



Horton Joint Health Overview & Scrutiny Committee Monday, 25 February 2019

ADDENDA

5. Responding to the IRP and Secretary of State recommendations (Pages 1 - 34)

Oxfordshire Clinical Commissioning Group (OCCG) and the Oxford University Hospitals Foundation Trust (OUH) will report back to the Committee on progress with regard to the following (**HHOSC5**): (**TWO REPORTS TO FOLLOW**)

- Travel and transport
- Clinical model
- Housing growth and population
- Update on engagement work – stakeholder event and survey

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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

Work Stream 2 Service description

Introduction

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

The attached (pages 2 - 9) is the service description which outlines the various aspects of care, key outcome measures and an index of national guidance. Attached as Appendix 1 is a summary of the quality assurance process for maternity commissioning.

Description of the Maternity Services

Background

The Maternity services in Oxfordshire are provided by Oxford University Hospitals NHS Foundation Trust (OUHFT). As well as providing community midwifery and intrapartum care to Oxfordshire women, OUHFT provides tertiary care for women and babies across the Thames Valley region. The service delivers between 7500-8000 babies per year. Around 12% of these births are referred from outside Oxfordshire into the regional centre.

The Maternity services are recognised nationally as delivering safe care with good outcomes for mothers and their babies. These outcomes have continued to improve over the last 3 years.

The Maternity services are rated “Good” by the CQC. (2017)

The recent CQC maternity survey (2018) reported “Labour and delivery care” as “Better than most trusts”

The trust reports marked improvement in rates in the serious outcome measures for maternity including from 2014-2018.

- Still birth and perinatal death at term **(Figure 1)**
- Significant brain damage to term babies. **(Figure 2)**
- Unexpected admissions of term babies to special care units. **(Figure 3)**

OUHFT was one of the few trusts in the UK to be declared 100% compliant in all 10 safety action plans of the NHSLA National Maternity Incentive Scheme introduced at the beginning of 2018.

To enable women to make appropriate choices and provide effective personalised care there must be consistent quality of service and assessment of individual risk. There are robust, evidence- based, national standards of care for women with more complex pregnancies so that safer care is delivered by specialised or dedicated services e.g. twin clinic or and Diabetic clinics (see list of NICE guidance in appendix).

The improvement in outcomes has been achieved by ensuring as many women as possible are seen early in their pregnancy. Women have an extensive clinical risk assessment away from the hospital by the community midwives and the GPs. The community midwife then coordinates the appropriate care and ensures low risk women have access to quality antenatal care. This includes new screening programmes and a choice to deliver in midwife-led settings. Those women who are identified as having increased risks or complex pregnancies are seen in the appropriate obstetric or specialist clinics. This is in line with the Better Births Agenda and with the relevant NICE guidelines.

Figure 1

	No. pregnancies with EDD Oct 14-Oct 16	No. pregnancies with EDD Oct 16-Oct 17	Percentage change
No. pregnancies	14328	6522	
No. PNM	47 (0.32%)	17 (0.26%)	-19%
PNM >= 36 weeks	31 (0.22%)	6 (0.09%)	-59% (p=0.04)
SGA detection	35%	62%	

PNM adjusted Perinatal Mortality is the number of deaths in babies who are born over 24 weeks with no congenital abnormalities. This includes still births and early neonatal deaths (7 days of life).

Figure 2

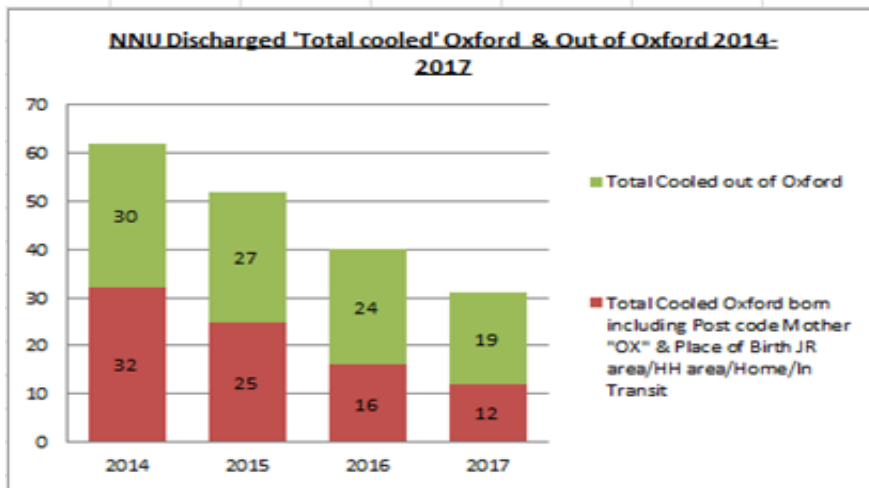
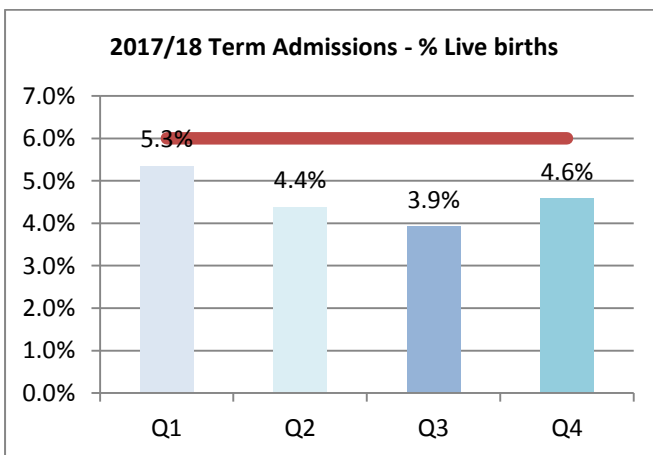


Figure 3



The national target is to be below 5.3%.

Community Midwifery Teams

Women receive care from one of eight Community Midwifery Teams across Oxfordshire in conjunction with their GP plus Obstetrician or Specialist if required. This way the women receive personalised care which is coordinated by a small team of midwives.

All antenatal care for low risk women is provided by a team of midwives who are supported by Maternity Support Workers (MSWS). The community midwives run the home birth service, support the free standing midwifery units (FMLU) and the alongside midwife led unit (AMLU) these services are described further under intrapartum care section.

Community midwives from OUHFT also provide care for women in Brackley, Northamptonshire.

The community midwives provide a comprehensive range of additional services:

- Antenatal Education classes
- Teenage support groups
- Saplings group for vulnerable women.
- Mindfulness sessions
- Infant feeding workshops
- 24 hour on-call triage service

The community midwives also co-ordinate the woman's postnatal care plan. In the first postnatal week women are reviewed at home or in nearby clinic settings and are able to access a wide range of other clinics in local settings including breastfeeding support, neonatal examination and neonatal hearing screening.

This service design supports the "hub and spoke" model to provide care closer to the family.

Antenatal Ultrasound Service

All pregnant women in Oxfordshire are offered a routine dating scan at around 12 weeks and a further anomaly screening scan at 20 weeks. OUHFT is the only trust in the country to offer a new screening programme to detect babies whose growth is poor later in pregnancy. This includes a 36 week growth scan for all women and additional growth scans for women whose pregnancies are higher risk.

The Ultrasound scans for this service are based at both the HGH and the JR.

Obstetric Care

Women who have been identified as requiring support from an Obstetrician are referred to Consultant led Antenatal clinics. These are situated both at the HGH and the JR. This includes clinics for women who fall into these categories:

- Already have a medical condition for example Asthma
- Have had a problem in a previous pregnancy
- Develop problems during their pregnancy
- Have risk factors that may lead to an increase in complications during labour

- Have complex social issues that require multiagency support
- Require perinatal mental health support.

Specialist Antenatal Services (Fetal Medicine and Maternal Medicine)

Fetal medicine

These services are provided by a team of accredited sub-specialist Fetal and Maternal Medicine doctors and specialist midwives. The unit is based at the John Radcliffe Hospital and offers diagnosis and treatment of complications which may arise in unborn babies, including:

- Detailed ultrasound scanning (in the first, second and third trimesters) including fetal heart scans
- Provision of rapid fetal karyotyping by amniocentesis, Chorionic Villus Sampling (CVS) service and amniocentesis.
- The treatment of pregnancies with rhesus disease and other causes of severe fetal anaemia requiring in-utero transfusion of the baby
- Diagnosis and management of feto-fetal transfusion (twin-twin transfusion syndrome) syndrome
- Diagnosis and management of abnormal invasive placentae

Maternal Medicine

There are also specialist ante natal clinics for pregnant women with any pre-existing medical disorder in addition to severe pregnancy-specific medical disorders. These are provided by a multidisciplinary teams consisting of accredited sub-specialist Fetal and Maternal Medicine doctors, Obstetric Physicians, Specialist midwives, Anaesthetists, Cardiologists, Endocrinologists and other specialists. The specialist clinics include

- Multi-disciplinary cardiac clinic
- Specialist Diabetic clinics
- High risk maternal medicine clinics for women with serious preexisting medical conditions and high blood pressure/severe preeclampsia/HELLP syndrome

Intrapartum care

Midwife led care

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

Oxfordshire has three permanent Freestanding Midwife Led Units (FMLUs) in Wallingford, Wantage and Chipping Norton. Community midwives are based in the FMLUs and provide antenatal and postnatal care in the FMLU, at the GP surgery or in the woman's home. Intrapartum care is provided either in the FMLU or in a

woman's home. Two of the FMLU's are closed overnight and the workload for the evening and night is coordinated by a Maternity Support Worker based in one of the FMLU's. The MSW contacts the on call midwives to care for a woman in labour. If the woman is planning to birth in one of the FMLU's the midwife will meet the woman at the unit. This service is provided in line with the 'hub and spoke' model being developed in other services; it is based in the community and provides a range of services for women and their families. The planned home birth rate is 2 - 3%.

A decision was taken by Oxfordshire CCG in August 2017 to permanently close the Consultant Led Unit at the Horton General Hospital in Banbury. This decision is subject to a Judicial Review and may have a review by the Independent Reconfiguration Panel but the unit currently remains closed on a temporary emergency closure and is operating as a fourth Freestanding Midwife Led Unit.

Alongside Midwifery Led Unit (Spires)

The alongside midwifery unit is on level 7 at the John Radcliffe Hospital. Low risk women can deliver here from all over Oxfordshire.

Obstetric led delivery unit

This is based at the John Radcliffe Hospital. There are a full range of services including the anaesthetic and neonatal support required to run a tertiary level department caring for very high risk and complex maternity cases.

Women from Oxfordshire who require general obstetric care and low risk women who choose to deliver in an obstetric led unit may also deliver in one of the following neighbouring units

- Warwick Hospital, Warwickshire
- Stoke Mandeville Hospital, Buckinghamshire
- Northampton General Hospital, Northampton
- Royal Berkshire Hospital, Reading
- Great Western Hospital, Swindon

Further information about this service and the neighbouring units can be found here

www.cqc.uk/publications/surveys/maternity-services-survey-2018

www.ouh.nhs.uk/women/maternity/default.aspx

www.swft.nhs.uk/our-services/adult-hospital-services/ma

www.buckshealthcare.nhs.uk/birthchoices/contact-us.htm

www.northamptongeneral.nhs.uk/Services/Our-Clinical-Services-and-Departments/Obstetrics-and-Gynaecology/Maternity/Maternity.aspx

<http://www.royalberkshire.nhs.uk/wards-and-services/maternity.htm>

<https://www.gwh.nhs.uk/wards-and-services/a-to-z/maternity-services/where-should-i-have-my-baby/delivery-suite-at-the-great-western-hospital/>

Neonatal services

Neonatal care forms a key part of the NHS maternity service. It is part of the routine service for all women and their newborn babies. Neonatal Critical care provides an emergency service and ongoing support for babies and their families when a baby is born very prematurely, becomes sick or develops a medical problem.

Since 2011 the Neonatal services in the UK are designated by NHS England. They consist of 3 levels of care.

The Oxford Newborn Care Unit is a Neonatal Intensive Care Unit (NICU Level 3). It is the only designated NICU (Level 3) in Thames Valley and therefore provides intensive care for all babies born in Thames Valley region.

The Oxford NICU also provides high dependency care (HDU, medium level of care, level 2) e.g. non-invasive respiratory support or parental nutrition (TPN) and special care (non-complex and requiring no respiratory support level 1) for all babies in Oxfordshire.

Prior to closure of Horton Special Care Unit, only babies in North Oxfordshire needing the lowest level of care (Level 1 non-complex and requiring no respiratory support) would be looked after at the Horton Hospital the rest were transferred to the John Radcliffe Hospital.

- There are 16 Intensive Care beds, 13 High Dependency beds, 21 Special Care beds (total 50 beds) currently in use at JR. In addition, 10-12 babies per day requiring additional care are looked after on the postnatal wards (transitional care patients).
- There are approximately 980 admissions per year.
- A Neonatal Regional Transport service operates from NICU, using a specialist ambulance to transfer patients 24 hours/ day to JR for intensive care and repatriation back to their local units. This service shares ambulance provision with the Paediatric Critical Care Retrieval service which also operates from the same site. The service transfers around 500 babies per year.
- The NICU is both a tertiary medical and tertiary surgical and cardiology referral unit. Cardiology and surgical teams have multiple contacts with the unit on a daily basis. Where patients are extremely ill, surgery will take place on the neonatal unit.
- The NICU also provides care for neonates requiring the input of other surgical specialties including neurosurgery, urology, ENT and plastic surgery and other specialist medical specialties such as respiratory, endocrine and neurology
- The neonatal teams work closely with obstetric and fetal medicine colleagues to provide a smooth transition from fetal to neonatal life, they also work closely with the palliative care team at Helen House.

Number of Births

This is the number of births including still births and includes women who have been transferred into OUHFT from other trusts in the region.

The JR figures include births in the alongside midwifery led unit, Wallingford MLU, Wantage MLU and home births of women from central and southern GP practices. The Horton General figures include births from Chipping Norton MLU and home births of women from GP practices north of the county.

Year April to March	Total births OUHFT	JR	HGH	comments
2010/2011	9033	7300	1869	
2011/2012*	8045	6644	1401	*data issues
2012/2013	8598	6841	1760	
2013/2014	8315	6721	1594	
2014/2015	8401	6734	1667	
2015/2016	8497	6890	1608	
2016/2017	8665	7128	933	
2017/2018	7497	7172	325	

Births Before Arrival (BBA).

These are unplanned births at home or on the way to a unit including in an ambulance. The transit figures include women who are aiming to deliver at the freestanding units as well as the hospital based obstetric unit.

	All Transit BBAs	All BBAs (exc on maternity sites)	Total	Transit North	BBAs North	Total
2014	14	35	49	2	14	16
2015	5	17	22	2	5	7
2016	6	14	20	2	1	3
2017	20	29	49	3	9	12
2018	15	38	53	5	6	11

	Total BBA OUHFT	Total BBA HGH catchment
2014	49	16
2015	22	7
2016	20	3
2017	49	12
2018	53	11

References

- NICE CG192 Antenatal and Postnatal Mental Health (2015)
- NICE NG3 Diabetes in Pregnancy from Pre-conception to postnatal care. (2015)
- NICE CG 132 Caesarean section (2012)
- NICE CG102 Hypertension in Pregnancy Diagnosis and Management (2011)
- NICE CG70 Induction of Labour (2011)
- NICE CG 25 Preterm Labour and Birth (2015)
- NICE CG 129 Multiple Pregnancy Antenatal Care Twins and Triplets (2015)
- NICE CG 110 Pregnancy and complex social factors (2010)
- NICE PH27 Weight management before, during and after pregnancy (2010)
- Better Births Improving Outcomes of Maternity Services in England: A five year forward view: The National Maternity Review 2016.

Appendix 1- Quality assurance process for maternity commissioning.

Oxfordshire Clinical Commissioning Group (OCCG) is responsible for assuring the quality of care delivered by the services they commission.

It is important to note that OUHT, as the provider is ultimately accountable for quality within their organisation. It is therefore essential that they are able to monitor the quality of care, take action to resolve issues, and support a culture of openness that supports staff to identify and solve problems. OCCG's role is to hold providers to account for the care they provide and work closely with providers to ensure an open culture where lessons are learnt from errors.

Providers are regulated by the Care Quality Commission and all CQC inspections are published on their website.

Oxfordshire Clinical Commissioning Group has a structure in place to gain assurance about the quality of provider services. This process is usually carried out through formal and auditable Contract and Quality Review Meetings, with each provider Trust. The CCG's quality assurance of maternity services comes from a range of sources. These include:

- CQC
- Quality schedule of the NHS contract which includes national and local quality and performance indicators
- National and local clinical audit
- Clinical effectiveness and outcomes data
- Patient survey feedback
- Complaints and PALs data
- Feedback from local GPs on the quality of the services
- Dr Foster healthcare intelligence data

Where concerns arise from one or more of these data sources the CCG will raise concerns directly with Trusts and seek assurance that quality issues have been resolved.

Where OCCG is not the lead commissioner of a Trust, the CCG which is the lead commissioner will link with us to share quality concerns. For example OCCG is an "associate" commissioner for the contract South Warwickshire CCG holds with South Warwickshire NHS Foundation Trust.

In September 2016 a Quality Impact Assessment of the proposed arrangements for an MLU at the Horton was presented to OCCG Board and exceptional reporting was agreed. This included a proposed Performance Framework with a number of key indicators that addressed issues of staffing, safety and patient experience. The reporting will continue until the substantive arrangements for maternity provision in the north of the county are agreed and fully implemented.

The agreed Performance Framework is attached in appendix 1. It monitors performance across three domains of:

- Safety and staffing
- Impact on other services
- Patient experience

The process of quality assurance that has been in place since September 2016 is outlined below:

- Monthly submission of key performance indicators by OUHT
- Meeting with Head of Midwifery and/or Clinical Director OUHT and Director of Quality and/or Head of Commissioning OCCG.
- Head of Commissioning prepares a report on performance and any exceptions for the OCCG Quality Committee (bi-monthly)
- Direct escalation (where required) is from OUHT to Director of Quality (or Director on call).

This process allows for individual cases to be discussed, trends to be identified. The data is anonymised but is given at a level of detail that enables commissioners to understand the clinical outcomes for every baby and every mother who begins labour at the HGH MLU.

There is also an annual report to the Quality Committee that compares birth outcomes across the four freestanding MLUs.

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Oxford University Hospitals Foundation Trust - update on recruitment and retention

Overall approach to staff recruitment and retention

1. At the last HOSC meeting, Committee members were interested in hearing more about our overall approach to staff retention and engagement. The Trust strongly agrees with the Committee that this is vital. We recently launched a **3-year people strategy** with the ambition to make Oxford University Hospitals a place where people are proud and excited to work, where teams and individuals are trusted with responsibility and accountable for what they do, and where development and care of our people is recognised as being as important as the care of our patients. (Please see attached copy.)
2. Our people strategy has 6 themes:
 - a. Strategic workforce planning to enable us to stay ahead and make best use of our people and skills.
 - b. Compassionate, inclusive and effective leaders and managers at all levels, who exemplify our values.
 - c. A great place to work, with good morale, where people are proud to work and feel valued and supported. A place where people feel free to speak up and enjoy coming to work.
 - d. Delivering great performance, with clear and fair expectations of our staff and with quality data that informs decision making and aids delivery.
 - e. Building skills and capability amongst a more diverse workforce, with professional and personal development for all staff to build on their potential.
 - f. Responsive and collaborative HR services, with simple policies and procedures applied consistently.
3. We have seen **steady increases in our substantive staff**, with a rise of 1.2% year to date, although we have a remaining recruitment gap of c1,100 WTE, almost all of which we manage through temporary staffing. Our international recruitment efforts have paid off with around 20 nurses arriving from abroad each month and we have streamlined our recruitment processes – we are currently 4th fastest out of 93 benchmarked trusts. **Our staff turnover has improved** by 1.3% to 13.5% over the last 12 months, with Band 5 nurse turnover reduced by 2% to 19.6%, both in line with the targets we set ourselves.
4. OUH offers a **range of incentives to support our staff** who wish to take on additional hours, which helps the Trust deliver care for our patients and enables staff to earn more money towards the cost of living in and around Oxford. We operate a ‘bank first’ model – 75% of our temporary staffing is through OUH’s bank, most of whom are existing staff choosing to work additional hours. Over the winter months, we are operating additional incentive schemes to reward nursing and other clinical support staff who are volunteering to take on extra shifts at our most pressurised time of the year.
5. We participated in the **NHS-wide staff engagement survey** in November and our response rate increased from 39% last year to 48% this year. The results of the survey will be published at the end of February and we will be holding a series of staff listening events to discuss the main themes with people across all four of our hospital sites and our administrative base at Cowley.

Recruitment and retention in maternity

6. **External context.** As the Committee is aware, there has been a national shortage of obstetricians over the past few years. According to the RCOG Update on Workforce Recommendations (2018):
 - a. 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.
 - b. A 30% attrition rate from the O&G training programme is typical, further compounded by a loss at transition from training to consultant grade posts.
 - c. 54% of those on the O&G Specialist Register are international medical graduates with 14% from the EEA.

7. **Current workforce requirements.** In order to provide the 24/7 cover, inpatient and antenatal services required to safely re-open the Horton Obstetrics Unit, there is a minimum requirement for 8 middle-grade obstetricians (plus appropriate consultants, midwives and neo-natal nurses). However, after consultation with the Royal College of Obstetrics & Gynaecology (RCOG), OUH designed the current workforce model and job description based on a rota of 9 middle-grade obstetricians to allow clinical time to be allocated for the doctors to spend time at the John Radcliffe. RCOG advises this should make the Horton posts more attractive by offering successful candidates the chance to gain experience in areas of special interest. Since the Unit was last open the rules on junior doctor working hours have changed and we have had to respond to the new arrangements in the design of our workforce model.

8. **Recruitment update.** OUH currently has two middle-grade obstetricians in post who were recruited to transfer into the Horton Obstetrics Unit, if re-opened. We continue to run a rolling recruitment process to fill the other 7 vacancies. In our December round, we had 7 shortlisted candidates due to be interviewed, 2 candidates showed up on the day and offers were made to both of them. 1 declined and the other accepted, subject to pre-employment checks. From our January and February rounds, we shortlisted c10 candidates for interview and these processes are ongoing. Whilst the Horton Obstetrics Unit is closed, the current middle-grade obstetricians and any new recruits will continue to work at the John Radcliffe and undertake antenatal care at the Horton.

9. **Shortlisting processes.** Committee members asked why, when the number of applications increased since April 2016, the number of people shortlisted stayed roughly the same. The Trust is confident in the fairness and scrupulousness of our processes. OUH shortlist only on the basis of candidates being able to demonstrate they have the key experience and skills in the job description - and we have not changed our approach during this time period. Whilst actions such as changing the way we advertised the higher salary may have increased applications, the number of applications from people with the right skills and experience did not change. We are happy to be flexible in our approach where possible but the Committee will understand the Trust is not prepared to reduce the standards required to provide a safe and quality service for patients. As these clinicians will be working without supervision they have to have considerable experience to be able to safely operate at the Horton.

10. **Midwives.** As reported previously to the HOSC, in Spring 2018 the Trust was successful in recruiting 40 additional midwives. However, we do still have a shortfall against the number of midwives required and we start our next recruitment drive in Spring 2019. OUH remain committed to sharing the outcome of our Birthplace plus review, which identifies our overall required establishment, with the HOSC when it has been approved by the Board.

11. **Neonatal services.** At the last Committee, members asked about neonatal capacity at the Horton before the obstetrics unit was temporarily closed. The unit had a staffing establishment of 12 WTE neonatal nurses to manage eight neonatal beds but used only four or five beds on average. The ward was co-located with maternity in the year before the closure to improve provision of transitional care (care with mother present) and support safe staffing of the service during breaks and to provide an equality of treatment with the John Radcliffe Hospitals.

Incentives

12. **Existing incentives.** Feedback from staff who have moved on, or from candidates to whom positions have been offered but turned down, suggests that career considerations and family/personal circumstances were the main two reasons, rather than housing or travel. That said, OUH is committed to actions that will increase the attractiveness of our obstetrician posts. The Trust already:

- a. Offers an enhanced salary with an extra £5000 annual allowance. Following advice from a previous HOSC, we have added this to the base salary and advertise at a higher pay rate. We believe this has helped increase the number of applications – although not always from candidates with the right level of experience.
- b. Pays for the costs of a visa, provides support with the application and issues a 3 year certificate of sponsorship.
- c. Has built in time for obstetricians to work at the John Radcliffe and advertises the positions jointly – as described above.

13. **Additional OUH incentives.** From the next recruitment round, the Trust has also agreed that these posts will be eligible for a relocation allowance of up to £8,000, depending on circumstances, which should also increase attractiveness.

14. **Support from Cherwell District Council.** The last Committee session discussed ideas from Cherwell District Council and the wider community for additional incentives. Cherwell have offered access to their choice-based affordable lettings; a bespoke guide to the local housing market; and an expert advisor to attend recruitment fairs. The Trust is very happy to accept these offers and is actively working with Cherwell to implement the ideas. We are planning to run a recruitment/job fair across all professions at the Horton in late Spring/Summer and look forward to working with Cherwell District Council and other stakeholders to make the most of this opportunity.

15. **Support from the community.** In the past, various offers were made from local companies to provide incentives to obstetricians taking up posts at the Horton. The Trust is grateful for the engagement and is aware of other examples around the country, for example, where housing developers give a discount on new homes for employees of the local Trust - although the only schemes that we are aware of are available to all staff working at that hospital, not restricted to certain grades or professions. OUH is only able to support any incentive schemes that comply with our legal and contractual obligations (e.g. the national agenda for change pay framework; policies on the Declaration of Interests/Declaration of Gifts, Hospitality and Sponsorship; the DHSC code of conduct for NHS employees; and the competition and markets regime), plus our duty of fairness to staff (in which incentives offered to one group of staff members and not others must have clear justification). We would also need to be very clear on the legal terms and

conditions of any offers in order to protect our staff. OUH is very happy to work with the community on any potential ideas for incentives that comply with these conditions.

16. **International recruitment** The Trust is open to the suggestions made by the HOSC for increasing focus on international recruitment. OUH is in touch with a new international recruitment agency that is currently sourcing CVs to test the available market. If this testing is successful, OUH will consider taking this arrangement forward as a core part of our rolling recruitment approach. It is worth noting that the vast majority of applications received so far are from overseas applicants so our recruitment so far has been seen internationally already.

17. **Revamping recruitment materials.** Finally, for the release of our next rolling recruitment round, OUH has revamped the format of the job description (but not content, with the exception of adding the new relocation allowance) which is attached as annex 1; and is also drafting additional recruitment materials for Horton obstetricians, using our new 'Care to Join Us' branding. The Trust is keen to engage with stakeholders on the best timing for the launch of the next rolling recruitment round to take advantage of any additional ideas on incentives; and how the community might positively support the campaign e.g. on social media.

Our People Strategy 2018-2021



Our aim:

*To make Oxford University Hospitals
a place where people are proud
and excited to work,
where teams and individuals are trusted with
responsibility and are accountable for what they do,
and where the development
and care of our people is recognised as being
as important as the care of our patients.*

Welcome

We employ around 14,000 people in both full and part-time roles. Each and every one has a role to play in ‘delivering compassionate excellence’ to our patients, often working within multi-disciplinary teams. This people strategy sets out our ambition for employees for the next three years.

Our overall aim for this strategy has three parts:

- *To make OUH a place where people are proud and excited to work,*
- *where teams and individuals are trusted with responsibility and are accountable for what they do,*
- *and where the development and care of our staff is recognised as being as important as the care for our patients.*

We have intentionally positioned the care for our people – our staff – as being as important as the care for our patients, in response to the reality that our staff are feeling very stretched at a challenging time for the whole NHS. Although the vast majority of our staff look forward to coming to work and would recommend OUH as a place to work, our 2017 staff survey told us that an increasing number of our staff were feeling less engaged and less supported than they had done previously, and this is a serious concern which we need to respond to with a sense of urgency.

In common with the rest of the NHS and most developed health systems, OUH is currently experiencing a shortfall of staff to meet the rising demands for healthcare which come from an aging population and the increase in people living with long-term conditions.

So we will need to be more flexible, creative and innovative in how we attract, retain and develop people to enable us to fulfil our core purpose as well as to meet our obligations under the NHS constitution, for example on timely access to care.

Describing an ambition is one thing; delivering it is another. This document describes six key themes for action which we will focus on during the next three years to support and care for our staff, and strengthen our capabilities as an organisation.

We have front-loaded the plan for the first year of implementation in recognition that there is a lot to do. At the same time, we have some real strengths to build on, such as the extraordinary commitment of our staff to deliver excellent patient care, low levels of sickness absence, some well regarded training and development programmes, the commitment to *Magnet* accreditation and many highly engaged teams.

As well as changing some of our processes and structures (e.g. how we recruit and train our staff) we know that we will also need to challenge and change our own mindsets and how we behave towards each other. In healthcare we rightly focus on the patient, and caring for them, but that must not be at the cost of taking our own staff for granted or failing to care for each other.

We all have a contribution to make and our everyday habits will be at least as important as our organisational processes in bringing about culture change.

The strategy itself has been developed through an iterative process based on the engagement of around 100 staff through interviews and a series of workshops, and the views of nearly 1,000 staff who completed an online survey. We have also taken into account the opinions of over 300 staff who attended the 'Changing things for the better' listening events which we held across all sites in response to the 2017 staff survey.

The page opposite summarises the six themes of our People Strategy, the ambition of each and the main areas of focus. Each of these themes are then laid out in more detail in the pages that follow, describing the main actions against three time horizons; first strengthening our workforce and core processes (year 1), then building on that foundation (years 2 & 3) and finally consolidating (after year 3). We have also shown how our values align to each of the themes.

We live in an uncertain and ever-changing environment, so we can say with some confidence that we will need to update and adapt aspects of this strategy during the timeframe it covers.

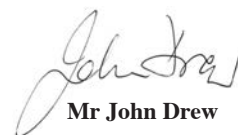
Our commitment is to continue to listen and evolve this strategy in response to our changing context and pressures we experience. In other words, this strategy should not be read as the final word for the next three years but rather as the best current description of what we need to do to make OUH a place where people are proud to work, can give of their best and fulfil their potential.

We look forward to working together to deliver on this ambition.

Signed on behalf of the OUH Board:



Dr Bruno Holthof
Chief Executive



Mr John Drew
Director of Improvement and Culture

Summary of our People Strategy

THEME	AMBITION	AREAS OF FOCUS
1 Strategic workforce planning	Forward-thinking workforce planning enables us to stay ahead, and helps us make best use of people and skills.	<ul style="list-style-type: none"> ● Recruitment and retention ● Long term workforce planning ● Workforce innovation ● Strengthening links with further and higher education providers
2 Compassionate, inclusive and effective leaders and managers at all levels	Highly visible, capable, positive, confident and enthusiastic leaders, who exemplify our values.	<ul style="list-style-type: none"> ● Leadership development ● Team effectiveness ● 'IMPACT' programme
3 Great place to work where morale is high	People are proud to work here and feel valued, supported and recognised. They feel free to speak up and enjoy coming to work.	<ul style="list-style-type: none"> ● Staff communication and engagement ● Staff health and wellbeing ● Reward and recognition
4 Delivering great performance	A refreshed performance management structure sets clear, fair expectations. Data informs decisions and aids delivery.	<ul style="list-style-type: none"> ● Values-Based Appraisals ● Talent Management ● Culture of high performance
5 Building skills and capabilities	Personal and professional development for all staff to build on existing potential. Workforce becomes more diverse.	<ul style="list-style-type: none"> ● Core management skills ● Clinical education and development ● Statutory and Mandatory Training
6 Responsive HR services	HR is responsive and collaborative, exceeding expectations. Policies and processes are simplified and applied consistently.	<ul style="list-style-type: none"> ● Fit for purpose policies and processes ● Customer service mindset ● Self-service functionality

The six themes in detail

THEME 1 *Strategic workforce planning*

Year 1: **STRENGTHEN**

- Develop a comprehensive, strategic workforce plan
- Develop retention plans focused on areas of the Trust with the highest rates of staff turnover and vacancy
- Introduce electronic job planning and e-rostering for all medical staff
- Increase scale and breadth of apprenticeships on offer
- Simplify recruitment process, making it more responsive
- Develop a careers bureau to redeploy staff more effectively across the Trust
- Establish a range of new and innovative roles to better meet patient needs and demands

Years 2-3: **BUILD**

- Develop Career Progression pathways and case studies for all groups, e.g. apprentices
- Introduce and develop new roles to tackle long-term staff shortages
- Develop a succession planning framework
- Explore new and alternative sources of workforce supply (e.g. *military and schools*)

After Year 3: **CONSOLIDATE**

- Introduce an in-house *Careers Advisory Service*, potentially with local partner organisations
- Develop a programme of secondment opportunities and match opportunity to identified need
- Scale up new roles to tackle key staff shortages

This theme aligns with:
Excellence | Improvement

Our ambition:

We plan ahead to anticipate and meet changes in patient needs and demand for our services within the constraints we face. We have confidence in our data, enabling us to be forward-thinking, evidence-based and collaborative. We develop innovative workforce solutions which allow us to make best use of the talent and skills available to us.

MEASURES OF IMPACT

- ☑ Tracking of headcount/WTE/pay bill against trajectory
- ☑ Mix of substantive staff versus bank, agency and overtime
- ☑ Short and medium-term recruitment targets and success against trajectory
- ☑ Time to recruit and acceptance rates

THEME 2

Compassionate, inclusive and effective leaders and managers at all levels

Year 1:

STRENGTHEN

- Define skills needed at different levels of leadership and management
- Use, and tailor where appropriate, existing Leadership Academy Programmes
- Develop Leadership Model and behaviours
- Run the first cohort of the Improving Performance and Care in Teams (IMPACT) programme for multi-disciplinary leadership teams
- Extend use of NHS Leadership Academy's 360 degree feedback tool
- Role out Affina Team Journey development programme

Years 2-3:

BUILD

- Evaluate impact of IMPACT programme, and refine and repeat it
- Link development to progression
- Train leaders and managers in coaching-based approaches
- Scale up – leadership and management training, tailoring existing NHS Leadership Academy programmes where appropriate
- Introduce mentoring programme

After Year 3:

CONSOLIDATE

- Develop accredited programmes (e.g. with academic partners)
- Provide joint leadership programmes with partner organisations (e.g. across STP footprint)
- Develop reputation as a 'talent hub' for the NHS

This theme aligns with:

Excellence | **Respect** | **Compassion**

Our ambition:

Leaders are highly visible, capable, positive, confident and enthusiastic. They inspire and motivate others by behaving consistently in line with our values.

MEASURES OF IMPACT

- ☑ Number of participants in leadership programmes
- ☑ Measurable outcomes from leadership development
- ☑ Leadership statements in NHS staff survey
- ☑ Reduced staff turnover
- ☑ External reputation and recognition

THEME 3

Great place to work, where morale is high

Year 1:

STRENGTHEN

- Ensure pay and reward is vigorously monitored and fully applied (e.g. *spot salaries*)
- Improve Welcome Programme (*induction*) for new joiners
- Strengthen staff communications and staff recognition
- Continue to implement staff wellbeing initiatives to improve health and reduce stress (e.g. *Schwartz Rounds*)
- Improve fairness, dignity and respect at work
- Maintain low levels of sickness and absence
- Improve understanding why people leave and how we can address the causes
- Work towards closing the gender pay gap

Years 2-3:

BUILD

- Introduce an internal mediation and coaching service
- Refresh 'Listening into Action' programme
- Refresh the Equality, Diversity and Inclusion programme, building on experiences of existing minority staff
- Deliver improved parking and transport solutions
- Introduce mentoring programme
- Develop improved working environment and facilities (e.g. *gym/ social space*)

After Year 3:

CONSOLIDATE

- Develop a healthy culture, recognised in staff survey responses and externally
- Establish mechanisms and processes to support staff empowerment as the norm (e.g. *shared governance*)
- Close the gender pay gap and improve on all aspects of diversity

This theme aligns with:

Respect | Compassion

Our ambition:

OUH is a place where people are proud to work, and where they feel valued, recognised and supported to develop their true potential. People feel free to speak up, enjoy coming to work, and have a sustainable work-life balance..

MEASURES OF IMPACT

- ☑ Staff survey scores, especially *Employee Engagement Index* (EEI)
- ☑ Measures of Equality, Diversity and Inclusion
- ☑ Athena SWAN charter on gender equality
- ☑ Feedback on Welcome and interviews
- ☑ Reduction in grievance cases and employment tribunals
- ☑ Sickness absence rates and reasons

THEME 4 *Delivering great performance*

Year 1: **STRENGTHEN**

- Introduce values-based appraisals and improve the rate and quality of appraisals across all staff groups
- Agree expectations for performance and accountability
- Improve quality and reliability of performance data available to front line teams and to support improvement
- Develop and test new operating model based on devolved decision-making

Years 2-3: **BUILD**

- Introduce a variety of staff awards/recognition schemes to acknowledge and reward excellent performance
- Create greater transparency of performance information for all staff
- Deploy new operating model more widely
- Develop and implement a talent management framework

After Year 3: **CONSOLIDATE**

- Establish a culture and expectations of high performance
- Implement new operating model fully across OUH
- Redesign core management practices to enable and support devolved decision-making

This theme aligns with:

Excellence | **Improvement** | **Delivery**

Our ambition:

OUH apply a framework for accountability and performance which balances the need to deliver high performance with behaviours which are fair and proportionate, setting clear expectations at individual and team level. Data informs our decisions and enables delivery and improvement.

MEASURES OF IMPACT

- ☑ Appraisal compliance rates >90%
- ☑ Appraisal quality measure in staff survey
- ☑ Key measures of performance and productivity
- ☑ Self-assessment against elements of operating model
- ☑ Performance and retention of leaders in critical roles

THEME 5 *Building skills and capabilities*

Year 1: STRENGTHEN

- Extend 'Skills for Managers' and clinical development programmes
- Match best practice in statutory and mandatory training
- Improve the use of the E-Learning Management System, and explore alternative options
- Establish training and development modules for improvement based on a national *Quality, Service Improvement and Redesign* (QSIR) framework
- Develop range of career pathways for nursing and other professional groups
- Extend use of volunteering in partnership with Oxford Hub

Years 2-3: BUILD

- Strengthen developmental career pathways for all professional groups
- Develop 'job swaps' within and outside of OUH
- Introduce Learning and Development 'Passport' for staff who transfer to/from other Trusts
- Develop creative 'self-funding' models for training
- Re-engage Change Champions to strengthen improvement capabilities
- Achieve Magnet accreditation

After Year 3: CONSOLIDATE

- Develop reputation for top-class training and development across all staff groups
- Establish OUH as a hub for training and learning within our local and regional systems
- Develop e-learning and video-based modules to be accessible to all staff

This theme aligns with:

Delivery | Improvement | Learning

Our ambition:

OUH focuses on personal and professional development for all our staff to enable career development, build skills and generate the capability the organisation needs now and in the future. Our workforce becomes ever more diverse and our talent management processes support the development of emerging and growing talent.

MEASURES OF IMPACT

- ☑ Number of participants in key programmes
- ☑ Rates of statutory and mandatory training
- ☑ Magnet accreditation
- ☑ Application of QSIR and other improvement tools
- ☑ Staff survey scores on training and development

THEME 6 Responsive HR services

Year 1: STRENGTHEN

- Improve communication into, within and out of HR
- Simplify and minimise the number of HR policies and processes, and ensure consistent application
- Make recruitment process 'lean'
- Review HR operating model based on user feedback
- Customer service training for HR staff and understanding the business context in which it operates
- Strengthen HR professional leadership to bring unity to corporate and divisional teams
- Benchmark and learn from leading HR practices from healthcare and other sectors

Years 2-3: BUILD

- Introduce HR self-service (*Intranet development*)
- Implement ESR fully
- Make changes to HR operating model
- Use new media to attract a more diverse workforce

After Year 3: CONSOLIDATE

- Implement 'digital by default' within HR
- Partner our HR services with others, including local systems partners

This theme aligns with:
Excellence | Improvement

Our ambition:

OUH will have a professional HR, OD and Learning function, which is responsive, efficient, enabling and collaborative, and which exceeds the expectations of its customers. Our HR policies and processes are fit for purpose, and we use secure technology to ensure our services are 'digital by default', providing essential support to all staff.

MEASURES OF IMPACT

- ☑ User feedback (e.g. *Survey Monkey*)
- ☑ New HR operating model: service standards and measures to be developed
- ☑ Effectiveness of recruitment
- ☑ Staff survey scores (*including EEI*) within HR directorate

*Building a culture of
compassionate excellence
for our staff*



JOB DESCRIPTION

Job Title	Trust Doctor in Obstetrics & Gynaecology
Grade	LAS Specialty Registrar
Specialty	Obstetrics & Gynaecology
Average hours work per week	40 hours per week or Less than Full Time
Base Hospital	Horton General Hospital and John Radcliffe Hospital
Work Pattern	Band 1B (40%)
Salary:	£48,703.00 to £73,720.40 (this includes the 1B (40%) banding)
Recruitment and Retention Premia	£5,000.00 per annum
GMC requirement	Full GMC registration will be required
Details of special conditions	12/18 month contract extended by mutual agreement. Eligible for a relocation allowance of up to £8000, depending on circumstances

Main Tasks and Responsibilities

Duties of post

This post is intended to be based primarily at the Horton General Hospital, Banbury, but with significant clinical duties at John Radcliffe Hospital, Oxford. This will allow the development of clinical skills at the John Radcliffe where over 6,000 women per year give birth while supporting the Horton out of hours which is much quieter with approximately 1500 births per year. (Due to staffing shortages, in August 2016 a decision was made to temporarily close the Horton unit until such time as the vacant posts are filled).

While the unit at the Horton Hospital is closed the post-holders will be working entirely at the John Radcliffe Hospital, supporting the Specialist Trainee rota.

The main duties of this post involve general duties in Obstetrics & Gynaecology, which include:

- Delivery Suite and elective Caesarean section lists
- Urgent gynaecology, including early pregnancy clinic
- Inpatient gynaecology ward rounds
- Gynaecology theatres
- Obstetric ward rounds and Maternity Assessment Unit cover
- General antenatal clinics
- General gynaecology clinics
- Out of hours on-call duties

Out of Hours Rota

Duties include being part of a 9-cell full shift rota. Every 9-week cycle includes one weekend of daytime duty; one weekend of night duty; one set of four week nights; four long day shifts; two sets of daytime duties at the John Radcliffe Hospital and one week of annual leave. Normal daytime duty hours are 8:30-17.00; twilight shifts are 13.00-20.30; weekend daytime shifts are 08.00-20.30, and night shifts are 20.00-08.30.

If the rota is an 8 cell rota the banding (included in gross salary) will be 1A (50%) to reflect this. During those out-of-hours duties, the post holder will be responsible for Delivery Suite and Emergency Gynaecology at the Horton General Hospital.

There is an allocated annual leave calendar week following a set of week nights, which can be exchanged for a different week by mutual agreement between two doctors, and with the agreement of the rota co-ordinator.

Experience

This post offers an opportunity for senior middle grade doctors, who have achieved competencies at least ST5 level, to consolidate their clinical skills by working in a small friendly unit whilst gaining additional experience in a tertiary level department.

For the appointed postholders there is an opportunity to participate in RCOG ATSM skills modules. The modules available are Advanced Labour Ward Practice, Advanced Antenatal Practice and Early Pregnancy.

The enhanced pay reflects the seniority of medical staff expected to fill the post. The regular sessions at the John Radcliffe Hospital will ensure the clinical skills are developed for the purposes of career progression.

Applicants interested in less than full-time work are also invited to apply and will be considered for appointment.

Departmental induction will be arranged at the start of the post

Teaching both undergraduates and post graduates is an essential component of the post in this teaching hospital. Hence, the post holder is expected to take an active role in teaching medical students and junior medical staff.

Clinical Governance

The post-holder will participate in clinical audit, clinical effectiveness, risk management, quality improvement, and any other clinical governance activities as required by the Trust, Health Authorities, and external accrediting bodies.

Personal and Professional Development

The post-holder will be required to keep himself/herself fully up-to-date with their relevant area of practice. Professional or study leave will be granted at the discretion of the Trust, in line with the prevailing Terms and Conditions of Service, to support appropriate study,

postgraduate training activities, relevant CME courses and other appropriate personal development needs.

Management

The post-holder will be required to work within the Trust's management policies and procedures, both statutory and internal, accepting that the resources available to the Trust are finite and that all changes in clinical practice or workload, or developments requiring additional resources must have prior agreement with the Trust. He/she will undertake the administrative duties associated with the care of his/her patients, and the running of his/her clinical department under the direction of the Clinical Director.

General Conditions

Risk Management

The management of risk is the responsibility of everyone and will be achieved within a progressive, honest and open environment.

Staff will be provided with the necessary education, training and support to enable them to meet this responsibility.

Staff should be familiar with the

- Major Incident Policy
- Fire Policy
- Information governance

and should make themselves familiar with the 'local response' plan and **their** role within that response.

Responsibilities for Health and Safety

The post holder is responsible for ensuring that all duties and responsibilities of this post are carried out in compliance with the Health & Safety at Work Act 1974, Statutory Regulations and Trust Policies and Procedures. This will be supported by the provision of training and specialist advice where required.

Infection Control

Infection Control is everyone's responsibility. All staff, both clinical and non-clinical, are required to adhere to the Trusts' Infection Prevention and Control Policies and make every effort to maintain high standards of infection control at all times thereby reducing the burden of Healthcare Associated Infections including MRSA.

All staff employed by OUH have the following key responsibilities:

- Staff must wash their hands or use alcohol gel on entry and exit from all clinical areas and/or between each patient contact.
- Staff members have a duty to attend mandatory infection control training provided for them by the Trust.

- Staff members who develop an infection (other than common colds and illness) that may be transmittable to patients have a duty to contact Occupational Health.

Child Protection

The post holder will endeavour at all times to uphold the rights of children and young people in accordance with the UN Convention Rights of the Child.

Safeguarding Children and Vulnerable Adults

The Trust is committed to safeguarding children and vulnerable adults throughout the organisation. As a member of the trust there is a duty to assist in protecting patients and their families from any form of harm when they are vulnerable.

Information Governance

All staff must complete annual information governance training. If you have a Trust email account this can be completed on-line, otherwise you must attend a classroom session. For further details, go to the Information Governance intranet site.

Data Quality

Data quality is a vital element of every member of staff's job role. OUH recognises the importance of information in the provision of patient care and in reporting on its performance. Data quality is therefore crucial in ensuring complete, timely and accurate information is available in support of patient care, clinical governance, performance management, service planning, and financial and resource planning and performance.

All staff should ensure that they have read and understood the Trust's Data Quality Policy.

Indemnity

Under NHS Indemnity, the Trust will take direct responsibility for costs and damages arising from medical negligence where it (as employer) is vicariously liable for the acts and omissions of its medical and dental staff.

Where junior medical staff are involved in the care of private patients in a NHS hospital, they would normally be doing so as part of their contract. It is advisable that junior doctors who are involved in work outside his/her employment should have medical defence cover. This includes Category 2 work, i.e. reports for insurance companies, cremation fees.

All staff should ensure that they have read and understood the Trust's Data Quality Policy.

PERSON SPECIFICATION

Trust Doctor in Obstetrics & Gynaecology

	Essential	Desirable
Basic Qualifications	MBBS or equivalent	
Professional Qualifications	MRCOG Part 1	MRCOG Part 2
Professional Registration	Full GMC full registration will be required when taking up the post	
Experience	Speciality Trainee Year 5 or above in UK; candidates from outside UK: at least 4 years working as a specialist with 2 years at registrar level	At least one year of previous experience at ST6 level or equivalent
Clinical Skills	Clinical competencies required at minimum year ST 5	
Audit / Research / Publications		Audit / Research / Publications in the field of Obs & Gynae
Personal Skills	Able to work within a team	

NB – the core clinical competencies from the RCOG curriculum mean the applicant must be able to demonstrate that they are able to perform independently:

- Perineal repair
- Non-rotational instrumental delivery
- Rotational instrumental delivery
- Caesarean section
- Fetal blood sample
- Manual removal of placenta
- Surgical management of PPH
- Surgical management of retained products of conception
- Surgical wound debridement
- Basic early pregnancy ultrasound (8-12 weeks)
- Basic Ultrasound for presentation and placental site
- Can use intrapartum fetal surveillance strategies to help assess risk.
- Can recognise abnormal fetal heart rate patterns, perform and interpret related tests.

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