3:** Consultants who are on the Specialist Register. In large specialist Hospitals, there are some consultants who are experts in a specialist field and have skills beyond that of a general obstetrician.

2.3 Number of medical staff required to run a service

This depends on the size and type of maternity service. A small unit with less complex cases and fewer deliveries happening over a period of time will require different resources that a large busy unit with specialist services and a higher foot fall through delivery suite.

Doctors are not just required to assist the labour ward but to attend women who are inpatients or present through Emergency Department and the Maternity assessment units.

A smaller unit may require 2 doctors to be present with as a larger unit may require 3 with consultants on call from home. Traditionally the recommended numbers are as below from Safer Births 2007 however it is recognised that other models of care can be used for very small units which have less than 1500/deliveries per year. The recommendations with regards to the number of hours of consultant presence should be agreed at a local level. A minimum of 40 hours is recommended for all obstetric units and in larger units such as the JR this could be up to 168 hours.

The local arrangement is currently for 114 hours at the John Radcliffe Hospital and 40 hours at the Horton General Hospital.

Births/year	Resident doctor	Total (including on call consultant at home and gynaecology)
<2500	2	3
2500-4000	3	4
4000-6000	4	5
>6000 (may have split service)	4	6

3 Work force planning in Obstetrics.

3.1 Junior and middle grade doctors

The rotas described will be compliant with the 2016 contract introduced in England for GP trainees and trainees in hospital posts approved for postgraduate medical/dental education Maximum average 48 hour working week (reduced from 56) with doctors who opt out of the WTR capped at maximum average of 56 working hours per week. This includes the following:

- Maximum 72 hours' work in any seven day period (reduced from 91).
- Maximum shift length of 13 hours (reduced from 14 hours).
- Maximum of five consecutive long (>10 hours) shifts (reduced from seven) with minimum 48 hours rest after a run of five consecutive long shifts (up from 11 hours rest).
- Maximum of four consecutive night shifts (reduced from seven) with minimum 46 hours rest after a run of either three or four consecutive night shifts (up from 11 hours rest).
- Maximum of four consecutive long, late evening shifts (>10 hours finishing after 11pm) with minimum 48 hours rest after four consecutive long, late evening shifts (up from 11 hours rest).
- No doctor should be rostered to work more frequently than one weekend in two (a slightly different definition of weekends applies to F2 doctors for one rotation only).
- Maximum eight consecutive shifts with 48 hours' rest after eight consecutive shifts (reduced from 12 consecutive shifts), apart from low-intensity non-resident on-call rotas, for which a 12-day maximum applies.
- No more than three rostered on-calls in seven days except by agreement, with guaranteed rest arrangements where overnight rest is disturbed.
- Maximum 24-hour period for on call which cannot be worked consecutively except at weekends or by agreement that it is safe to do so.
- Work rostered following on-call cannot exceed 10 hours, or 5 hours if rest provisions are expected to be breached.

3.2 Consultant Job plans

This is in line with the BMA recommendations for consultant resident on call duties and with the RCOG workforce report 2017.

- A consultant will not work more than 3 PAs/week of out of hours duties.

- In order to provide continuity of a specialist tertiary service, these specialist consultants will work no more than 2.2 PAs/week of out of hours service.

4. Summary of obstetric staffing numbers required to support the options for obstetric provision

Option number	Number of consultant obstetricians	Number of middle grade doctors	Number of tier 1 doctors	Associate specialists MSW	Total additional staff required	Paper ref no.
Ob1	20 (15 JR 5 HGH)	29 (9 HGH 20 JR)	15 (JR) 3 (HGH)	4 (HGH)	0	Papers 1-10
Ob2a	30 (total) 15 (JR) 20 (HGH)	20 (JR)	15 (JR)	4 (HGH)	15 consultants	Papers 10-11
Ob2a (with Tier 1 support)	30 (total) 15 (JR) 15 (HGH)	20 (JR)	15 (JR) 9 (HGH)	0	10 consultants 9 tier 1 doctors	Paper 11
Ob2b	30 (total) 32.4 (total) if no tier 1 support	20 (JR)	15 (JR) 9 (HGH)	Or 6 (HGH)0	10-12.5 consultants but would need recruit subspecialist consultants rather than general consultants	Paper 12
Ob2c	20-40 (total see table in paper 13)) 15 (JR) 5-20 (HGH see table in paper 13)) 5-23 if no tier 1 support)	20 (JR) 0-9 (HGH)	15 (JR) +/- 9 (HGH)	+/- 6 (HGH)	See Table in paper 13.	Paper 13
Ob2d	21-33 (see table in paper 15)	20-28 (see table In paper 15)	15 (JR) 9-1	3-6	See Table in paper 15	Papers 14,15
Ob6	16	20	15	0	0 current temporary reconfiguration	
Ob10	20	30	15 (JR) 9-1(HGH)	3-6	1 Trust grade.	Paper 16
Ob 11	20	30	15 (JR) 9-1 (HGH)	3-6 (HGH)	1 middle grade Same as above as limited by post 2016 contract. May be easier to recruit into	Paper 16

Note: All papers referred to in this table are available in the Information Pack published on the OCCG website here.

5. Non-obstetric workforce requirements to open an obstetric unit at the Horton

This paper provides an overview of the other staffing required to re-open the Horton Obstetric unit. For the purpose of the option appraisal scoring it should be assumed that the funding for this level of staffing is within the baseline budget of services so would not differentiate between options in the scoring process under the finance criterion. However as staffing two obstetric units requires more staff than one unit in areas where there are national workforce challenges this could be considered in scoring the ease of deliverability criteria.

5.1 Anaesthetic staff

To safely run / reinstate an obstetric service, the Trust would need to staff a minimum of a 12 WTE on call rota. Part of the issue will be to find enough elective daytime work for all the consultants to have 12 on the on call rota. A purely non-resident rota cannot be run at the Horton as there are only four CT1 junior trainees and a few specialty doctors of CT2+ / ST3 level (to prop up the junior rota) and the nature of the workload requires someone of ST5+ experience / training to safely have a non-resident consultant covering.

There are currently 9 of the 12 consultants/associate specialists required in post so the Trust is currently short for the out of hours cover. That is in addition to the daytime sessions currently provided (equivalent to 9-5 cover on weekdays). The present resident on-call rota was started about 10 years ago on the understanding / expectation of increasing consultant numbers to allow a 1:16 rota. The current workforce plan still includes 12 not 16 consultants. At the time existing staff went up to 13.5+ PA job plans, expecting to drop back to 10 once enough staff were recruited; this expansion in staffing has not happened and there are vacancies in the core establishment.

The Directorate are planning to recruit again for these posts and the job plans will include Oxford lists but the job market is challenging. The last time the Trust was recruiting Consultant anaesthetists there were three applicants for three posts but only one met the requirement and was appointed.

5.2 Midwives

The tables below summarises the midwifery staffing required to re-open the HGH obstetric unit and includes

- Current staffing at the Horton
- What staff would be needed if it opened with the previous numbers of deliveries occurring at the Horton General Hospital
- The current gap

In- Patient Services-Midwives	Current WTE	Required WTE	Gap WTE
Band 8A Midwives	0	1	1
Band 7 Manager	0	1	1
Band 7 Coordinator	2.77	5.52	2.75
Band 6 Midwives	2.88	19.87	16.99
Band 5 Midwives	0	2.94	2.94
Total Midwives	5.65	30.33	24.68

In- Patient Services-MSW	Current WTE	Required WTE	Gap WTE
Band 3 MSW-	2.93	7.42	4.49
Band 2 MSW	1.22	2.89	1.67
Total MSW	4.15	10.31	6.16

Out-Patient Services-Midwives	Current WTE	Required WTE	Gap WTE
Band 7 Manager	1.6	1.6	0
Band 6 Midwives	2.61	3.52	0.91
Total Midwives	4.21	5.12	0.91

Out-Patient Services-MSW	Current WTE	Required WTE	Gap WTE
Band 3 MSW	3.2	3.2	0
Total MSW	3.2	3.2	0

Theatre Team	Current Team	Required Team	Gap Team
24h hour resident theatre team	0	3	3
Total	0	3	3

Midwife recruitment is challenging nationally as well as locally. The Trust keeps its approach to recruitment and retention under review and is implementing the following:

5.3 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

5.4 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

5.5 Neonatal nurses

A level one Special Care Baby Unit requires the following in order to meet BAPM standards.

One Neonatal Nurse for every four patients, however you cannot leave one Registered Nurse (RN) on their own so you will need two RN's on a shift, so could staff up to eight cots with the resource. To staff 24 hours a day with two RNs requires an establishment of 10.3 WTE. RNs (this would include the sister in charge of the unit). There may be up to three RNs who would transfer from the JR and the remaining posts would need to be recruited to.

Recruitment of neonatal nurses is challenging not just in Oxfordshire but nationally. The Trust has a rolling advert and there is at present a specialist course at Brooks University.

5.6 Other staff

One ward clerk would also be required.

6. Recruitment and retention of the obstetric workforce

The work undertaken on modelling the rotas for the various obstetric workforce models and included in this pack has indicated that the determining factor is the number of doctors required to provide a 24/7 safe staffing level. Learning so far from other smaller obstetric units suggests that medical staffing is also the largest challenge for them. To implement any of the models requires us to recruit doctors (at minimum to fill current vacancies and for some models additional doctors, particularly consultants, would be required).

The national picture for the obstetric workforce shows that there are several challenges. The latest report from the Royal College of Obstetricians and Gynaecologists (RCOG) "O&G Workforce Report 2018" (available here) highlights the following;

- 9 out of 10 obstetric units report a gap in their middle-grade rota, which can affect job satisfaction, postgraduate training, quality of care and staff wellbeing
- A 30% attrition rate from the training programme is typical, further compounded by a loss at transition from training to consultant grade posts
- 54% of those on the O&G Specialist Register are international medical graduates with 14% from the EEA
- O&G services rely on the significant contribution of Specialty and Associate Specialist (SAS) doctors and Trust doctors, however there is a significant

turnover among this group with around 12% leaving the NHS workforce in England each year

- Although the majority (63%) of doctors provide both O&G services, 20% provide services in gynaecology only
- Workforce planners predict an increased number of consultants will be required on top of the projected supply by 2021

6.1 Consultants

The Trust is not fully staffed at consultant level (in November there were five vacancies). Filling these posts will have some difficulty and any of the models that have a large increase in consultant staff will be very difficult to recruit to especially as in these models consultants are required to undertake resident on-call work. Consultants at the Horton General Hospitals would probably largely be consultants in obstetrics and gynaecology (as is the model in other small units) and therefore there also needs to be capacity for the daytime surgical work. It would be important to focus on the benefits of working in a local unit with a defined catchment that can be forward looking in implementing the community hub model of "Better Births" and working in partnership with the specialist services provided by the same Trust at the John Radcliffe Hospital.

6.2 Middle grade doctors (Doctors in training/Speciality and Associate Specialist and Trust Doctors)

The RCOG confirmed that most obstetric services need to supplement their trainees with other doctors in order to have sustainable rotas. Information we have received from other small units indicates that their middle grade rotas have other doctors as well as doctors in training on them.

Following previous advice from the RCOG and input from the HOSC, the Trust has put in place several measures to make the middle grade doctor post as attractive as possible, including:

- additional salary allowance in recognition of shortage post
- generous relocation allowance
- time at the John Radcliffe to maintain and develop skills and the opportunity to participate in more specialist projects to help career development
- using an international agency to test the market for doctors at this level
- rolling recruitment advert

Through these methods, we have managed to recruit between two and five middle grade doctors at any one time, who want to work at the Horton. We have not come close to sustainably recruiting nine.

The RCOG has highlighted some further options for recruiting middle grade doctors which included:

- Trust Doctors are employed directly by trusts and their contracts aren't subject to national terms and conditions. This is the type of role that the OUH have been trying to recruit too and on its own has not enabled nine doctors to be in post.
- Medical training initiative (MTI) doctors from overseas who are qualified and competent at ST3 and come to train and get their RCOG specialist

accreditation. For the first year these doctors would not be able to provide the resident on-call service at the Horton so a 2-3 year on-going programme would be required with one year solely at the John Radcliffe and then 1-2 years supporting the Horton rota. This programme is in very early development so we would be piloting a new approach and we do not therefore have evidence on how successful it would be.

- We could run a dedicated sponsorship scheme, making connections with specific maternity units in a small number of international markets where there is good supply of obstetricians and we believe we could make a competitive offer. We would then set up some form of rotation scheme with the specific Unit. More testing of appropriate markets and Units would be required.
- Piloting a 'Step Away and Step Back' scheme for experienced doctors who are considering leaving the profession but who would be willing to work on the middle grade rota in a smaller unit for some time, in return for changes to working patterns e.g. to go part-time. We would need to ensure any doctors under this scheme had enough support on hand and are able to provide appropriate out of hours cover.
- Re-introducing trainees in order to allow for supervision opportunities which are positive for career development. Our models include using the maximum 8 hours that trainees can spend in units without training accreditation. If we do re-open the Unit, we can then re-apply for training accreditation. This may make it more attractive for consultants and middle grade doctors.

These options increase the potential pool for recruiting the middle grades required but the RCOG acknowledged that all of these could not be implemented instantly would require time to fully adopt in order to be confident of having a sustainable rota and this approach was new and not fully operational in another unit. Making a success of pool of staff drawn from such a variety of sources as suggested above will require strong governance, leadership and support to be in place. It is essential that any staffing model is sustainable over time and is fully in line with national guidance.

Glossary

BAPM	British Association of Perinatal Medicine
BMA	British Medical Association
CESR	Certificate of equivalent specialist registration
CT	Core Trainee. A doctor in training but not yet in a specialty.
EEA	European Economic Area
FY	Foundation Year (i.e. FY1 – Foundation Year 1, FY2 – Foundation Year 2)
HGH	Horton General Hospital
HOSC	Health Overview and Scrutiny Committee
JR	John Radcliffe Hospital
MTI	Medical training initiative
MSW	Maternity Support Worker
MTI	Medical Training Initiative
O&G	Obstetrics and Gynaecology
OUH	Oxford University Hospitals NHS Foundation Trust
PA	Programmed Activity. A timetabled value of four hours (or three hours if the PA is undertaken in premium time) of Consultant time.
RCOG	Royal College of Obstetricians and Gynaecologists
Resident	The consultant stays in the hospital while covering emergency duties in case their direct presence is needed.
RN	Registered Nurse
SAS	Specialty and Associate Specialist Doctors
ST	Specialty Trainee. The number denotes the year of training e.g. ST3 is a junior doctor in their third year of specialty training.
SpR or STR	Specialist Registrar.
TCS	Terms and Conditions. NHS Employers negotiates nationally on behalf of employers with the NHS trade unions on national terms and conditions of service (TCS) and pay arrangements.
Tertiary	Highly specialised service. Consultants from surrounding hospitals make ‘tertiary’ referrals to the JR for specialised obstetric care.
WTE	Whole time equivalent (e.g. someone working 3 days per week would be 0.6 WTE)
WTR	Working Time Regulations

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

Work Stream 5c Financial Analysis

1. Introduction

This is an updated version of the paper presented to the Horton HOSC in April 2019. The HOSC confirmed that they would like to see comparative data (for a year before the temporary closure of the obstetrics unit at the Horton General Hospital and for a year after) so both Oxfordshire CCG (OCCG) and the Oxford University Hospitals NHS Foundation Trust (OUH) have provided data for 2015/16 and 2018/19.

Within the NHS there are national tariffs for hospital based activity and this is then the "price" that commissioners pay providers for these services.

This paper provides an overview of the amount spent by OCCG on maternity services (split by provider) and the income received by OUH (split by commissioner). The income received by the provider as well as providing the budget for direct service provision (for example in this case the budget for obstetricians and midwives and other services) must also cover all support services (for example diagnostic services, catering, portering, laundry) and Trust overheads. An analysis of cost for the OUH is not provided in this paper.

2. Commisioning spend on maternity

Table 1 OCCG commissioning spend by provider for 2015/16

Provider	Antenatal	Postnatal	Birth Midwife	Birth Obstetrics	Total	
2015/16	£000	£000	£000	£000	£000	Proportion
Oxford University Hospitals	11,670	2,005	4,998	8,874	27,547	95%
Royal Berkshire Hospitals	491	76		449	1,016	4%
Great Western Hospital	71		29	119	219	1%
South Warwickshire					0	0%
Buckinghamshire Health Care	57		6	27	90	0%
Frimley Health	2			2	4	0%
Other Providers				4	4	0%
TOTAL	12,291	2,081	5,033	9,475	28,880	

OCCG did not have a contract with South Warwickshire (Warwick Hospital) in 2015/16.

Table 2 OCCG commissioning spend by provider for 2018/19

Provider	Antenatal	Postnatal	Birth Midwife	Birth Obstetrics	Total	
2018/19	£000	£000	£000	£000	£000	Proportion
Oxford University Hospitals	11,351	2,094	6,798	14,077	34,320	95%
Royal Berkshire Hospitals	462	73		602	1,137	3%
Great Western Hospital	9	18	38	179	244	1%
South Warwickshire	94	20	25	153	292	1%
Buckinghamshire Health Care			15	57	72	0%
Frimley Health			3	8	11	0%
Other Providers			2	22	24	0%
TOTAL	11,916	2,205	6,881	15,098	36,100	

3. Income received by Oxford University Hospitals NHS Trust for maternity services

Table 3 OUH income by commissioner for 2015/16

Commissioner	Antenatal	Postnatal	Birth Midwife	Birth Obstetrics	Total	
2015/16	£000	£000	£000	£000	£000	Proportion
Oxfordshire CCG	11,679	2,000	5,123	9,343	28,145	83%
Northamptonshire CCGs	499	104	330	347	1,280	4%
Buckinghamshire CCG	694	43	141	595	1,473	4%
South Warwickshire CCG		17	94	87	198	1%
NHSE Armed Forces	211	28	52	154	445	1%
Berkshire West CCG	105		38	98	241	1%
Gloucestershire CCG	83	8	32	95	218	1%
Other CCGs	1,039	45	78	672	1,834	5%
TOTAL	14,310	2,245	5,888	11,391	33,834	

Table 3 OUH income by commissioner for 2018/19

Commissioner	Antenatal	Postnatal	Birth Midwife	Birth Obstetrics	Total	
2018/19	£000	£000	£000	£000	£000	Proportion
Oxfordshire CCG	11,351	2,094	6,839	14,315	34,599	88%
Northamptonshire CCGs	577	117	347	573	1,614	4%
Buckinghamshire CCG	491	55	140	761	1,447	4%
South Warwickshire CCG	19	6	14	30	69	0%
NHSE Armed Forces	134	24	80	174	412	1%
Berkshire West CCG	66	20			86	0%
Gloucestershire CCG	41	5	25	41	112	0%
Other CCGs	360	42	82	678	1,162	3%
TOTAL	13,039	2,363	7,527	16,572	39,501	

4. Commentary

This information only provides a very high level overview of the funding flows for maternity services. The following can be noted:

- For Oxfordshire registered mothers most spend (95%) takes place in Oxfordshire and this proportion has not changed between the two years
- The majority of income for maternity services for OUH comes from Oxfordshire CCG and this has increased from 83% in 2015/16 to 88% in 2018/19
- There is a greater flow of income into OUH from CCGs outside Oxfordshire than Oxfordshire CCG pays to other providers for Oxfordshire mothers who give birth outside the county. This is consistent with the OUH being the specialist provider for the Thames Valley and wider areas

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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 4 July 2019

Workstream 6: Option Appraisal

The options to be reviewed have been agreed with Horton HOSC and the list has been published on the OCCG website. It was also presented at the first Stakeholder event.

The criteria to be used in the assessment were shared with the Horton HOSC and have also been published on the OCCG website. The criteria include ones relating to clinical outcomes and safety, patient experience, choice and travel as well as workforce and strategy. These criteria were considered at the first Stakeholder event and were weighted individually and then these individual contributions were used to prepare an aggregate weighting. The results of the weighting were kept confidential so that those involved in the scoring of the options were not influenced by the weighting.

A Scoring Panel was recruited with representatives from stakeholders (co-chair of Maternity Voices Partnership, Chair of the Community Partnership Network and a representative from Keep the Horton General), and NHS clinicians and managers from OCCG and OUH. The task of the Scoring Panel was to allocate scores to each of 12 options which relate to how maternity services at the Horton General Hospital might be run in the future. Each option was assessed against the 13 criteria.

The panel members were invited to undertake this scoring process individually on Tuesday 14 May 2019, returning individual scoresheets by 5pm on Monday 27 May 2019. To help them do this, they were sent an information pack that included a guide to scoring and information and evidence about all the criteria with the exception of finance. The scoring guide instructed members to apply a score against each criteria for each option of between zero and four, with zero being low and four being high.

Some criteria (7-11) for options Ob3, Ob5 and Ob9 had been ‘greyed out’ and panel members were instructed not to score these. They largely related to obstetric staffing and the options were variation on others being considered. In discussion at the Scoring Panel meeting it was proposed and agreed to populate the scores for these criteria by copying the ‘best set’ from another option.

A meeting of the scoring panel was arranged for Monday 3 June 2019 at Banbury Town Hall. At this day-long meeting, those who are able to attend discussed the individual scores submitted by each with the aim of reaching a consensus on all scores. The Horton HOSC and Keep the Horton General were also invited to send representatives to observe the meeting.

In advance of the meeting, Keep the Horton General advised OCCG that they did not intend to score the options but that they would attend the meeting and participate in the discussion. All other members of the panel participated in the scoring; some

chose not to score all criteria. The summary of how many members of the panel scored each criteria is available at Appendix 1.

Nine of the ten panel members attended the meeting (the Director of Midwifery was unable to attend but had sent her scores in advance).

The Scoring Panel meeting was facilitated by colleagues from Freshwater who have been providing external support for the process and the meeting was Chaired by a member of the Consultation Institute.

The first part of the meeting discussed how a consensus score could be agreed. Where there was a clear consensus score from all participants who scored that particular cell, that score was recorded on the 'consensus score sheet' in advance, indicating a consensus score had been reached. The panel agreed to review these scores too.

Each remaining set of scores was looked at in terms of its distribution. The panel agreed that there were three distinct 'domains' that the five scores could be sorted in – low (0-1), high (3-4) and in the middle (2). They then agreed that wherever the individual scores for one option and criteria fit in to one of the three domains, then the score which was chosen by the most panel members (the mode) would be the final score.

Where there was not a consensus on a score, the panel members discussed their various responses and agreed on a score. It was decided that, when the range of scores was fairly narrow (e.g. a situation where all the scores are 0, 1 or 2), the panel would look at which score was chosen by the most panel members and agree to submit that score, unless there was disagreement from a member of the panel, in which case the score would be discussed by the panel until, where possible an agreement was reached.

Where there was a wide range of individual scores given, for example ranging between 0-4, the panel members discussed their individual scores, taking into account where scores fell into the three domains, before, where possible, reaching an agreement.

It was agreed that more information needed to be provided for option 5 (two obstetric units – elective) as two members of the panel had based their scores on a different interpretation of the option. It was agreed that those panel members would review their scores based on the full description of the option.

There were a small number of scores which the panel agreed more information was needed to allow them to reach a consensus agreement and a further meeting was agreed to allow the information to be gathered and scores to be reviewed, discussed and agreed. This further meeting took place in Banbury on Wednesday 12 June.

By the end of the second scoring panel meeting, scores had been agreed for all criteria. With the exception of two scores all scores were a consensus panel view. One member of the panel asked for a caveat to be recorded for two scores

- Option 6, criteria 4
- Option 6, criteria 13

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Appendix 1: Number of panel members who scored each criteria

Criteria	Options											
Number of respondents	Ob1: 2 obstetric units – (2016 model)	Ob2a (i): 2 obstetrics units – fixed consultant	Ob2a(ii): 2 obstetric units - tier 1 support	Ob2b: 2 obstetrics units – rotating consultant	Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	Ob3: 2 obstetrics units – external host for HGH	Ob5: 2 obstetrics units – elective (planned)	Ob6: Single obstetric service at JRH	Ob9: 2 obstetric units both with alongside MLU	Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training
1. Clinical outcomes	8	8	8	8	8	8	8	8	8	8	8	8
2. Clinical effectiveness and safety	8	8	8	8	8	8	8	8	9	9	8	8
3. Patient and carer experience	9	9	9	9	9	9	8	9	9	8	9	9
4. Distance and time to access service	9	9	9	9	9	9	9	9	9	9	9	9
5. Service operating hours	7	7	7	7	7	7	7	7	7	6	7	7
6. Patient choice	9	9	9	9	9	9	9	9	9	8	9	9
7. Delivery within the current financial envelope	scored at the 1st meeting of the scoring panel											
8. Rota sustainability	7	7	7	7	7	7	scored at the 2nd meeting of the scoring panel	scored at the 2nd meeting of the scoring panel	7	scored at the 2nd meeting of the scoring panel	7	7
9. Consultant hours on the labour ward	8	8	8	8	8	8			8		8	8
10. Recruitment and retention	8	8	8	8	8	8			8		8	8
11. Supporting early risk assessment	6	6	6	6	6	6			6		6	6
12. Ease of delivery	8	8	8	8	8	8	7	7	8	7	8	8
13. Alignment with other strategies	7	7	7	7	7	7	7	7	9	7	7	7

Note: Non scorers: Keep the Horton General

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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 4 July 2019

Interim summary thematic report on small obstetric units

1. Introduction

This brief paper summarises material that has been gathered by Oxfordshire Clinical Commissioning Group (OCCG) and Oxford University Hospitals NHS Foundation Trust (OUH) through direct contact with providers and having conversations with clinicians.

Joint Health Overview and Scrutiny Committee members are requested to note the key themes emerging from the research.

2. Background

OCCG and OUH have been looking at how NHS Trusts across the country manage the challenge of safe obstetric care in units with small numbers of births. The aim is to use any learning, particularly around medical staffing, training accreditation and safety to inform the appraisal of options for the unit at the Horton General Hospital.

3. Scope

HOSC Members will recall that the criteria adopted for selecting units to approach was:

- Less than 2200 deliveries
- Good or outstanding CQC rating
- Comparable or better CQC women's survey outcome
- Not currently under review/reconfiguration

The current key lines of enquiry included:

- Medical staffing models
- Training accreditation status
- Collaboration with other NHS Trusts
- Safety and outcomes

The small units contacted by OCCG/OUH are listed in appendix 1.

All of the units in Appendix 1, as well as all other Trusts who run obstetric units in England and Wales, were contacted by Keep the Horton General (KTHG) as part of their comprehensive benchmarking research project. The KTHG research was conducted through Freedom of Information requests and the OCCG/OUH research was carried out by making direct contact and having conversations with Clinicians.

This mix of approaches has provided helpful information and where appropriate, this paper seeks to combine the key findings from the KTHG research and the OCCG/OUH research to identify common key attributes of successful small obstetric units. However, information would need to be verified and tested if we are to explore them further.

OCCG/OUH would like to acknowledge the helpful information and insight obtained by KTHG into the Furness General Hospital Obstetric Unit run by University Hospitals of Morecambe Bay NHSFT. This unit was not included in the original OCCG/OUH list as it was understood that the Furness unit was still under review at the time. The case study contains helpful information on how 2 units run by Morecambe Bay NHSFT have been developed and maintained, which could be worth exploring further. OCCG/OUH will consider visiting and speaking to Morecombe Bay NHSFT more directly in the future.

4. Emerging key themes

The themes that have emerged from the research include:

Number and size of units run by a Trust

Many of the small obstetric units are the only units run by a Trust. Where Trusts run more than one unit (one of them being a small unit) it would appear that the second unit (often larger) are not tertiary centres for Obstetrics. This makes OUH unique in running a specialist unit and a small unit in one Trust. The difference in number of births between the JR and the Horton would also appear to be larger than the difference in births between units run by other multi-unit Trusts[1] e.g. in other Trusts the difference in births between the two units is less.

Birth Options

Most of the small units do not have an alongside MLU or freestanding MLU linked to them. In single unit Trusts, women's choice is usually limited to obstetric or home birth. As reflected in our stakeholder discussion, maternal choice can relate to both place and method of birth.

Training Accreditation

Both the CCG/OUH and KTHG research found that many of the small units across the country have maintained training accreditation. KTHG research also highlighted that six Trusts may have awarded training accreditation at a Trust level, rather than specific units. This needs further exploration.

[1] Based on numbers of births recorded on the KTHG 'Small units birth data 2014 2018' spreadsheet.

Medical rotas

Both the CCG/OUH and KTHG research found some small units using hybrid rotas. It would appear from the KTHG research that some units are operating with different numbers of doctors. It is essential that if a hybrid rota was introduced by OUH that it was compliant with the new workforce regulations.

KTHG also found a number of examples where consultants and registrars rotate between units in multi-unit Trusts. One such example involved doctors rotating between units that were 35 miles apart. OUH, unlike other multi-unit Trusts, would need to carefully consider who could rotate between the JR and HGH given the specialist tertiary service provided at the JR (e.g. Sub-specialist Consultant Obstetricians are required to run the tertiary service at the JR), which is not the case for these other Trusts.

Local context

Anecdotally, many units expressed concern over their own sustainability. Some had seen a small increase in births due to other units in the surrounding area closing, but they still felt 'vulnerable'.

Staffing and recruitment was acknowledged as a challenge across most of the hospitals. This was particularly pertinent for some units due to remoteness and lack of infrastructure support in smaller hospitals.

Recruitment and retention

A number of Trusts reported similar issues regarding recruitment, particularly Middle Grade recruitment.

The KTHG also obtained information from Trusts on recruitment programmes and incentives. Many of these incentives are already offered by OUH, sometimes in response to HOSC requests. However, the additional information will be considered by OUH and any new initiatives highlighted through the research, which are not currently being offered, will be explored.

5. Changing landscape of Obstetric Units

Over the past five years there have been a number of small units that have either closed or remain under review due to concerns regarding their sustainability.

Both the obstetric units at Eastbourne and the Friarage at Northallerton closed in 2014/15. The Alexandra Hospital in Redditch was closed on a temporary closure in 2015 and was subsequently permanently closed. The South Tyneside unit is due to close this summer.

Following the closure of the unit at Eastbourne, both the Conquest Hospital in St Leonards and the Princess Royal at Haywards Heath have both benefitted from an increase in births. These two units are both relatively small units themselves and so

this has helped with their own sustainability. Similarly, it is expected that the closure of the unit at South Tyneside will increase the number of births at Gateshead which is a small unit itself. This shows the importance of considering plans for other maternity units in the local areas, when thinking about future developments. In the case of the Horton, this means thinking about plans across three Local Maternity Systems (Coventry and Warwickshire; Northamptonshire and Buckinghamshire, Oxfordshire and Berkshire West)

There are a number of small units that remain open but their future is uncertain this includes:

- Whitehaven – Following IRP advice, a trial of maintaining obstetrics at Whitehaven and introducing alongside MLUs at both Whitehaven and Carlisle commenced in April 2018. Likely that a permanent decision will be made this summer.
- Barnstaple – A two year collaboration agreement between Northern Devon Healthcare Trust (NDHT) and Royal Devon and Exeter FT was put in place in June 2018 to provide executive support to NDHT following poor CQC reports. An options appraisal will be undertaken during this period to look at the longer-term solutions to the challenges faced by NDHT.
- Bassetlaw – An Independent report on Hospital services in South Yorkshire, Bassetlaw and Chesterfield suggests a move to some FMLUs in place of Consultant led units.
- Yeovil and Dorset – The two CCGs are hoping to commission maternity and paediatric services integrated across Dorset County Hospital and Yeovil District Hospital. Both hospitals currently have very small obstetric units.

The Royal College of Obstetrics & Gyanecology are running an event on smaller obstetric units later in July which OUH will be attending.

6. Conclusion

The research conducted by both OCCG/OUH and the KTHG has been useful in highlighting the similarities between small units across the country. It has also highlighted two differences between OUH and many other Trusts. The first being that many small units have maintained their training accreditation (either as a unit or at a Trust level) and the second is that OUH appears to be unique as a Trust in running both a large specialist unit providing tertiary obstetrics whilst also running one of the smallest obstetric units in the country (albeit it temporarily closed).

Overall the research has provided interesting insight into how Trusts across the country are running small obstetric units and tackling the common challenges they face.

Appendix 1

- Hereford Central Hospital
- Bassetlaw Hospital
- Gateshead Hospital
- Scunthorpe General Hospital
- Dorset County Hospital
- Harrogate General Hospital
- Macclesfield General Hospital
- Darlington General Hospital
- Royal Lancashire General Hospital
- George Elliot General Hospital
- Salisbury General Hospital
- St Hellier General Hospital
- Worthing Hospital

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HORTON HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 4 JULY 2019

Chairman's Report

1. Scoring Panel Observation

1.0 As part of the Oxfordshire Clinical Commissioning Group (OCCG) and Oxford University Hospitals NHS Trust (OUH) response to address the outcome of the referral to the Secretary of State, a scoring panel group met on 3rd June 2019 to consider the options for obstetrics at the Horton. A Horton HOSC member and Policy Officer supporting the committee attended the session to observe.

1.1 The session was independently chaired and attended by senior key health system partners and stakeholders, including Keep the Horton General campaign group. Members of the panel had been sent an information pack ahead of time and asked to independently score the options for obstetrics at the Horton against the criteria established. The panel were not made aware of the weighting of each criteria ahead of time, to ensure there was no bias in the scoring. The session brought together those scores with the intention of reaching an agreed consensus score.

1.2 The group agreed to use a 'mode' (rather than median or mean) method of scoring the options. The group spent time discussing reasons for scoring where consensus had not been reached and every member of the panel conceded on at least one area to ensure agreement was reached. The Keep the Horton General campaign group refused to score ahead of time, however did take part in discussions around scoring in the session. During discussions it was noted that there were difficulties to score some areas due to insufficient information. There was also a discussion around some individuals scoring based on their expertise and knowledge of the area, as opposed to just using the information present. A small number of areas were left unscored to allow additional information to be gathered. The information was obtained and an extra session held on 12th June to complete the scoring.

2. Stakeholder Events:

2.1 As part of the Oxfordshire Clinical Commissioning Group (OCCG) and Oxford University Hospitals NHS Trust (OUH) response to address the outcome of the referral to the Secretary of State, two stakeholder events were held on the 22nd February 2019 and the 14th June 2019. The purpose of these meetings was at the first, explore and determine the weighting which should be applied to the scoring criteria on options for obstetrics at the Horton General Hospital. This process is described in Appendix A of this report. The second meeting, on the 14th of June then played back the outcome of the scoring panel where the options were considered against the criteria (described above).

2.2 Both of the stakeholder events were attended by a member of Horton HOSC along with a Policy officer supporting the committee. It is understood that the CCG Board will be deciding on the preferred option in September. The point was underlined in the session on the 14th of June 2019 that the decision making will not centre solely around the list of scored options, it will also take account of a number of other factors including the experiences that a number of mothers shared at the December 2018 Horton HOSC meeting. The session also captured a number of questions and challenges from stakeholders.

3. Independent advice

3.1 During the Horton HOSC meeting of the 11th of April 2019, members agreed to: *"Seek independent advice of the possibility of the timing, costs and feasibility of appointing of our own consultants to clinically evaluate the options".*

3.2 In response to this request, a specification for the work was developed and then distributed to suppliers, including the Royal College of Obstetricians and Gynaecologists, two Commissioning and Support Units and three health consultancy firms. The specification set out the following aims and objectives:

The Horton HOSC wishes to undertake a thorough review to ensure all possible options for provision of consultant-led obstetric services at the Horton General Hospital have been independently exhausted and robustly evaluated. The aim of the proposed review is to: *Independently and clinically evaluate the options for provision of obstetric services at the Horton General Hospital.*
To achieve this it is requested that. • The evidence presented to the Horton HOSC in its public meetings is reviewed against the clinical and quality standards expected for the delivery of obstetric services; • The options presented to the Horton HOSC are each independently evaluated for their feasibility, patient safety, patient experience (including travel and access), clinical quality and cost. This must include an evaluation of the impact of the options on health inequalities. • Any models or options not considered through the Horton HOSC process are identified and evaluated. • Independent, clinical recommendations are made on the options most suitable for obstetric provision at the Horton General Hospital.

3.3 The initial request for expressions of interest was made with a short time frame and all suppliers declined to submit a bid due to the tight deadlines involved (June 2019). In response to this, the deadlines and timescale for providing independent feedback was then extended (to September). All suppliers declined submitting a bid for this work because the timescales are too short for the planning and work required.

NHS
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The Horton General Hospital maternity services

An overview of the criteria weighting process

What is criteria weighting?

This is the process by which participants allocate each criteria a number between one and five to represent how important they think that criteria is in the local context. The weighting results feed into the wider options appraisal process.

What is options appraisal?

Options appraisal is a best practice approach, used by organisations across the country that are consulting on a significant change to health services. It allows the consulting organisation – and its stakeholders – to understand which criteria are most important to local people and in turn how well each option meets each criteria.

The Oxfordshire CCG weighting process

Event date: 22 February 2019

Location: Rye Hill Golf Club, Milcombe, Banbury, OX15 4RU

43 organisations or individuals were invited to attend the criteria weighting event. These were:

Andrea Leadsom MP for South Northamptonshire
Andrew Lewer MBE MP for Northampton South
Banbury Town Council
Brackley Town Council
Cherwell District Council
Chris Heaton Harris MP for Daventry
East Midlands Ambulance Service NHS Foundation Trust
Healthwatch Northamptonshire
Healthwatch Oxfordshire
Healthwatch Warwickshire
Home-Start Banbury
Home-Start Oxfordshire
Keep our NHS Public
Keep the Horton General campaign group (KTHG)
La Leche League
Local Medical Committees (x3)
Members of the Community Partnership Network
Members of the new Joint OSC
Nadhim Zahawi MP for Stratford-on-Avon
NCT
Nene CCG
North Oxfordshire GP's
Northampton General Hospital NHS Foundation Trust
Northamptonshire County Council
Oxford Academic Health Science Network

Oxford University Hospitals NHS Foundation Trust (OUH)
Oxfordshire County Council
Oxfordshire Maternity Voices Partnership
PPG Locality Forums (North, North East and West)
Robert Courts MP for Witney
Royal College of Midwives
Royal College of Obstetricians
South Central Ambulance Service NHS Foundation Trust
South Northamptonshire District Council
South Warwickshire CCG
South Warwickshire NHS Foundation Trust
Stratford on Avon District Council
Sunshine Centre, Banbury
Thames Valley Clinical Network
Victoria Prentis MP for Banbury
Warwickshire County Council
West Midlands Ambulance Trust
West Oxfordshire District Council

Of these, 26 organisations or individuals were represented by a total of 34 participants who attended. The organisations/individuals or their representatives in attendance were:

Banbury Town Council
Brackley Town Council
Cherwell District Council
CPN
Healthwatch Northamptonshire
Healthwatch Oxon
Hightown Surgery
Horton HOSC
KTHG
Maternity Voices Partnership
Nene
North Oxon Locality
North Public Locality Forum
Northampton General Hospital
Northamptonshire County Council
OUH
Oxfordshire County Council
Royal College of Midwives
Royal College of Obstetrics and Gynaecology
SCAS
South Warwickshire CCG
South Warwickshire NHS Foundation Trust
Stratford Upon Avon DC
Sunshine Centre Banbury
Victoria Prentis MP
West Public Locality Forum

Of the participants, 26 were non-NHS representatives while the remaining eight were from the NHS. Facilitators and presenters were also present.

The criteria weighting event

The meeting was independently chaired by Mr Nicholas Duffin, the former chief executive of the Consultation Institute, a not-for-profit, best practice organisation which is widely respected for its specialist knowledge in public and stakeholder consultation.

Attendees were seated in groups of around eight per table and were joined by a facilitator.

Participants received an explanation of the option appraisal process from the Independent Chair along with four topical presentations on local factors affecting maternity services at the Horton General Hospital:

- Clinical model
- Housing growth
- Travel and access
- Finances

At the end of each presentation, attendees were invited to ask questions.

The 13 criteria and their explanations were then presented to the attendees. These criteria had previously been confirmed with the Horton Joint Health Overview and Scrutiny Committee. They are:

- Clinical outcomes
- Clinical effectiveness and safety
- Patient and carer experience
- Distance and time to access service
- Service operating hours
- Patient choice
- Delivery within the current financial envelope
- Rota sustainability
- Consultant hours on the labour ward
- Recruitment and retention
- Supporting early risk assessment
- Ease of delivery
- Alignment with other strategies

Next, the Independent Chair conducted an example weighting exercise and explained what participants were being asked to do. It was made clear that anyone who did not feel able to take part in the exercise was under no obligation to do so.

Participants then had discussions on their tables about the criteria, and were given draft weighting sheets and note paper on which to write their notes and draft weightings.

Participants were then asked to allocate their personal assessment of a final weighting to each of the 13 criteria. Their personal assessment was informed by the presentations they had seen and by the discussions that took place around each table.

What happens next?

The information gathered from the weighting exercise will feed into the process of options appraisal. The options appraisal results will form part of the information that Oxfordshire Clinical Commissioning Group's Board will take into consideration before making a decision about any changes to maternity services at the Horton General Hospital.

Oxfordshire CCG, June 2019