NHS
*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 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**

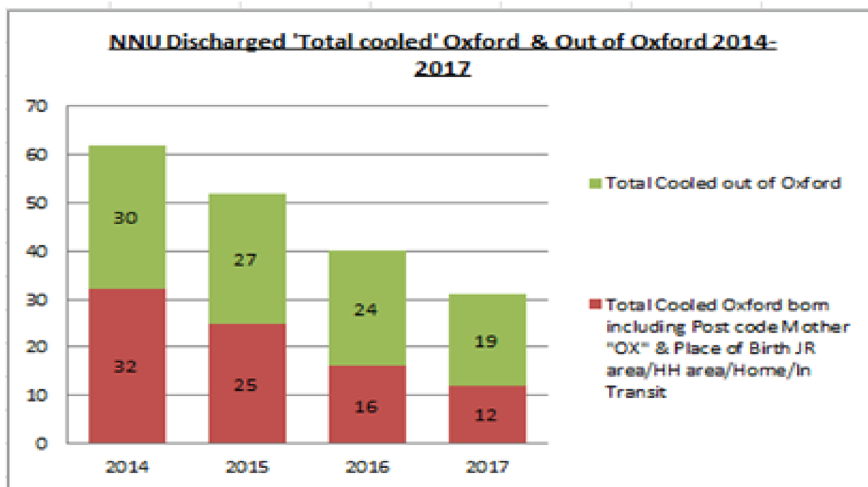
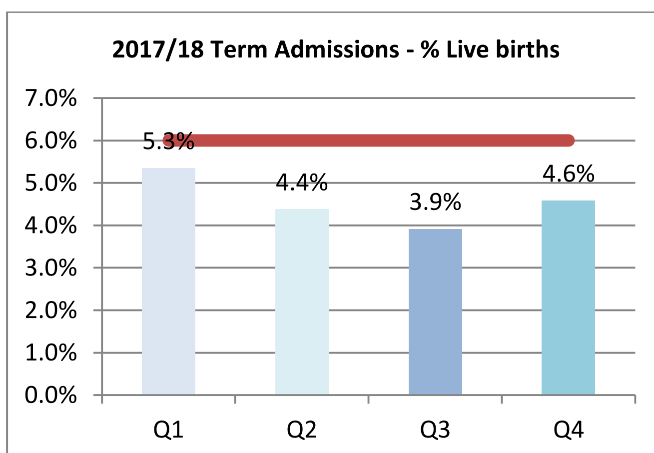



**Figure 3**




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, Anesthetists, 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<br>April to March | Total births<br>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.