

# Notice of Meeting Public Document Pack



## Horton Joint Health Overview & Scrutiny Committee Thursday, 19 September 2019 at 6.15 pm The Town Hall, Banbury Town Council, Bridge Street, Banbury OX16 5Q

### Membership

Chairman - Councillor Arash Fatemian  
Deputy Chairman -

**Councillors:**

Hannah Banfield	Sean Gaul	Kieron Mallon
Neil Owen	Wallace Redford	Alison Rooke
Adil Sadygov	Sean Woodcock	

**Co-optees:** Dr Keith Ruddle

#### 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: <a href="mailto:arash.fatemian@oxfordshire.gov.uk">arash.fatemian@oxfordshire.gov.uk</a>
Policy & Performance Officer	-	<i>Samantha Shepherd</i> Tel: 07789 088173 Email: <a href="mailto:Samantha.shepherd@oxfordshire.gov.uk">Samantha.shepherd@oxfordshire.gov.uk</a>
Committee Officer	-	<i>Sue Whitehead</i> Tel: 07393 001213 Email: <a href="mailto:sue.whitehead@oxfordshire.gov.uk">sue.whitehead@oxfordshire.gov.uk</a>

Yvonne Rees  
Chief Executive

September 2019

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

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

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

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

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

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

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

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

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

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

# AGENDA

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

To approve the minutes of the last meeting held on 4 July 2019 (**HHOSC3 – to be circulated separately**) and to receive information arising from them.

- 4. Petitions and Public Address**
- 5. Responding to the IRP and Secretary of State recommendations**

The CCG and OUHFT to report to the Horton HOSC, in line with their timetable, on the recommendation to be made to the CCG Board (on the 26<sup>th</sup> of September) on the future of obstetrics at the Horton General Hospital.

The paper accompanying this item will be published as an addenda to the papers on the 16<sup>th</sup> of September

- 6. Chairman's Report (Pages 1 - 16)**

Update on 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](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

## **HORTON HEALTH OVERVIEW AND SCRUTINY COMMITTEE. 19 SEPTEMBER 2019**

### **Chairman's Report**

#### **1. Planning for the meeting of 19<sup>th</sup> September**

- 1.0 A meeting between the Chairman and the Chief Executive and Director of Governance of Oxfordshire Clinical Commissioning Group (CCG) with a Policy Officer from Oxfordshire County Council and the Head of Communications from the CCG, took place on the 8<sup>th</sup> of August, to discuss upcoming items for Oxfordshire HOSC's Forward Plan. During this, the following points were discussed about the Horton HOSC:
- The CCG are confident they have done enough work on small Consultant Led Units (CLU) to understand their models. HOSC's request to small CLUs for provision of information on their models is scheduled to be considered on the 11<sup>th</sup> of September, which may need to be reflected by the CCG in their consideration/recommendations to the CCG Board in September.
  - Done all the work to make decision at the CCG Board on the 26<sup>th</sup> September. The Horton HOSC will need a recommendation for their meeting, which will be planned for the 19<sup>th</sup> of September. The CCG will be able to provide this paper, but will need to be published as an addenda due to the need to simultaneously publish the paper for their own Board meeting.

#### **2. Research on Small Consultant Led Units**

- 2.1 At the meeting of the 4<sup>th</sup> July 2019 Horton HOSC it was agreed to: "invite representatives of other small obstetric-led units to give evidence of how they work to achieve their aims and retain their training accreditation before the September CCG Board meetings." The responses received are contained within Appendix A of this report.
- 2.2. In following up on the information provided in Appendix A, requests were made for additional detail on the medical models and rotas at each of the units in question. At the time of publishing, no additional information was available; should this be provided it will be published as an addenda to the meeting papers for the 19<sup>th</sup> of September.

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## **Horton HOSC CLU Responses**

At the meeting of the 4<sup>th</sup> July 2019 Horton HOSC it was agreed to: “invite representatives of other small obstetric-led units to give evidence of how they work to achieve their aims and retain their training accreditation before the September CCG Board meetings.”

The Horton HOSC has written out to 25 Trusts. The basis of the research undertaken by Keep the Horton General was used to inform the work of the Horton HOSC, specifically helping to highlight Trusts to contact. A list of questions were devised to inform committee members of each Trust’s approach to; the model of provision for maternity services, staffing models, birthing stats, size of the area served and distances travelled, the training accreditation and level it is held at, and whether they have experienced any challenges maintaining the accreditation.

Responses were received from the following NHS Trusts (individual responses from each Trust are included in Appendix 1 below):

<b>Name of Trust</b>	<b>Corresponding pages:</b>
North Cumbria University Hospitals NHS Trust	2 – 4
Northumbria Healthcare NHS Foundation Trust	5 – 9
Nottingham University Hospitals NHS Trust	10 – 11
United Lincolnshire Hospitals NHS Trust	12 – 13

Unfortunately all the trusts declined to speak to the committee, some either via the return letter, or when contacted to arrange a potential time slot to speak.

We also had a response from University Hospitals of Leicestershire NHS Trust, who were unable to answer the questions as they were under considerable time pressures.

The names of all NHS Trusts contacted are included in Appendix 2.

## Appendix 1 – NHS Trust Responses



### Head of Midwifery & Gynaecology's Office Maternity Department

Cumberland Infirmary  
Infirmary Road  
CARLISLE  
Cumbria  
CA2 7HY

Direct Tel: 07787690001  
Email: jane.anderson@ncuh.nhs.uk

Our Ref: JA/BR

Date: 27/08/19

Samantha Shepherd  
Senior Policy Officer  
Horton Joint Health Overview and Scrutiny Committee  
County Hall  
New Road  
Oxford  
OX1 1ND

Dear Samantha,

### **Re: Horton Health and Overview Scrutiny Committee - CLU review**

Please see below for responses to questions submitted for the Horton Health & Overview Scrutiny Committee for the CLU review. I hope that you find our responses of some use:

#### **1. Name of the Trust**

*North Cumbria University Hospitals NHS Trust.*

#### **2. What is the model of provision for maternity services?**

*X 2 Consultant-led Units with alongside Midwifery-led Units  
X 1 Midwifery-led Unit*

**3. What staffing model do you use? (please include information on numbers of staff and rotas, numbers of vacancies and how they are managed, and how you approach recruitment.)**

*Birthrate Plus is used for Midwifery workforce planning.  
New models of integrated care are being planned in line with Better Births.*

**4. What are the number of births for the last 3 years (delivered in the different settings)?**

	2016/17	2017/18	2018/19
CIC	1680	1585	1592
PBC	27	17	30
WCH	1278	1212	1114
<b>Total</b>	<b>2985</b>	<b>2814</b>	<b>2736</b>

CIC = Cumberland Infirmary, Carlisle (Consultant Led Unit)

PBC = Penrith Birth Centre (Midwifery Led Unit)

WCH = West Cumberland Hospital (Consultant Led Unit)

**5. How do you measure your clinical quality and outcomes? What has been your performance in the last three years against these outcomes?**

*Clinical quality and outcomes measured via dashboards;  
Measured against national standards eg RCOG, NICE recommendations and regional standards.  
These are reviewed at monthly Joint Core Governance Meeting – themes and trends extracted and audited.*

**6. What is the size of the area you serve? (i.e. how far / long do people have to travel to get to the unit)**

- *Large rural geographical location with remote areas*
- *63.5 people per km/sq*
- *From West Cumberland Infirmary to Cumberland Infirmary 48 miles – slow A road*
- *From West Cumberland Infirmary to Penrith Birth Centre 44 miles – A road with some dual carriageway*
- *From Penrith Birth Centre to Cumberland Infirmary 20 miles – motorway*

*The region is visited by large numbers of tourists and this, together with large farming communities, adds time to journeys.*

*Public transport consists of train and bus services, however, the networks are poor.*

7. **Do you still hold your training accreditation status? and if so, how long have you held it? And have there been any challenges maintaining that?**

*Training accreditation is held at both Consultant-led sites.*

8. **Is the training accreditation held at a trust level, or on an individual unit basis?**

*Individual Unit*

9. **Do you capture information on patient experience? (if so, what are satisfaction levels for example?)**

*Patient satisfaction is captured by surveys both nationally biased and Trust led – in general satisfaction levels are good.*

*The patients generally belong to communities that are passionate with regard to their local services and support them well.*

10. **Do you capture any feedback from staff that are being trained in a smaller unit? (if so, are you able to share any feedback received please?)**

*Unsure as to what this question refers.*

11. **Would you be able to either attend the Horton HOSC meeting, or Skype into the meeting to be able to discuss with members of the HOSC?** (The meetings take place in Banbury Town Hall, Oxfordshire and the next Horton HOSC meeting is likely to take place in either the first or second week of September – please could you let us know ASAP if you are able to attend, or speak to the committee, so we can plan in accordingly)

*Apologies, Head of Midwifery unable to attend as will be away on leave, contact made with Martin Dyson to this effect.*

Yours sincerely,



**Jane Anderson**  
**HEAD OF MIDWIFERY & GYNAECOLOGY**



**Northumbria Healthcare**  
NHS Foundation Trust

Trust Management  
North Tyneside General Hospital  
Rake Lane  
North Shields  
Tyne and Wear  
NE29 8NH

(0191) 293 2730

Ref: MD/TC

15 August 2019

Cllr Arash Fatemian  
Chairman Oxfordshire Joint Health Overview & Scrutiny Committee  
Oxford County Council  
Horton Joint Health Overview and Scrutiny Committee  
County Hall  
New Road  
Oxford  
OX1 1ND

Dear Cllr Fatemian

**HORTON HEALTH AND OVERVIEW SCRUTINY COMMITTEE – CLU REVIEW**

Thank you for your letter dated 24 July 2019 which outlines the work you are undertaking around the viability of small Consultant-led Obstetric Units and inviting Northumbria Healthcare NHS Foundation Trust to participate in this work.

I have enclosed our response to the questions provided and hope that this information is useful to you.

Unfortunately due to annual leave and other commitments we are unable to provide representation at the Horton HOSC meeting planned for September 2019.

Yours sincerely

**MARION DICKSON**

**Executive Director of Nursing and Midwifery on behalf of and in the absence of  
Sir James Mackey, Chief Executive**

Enc

cc Marion Dickson, Executive Director of Nursing and Midwifery  
Lynn Tilley, Acting Head of Maternity

## Questions:

### 1. Name of the Trust

Northumbria Healthcare NHS Foundation Trust

### 2. What is the model of provision for maternity services?

Northumbria provide an Obstetric-led service at the Northumbria Specialist Emergency Care Hospital, including a Pregnancy Assessment Unit, a Birth Centre for low and high risk pregnancies, and an Ante-natal / Postnatal ward for inpatient stays.

In addition to the main Unit we have three freestanding Midwifery-led Units (MLUs). Low risk women are offered birth in these Units. The MLUs provide Antenatal care for all women with Consultant Outreach Antenatal clinics.

The MLUs in Alnwick and Berwick are open seven days per week but not across 24 hours. On-call Midwives are available out of hours to support birth in the MLU or at home. There is no inpatient Postnatal stay in these MLUs.

Teams of Community Midwives provide Antenatal and Postnatal care and support the Home Birth Service.

Antenatal clinics are held in a variety of locations including GP practices, Children's centres and Trust base sites (Wansbeck General Hospital and North Tyneside General Hospital).

### 3. What staffing model do you use? (please include information on numbers of staff and rotas, numbers of vacancies and how they are managed, and how you approach recruitment.)

Staff levels are calculated in accordance with Birth Rate Plus methodology. However it is acknowledged that the freestanding MLUs are over-established based on this methodology; however they are appropriate to ensure sustainable service provision.

The Northumbria is currently established to 71.29 WTE Midwives and 27.69 WTE Nursing Assistants.

Alnwick MLU (Hospital and Community) is currently established to 4.44 WTE Midwives and 2.03 WTE Nursing Assistants.

Berwick MLU (Hospital and Community) is currently established to 4.05 WTE Midwives and 1.76 WTE Nursing Assistants.

Hexham MLU (Hospital and Community) is currently established to 17.48 WTE Midwives and 8.13 WTE Nursing Assistants.

Wansbeck Community Midwifery is currently established to 17.68 WTE Midwives. North Tyneside Community Midwifery is currently established to 20.31 WTE Midwives.

Vacancies for Midwives is managed pro-actively through a rolling programme of recruitment. An automatic advert goes live on alternate months with interviews arranged for the next month so that vacancy is filled as it is released. This has proven to be a very successful programme.

Nursing Assistant posts are advertised as required and is infrequent as the vacancy rate has been low historically.

**4. What are the number of births for the last 3 years (delivered in the different settings)?**

Site	Apr 16 - Mar 17	Apr 17- Mar 18	April 18 - Mar 19
Northumbria	3125	3047	3027 births
Alnwick	37	34	15
Berwick	9	10	15
Hexham	81	63	55
Home Birth	42	46	38

**5. How do you measure your clinical quality and outcomes? What has been your performance in the last three years against these outcomes?**

We have a performance dashboard in line with RCOG recommended metrics which is reviewed and discussed monthly at our Operational Board; any emerging themes or trends are identified and actions agreed. We also contribute to a regional dashboard which allows us to compare performance with other local providers.

The metrics demonstrated below are not exhaustive.

	Apr 16-Mar 17	Apr 17-Mar 18	April 18-Mar 19
Spontaneous vaginal delivery	65.5%	60.1%	63.1%
Caesarean Section rate (combined elective and emergency)	31.0%	30.8%	27.3%
Instrumental vaginal delivery rate	8.1%	9.1%	13.1%
Intrapartum transfer from an MLU to the Northumbria	13.6%	11.6%	13.5%

**6. What is the size of the area you serve? (i.e. how far / long do people have to travel to get to the unit)**

Northumbria covers a large geographical area with a combination of rural and urban areas. The distances that women travel to access services will vary depending on their proximity to their local Unit or the Obstetric Unit in the Northumbria Hospital.

As an example women may travel in excess of 52 miles from Berwick to the Northumbria site (approximately an hour).

**7. Do you still hold your training accreditation status? and if so, how long have you held it? And have there been any challenges maintaining that?**

Please can you clarify which training accreditation this refers to.

**8. Is the training accreditation held at a trust level, or on an individual unit basis?**

Unable to provide this information.

**9. Do you capture information on patient experience? (if so, what are satisfaction levels for example?)**

We collect patient experience information from a number of sources but is not limited to:

- The CQC Maternity Survey,
- A real time patient experience survey completed twice a month by our Patient Experience Team; reported monthly to our Operational Board.
- Friends and family test
- Through complaints monitoring
- Feedback from clinical incident investigation meetings
- Birth reflection service

Patient satisfaction levels are generally very good.

**10. Do you capture any feedback from staff that are being trained in a smaller unit? (if so, are you able to share any feedback received please?)**

No we do not routinely collect information on training from other providers.

**11. Would you be able to either attend the Horton HOSC meeting, or Skype into the meeting to be able to discuss with members of the HOSC? (The meetings take place in Banbury Town Hall, Oxfordshire and the next Horton**

HOSC meeting is likely to take place in either the first or second week of September – please could you let us know ASAP if you are able to attend, or speak to the committee, so we can plan in accordingly)

Unfortunately we are not able to participate in the discussion due to annual leave.

On behalf of the members of the Joint Horton Health Overview and Scrutiny Committee, thank you very much for taking the time to provide answers to the questions above. It will provide invaluable support in being able to perform effective scrutiny over the process taking place in Banbury.

**Contact Officers:**

If you have any queries with the form, please contact either:

Sam Shepherd – [Samantha.shepherd@oxfordshire.gov.uk](mailto:Samantha.shepherd@oxfordshire.gov.uk), 07789 088173

Martin Dyson – [martin.dyson@oxfordshire.gov.uk](mailto:martin.dyson@oxfordshire.gov.uk), 07393 001252

**Questions:**

**1. Name of the Trust**

Nottingham University Hospitals

**2. What is the model of provision for maternity services?**

2 Obstetric units, community midwifery provision and co-located midwifery led birthing unit

**3. What staffing model do you use? (please include information on numbers of staff and rotas, numbers of vacancies and how they are managed, and how you approach recruitment.)**

For midwifery staffing, Birth rate plus is used

**4. What are the number of births for the last 3 years (delivered in the different settings)?**

**5.**

financial Year /Numbers	Obstetric Unit	Birth centre/midwifery led unit	Home birth
16/17	7,928	1,543	81
17/18	6,983	1,198	77
18/19	7,514	1,140	73

**6. How do you measure your clinical quality and outcomes? What has been your performance in the last three years against these outcomes?**

We have a maternity dashboard and we benchmark/gap analyse against national data

**7. What is the size of the area you serve? (i.e. how far / long do people have to travel to get to the unit)**

We cover Nottingham and mid/south Nottinghamshire.

**8. Do you still hold your training accreditation status? and if so, how long have you held it? And have there been any challenges maintaining that?**

Yes – we are a university teaching hospital – unsure of timeframe

**9. Is the training accreditation held at a trust level, or on an individual unit basis?**

Trust

**10. Do you capture information on patient experience? (if so, what are satisfaction levels for example?)**

Yes – high satisfaction rates

**11. Do you capture any feedback from staff that are being trained in a smaller unit? (if so, are you able to share any feedback received please?)**

We do not capture this data

**12. Would you be able to either attend the Horton HOSC meeting, or Skype into the meeting to be able to discuss with members of the HOSC? (The meetings take place in Banbury Town Hall, Oxfordshire and the next Horton HOSC meeting is likely to take place in either the first or second week of September – please could you let us know ASAP if you are able to attend, or speak to the committee, so we can plan in accordingly)**

Unable to commit currently

**1. Name of the Trust**

United Lincolnshire Hospitals NHS Trust

**2. What is the model of provision for maternity services?**

Provide obstetric services at Pilgrim Hospital, Boston and Lincoln County with antenatal provision at Grantham Hospital. This provision is supplemented by ultrasound provision at Skegness and Gainsborough.

**3. What staffing model do you use? (please include information on numbers of staff and rotas, numbers of vacancies and how they are managed, and how you approach recruitment.)**

Full obstetric and anaesthetic rotas on each site in accordance with RCOG guidance.

Midwifery staffing levels in accordance with Birthrate Plus. Moving towards a mixture of hospital and community continuity of carer models

**4. What are the number of births for the last 3 years (delivered in the different settings)?**

Lincoln County Hospital	Pilgrim Hospital	Home Births	Grantham MLU
2016/2017 = 3266	2016/2017 = 1874	2016/2017 = 217	58
2017/18 = 3108	2017/18 = 2040	2017/18 = 158	Closed
2018/2019 = 2943	2018/2019 = 1738	2018/2019 =	Closed

**5. How do you measure your clinical quality and outcomes? What has been your performance in the last three years against these outcomes?**

Through the maternity dashboard. Reducing Stillbirth rate on both sites. LCH has better clinical outcomes than PHB in terms of IOL and CS rate

**6. What is the size of the area you serve? (i.e. how far / long do people have to travel to get to the unit)**

Lincolnshire large rural area with poor transport infrastructure. No motorways and only approx. 23 miles of dual carriage way. Absence of public transport for some residents on a Sunday. Each site 40 miles apart. Coastal area has higher deprivation levels. QIA and EQIA support the continuation of both sites

**7. Do you still hold your training accreditation status? and if so, how long have you held it? And have there been any challenges maintaining that?**

Yes – not reporting any red flags in the GMC trainee survey. Midwifery training due to commence in Lincolnshire in Autumn. Challenge is maintaining Paediatric Training and the domino impact on obstetrics

**8. Is the training accreditation held at a trust level, or on an individual unit basis?**

Individual site level

**9. Do you capture information on patient experience? (if so, what are satisfaction levels for example?)**

Wide range including: FFT, CQC Survey, Maternity Voice Partnership, Neonatal Voice Partnership, Public Engagement Events as a Trust or in partnership with Lincolnshire Better Births, Social Media activities – surveys etc.

**10. Do you capture any feedback from staff that are being trained in a smaller unit? (if so, are you able to share any feedback received please?)**

No – not currently – intend to be part of the RCOG rural obstetric work programme

**11. Would you be able to either attend the Horton HOSC meeting, or Skype into the meeting to be able to discuss with members of the HOSC?** (The meetings take place in Banbury Town Hall, Oxfordshire and the next Horton HOSC meeting is likely to take place in either the first or second week of September – please could you let us know ASAP if you are able to attend, or speak to the committee, so we can plan in accordingly)

Yes

*(MD - When we wrote back to them to confirm a convenient potential time to discuss with the committee, they confirmed that they did not intend to speak to the committee and were only providing a written response)*

## Appendix 2 – List of NHS Trusts contacted

Trust	Hospital
County Durham and Darlington NHS FT	Darlington Memorial Hospital
Doncaster and Bassetlaw Teaching Hospitals NHS FT	Bassetlaw District General Hospital
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital, Dorchester
East Cheshire NHS Trust	Macclesfield District General Hospital
Epsom and St Helier University Hospitals NHS Trust	Epsom General Hospital
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital
Gateshead Health NHS FT	Queen Elizabeth Hospital, Gateshead
Harrogate and District NHS FT	Harrogate District Hospital
James Paget University Hospitals NHS FT	James Pagett Hospital
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary, Carlisle
Northern Devon Healthcare NHS Trust	North Devon District Hospital, Barnstaple
North Lincolnshire and Goole NHS FT	Princess of Wales Hospital
North Lincolnshire and Goole NHS FT	Scunthorpe General Hospital
North West Anglia NHS FT	Hinchingbrooke Hospital
Northumbria Healthcare NHS FT	Northumbria Specialist Emergency Care Hospital
Nottingham University Hospitals NHS Trust	Nottingham City Hospital
Salisbury NHS Foundation Trust	Salisbury Hospital
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital (District Hospital), Boston
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary
University Hospitals of Morecambe Bay NHS FT	Furness General Hospital, Barrow in Furness
University Hospitals of Morecambe Bay NHS FT	Royal Lancaster Infirmary
Western Sussex Hospitals NHS FT	Worthing Hospital
Wye Valley NHS Trust	County Hospital, Hereford
Yeovil District Hospital NHS FT	Yeovil District Hospital
York Teaching Hospital NHS Foundation Trust	Scarborough Hospital