Notice of Meeting Public Document Pack

Horton Joint Health Overview & Scrutiny Committee

Friday, 28 September 2018 at 2.00 pm

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

Membership

Chairman -
Deputy Chairman -

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

Notes: ***Date of next meeting:*** *Date Not Specified*

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

Peter G. Clark
Chief Executive

September 2018

About the Horton Joint Health Overview & Scrutiny Committee

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

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

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

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

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

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

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

A hearing loop is available at County Hall.

AGENDA

1. Election to Chairman

To elect a Chairman for the Joint Committee.

2. Election of Deputy Chairman

To elect a Deputy Chairman.

3. Apologies for Absence and Temporary Appointments

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

5. Terms of Reference (Pages 1 - 4)

14:10

To approve the attached Terms of Reference for the Committee (**HHOSC5**).

6. Referral to the Secretary of State (Pages 5 - 34)

14:20

The Chairman of Oxfordshire HOSC, Cllr Arash Fatemian, will present the background to the Oxfordshire HOSC Referral and Secretary of State and Independent Reconfiguration Panel recommendations.

7. Responding to the Recommendations: A Proposed Approach (Pages 35 - 64)

14:35

Representatives from the Oxfordshire Clinical Commissioning Group (OCCG) and the Oxford University Hospitals Foundation Trust (OUH) will attend to present the report (**HHOSC7**).

The paper outlines the approach that Oxfordshire Clinical Commissioning Group and Oxford University Hospitals NHS Trust are proposing to take to address the outcome of the referral to the Secretary of State. It is shared in draft form to enable the Joint OSC to ensure the Oxfordshire CCG is covering all aspects and to comment and input before presenting it to the relevant Health Boards for approval.

The paper sets out the scope of the work, an outline timetable and the workstreams that will be established. These include:

- Stakeholder involvement and patient experience - the purpose of this work stream is to ensure that the work is undertaken with stakeholders in an open and transparent way and to seek and use the views of women and families who have used the services since 1 October 2016
- Service description – the purpose of this work stream is to provide the description of the full range of maternity services available to women and their families.

- Interdependencies – the purpose of this work stream is to describe the future vision for the Horton General Hospital and to identify what, if any service interdependencies there are which may be impacted by any decision on provision of obstetric services.

- Activity and Population Modelling – the purpose of this work stream is to collate and analyse activity and develop activity projections that take into account population growth for areas that access services in Oxfordshire.

- Option development and appraisal - the purpose of this work stream is to ensure that all potential options are identified and appraised openly and consistently.

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

Oxfordshire CCG welcomes comments on any aspects of the plan but in particular would like the Horton Joint HOSC to:

- Agree the scope of the work

- Review and agree the draft engagement plan

- Agree the approach to option development and appraisal

- Agree to the outline timescales

- Identify whether there are any aspects missing from the plan

8. Future Meetings

15:35

To agree the dates for future meetings, having regard to the proposed process and timeline given above.

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

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Horton Joint Health Overview and Scrutiny Committee (Oxfordshire, Northamptonshire and Warwickshire) Draft Terms of Reference September 2018

Rationale

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

2. 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.

3. These terms of reference set out the arrangements for Oxfordshire County Council, Northamptonshire County Council and Warwickshire County Council to operate a Joint HOSC Committee in line with the provisions set out in legislation and guidance to allow it to operate as a mandatory committee.

Terms of Reference

4. The new Joint Health Overview and Scrutiny Committee will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of the specified consultation on consultant-led obstetric services at the Horton General Hospital.

5. The purpose of the mandatory Horton Joint HOSC across Oxfordshire, Northamptonshire and Warwickshire is to:

   a) Make comments on the proposal consulted on
   b) Require the provision of information about the proposal

c) Require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
d) Refer to the Secretary of State only 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

6. The response to the consulting health service will be agreed by the Joint Health Overview and Scrutiny Committee and signed by the Chairman.

7. With the exception of proposals to permanently close consultant-led obstetric services at the Horton General Hospital, responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

8. No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

Timescales & Governance

9. The Horton Joint Health Overview and Scrutiny Committee will operate as a mandatory Committee only while the proposed service changes that affect the relevant areas are considered. This period is from the point at which the relevant health body notifies the Joint HOSC of the formal consultation timetable and the point at which a decision is taken.

10. Meetings of the Joint HOSC will be conducted under the Standing Orders of Oxfordshire County Council (i.e. the Local Authority hosting and providing democratic services support).

Membership

11. Membership of the Joint HOSC will be appointed by Oxfordshire County Council, Northamptonshire County Council and Warwickshire County Council that have responsibility for discharging health scrutiny functions.

12. Appointments to the Joint Committee have regard to the proportion of patient flow for consultant-led obstetric services at the Horton General Hospital. Using latest figures available from 2015/16, of the 1466 births at the Horton General Hospital, 4% came from women with Warwickshire post codes and 14% from Northamptonshire post codes[1]. The Joint Committee will therefore have ten members, consisting of eight from Oxfordshire, one from Northamptonshire and one from Warwickshire.

13. Appointments by each authority to the Joint Committee will reflect the political balance of that authority. Any co-opted member appointed will not have a vote.

14. The quorum for meetings will be four voting members, comprising at least one member from either Northamptonshire or Warwickshire.

Committee support

15. The work of the Joint HOSC will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.

16. Meetings of the committee are to be held near to the Horton General Hospital and associated administrative support and costs to be borne by Oxfordshire County Council.

17. Should a press statement or press release need to be made by the Joint Health Overview and Scrutiny Committee, this will be drafted by Oxfordshire County Council on behalf of the Committee and will be agreed by the Chairman

[1] Figures contained within OUH Board report from 31st August 2016: http://www.ouh.nhs.uk/about/trust-board/2016/august/documents/ContingencyPlanforMaternityandNeonatalServicesv19Final.pdf

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Horton Health Overview and Scrutiny Committee.
28 September 2018

Oxfordshire JHOSC Referral and Secretary of State and Independent Reconfiguration Panel recommendations

1. Background

1.0 Following a decision by Oxfordshire Clinical Commissioning Group (OCCG) to permanently close obstetrics at the Horton General Hospital in Banbury (as part of Phase one of its Transformation Programme), the Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC) referred the decision to the Secretary of State. The referral was on the basis of:

- Regulation 23(9)(c) - the decision is not in the best interests of the health service or local residents; and
- Regulation 23(9)(a) – the content of the two-phase consultation is inadequate.

1.1 A copy of the Oxfordshire JHOSC referral is included in Appendix A of this report.

1.2 In response to the committee's referral of the CCG's decision, the Secretary of State passed the matter to the Independent Reconfiguration Panel (IRP) for initial assessment. The Secretary of State received the IRP report on the permanent closure and wrote to Oxfordshire JHOSC on the 7th of March 2018 to state that "*The Panel considers each referral on its merits and concludes that further action is required locally before a final decision is made about the future of maternity services in Oxfordshire*".

1.3 The full letter from the Secretary of State, along with the IRP recommendations can be found in Appendix B and C of this report.

2. Oxfordshire JHOSC response

2.0 The Secretary of State confirmed his support of the following recommendations in relation to Oxfordshire JHOSC:

1. HOSC and the CCG to work together to invite stakeholders from surrounding areas that are impacted by these proposals to participate in this debate going forward. This should include the consideration of forming a joint oversight and scrutiny committee covering a wider area (for example all of the local authorities that took part in the consultation) which would help meet the concerns expressed in the IRP's report of their review.

2. Where the CCG consults more than one local authority about a proposal, they must appoint a joint overview and scrutiny committee for the purposes of the consultation.

2.1 At its meeting of the 19th of April 2018 Oxfordshire JHOSC considered its response to the Secretary of State. At that meeting OCCG confirmed its intention to consult on consultant-led obstetric services at the Horton General Hospital. Oxfordshire JHOSC

gave its support to establish a separate Joint Health Overview and Scrutiny Committee to scrutinise the proposals on the patient flow area in question; Oxfordshire, Northamptonshire and Warwickshire.

2.2 The proposal required Oxfordshire County Council and its counterpart authorities in Warwickshire and Northamptonshire to delegate powers of health scrutiny of this specific issue to a new joint committee. All three county councils agreed the proposal to establish a 'Horton HOSC' in May 2018.

2.3 Membership of the new committee reflects the patient flow for the services under scrutiny and is politically balanced in-line with the upper-tier authorities with health scrutiny powers.

OXFORDSHIRE COUNTY COUNCIL

Date: 30 August 2017
Our Ref: OJHOSC/SoS/HortonMat2

Oxfordshire Joint Health Overview and Scrutiny Committee
County Hall
New Road
Oxford
OX1 1ND

Contact: Katie Read, Policy Officer
Tel: 01865 792422
Direct Line: 07584 909530
Email: katie.read@oxfordshire.gov.uk

Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
LONDON SW1A 2NS

Dear Secretary of State,

Re: Referral of the permanent closure of consultant-led maternity services at the Horton General Hospital

You recently wrote to me confirming your decision to refer the temporary closure of consultant-led maternity services at the Horton General Hospital to the Independent Reconfiguration Panel (IRP). On behalf of the Oxfordshire Joint Health and Overview Scrutiny Committee (OJHOSC), I am grateful for this action.

However, it is with the deepest regret that I am writing to you again following a special meeting of the OJHOSC held on Monday 7th August 2017. At that meeting, the OJHOSC unanimously agreed to refer the Oxfordshire Clinical Commissioning Group's (OCCG) proposal to permanently close consultant-led maternity services at the Horton General Hospital in Banbury ('the Horton') to you, as the Secretary of State for Health, should the OCCG Board agree the proposal at its meeting on Thursday 10th August. The proposal *was* subsequently agreed by the Board, therefore the OJHOSC makes this referral pursuant to Regulation 23(9)(a) and (c) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Background

In 2006 the then Oxford Radcliffe Hospitals NHS Trust (ORH) proposed moving inpatient paediatric and gynaecology services, consultant-led maternity services and the Special Care Baby Unit from the Horton in Banbury to the John Radcliffe Hospital (JR) in Oxford. The Committee believed that the changes were not in the interests of people in the north of the county and referred the matter to the Secretary of State, who supported this view.

On 18 February 2008, The Independent Reconfiguration Panel issued advice to ORH concerning Paediatric Services, Obstetrics, Gynaecology and the Special Care Baby Unit at the Horton. In summary these recommendations were:

1. The IRP considered the Horton Hospital to have an important role for the future in providing local hospital based care to people in the north of Oxfordshire and surrounding areas. It did however state, the Horton would need to change to ensure its services remained appropriate, safe and sustainable.

2. The IRP did not support the Oxford Radcliffe Hospitals (ORH) NHS Trust's proposals to reconfigure services in paediatrics, obstetrics, gynaecology and the Special Care Baby Unit (SCBU) at Horton Hospital. The IRP does not consider that they will provide an accessible or improved service to the people of north Oxfordshire and surrounding areas.

3. The Oxfordshire Primary Care Trust (PCT) was to carry out work with the ORH NHS Trust to set out the arrangements and investment necessary to retain and develop services at the Horton Hospital. Patients, the public and other stakeholders were to be fully involved in this work. South Central Strategic Health Authority was to ensure that a rigorous and timely process was followed.

4. The PCT was to develop a clear vision for children's and maternity services within an explicit strategy for services for north Oxfordshire as a whole.

5. The ORH was to do more to develop clinically integrated practice across the Horton, John Radcliffe and Churchill sites as well as developing wider clinical networks with other hospitals, primary care and the independent sector.

The IRP advised that the Trust and the PCT were to invest in, retain and develop services at the Horton, as it considered the Hospital to have an important future role in providing local care to people in north Oxfordshire and the surrounding areas.

ORH maintained consultant-led maternity services at the Horton supported by a training programme for junior doctors working in obstetrics. However, in 2012 post graduate obstetric training accreditation at the Horton was withdrawn. This was predominantly due to the low numbers of births at the Hospital, which meant limited exposure to complex cases, and the difficulties experienced in recruiting sufficient numbers of middle grade doctors.

The Trust then developed a Clinical Research Fellow programme to support consultant-led provision, but they reported that national recruitment shortages in obstetric posts led to a reduction in applications which made it unviable. The programme closed in December 2015 and a rotational middle grade rota was created to staff the obstetrics unit.

In September 2016 the Committee was informed that OUHT were intending to temporarily close consultant-led maternity services at the Horton from 3rd October 2016, as they were unable to adequately staff the unit in a safe and sustainable manner.

OJHOSC held a further meeting in September to scrutinise OUHT's contingency plan for continuing maternity and neonatal services at the Horton. This included evidence of the Trust's efforts to maintain consultant-led maternity services and a discussion about the impact of temporarily closing the obstetrics unit and the associated risks. Assurances were given by the Trust that they planned to reopen the unit by March 2017 on the strength of an action plan to recruit more consultants.

The Committee was also keen to establish that a decision to temporarily close consultant-led maternity services at the Horton General Hospital would not pre-determine the outcome of the Oxfordshire Health and Care Transformation (OTP) Phase 1 consultation. The consultation included a proposal to move obstetric services, the Special Care Baby

Unit and emergency gynaecology inpatient services permanently to the JR, whilst maintaining midwife-led maternity services at the Horton.

To monitor the situation carefully the Committee requested regular updates on the status of consultant-led maternity services at the Horton, the number of women transferred to the JR in labour, and the recruitment of obstetricians.

The Trust's update on performance of maternity services at the Horton, dated 23 December 2016, stated that they would not have enough experienced and skilled medical staff in post to reopen the unit in March 2017 as planned. Therefore, at its meeting on 2 February 2017, OJHOSC believed that the material grounds for not referring the matter had changed, i.e. the Trust's recruitment plan had failed and the closure would be longer than envisaged. The Committee considered nothing further could be gained by discussions at a local level and referred the matter to you under Regulation 23(9)(b) of the 2013 Regulations. You recently wrote to me confirming that this matter had been passed to the IRP for initial review.

At a special meeting on 7 March 2017, OJHOSC undertook detailed scrutiny of the proposals being put forward for acute services in Phase 1 of the OTP consultation (running 16 January – 9 April 2017). These were focused on:

- Changing the way hospital beds are used and increasing care closer to home in Oxfordshire,
- Planned care (planned tests and treatment and non-urgent care) at the Horton General Hospital,
- Acute stroke services in Oxfordshire,
- Critical care (help with life-threatening or very serious injuries and illnesses) at the Horton General Hospital, and
- Maternity services at the Horton General Hospital including obstetrics and the Special Care Baby Unit.

During the meeting the Committee heard many passionate appeals from campaign groups, residents, district councils and MPs in the north and west of the county and surrounding areas (including Victoria Prentis MP (Banbury), Robert Courts MP (Witney) and The Rt Hon Andrea Leadsom MP (South Northamptonshire)) for consultant-led maternity services at the Horton to continue, as this would otherwise mean a downgrading of the Hospital. The concerns raised in this meeting formed the basis of OJHOSC's formal response to the consultation and recommendations for the OCCG, which was submitted on 13 March 2017.

In relation to the maternity proposal the Committee felt that the separation of proposals for obstetric services from those for Midwife-led Units (MLUs) painted an ambiguous picture for the future of maternity services in the county. In particular, the inclusion of example options for Chipping Norton MLU in the Phase 1 consultation document led to confusion and uncertainty about the future of this service and caused unnecessary public anxiety.

The Committee recommended that the OCCG:

- Take immediate action to clarify the proposals for maternity services in the north of the county as a whole in the Phase 1 consultation, or develops an alternative approach to consulting on these proposals;

- Present a comprehensive appraisal of options for maintaining obstetric services at the Horton, including the potential for an obstetrics rota between the JR and the Horton;
- Provide specific answers to:
    - the numbers of mothers transferred from the Horton to the JR during the temporary closure,
    - travel times from the Horton to the JR for these mothers, and
    - the future of ambulance support at the Horton for mothers needing to be transferred.

It was agreed that another meeting of the OJHOSC with OCCG would be held once the OCCG had an opportunity to respond to the committee's concerns.

The committee next met with the OCCG on 22 June to review the outcomes of the consultation. Members were concerned that a considerable amount of additional analysis was to be completed before the OCCG Board would make final decisions on the Phase 1 proposals at its 10 August meeting. Regarding the proposal for obstetric services at the Horton, the Committee was keen to see the OCCG address options for the future of these services in its report to the Board, as well as the outcomes of the JR travel and parking analyses. The Committee agreed to meet again with the OCCG, after their decision making business case was published for the August Board meeting, to review final recommendations for decision.

At a special meeting on 7 August to scrutinise these recommendations, the Committee heard from numerous speakers, including local MPs, about their grave concerns regarding the impact of the Phase 1 changes. Their concerns predominantly focused on the impact of permanently withdrawing consultant-led maternity services at the Horton.

Following robust questioning of OCCG and OUHT representatives the Committee did not believe it had seen a strong enough case for meeting the needs of expectant mothers in the absence of consultant-led services in the north of the county. OJHOSC strongly opposed the recommendation to create a single specialist obstetric unit at the JR and establish a permanent midwife-led service at the Horton and resolved that, should the OCCG Board ratify the proposal at its 10 August Board meeting, it would refer the matter to the Secretary of State on the grounds that it was not in the best interests of local residents and the health service and consultation with the Committee was not adequate.

Reasons for referral

OJHOSC has engaged extensively with the OCCG prior to decisions on Phase 1 of the OTP being made, in an effort to exhaust all other alternatives before a referral to the Secretary of State and in accordance with Regulation 23(5). However, the OCCG has openly stated that it was only interested in detailed discussions once a decision had been made, refusing to address the Committee's concerns that the closure was predicated on staffing shortages, despite OUHT having filled seven of the nine vacant consultant posts since the temporary closure of the unit. The Committee also feels that the OCCG has failed to engage fully with local partners, such as Cherwell District Council, to explore offers of investment and measures to help with schooling, housing, and cost of living expenses, for example, through the use of 'Golden Hellos' to attract sufficiently skilled staff.

This steadfast refusal to fully investigate and develop alternative models and to exhaust all other possibilities to continue to satisfy the 2008 IRP recommendations is deeply regrettable. Following a decision by the OCCG Board on 10 August to agree the recommendation to end consultant-led maternity services at the Horton, the OJHOSC is referring the decision to the Secretary of State under Regulation 23(9)(a) and (c) for the following reasons:

I. **The needs of local people have not changed and the arguments set out in the 2008 IRP judgement still apply.** The Committee has heard passionately from many members of the pubic, local campaign groups, local politicians, local councils, former Horton doctors, local MPs, the clergy, and Healthwatch Oxfordshire. There was unanimous opposition to the proposals for maternity services in Phase 1 of the OTP and the Committee has yet to see evidence, let alone evidence of a compelling nature, of any change in the fundamental needs of mothers in North Oxfordshire and the surrounding areas that would justify the closure of obstetric services.

   The Committee accepts that there are difficulties recruiting and retaining suitably qualified staff to maintain an obstetric unit at the Horton, but does not consider this just cause for removing a service when the needs of local people have not changed.

   Whilst staff retention may be harder than before, the Trust has demonstrated that it can successfully recruit to the required specialist posts, despite the cloud of uncertainty hanging over the unit. The Committee is also disappointed to hear that the OCCG has not fully engaged with local partners who put forward alternative options for maintaining the service at the Horton. Moreover, the OCCG has not presented the Committee with any options for maintaining obstetric services at the Horton, as requested in OJHOSC's response to the Phase 1 consultation.

II. **The population of North Oxfordshire is set to grow.** The population in North Oxfordshire has grown since 2008 and is set to grow substantially in the coming years, further justifying the need for a consultant-led maternity service in the north of the county.

   By its own admission, the OCCG is looking at a 5-year plan, whereas local authorities in the area are planning for much longer timescales, including up to 2031. Even using conservative estimates for birth rates and housing growth (especially as North Oxfordshire has to take on a supply of housing from Oxford), the number of births at the Horton under a consultant led-service is expected to grow. Given that before the temporary closure births at the Horton accounted for a fifth of all births in Oxfordshire (excluding the surrounding areas which the Horton also serves), the Committee feels that the OCCG's focus on a 5-year plan that concentrates all consultant-led births for the county at the JR is foolhardy, weakens resilience and does not in any away adequately consider the population growth in the north of the country.

   Moreover, consultant-led services at the JR will have to cope with the impact of population growth in the south of the county, which has already seen an increase that is double the national average. The OCCG's plans will put enormous pressure on consultant-led services at the JR site.

III. **Ongoing issues with travel and access from the Horton to the JR for expectant mothers**. The integrated impact assessment commissioned by the OCCG indicates that a change in consultant-led maternity services will mean that only 52% of mothers will be able to access obstetric-led maternity services within 30 minutes, compared with 72% if a unit remained at the Horton. The Committee has major concerns about transport difficulties between Banbury and Oxford, particularly at peak travel times and in inclement weather. This includes both emergency transport for patients and public transport for patients and relatives.

Whilst a dedicated ambulance has been stationed at the Horton during the temporary closure to transport high risk mothers in labour to the JR, the future of this provision is unclear. OJHOSC has already heard anecdotal evidence of mothers' poor experience travelling between the two hospitals and the pressures on the JR affecting waiting times for women in labour.

Furthermore, the OCCG commissioned parking and travel analyses confirmed that there are acute problems with access and parking at the JR site compared to very few issues at the Horton. The qualitative feedback that Healthwatch Oxfordshire gathered indicates that patient travel and parking times at the JR are between 45 and 75 minutes. The Committee is particularly concerned that little detail has been shared about planned investments in parking and access to manage the volume of additional patients at the hospital.

IV. **The lack of a clear picture for countywide maternity services as a result of the two-phased consultation.** The impact of permanently removing the obstetric unit at the Horton on maternity services as a whole, including the Chipping Norton, Wallingford and Wantage MLUs, was not clear in the Phase 1 consultation. The OCCG had stated that once a decision about consultant-led services was made they would have a detailed discussion with the Committee about the impact on midwife-led services as part of the work on Phase 2 proposals. This is despite the Committee setting out its expectations in November 2016 that the impact of options for maternity services at the Horton on surrounding services should be included in the consultation and that nothing in Phase 1 should prejudice the outcomes of Phase 2. The lack of fully developed plans for county-wide maternity services and refusal of the OCCG to address the Committee's concerns about the impact of the Horton proposal on midwife-led services prior to the Board's decision, has led the Committee to believe that the content of the consultation has been inadequate.

In summary, the Committee does not believe it has seen a robust enough case for meeting the needs of expectant mothers in the absence of obstetric services in the north of the county, particularly as the two-phase consultation has obscured a complete picture for the future of maternity services in the county. Furthermore, the reasons for having a consultant-led service in the north of the county have not changed since the IRP's recommendations in 2008.

For the reasons outlined above, the OJHOSC is referring to you the OCCG's decision to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the JR and to establish a permanent MLU at the Horton on two grounds:

- Regulation 23(9)(c) - the decision is not in the best interests of the health service or local residents; and

- Regulation 23(9)(a) – the content of the two-phase consultation is inadequate.

I look forward to hearing your response.

Best regards,

Cllr Arash Fatemian
Chairman of Oxfordshire's Joint Health Overview and Scrutiny Committee

Enc.

1. OJHOSC meeting minutes 17 November 2016, 2 February 2017, 7 March 2017 and draft meeting minutes, 22 June 2017 and 7 August 2017
2. Oxfordshire Health and Care Transformation Phase 1 consultation document
3. OJHOSC consultation response, 3 March 2017
4. OCCG's response to OJHOSC's recommendations, 23 March 2017
5. OCCG Phase One of the Oxfordshire Transformation Programme – Decision Making Business Case
6. Mott MacDonald, Integrated Impact Assessment: Post-Consultation Report, July 2017
7. Mott MacDonald, Oxfordshire Transformation Programme Parking Survey, June 2017
8. Healthwatch Oxfordshire, People's experiences of travelling to hospitals in Oxford and Banbury, May 2017
9. OJHOSC chronology of OJHOSC's scrutiny of the Transformation Plan and temporary closure of obstetrics at the Horton.
10. OJHOSC notice of referral to OCCG, 10 August 2017

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Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care

39 Victoria Street
London
SW1H 0EU

020 7210 4850

POC_1097166

Councillor Arash Fatemian
Oxfordshire Joint Health Overview and Scrutiny Committee,
County Hall,
New Road,
Oxford,
OX1 1ND

- 7 MAR 2018

Dear Cllr Fatemian,

Referral of the permanent closure of consultant-led maternity services at the Horton General Hospital

As you know, your Joint Health Overview and Scrutiny Committee's letter of 30 August - about the proposed permanent closure of consultant-led maternity services at the Horton General Hospital - was referred to the Independent Reconfiguration Panel (IRP), to undertake an initial assessment.

The IRP has now completed its initial assessment and shared its advice with me.

IRP advice

The IRP have advised me that further action is required locally before a final decision is made about the future of maternity services in Oxfordshire.

They also concluded that:

- a more detailed appraisal of the options and should incorporate the findings of the latest Clinical Senate review considering the temporary Horton MLU and dedicated ambulance service. Equally important, there is an opportunity to learn from the experiences of mothers, their families and staff who have been involved in the temporary arrangements for more than a year now. This work should also address all the recommendations of the original Clinical Senate Report from November 2016 and the implementation issues that have been left outstanding, in particular how antenatal care is organised and how recommendations to address travel and parking issues will be carried through in practice. Whatever option eventually emerges, it should demonstrate that it is the most desirable for maternity services across Oxfordshire and all those who will need them in the future;

- further detailed work on obstetric options at the Horton is required. In parallel, the dependency that exists between those options and other services can be taken into account. Both pieces of work would benefit from a further external review from a clinical senate to provide assurance and confidence to stakeholders;
- consultation about the future of services, on whatever scale, should take account of patient flows, and not be constrained by administrative boundaries;
- it is self-evidently in the interests of the health service locally that all stakeholders should feel they have been involved in the development of proposals for change. If this was not true of the past, the CCG must ensure that it is so moving forward;
- this requires renewing a joint commitment to learn from recent experience, work together better and create a vision of the future that sustains confidence amongst local people and users of services. It is in everyone's interest that the next phase is commenced as soon as is practicable.

I have accepted the IRP's advice.

I am particularly keen that the OSC and CCG work together to invite stakeholders from surrounding areas that are impacted by these proposals to participate in this debate going forward. This should include the consideration of forming a joint oversight and scrutiny committee covering a wider area (for example, all of the local authorities that took part in the consultation), which would help meet the concerns expressed in the IRP's report of their review.

Where the CCG consults more than one local authority about a proposal, they must appoint a joint overview and scrutiny committee for the purposes of the consultation.

A copy of the full advice is appended to this letter and will be published on the IRP's website at https://www.gov.uk/government/organisations/independent-reconfiguration-panel.

I am copying this letter to The Lord Ribeiro, Chair of the IRP.

I have written in similar terms to the Oxfordshire Clinical Commissioning Group. I look forward to seeing your joint proposal for taking this work forward.

Yours sincerely

Jeremy Hunt

JEREMY HUNT

157 – 197 Buckingham Palace Road
London
SW1W 9SP

The Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care
39 Victoria Street
London SW1H 0EU

9 February 2018

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Referral of the permanent closure of consultant-led maternity services at the Horton General Hospital
Oxfordshire Joint Health Overview and Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Arash Fatemian, Chairman Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC)[1]. NHS England South East (Thames Valley and Hampshire) provided assessment information. A list of all the documents received is at Appendix One.

The IRP has assessed the referral, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that further action is required locally before a final decision is made about the future of maternity services in Oxfordshire.

Background
The history of events leading up to the referral of 14 February 2017 by the Oxfordshire JHOSC regarding the temporary closure of consultant-led maternity services at the Horton General Hospital ('the Horton') is described in the IRP's advice of 21 August 2017 to the Secretary of State, attached at Appendix 2. That advice concurred with *"the JHOSC's inference that a closure for this length of time* [since October 2016] *exceeds what can reasonably be considered to constitute a temporary closure"*.

In parallel with the events previously described, during 2016 work on developing a strategic vision for the future provision of health services across Oxfordshire was progressed. The Oxfordshire Clinical Commissioning Group (CCG) established the Oxfordshire Transformation Programme, which among other workstreams, incorporated a strategic review of services at the Horton Hospital by Oxford University Hospitals

[1] The Oxfordshire JHOSC consists of councillors from Oxfordshire County Council, the County's four District Councils and Oxford City Council.

Foundation Trust (OUHFT). Preparations were made for a public consultation on an Oxfordshire Health and Care Transformation Plan to be led by the CCG. Discussions with the JHOSC during the autumn of 2016 led the CCG to conclude that, in view of the wide scope of the transformation plans and the JHOSC's desire to see consultation on bed numbers begin in January 2017, the consultation should be split into two phases. This approach was agreed by the JHOSC when it considered the CCG's consultation plan at its meeting of 17 November 2016 and was formally approved by the CCG Board on 29 November 2016. Thames Valley Clinical Senate undertook a review to provide clinical assurance of the proposals, assessing their clinical quality, safety and accessibility. The 'Phase 1' proposals were formally considered by NHS England on 5 December 2016 and a letter confirming that the proposals had passed the NHS England assurance process was sent to OCCG on 10 January 2017.

The first phase of the public consultation, titled *The Big Health and Care Consultation Phase 1* was launched on 16 January 2017 to run to 9 April 2017. Phase 1 covered proposals for the following:

- Critical care at the Horton
- Acute stroke services across Oxfordshire
- Changes to bed numbers and increasing care closer to home in Oxfordshire
- Planned care services at the Horton including elective care, diagnostics and outpatients
- Maternity services – the consultation included a preferred option to create a single specialist obstetric unit for Oxfordshire and neighbouring areas at the John Radcliffe Hospital in Oxford which would also be the base for the special care baby unit and emergency gynaecology services; a permanent midwife-led unit (MLU) would be provided at the Horton (as a consequence of this proposal consultant-led maternity services at the Horton would cease permanently)

The JHOSC scrutinised the consultation proposals at a special meeting of the Committee on 7 March 2017 taking into account submissions from interested parties including local MPs, Warwickshire County Council, Northamptonshire County Council, and Cherwell and South Northamptonshire District Councils. The JHOSC provided a formal response on 13 March 2017. Amongst a number of observations made, the response commented on *"an ambiguous picture for the future of maternity services, particularly in the north of the county"* as well as *"interdependencies between Phase 1 and Phase 2"*, notably the possible effect of removing consultant-led services on the sustainability of other related services at the Horton.

On 30 March 2017, permission for a judicial review of the consultation process for Phase 1 of the CCG's Transformation Programme was sought by Cherwell District Council, South Northamptonshire Council, Stratford-upon-Avon District Council and Banbury Town Council. Permission, considered on papers, was not granted.

On 25 April 2017, Stratford-upon-Avon District Council wrote to the Secretary of State to make a referral under Regulation 23(9)(a) of the health scrutiny regulations on the basis that *"…in the District Council's opinion, the consultation process by Oxfordshire CCG was seriously flawed and that the consultation be withdrawn".*

An independent analysis of the consultation responses, commissioned by the CCG, was completed in June 2017 and was considered by the CCG Board on 20 June 2017. The Board requested additional information with further testing of the obstetric options, including those identified during the consultation, to provide assurance that all variant options had been considered. This work informed the production of a decision making business case (DMBC) containing recommendations relating to each of the proposals consulted on.

On 1 August 2017, the Chair of the Warwickshire County Council Adult Social Care and Health Overview and Scrutiny Committee (ASCHOSC) wrote to the Secretary of State to offer support for the representations made by Stratford-upon-Avon District Council in that council's letter of 25 April 2017.

The DMBC was shared with the JHOSC at its meeting on 7 August 2017. The JHOSC supported proposals for critical care subject to assurances that there would be no 'knock-on' effects for the Horton. Proposals for stroke services were supported subject to clarification on ambulance response times and availability of rehabilitation beds in addition to those at the John Radcliffe Hospital in Oxford. The Committee supported plans to close 110 beds but did not support further changes without seeing improvement on delayed transfers for care and plans for community hospitals. The principle of planned care changes was supported and further discussion was invited when a fully developed plan was available. The JHOSC opposed the recommendation to close permanently consultant-led maternity services at the Horton and resolved, that should the CCG approve that recommendation, it would refer the matter to the Secretary of State.

The DMBC was considered by the governing body of the CCG on 10 August 2017. All recommendations were approved including the creation of a single specialist obstetric unit for Oxfordshire and neighbouring areas at the John Radcliffe Hospital in Oxford and to introduce a permanent MLU at the Horton (and permanently close consultant-led maternity services at the Horton).

The JHOSC wrote to the Secretary of State on 30 August 2017 referring the decision to close permanently consultant-led maternity services at the Horton.

The claimants seeking a judicial review of the consultation process applied for an oral permission hearing which was held on 6 September 2017. The judge granted a full review to be heard on 6 and 7 December 2017. The claimant's case asserted that the consultation was unfair and defective. It cited six main grounds in support of that position and sought a ruling that the consultation be declared unlawful and re-run with *Phases 1 and 2* merged. The approved judgment of the Court was published on 21 December 2017 in which the judge dismissed grounds for the claim.

The Secretary of State wrote to the IRP Chairman, Lord Ribeiro, on 10 January 2018 to commission advice on the referral from the JHOSC. The commissioning letter specifically asked the IRP to consider:

- The scope of enquiries in relation to neighbouring local authorities
- Correspondence relating to Cherwell District Council and from Stratford-upon-Avon District Council and Warwickshire County Council

- The issue of which local authorities have oversight and scrutiny responsibilities and how CCGs can address challenges arising
- Whether the proposals for consultant-led maternity services at the Horton need to be looked in the wider context of changes across the STP generally and, if so, how that could be done

Basis for referral
The Oxfordshire JHOSC Chairman's letter of 30 August 2017 states that:

> *"…it is with the deepest regret that I am writing to you again following a special meeting of the OJHOSC held on Monday 7 August 2017. At that meeting, the OJHOSC unanimously agreed to refer the Oxfordshire Clinical Commissioning Group's (OCCG) proposal to permanently close consultant-led maternity services at the Horton General Hospital in Banbury ('the Horton') to you, as the Secretary of State for Health, should the OCCG Board agree the proposal at its meeting on Thursday 10 August. The proposal was subsequently agreed by the Board, therefore the OJHOSC makes this referral pursuant to Regulation 23(9)(a) and (c) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013."*

IRP view
With regard to the referral by the Oxfordshire JHOSC, the Panel notes that:

Regulatory issues
- The 2013 Regulations and associated guidance set out how the NHS must consult local authorities with powers of health scrutiny including where proposals affect more than one such local authority
- A joint health scrutiny committee of all the affected local authorities was not formed – scrutiny was instead delivered through the Oxfordshire JHOSC

Consultation issues
- The JHOSC agreed a two stage consultation with the CCG
- The two stage process for consultation, focussing on five separate proposals in Phase 1, has been challenged by various parties and through a judicial review
- The JHOSC opted not to refer the decisions about four of those proposals and resolved only to refer the proposal concerning the future of obstetrics at the Horton

Issues relating to obstetrics at the Horton
- Since 2008, training accreditation for junior doctors has been removed from the Horton and other staffing models attempted – the failure of these models to provide a sustainable service led to the temporary closure of obstetrics at the Horton from October 2016
- The JHOSC believes that alternative models suggested through consultation have not been properly considered

Issues relating to the future of the Horton's services and more widely
- The implications of the changes proposed at the Horton for other services are strong features of the consultation response – the future of the Horton in general is a significant local concern
- In the light of its experience with the Phase 1 consultation, the CCG is considering how better to progress the work of the Oxfordshire Transformation Programme

Advice

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel considers that further action is required locally before a final decision is made about the future of maternity services in Oxfordshire.**

Regulatory issues

The Secretary of State asked the IRP to consider the issue of which local authorities have oversight and scrutiny responsibilities. Given the Panel's remit, we have only considered powers of *health* scrutiny. In doing so, we do not offer a legal opinion and rely on our understanding of the relevant regulations and Department of Health guidance on the subject.

The Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and associated Department of Health guidance, *Local Authority Health Scrutiny* (June 2014) describes those local authorities that have powers of scrutiny, essentially those councils with social services responsibilities[2]. These are "upper tier" authorities and include *"county councils, district councils (other than lower-tier district councils) and London Borough councils"*. The Panel understands that lower tier authorities including, for example, Stratford-upon-Avon District Council, do not have powers of health scrutiny vested in them by the 2013 Regulations unless a local authority that does hold health scrutiny powers has arranged for those powers to be discharged to another local authority. In this case, Warwickshire County Council (which holds health scrutiny powers) has confirmed that it did not make such an arrangement with Stratford-upon-Avon District Council. It is, therefore, unclear to the IRP how Stratford-upon-Avon District Council came to the conclusion that it had powers of referral as stated in its letter to the Secretary of State of 25 April 2017. The letter of 1 August 2017 from Warwickshire County Council ASCHOSC does not appear to be a referral in its own right since it professes only to offer *"support for the representations made to yourself by Stratford-upon-Avon District Council".* However, the Panel, in offering its advice on the referral by Oxfordshire JHOSC, has taken note of the contents of both letters.

Regulation 23(1) of the 2013 Regulations requires that where the NHS has under consideration "*any proposal for a substantial development of the health service in the area of the authority or a substantial variation in the provision of such a service"*, it must consult the authority. Regulation 30(5) requires that *"Where a responsible person* (normally the NHS body) *consults more than one local authority pursuant to regulation 23, those local authorities must appoint a joint overview and scrutiny committee for the purposes of the consultation…".*

In this case, the proposals consulted on by the CCG in Phase 1 impacted not only on the services and residents of Oxfordshire but also those of Warwickshire and Northamptonshire and possibly elsewhere. In the Panel's view, while the Oxfordshire JHOSC was the primary body to consult, the other affected authorities with powers of health scrutiny should have

[2] Regulation 20(1)(b) of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
Local Authority Health Scrutiny: Guidance to support local authorities and their partners to deliver effective health scrutiny (June 204), paragraphs 1.2.1 and 2.1.1.

been engaged with the requirement to form a joint scrutiny committee. It is unclear to the Panel where responsibility lies for appointing an appropriately constituted joint health scrutiny committee but the wording of the Regulations suggests that it lies with the local authorities themselves.

The CCG's consultation plan states that it had shared information with Warwickshire and Northamptonshire County Councils. However, there is insufficient evidence for the IRP to assess whether the CCG contacted all potentially affected local authorities with health scrutiny powers or whether those authorities considered the requirement to form a joint committee. In the event, scrutiny was delivered through the Oxfordshire JHOSC which sought and received submissions from, among others, the Warwickshire County Council ASCHOSC, of which Stratford-upon-Avon District Council is a member. As a constituent member of the JHOSC, Cherwell District Council was part of the body consulted under the 2013 Regulations and, in conjunction with South Northamptonshire Council, made its own submission to the JHOSC.

The paragraphs above suggest misunderstanding about the process for consulting with affected local authority scrutiny bodies on the Oxfordshire Health and Care Transformation Plan. That plan is, of course, only one part of the wider Sustainability and Transformation Partnership (STP) covering Oxfordshire, Bedfordshire and Buckinghamshire. The complexity of consulting on issues on this scale is not to be underestimated and requires a level of preparation, co-operation and exchange of information that many NHS bodies and their local authority counterparts may not previously have faced. As has always been the case, it is important that consultation about the future of services, on whatever scale, takes account of patient flows and is not constrained by administrative boundaries.

In the Panel's view, the health scrutiny regulations provide the means to engage with health scrutiny effectively when properly understood and followed. Nevertheless, lack of knowledge or inexperience seems to be preventing this in some places. It is essential moving forward that all parties are aware of their responsibilities and follow the relevant regulations and associated guidance. The Department of Health and NHS England should consider whether the regulations and guidance are sufficiently understood and used effectively by all parties, particularly in the current context of STPs and "systems of care" rather than "organisations".

Consultation issues

Oxfordshire JHOSC has referred this matter to the Secretary of State on two grounds – that the consultation undertaken was inadequate and that the proposal would not be in the interests of the health service in its area. In considering issues of inadequate consultation, the 2013 Regulations relate to consultation with the scrutinising body rather than wider consultation with patients, the public and stakeholders. The concerns expressed by the JHOSC and others about the lack of consultation with interested parties are addressed in this advice on the basis of their not being in the interests of the health service generally. The Panel's comments in this section are offered in the knowledge that the judge presiding over the judicial review dismissed grounds for the claim of an inadequate *public* consultation.

The JHOSC contends that the CCG failed to engage with local partners, including with Cherwell District Council in which the Horton is situated. A failure to engage with partners is different to and separate from the requirement to consult the relevant local authorities holding scrutiny powers. Nevertheless, it is self-evidently in the interests of the health service locally that all stakeholders should feel they have been involved in the development of proposals for change. If this was not true of the past, the CCG must ensure that it is so moving forward.

The JHOSC further contends that the two phase consultation process was inadequate. Yet documentation confirms that the Committee agreed this approach at its meeting of 17 November 2016 prior to the consultation launch. The findings of the judicial review, published on 21 December 2017 and which considered the public consultation process as a whole rather than just the future of obstetrics at the Horton, rejected the assertion that the public consultation – including the two stage process and the consultation with south Warwickshire residents – was either unfair or defective. The Panel notes that four of the five proposals consulted on have not been disputed, albeit that further work is required. As previously commented, consulting on multiple issues across a wide geographical area is a complex undertaking. While holding one large consultation covering all issues may appear desirable, the rationale for splitting matters into discrete packages and consulting in two phases equally holds some logic.

In this case, with the benefit of hindsight it might have been better to have divided the issues up between phases in a different way, in particular, whether it would have been more sensible to consult on obstetrics services at the Horton as part of Phase 2. As it is, splitting the consultation in the way that was done has added more to the confusion and suspicion than helped move matters forward. In the Panel's view, decisions about the future of obstetrics at the Horton must inevitably influence proposals that remain to be consulted on, including around the future provision of MLUs in Oxfordshire. As the JHOSC commented, a clear picture is lacking for countywide maternity services as result of the two-phased consultation. The same is true with regard to the future provision of children's services at the Horton as indeed is an overall vision for the Horton moving forward.

Issues relating to obstetrics at the Horton

The IRP notes comments from various quarters that the needs of mothers (to be) in north Oxfordshire and the surrounding areas have not changed since the Panel's review of 2008. The Panel conducts its reviews on a case-by-case basis taking account of the circumstances present at the time. The needs of the population are one of several variables to be considered. That was true of our 2008 review and remains true in offering this advice.

The heart of the matter for the JHOSC regarding the future of obstetrics at the Horton is that not all options have been properly explored in the context of maternity services across the county. In considering this issue, the Panel's view is based on two observations about the current circumstances. First, that action to consider alternative options is needed because the problems with sustaining the obstetric service at the Horton that led to its temporary closure in 2016 are real and the prospects for returning to the earlier status quo are poor given a national shortage of obstetricians, exacerbated by the local workforce recruitment challenges. Secondly, that this consideration must be driven by what is desirable for the future of maternity and related services and all those who need them

across the wider area of Oxfordshire and beyond rather than a search for any possible way to retain an obstetric service at the Horton. This necessarily brings into play potential trade-offs between meeting the needs of higher risk mothers in specialised services, access to more local services, sustainability of staffing and the best use of finite NHS resources.

The consultation response provided a number of suggested options which can be characterised as arguing for a larger volume of births at the Horton (through population growth and an artificial shift of catchment south towards Oxford) to provide a platform from which to recruit and retain the medical staff required on a sustainable basis. The CCG decided to examine the options, using the same criteria as they had for the consultation options, before making its final decision. The results of this evaluation are recorded in the DMBC. The IRP recognises that a considerable amount of work has been done but whether the analysis underlying the conclusions reached has drawn on all the available evidence and been explained sufficiently is less clear. In this respect, the Panel agrees with the JHOSC's view that the consideration of options between consultation and decision fell short.

In the Panel's view, a further, more detailed appraisal of the options, including those put forward through consultation, is required and needs to be reviewed with stakeholders before a final decision is made. This appraisal should incorporate the findings of the latest Clinical Senate review, now underway, considering the temporary Horton MLU and dedicated ambulance service. Equally important, there is an opportunity to learn from the experiences of mothers, their families and staff who have been involved in the temporary arrangements for more than a year now. This work should also address all the recommendations of the original Clinical Senate Report from November 2016 and the implementation issues that have been left outstanding, in particular how antenatal care is organised and how recommendations to address travel and parking issues will be carried through in practice. Whatever option eventually emerges, it should demonstrate that it is the most desirable for maternity services across Oxfordshire and all those who will need them in the future.

The Panel appreciates the desire of many to reach a final decision on the future of obstetrics at the Horton following the extended period of uncertainty both for the CCG and OUHFT and for local users of maternity services. The obstetric unit has been closed since October 2016 and must remain closed unless sufficient doctors with the necessary skills and experience can be recruited. The Panel accepts that this will be difficult in the current climate but attempts to recruit should continue until a final decision is made.

Issues relating to the future of the Horton more widely

While this referral from Oxfordshire JHOSC has focussed on the future of obstetrics at the Horton, it appears to the Panel that the key question for the population of Banbury and the surrounding area is 'w*hat does the future hold for the Horton?'*

The proposals consulted on in Phase 1 are at the same time only one part of the Oxfordshire Transformation Programme and only one part of the future of the Horton Hospital. The Panel's view is that both these need to be pursued in tandem and, building on work done already, brought to a conclusion. The 2016 OUHFT Strategic Review provides a comprehensive view of the Horton's services and offers a coherent vision for the future of the hospital which needs to be debated and, if necessary, refined. Unsurprisingly, lifting the

obstetric element out of this approach has raised questions about the impact on other services.

The Panel has noted, both in documentation provided by the CCG and in the Court judgment, the view that a decision to close the obstetric service at the Horton does not undermine decisions yet to be made about other services provided at the Horton. Whilst this is one view of the issue, the Panel considered an alternative perspective. Following consultation, were the decision to be taken to retain an obstetric service at the Horton, this would influence decisions about other services since, for example, it would be necessary also to seek to sustain paediatric services on the same site. In the Panel's experience of examining these matters, obstetrics and paediatrics in district general hospital settings are services that 'travel together'. A decision about the future of one necessarily influences the future of the other. If the effect can be said to flow through also into A&E services, then the picture of what the Horton will look like in the future remains unclear, at least to the residents of Banbury and the surrounding area who continue to be concerned that issues of population growth and access to services have not been fully taken into account.

The decision by the CCG, with JHOSC support, to include obstetrics at the Horton in the first of a two stage consultation - thus separating it from the future of paediatrics and other related services at the Horton along with maternity services elsewhere in the county - has served to highlight the interdependencies that must be tackled together to move forward successfully. Under all scenarios, the further detailed work on obstetric options at the Horton, advised above, is required. In parallel, the dependency that exists between those options and other services can be taken into account. Both pieces of work would benefit from a further external review from a clinical senate to provide assurance and confidence to stakeholders.

The question that then remains for the CCG and its partners is how to link further work and a final decision about maternity services to the next steps for the future of the Horton's other services and the rest of the Oxfordshire Transformation Plan. The experience of the Phase 1 consultation provides cause for some reflection and the need to learn from the experience for the NHS, the JHOSC and other interested parties. It is the Panel's view that the challenges facing the health and care system in Oxfordshire, in terms of the sustainability and quality of services, must be confronted honestly by all parties. This requires renewing a joint commitment to learn from recent experience, work together better and create a vision of the future that sustains confidence amongst local people and users of services. It is in everyone's interest that the next phase is commenced as soon as is practicable.

Yours sincerely

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Oxfordshire Joint Health Overview and Scrutiny Committee

1 Letter to Secretary of State for Health from Cllr Arash Fatemian, JHOSC Chairman, 30 August 2017
Attachments:
2 The Oxfordshire Big Health Care Consultation Document Phase 1
3 OJHOSC minutes of meeting, 17 November 2016
4 OJHOSC minutes of meeting, 02 February 2017
5 OJHOSC minutes of meeting, 07 March 2017
6 OJHOSC chronology of Oxfordshire Transformation Plan scrutiny
7 OCCG - Phase 1 - Decision Making Business Case
8 Mott MacDonald Integrated Impact Assessment Report
9 Mott Macdonald - hospital car parking survey
10 Healthwatch Oxfordshire – people's experiences of travelling to hospitals in Oxford and Banbury (Travel Parking Survey Report)
11 OJHOSC letter to Oxfordshire CCG - Phase 1 consultation proposals, 13 March 2017
12 Oxfordshire CCG response to HOSC on consultation, 23 March 2017
13 Draft OJHOSC minutes of Oxfordshire Transformation Plan consultation discussion at meeting, 22 June 2017
14 Draft OJHOSC minutes of meeting, 07 August 2017
15 OJHOSC notification to Oxfordshire CCG of intention to refer Horton maternity decision, 10 August 2017

NHS

1 IRP template for providing initial assessment information
Attachments:
2 Clinical Senate report, 30 November 2016
3 Pre-consultation business case, 10 January 2017
4 The Big Health and Care Consultation
5 Paper outlining consultation methodology
6 The Big Health and Care Consultation report, May 2017
7 Decision making business case, 10 August 2017
8 Cover paper to Board with DMBC, 10 August 2017
9 NHS England Stage two Assurance Checkpoint Review letter, 10 January 2017
10 NHs England Patient care test letter, 31 July 2017
11 Minutes of Oxfordshire CCG Board meeting, 10 August 2017
12 Oxfordshire Maternity Strategy, 15 August 2016
13 report on the Contingency Plan for Maternity and Neonatal Services, OUHFT Board paper, 31 August 2016
14 OUHFT Horton Strategic Review, Additional Obstetric Options Table, May 2016
15 Equality Impact Assessment, Horton Hospital
16 Care Quality Commission report
17 Strategic Review of the Horton General Hospital, October 2016, OUHFT
18 PCBC Appendix 7.6. Clinical evidence base and best practice for maternity services, Oxfordshire CCG

19 Letter to Cherwell District Council and South Northants Council from Oxfordshire CCG, 1 September 2017
20 Maternity Group obstetric Phase 1 evaluation

Other evidence submitted

1 Letter to Secretary of State for Health from Cllr Tony Jefferson, Chairman Overview and Scrutiny Committee, Stratford-upon-Avon District Council, 25 April 2017
2 Letter to Secretary of State for Health from Cllr Wallace Redford, Chair Adult Social Care and Health Overview and Scrutiny Committee, 1 August 2017
3 Letter to Oxfordshire CCG from Legal Service Manager, Warwickshire County Council, 25 May 2017
4 Stratford-on-Avon District Council Response to the Oxfordshire Clinical Commissioning Group's Big Consultation Stage 1 Process, 06 April 2017
5 Letter to Secretary of State for Health from Victoria Prentis MP for Banbury, North Oxfordshire, 18 September 2017
6 Approved judgment in the High Court of Justice, Queen's Bench Division Administrative Court before Mr Justice Mostyn between Cherwell District Council & Others and Oxfordshire CCG, 21 December 2017
7 Copy of email exchange between officials from NHS England regarding status of Stratford-on-Avon District Council, 11 January 2018
8 Briefing note for Department of Health from Oxfordshire CCG re Transformation Plan Phase 1, 11 October 2017
9 Letter to IRP Chairman from Victoria Prentis MP for Banbury, North Oxfordshire, 26 January 2018

APPENDIX 2

157 – 197 Buckingham Palace Road
London
SW1W 9SP

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

21 August 2017

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Referral of the temporary closure of consultant-led maternity services at the Horton General Hospital
Oxfordshire Joint Health Overview and Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Yvonne Constance OBE, Chairman Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC). NHS England and Oxford University Hospitals NHS Foundation Trust provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that **this referral is not suitable for full review.**

Background
Horton General Hospital ('the Horton') in Banbury, Oxfordshire is part of the Oxford University Hospitals NHS Foundation Trust (OUHT) along with the John Radcliffe Hospital, the Churchill Hospital and the Nuffield Orthopaedic Centre in Oxford. The Horton provides a range of district general hospital services for approximately 170,000 people in north Oxfordshire, south Northamptonshire and south Warwickshire.

Maternity services for Oxfordshire are provided by OUHT on five sites. The John Radcliffe Hospital provides obstetric care and also has an alongside midwifery-led unit (MLU). Obstetric care was provided at the Horton until its temporary cessation on 3 October 2016. The hospital currently provides a midwifery-led service only. There are three other stand-alone MLUs in Oxfordshire, at Wallingford and Wantage to the south of the county and at Chipping Norton in the north. Beyond Oxfordshire, maternity services are available in neighbouring counties including in Cheltenham, Warwick, Northampton and Milton

Keynes. Prior to its temporary closure, the obstetric unit at the Horton was one of the smaller units in the country. In 2015/16, there were slightly over 1,400 deliveries at the hospital, of which approximately 400 required obstetric-led care.

Maternity and related services at the Horton have been the subject of a referral to the Secretary of State for Health previously. In 2006, the then Oxford Radcliffe Hospitals NHS Trust proposed moving inpatient paediatric and gynaecology services, consultant-led maternity services and the special care baby unit from the Horton to the John Radcliffe Hospital. Oxfordshire JHOSC referred the proposals and the Secretary of State commissioned a review from the Independent Reconfiguration Panel. The IRP's report, submitted on 18 February 2008 recommended that the Trust's proposals be rejected because they failed to provide an accessible or improved service for local people. The Panel recommended that further work be carried out to identify the arrangements and investment necessary to retain and develop the services involved at the Horton. The Secretary of State accepted the Panel's recommendations in full.

Consequently, consultant-led maternity services were maintained at the Horton supported by a training programme for junior doctors working in obstetrics. However, in 2012, post-graduate obstetric training accreditation at the Horton was withdrawn predominantly because of the low numbers of births at the hospital which resulted in only limited exposure to complex cases for those on the programme. A Clinical Research Fellow programme, based on eight posts, was then developed by the Trust in conjunction with the University of Oxford to support consultant-led services but the programme closed in December 2015 due to difficulties in recruiting staff to fill the posts. In April 2016, a new nine person, middle grade obstetric rota was developed allowing participating doctors the opportunity to get experience at the John Radcliffe Hospital as well as at the Horton. Despite advertisements for obstetricians being placed both nationally and internationally at monthly intervals from April 2016 onwards, and offering an enhanced remuneration package, difficulties in recruiting staff continued. Alternative solutions, including rotating staff between the John Radcliffe Hospital and the Horton and the employment of locum staff, were attempted but maintaining the rota of nine doctors required to staff the Horton unit safely on a consistent basis remained problematic.

In July 2016, in light of continuing recruitment difficulties and the resignation of existing staff, OUHT prepared contingency plans for the continued provision of maternity services at the Horton. Staff working in the maternity unit were briefed on 18 July 2016. On the same day, the JHOSC Chairman held an informal meeting with the Trust Director of Clinical Services to be advised of the immediate pressures affecting obstetrics services at the hospital and the contingency plans to be put in place. The Chairman was advised that of the eight resident doctors at the Horton specialising in obstetrics only three would still be in place by October 2016 following a number of resignations. Adverts for agency staff were being placed to recruit to vacant posts and midwives at the Horton would be trained in a midwifery-led approach to providing care should the consultant-led service have to cease. It was agreed that an update on the situation should be provided to the next JHOSC meeting in September 2016.

Workshops attended by representatives of the district and county council, local MPs and GPs, the Oxfordshire Clinical Commissioning Group (CCG) and local public and patient

groups were held on 20 July and 24 August 2016 to discuss the issue. During August 2016, further meetings took place with local MPs and GPs and representatives of the public including members of the Keep the Horton General Campaign. The Trust attended a public meeting in Banbury on 25 August 2016 and also responded to direct communications from the public.

An Extraordinary Meeting of the OUHT Board was held on 31 August 2016 to consider the single issue of maternity and related services at the Horton and to discuss the contingency plans. The plans included:

- The temporary establishment of a midwife-led birth unit (MLU) at the Horton
- The temporary cessation of obstetric care at the Horton and its transfer to the John Radcliffe Hospital
- The temporary cessation of the special care baby unit at the Horton and its transfer to the John Radcliffe Hospital
- The temporary cessation of the inpatient emergency gynaecology service and the establishment of a seven day ambulatory emergency gynaecology unit at the Horton
- The temporary withdrawal of the dedicated obstetric anaesthetic rota from the Horton General Hospital

The Trust Board was advised that the CCG, the Care Quality Commission and NHS Improvement had been advised of the risks posed by impending shortages of medical staff. The Board heard from clinicians that impending staffing shortages in the obstetric services at the Horton represented a risk to patient safety. It was reported that the Trust already had experience of running MLUs with protocols in place for safe operation of the service and that the temporary establishment of a MLU at the Horton would offer choice for local pregnant women whose deliveries had been assessed as low risk. Evidence of the efforts to recruit both permanent and locum staff was presented and further urgent work would be undertaken to review the enhanced remuneration package already available to aid recruitment. As part of the contingency plan, an ambulance would be available 24 hours a day at the Horton to ensure quick and safe transport of any woman requiring transfer to the John Radcliffe obstetric unit. Arrangements would be put in place for the John Radcliffe Hospital to accommodate up to an additional 1,000 births.

The Trust Board voted unanimously:

- *"that the continuation of the services of the Obstetric Unit at the Horton General Hospital was unsafe beyond 3 October 2016"*
- in favour of *"the temporary establishment of an MLU at Horton General Hospital from 2 October 2016"*
- to approve *"the Report on the Contingency Plan for Maternity and Neonatal Services"*

At a meeting of the Oxfordshire JHOSC on 15 September 2016, OUHT representatives presented the contingency plan and informed the Committee of the intention to temporarily close consultant-led maternity services at the Horton with effect from 3 October 2016. The Committee requested that OUHT representatives attend a special meeting of the JHOSC on 30 September 2016 to discuss specific issues including travel times, recruitment options and reasons for the observed decrease in birth numbers at the hospital.

The JHOSC Chairman met informally with the Trust Director of Clinical Services on 27 September 2016 to discuss the items for presentation at the forthcoming meeting.

The JHOSC meeting on 30 September 2016 further scrutinised OUHT's contingency plan. This included evidence of the Trust's efforts to maintain consultant-led maternity services at the Horton and discussion of the impact of the temporary closure and associated risks. The Committee accepted that the Trust had provided satisfactory reasons for invoking the temporary closure of consultant-led maternity services at the Horton without prior consultation. On the basis of the evidence provided, assurances given by the Trust that the closure would be temporary and the plan to increase staffing levels by March 2017, it was agreed that the matter should not be referred to the Secretary of State at that stage. The Committee requested that regular updates be provided to monitor service provision and recruitment progress.

Updates on maternity services at the Horton were provided by OUHT on 10 November, 5 December and 23 December 2016. The update of 23 December 2016 stated that, with three obstetricians in post at that time and the maximum number of doctors likely to be in post by March at five, there would not be enough experienced and skilled medical staff in post to reopen the Horton obstetric unit in March 2017 as planned.

At a meeting of the JHOSC on 2 February 2017, members considered the continued temporary closure of the Horton obstetrics unit and the proposals contained within Phase 1 of the Oxfordshire Transformation Plan (see below). A motion was unanimously agreed to refer the temporary closure of the consultant-led obstetrics unit at the Horton to the Secretary of State for Health. OUHT was notified by email of the JHOSC's decision on 3 February 2017. A letter of referral was sent to the Secretary of State on 14 February 2017 stating that the JHOSC believed the material grounds for not referring the matter had changed, that is, that the Trust's recruitment plan had failed and the closure would be longer than envisaged. Clarification of the procedural steps taken by the Committee to comply with the requirements of the 2013 Regulations was sought by the Department of Health by letter of 10 April 2017. The JHOSC Chairman responded providing additional information in a letter of 26 April 2017.

In parallel with the actions and events described above, the first phase of a public consultation on the Oxfordshire Health and Care Transformation Plan, led by Oxfordshire CCG, was launched on 16 January 2017. A two-phase approach to consultation had previously been agreed with the JHOSC in autumn 2016. The consultation included a preferred option to create a single specialist obstetric unit for Oxfordshire and neighbouring areas at the John Radcliffe Hospital which would also be the base for the special care baby unit and emergency gynaecology services. A permanent midwife-led unit would be provided at the Horton. The JHOSC scrutinised the consultation proposals at a special meeting of the Committee on 7 March 2017. The Chairman of the Council responded to the consultation on 3 April 2017 expressing its opposition to the proposals and rejecting the consultation. A decision-making business case, including a recommendation to remove obstetric care from the Horton and provide a permanent midwife-led unit, was presented to the governing body of the Oxfordshire CCG on 10 August 2017. All recommendations were approved including the one relating to maternity care at the Horton. Were such a

decision to be made, the JHOSC had already declared at its meeting on 7 August 2017, to refer the matter to the Secretary of State and this is now awaited.

Basis for referral
The JHOSC Chairman's letter of 14 February 2017 states:

"... at its meeting on 2 February, the Committee resolved to refer the matter to the Secretary of State under Regulation 23(9)(b) of the 2013 Regulations and to ask that you refer the issue of provision of maternity services at the Horton General Hospital to the Independent Reconfiguration Panel."

The JHOSC Chairman's letter to the Department of Health dated 26 April 2017 cites the grounds for referral as:

"(1) the Committee believed that the material grounds for not referring the matter had changed, ie the Trust's recruitment plan had failed and the closure would now be longer than envisaged; and
(2) it considered that nothing could be gained by further discussion at a local level with the Trust."

IRP view
With regard to the referral by the Oxfordshire JHOSC, the Panel notes that:

- Referral is made under Regulation 23(9)(b) of the 2013 Regulations relating to not being satisfied with the reasons given for not consulting with the JHOSC
- The JHOSC had previously accepted the reasons put forward by OUHT but asserts that the material grounds for not referring have changed – due to the failure of the recruitment plan and extended closure of the obstetric unit
- The obstetric unit at the Horton was closed on 3 October 2016 on grounds of safety due to the inability to recruit and retain sufficient doctors with the necessary skills and experience
- Failure to recruit additional staff meant that the obstetric unit could not be reopened in March 2017
- Safety of services must always be the primary consideration for any healthcare provider
- Events have now been overtaken by the decision of the CCG governing body to permanently locate obstetrics at the John Radcliffe Hospital and replace consultant-led maternity care at the Horton with a midwife-led service
- The JHOSC has declared its intention to refer this decision to the Secretary of State

Advice
The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review in relation to this referral would add any value.**

The Oxfordshire JHOSC has chosen to refer this matter under the somewhat obtuse Regulation 23(9)(b) of the 2013 Regulations. Regulation 23(1) requires NHS bodies to consult relevant scrutinising authorities on any proposal for a substantial development of the health service or a substantial variation in the provision of the service. Regulation 23(2)

provides for circumstances in which an NHS body makes a decision without prior consultation with the scrutinising authority because of a risk to safety or welfare of patients or staff. Regulation 23(9)(b) states that *"in a case where paragraph (2) applies, the authority* [may make a report to the Secretary of State where it] *is not satisfied that the reasons given by R* (a responsible person, that is, the NHS body) *are adequate"*. This regulation was relevant in autumn 2016 when the decision was taken by OUHT, without prior consultation with the JHOSC, to introduce a temporary cessation of consultant-led maternity services at the Horton on grounds of patient safety. The Committee scrutinised that decision in September 2016 and accepted that the reasons for doing so were valid. Whether the same regulation continued to be relevant in February 2017, when this referral was made, is for legal minds to ponder rather than the IRP. However, the Panel recognises that, faced with the prospect of the Horton obstetric unit remaining closed for more than six months, local concern about if and when the unit would reopen inevitably grew. That concern developed not least because a consultation was launched during the same period by the CCG that contained a preferred option to close the unit permanently.

In the circumstances, it is not surprising that scepticism exists in some quarters about the extent of the Trust's efforts to attract the skilled and experienced staff required to reopen the unit. As recorded in the background section to this advice, several creative staffing models have been used since the IRP's report in 2008. Whether more could have been done is, for now, a matter of speculation.

The obstetric unit at the Horton has, at the time of writing, been closed for some 10 months. The July report to the OUHT Board indicated that seven posts had been filled. This represents progress but still falls short of the nine required to fill the rota and safely staff the unit. Safety must always be the primary consideration in the provision of healthcare. The Panel accepts, as did the JHOSC in September 2016, that the Trust was correct to close the unit in the absence of enough doctors to staff the unit safely and that the unit could not be reopened until sufficient staff had been recruited. Nevertheless, the Panel concurs with the JHOSC's inference that a closure for this length of time exceeds what can reasonably be considered to constitute a temporary measure.

Subsequent events have now overtaken the substance of this referral. The governing body of the CCG decided on 10 August 2017 to remove obstetric care from the Horton and replace it with a permanent midwife-led unit. The Panel understands from press reports that the Oxfordshire JHOSC has declared its intention to refer that decision to the Secretary of State. When that referral materialises, the IRP stands ready to offer advice if requested.

Yours sincerely

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Oxfordshire Joint Health Overview and Scrutiny Committee

2 Letter to Secretary of State for Health from Cllr Yvonne Constance OBE, JHOSC Chairman, 14 February 2017
Attachments:
2 Oxford University Hospitals NHS Foundation Trust (OUHT) report to JHOSC Contingency plan for maternity and neonatal services, September 2016
3 Oxford University Hospitals NHS Trust updates on maternity at the Horton General Hospital, 10 November 2016, 5 December 2016 and 23 December 2016
4 Oxfordshire JHOSC minutes of meetings, 15 and 30 September 2016
5 Oxfordshire Health and Care Transformation Phase 1 consultation document
6 Letter to Department of Health Cllr Yvonne Constance OBE, JHOSC Chairman, 26 April 2017
Attachments:
7 Note of meeting between JHOSC chair and NHS official, 18 July 2016
8 Note of meeting between JHOSC chair and NHS official, 27 September 2016
9 Oxfordshire JHOSC minutes of meeting, 2 February 2017
10 Email to NHS representatives notifying of intention to refer matter, 3 February 2017

NHS

1 IRP template for providing initial assessment information
Attachments:
2 Contingency plan for maternity and neonatal services
3 OUHT equality analysis for maternity services
4 Geography of Oxfordshire and Oxfordshire CCG
5 OUHT minutes of Extraordinary Trust Board meeting, 31 August 2016

Other evidence considered

1 OUHT briefing on obstetrics at the Horton General Hospital in Banbury, Oxfordshire, 7 February 2017
2 OUHT Trust Board update paper, 12 July 2017
3 Decision-making business case, CCG governing body meeting, 10 August 2017

Oxfordshire
Clinical Commissioning Group

Responding to Secretary of State letter following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital

Paper for the Joint OSC meeting 28 September 2018

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

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

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

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

OCCG and OUH draft plan as at 7 September 2018

1. Context

The Secretary of State (SoS) accepted the recommendations of the Independent Reconfiguration Panel in full and therefore asked for:

- A more detailed appraisal of options and in particular ensuring that the population growth in the wider catchment is considered
- Reviewed with stakeholders
- Address outstanding issues from November 2016 Clinical Senate recommendations
- Learn from experiences of mothers, families and staff
- Review and confirm the staffing and transfer models for Midwife Led Units (MLUs)
- Interdependencies with other services
- For the CCG and Overview and Scrutiny Committee to work together to involve stakeholders from the wider area to participate in the debate.

"Whatever option eventually emerges, it should demonstrate that it is the most desirable for maternity services across Oxfordshire and all those who will need them in the future."

2. Scope of work

It is proposed that the scope of the work is to take a fresh look at the options presented in the August 2018 Decision Making Business Case (DMBC) and any additional options identified taking into account geographical areas outside of Oxfordshire. The test would be whether taking account of the additional geographical areas (and future population growth) would change any of the options or make any more viable. Northamptonshire and Warwickshire are key populations but also need to consider the whole of Oxfordshire and flow from other counties to the John Radcliffe unit as the IRP was clear that the options must be the most desirable for the whole of the Oxfordshire population and wider population that access services in Oxfordshire.

The work also needs to address the other challenge of how the absence of obstetrics at the Horton may affect the sustainability of other specialties. A key area is to test viability of the anaesthetic rota.

3. Work streams

3.1 <u>Stakeholder involvement and patient experience – lead Heads of Communication and Engagement OCCG</u>

The purpose of this work stream is

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

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

3.1.1 Stakeholder engagement

- Work with Joint OSC throughout so plan agreed at beginning and review delivery with them (fulfils requirement to consult with scrutinising bodies)
- Public/stakeholder involvement throughout;
- Outcome of detailed work on option appraisal will determine whether or not there is a need for a formal public consultation (would also discuss/agree this with Joint OSC as part of plan agreement)

3.1.2 Patient experience (work with Clinical Director of Obstetrics OUHFT and Head of Children's Commissioning, OCCG and Oxfordshire County Council)

- Use information from CQC survey
- Women and families to survey are those who have given birth between 1 October 2016 and 31 March 2018 and to include
    - Women (sampling may be required to get representative groups) registered with an Oxfordshire GP wherever they have given birth
    - Women from identified Northamptonshire and Warwickshire practices wherever they have given birth
- Survey questions to be developed and input sought from Maternity Voices and other stakeholders
- Get sign-off/input to survey from Joint OSC
- Commission external expertise to manage and administer survey (will ensure questions are not leading and also to give independence)

Position at 20 September 2018:

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

Completion of this work will be demonstrated through:

- Delivery of the agreed stakeholder engagement plan, including clear demonstration of how the information collected has been used
- Production of a report on the experience of women and their families and using this in the option appraisal process

3.2 Service description – leads Clinical Director of Obstetrics, OUHFT and Head of Children's Commissioning, OCCG and Oxfordshire County Council

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

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

Position at 20 September 2018:

- Initial draft completed and attached as Appendix 2.

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

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

The purpose of this work stream is to describe the future vision for the Horton General Hospital and to identify what, if any service interdependencies there are which may be impacted by any decision on provision of obstetric services.

- Reiterate vision for Horton as described in DMBC and Horton strategic review
- Use South East Coast Clinical Senate review (and experience of running for last 18 months) to evidence lack of dependency on obstetrics for key services (paediatrics, A&E, acute medicine)
- Address the other challenge of how the absence of obstetrics at the Horton may affect the sustainability of other specialties. A key area is to test viability of the anaesthetic rota

Position at 20 September 2018

- First draft is attached as Appendix 3.

Completion of this work is demonstrated by a clear articulation of the place of the Horton General Hospital in future provision of services and ensuring that the interdependency of services is addressed in the option appraisal

3.4 Activity and Population Modelling – lead Director of Governance, OCCG

The purpose of this work stream is to collate and analyse activity and develop activity projections that take into account population growth for areas that access services in Oxfordshire.

- Get full understanding of shift in location for births from 12 month pre-change period (01.10.15 to 30.09.16) to 18 month post temporary closure period (01.10.16 to 31.03.18) for Oxfordshire residents and for Warwickshire and Northamptonshire practices that are significant users of Oxfordshire services
- SCBU/neonatal activity
- Work with District Councils to look at future housing and population growth and consider what this might mean for numbers of births

Position at 20 September 2018

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

Completion of this work will be demonstrated by presentation of past activity and projections based on District Council provided housing growth figures with any assumptions identified.

3.5 Option development and appraisal

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

3.5.1 Criteria

The criteria below are based on those used in 2016/17 as part of the Horton Strategic review and then to inform the Phase One proposals. They have been modified slightly to ensure they reflect the context of the whole system and whole maternity pathway.

- Quality of care for all
  - Clinical outcomes
  - Clinical effectiveness and safety
  - Patient and carer experience (survey will feed in here)
- Access to care for all
  - Distance and time to access service
  - Service operating hours
  - Patient choice
- Affordability and value for money
  - Deliver within tariff/current financial envelope
  - Capital cost to the system
- Workforce (medical and nursing)

    - Rota sustainability
    - Consultant hours on the labour ward – in line with “Each Birth Counts” for a busy specialist unit
    - Recruitment and retention
    - Supporting early risk assessment
- Deliverability
    - Ease of delivery
    - Alignment with other strategies

3.5.2 Long list development

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

Position at 20 September 2018

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

3.5.3 Appraisal process

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

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

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

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

- Review recommendations and confirm what has been completed

- Any outstanding actions to be covered in work streams above

Position at 20 September 2018

- See Appendix 6 for current position.

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

4. Timescales

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

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

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

Catherine Mountford
Director of Governance, Oxfordshire CCG
20 September 2018

List of Appendices

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

Appendix 1: Engagement Plan

Purpose

The purpose of this work stream is

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

Stakeholders

The range of stakeholders interested in this work is wide and varied. It includes stakeholders in Oxfordshire, south Northamptonshire and south Warwickshire. A key stakeholder is the newly formed joint Overview and Scrutiny Committee (Joint OSC), in addition other stakeholders include the public, local MPs, local authorities and their members, local GPs, staff and patients at the Horton, the Community Partnership Network, the local media, patient and voluntary groups and the local campaign group Keep the Horton General.

The engagement in this work will start with the new Joint OSC. The description of the work involved and the approach to be taken will be agreed with the Joint OSC to ensure the plan will deliver the requirements as set out by the Secretary of State.

The plan will ensure wide public and stakeholder engagement throughout.

Communication

A section will be dedicated to this work on the CCG website in a similar style to the current section on Cogges. It will be directly accessible from the Home page and will include the following.

- A question and answer section - the content will develop during the project picking up new questions as the work progresses.
- Documents associated with this work will be posted on this dedicated area of the CCG website. This will include documents containing data, analysis of information, briefings and papers presented to other bodies. There will be an assumption that all papers prepared for this work will be published on this page. A link will be provided to the documents previously published for completeness but any that are to be used specifically in this work may be published again.
- A timeline setting out the key milestones for this work so that all know what to expect and when to expect it.

This part of the website will be regularly updated with an expectation that this would be on a weekly basis to ensure all have access to the most up to date information rather than waiting until the next meeting of the OCCG Board or the Joint OSC.

Social media will also be used to highlight specific pieces of this work.

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

Meetings

Representatives from OCCG and OUH will attend all meetings of the Joint OSC. Papers will be provided as needed and those attending will be prepared and expect to answer questions and to listen to members of the committee.

Representatives from OCCG and OUH will also continue to participate in regular meetings of the Community Partnership Network (CPN). The CPN has no statutory role but is an important group that brings together most of the key stakeholders for this work, including representatives from the south Northamptonshire and south Warwickshire local authorities and local MPs.

Patient experience

We intend to seek feedback about the experience of women who have used maternity services since the temporary closure of the obstetric unit at the Horton General Hospital in Banbury. The IRP was clear that the options must be the most desirable for the whole of the Oxfordshire population and wider population that access services in Oxfordshire and so this needs to be done within a wider context of maternity across Oxfordshire.

During the public consultation in 2017, the main concerns raised about changes to maternity services in Banbury related to:

- Travel time between Banbury and Oxford.
- Parking at the JR and the Horton
- Risk associated with distance from the obstetric unit

To gather this feedback we intend to organise a survey and several focus groups. To ensure this is conducted objectively and professionally, several professional organisations have been approached for quotes for conducting this work based on the following:

- **Survey**

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

- Experience of women and their partners who chose to give birth in any one of the Oxfordshire MLUs:
    - Horton Hospital in Banbury
    - Chipping Norton MLU
    - Wantage MLU
    - Wallingford MLU
- Experience of women and their partners who intended to give birth in an MLU but were transferred during labour to the obstetric unit in Oxford.
- Experience of women and their partners who gave birth in the Spires Unit (alongside MLU) at the JR in Oxford.
- Experience of women and their partners who gave birth in the obstetric unit at the JR in Oxford.
- Experience of women and their partners living in Oxfordshire who gave birth at Warwick alongside MLU
- Experience of women and their partners living in Oxfordshire who gave birth at an obstetric unit outside the county.

For all these categories, we will need the respondents grouped geographically by postcode and registered GP Practice.

- Women who live within the catchment area of the Horton Hospital in Banbury. This would be sub-divided into:
  - Women who live in Banbury
  - Women who live in south Northamptonshire
  - Women who live in south Warwickshire
  - Women who live in north Oxfordshire
- Women who live in Oxford City Locality
- Women who live in West Oxfordshire Locality
- Women who live in South East Oxfordshire Locality
- Women who live in South west Oxfordshire Locality
- Women who live in North east Oxfordshire Locality

Areas to explore:

- Experience of travelling to and from the hospital/MLU for antenatal care
- Experience of travelling to hospital/MLU at start of labour
- Experience of transfer via ambulance during labour or immediately after birth
- Experience of giving birth – staff, facility, care etc
- Experience of postnatal care
- Experience if needed to stay in hospital for some days after birth
- Experience if baby in SCBU

- **Focus groups:**

In addition to the survey, a number of focus groups will be organised to gather more in depth feedback on the same areas as detailed above.

- **Contacting women**

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

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

Reporting

A report will be produced that will detail the experience of women and their families who have used maternity services across Oxfordshire and beyond during the period of the temporary closure of the Horton obstetric unit. It will provide analysis to allow comparison and deeper understanding of the relative impact depending on where the women live and which service they use. The results will be used to support the option appraisal.

Appendix 2 Description of Maternity and Neonatal services

Oxfordshire

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

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

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

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

Warwickshire

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

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

Babies requiring neonatal intensive care

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

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

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

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

SCBU at Horton

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

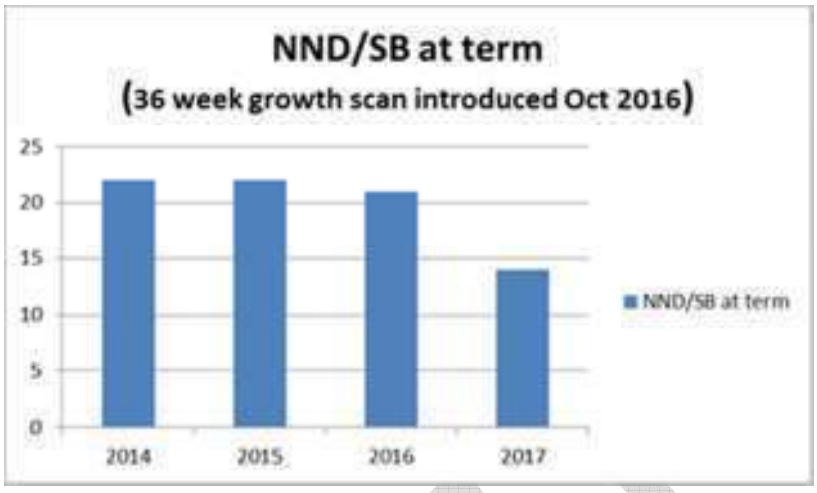
Requirement for Special Care Baby Unit if undertaking Obstetric Care

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

Improving outcomes for babies

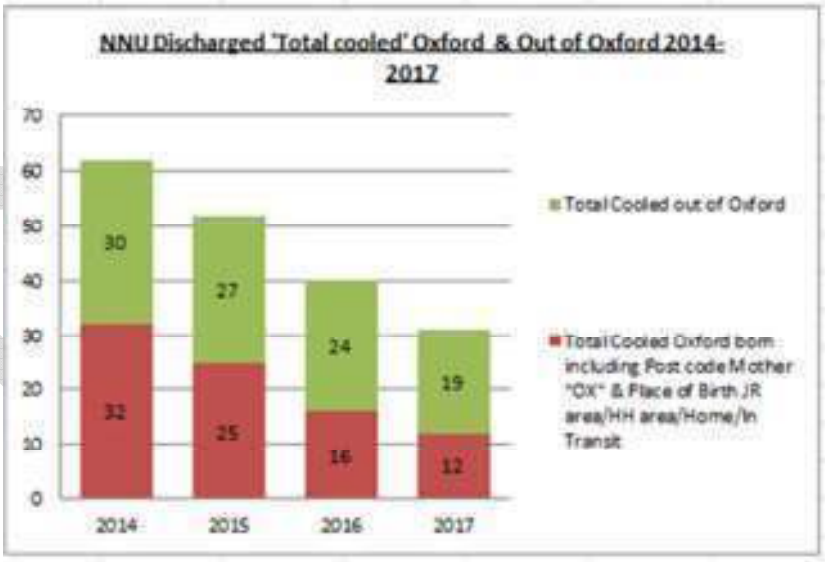
Over the past two years there has been a strong focus on implementing initiatives know to reduce stillbirths and early neonatal deaths. This is a government priority in Better Births (2016). The OUH detection rate of SGA babies has increased from 44% in 2016 to 58% in 2017/18. This is significantly better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

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



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

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



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

MLUs

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

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

Ambulance and transfers

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

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

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

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

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

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

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

Epidurals

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

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

Draft at 20 September 2018

Appendix 3 Future vision for Horton General Hospital and Service interdependencies

The future for the Horton General Hospital

Background

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

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

- Endoscopy suite
- Renal services
- CT

Planned care at the Horton General

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

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

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

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

Urgent and Emergency care and the development of Ambulatory Provision

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

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

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

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

Complex obstetrics at OUH (Fetal and Maternal Medicine Units)

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

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

Service interdependencies for paediatrics, A&E, acute medicine

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

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

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

Appendix 4 Births Analysis

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

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

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

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

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

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

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

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

Key Messages

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

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

Table 1a Oxfordshire - numbers

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

Table 1b Oxfordshire - percentage distribution by site

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

Table 2a South Warwickshire - numbers

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

Table 2b South Warwickshire - percentage distribution by site

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

Table 3a Nene and Corby - numbers

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

Table 3b Nene and Corby - percentage distribution by site

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

Table 4a TOTAL - numbers

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

Table 4a TOTAL - percentage distribution by site

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

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

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

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

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

Table 5a Oxfordshire - numbers

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

Table 5b Oxfordshire - percentage distribution by site

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

Table 6a South Warwickshire - numbers

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

Table 6b South Warwickshire - percentage distribution by site

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

Table 7a Nene and Corby - numbers

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

Table 7b Nene and Corby - percentage distribution by site

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

Table 8a TOTAL - numbers

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

Table 8a TOTAL - percentage distribution by site

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

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

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

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

Appendix 5 Options for obstetric provision – long list

Types of options

The long list of options includes both options that focus on staffing models and options to increase activity at the Horton General Hospital (HGH) to make the current, or alternative staffing model more sustainable. The options listed are based on different staffing models at the HGH, which would impact on the staff rotas at the John Radcliffe Hospital (JRH) to a greater or lesser extent depending on the model. The list of options assumes that obstetric provision at the JRH is always provided by consultants and doctors in training.

All the options listed would ensure safe cover during the out of hours period (evening, overnight and weekends) by including as a minimum, a Consultant on-call and a suitably qualified doctor on site. This is a requirement of all obstetric units.

Types of doctors

For the purposes of these options 'doctors in training' are those learning to become an obstetrician but who are not yet approved onto the Speciality Register (which is required to practise as a Consultant in the NHS). Doctors in training work alongside qualified doctors under their supervision.

Middle grade doctors are those who have attained the required competencies to undertake out-of-hours work within labour ward and emergency gynaecology settings but who still require support from consultants. There is a shortage of middle grade doctors and difficulties in recruiting to vacant posts at the HGH led to the temporary closure of the obstetric unit. These doctors are not in training.

Consultants are doctors who have trained to the highest level. The support and advice of a consultant must be available at all times.

The HGH is not approved for training obstetric doctors (this is a decision made by the Deanery in 2012). For this reason, all long list options assume that there are no doctors in training at the HGH. It also assumes that in line with current practice, Consultants at the HGH are both obstetrics and gynaecology but Consultants at the JRH are only obstetricians.

Further information on the training required to become a Consultant Obstetrician can be found here.

Alongside Midwifery Unit

Almost all Obstetric units nationally now have an alongside midwifery unit (AMU). The purpose of these units is to offer women the choice of giving birth in a dedicated midwifery unit, with dedicated maternity staffing but with the option to easily access obstetric care if required (e.g for epidural). For options Ob1-OB8 in the table below it is assumed that there will continue to be a single AMU in Oxfordshire.

Ob1	**2 obstetric units – (2016 model)**	This means a separate obstetric service at JRH and HGH with separate staffing arrangements including separate doctor rotas at both sites. The service at the HGH will be delivered by middle grade doctors and consultants and the service at the JRH will be delivered by doctors in training and consultants.
Ob2a	**2 obstetrics units – fixed consultant**	This means a separate obstetric service at JRH and HGH with separate staffing arrangements including separate doctor rotas at both sites. The service at HGH will be consultant delivered (no middle grade doctors) and the service at the JRH will be provided by doctors in training and consultants.
Ob2b	**2 obstetrics units – rotating consultant**	This means a separate obstetric service at JRH and HGH but with one consultant rota covering both units (i.e. consultants would work at both sites) and doctors in training will only be at the JRH. The service at the HGH will be consultant delivered with no middle grade doctors.
Ob2c	**2 obstetrics units – fixed combined consultant and middle grade**	This means a separate obstetric service at JRH and HGH with separate staffing arrangements and separate rotas but using consultants and middle grades at both sites (i.e doctors only work at one site). At the JRH this will be doctors in training, middle grades and consultants. At the HGH this will be consultants and middle grades on a single rota that requires 24/7 resident medical cover with a consultant on-call.
Ob2d	**2 obstetrics units – rotating combined consultant and middle grade**	This means a separate obstetric service at JRH and HGH but with one doctor rota with both consultant and middle grade doctors covering both units and doctors in training at the JRH only (i.e. this means doctors would work at both sites).
Ob3	**2 obstetrics units – external host for HGH**	This means there would be a unit at JRH and HGH but the unit at HGH would be managed by a different NHS Trust from outside Oxfordshire.
Ob4	**50 / 50 split of non-tertiary births**	This option increases the number of births at the HGH by making sure that all non-complex births for Oxfordshire women are split equally between the JRH and HGH. The staffing model could by any of Ob1 – Ob2d.
Ob5	**2 obstetrics units – elective (planned) caesarean sections at HGH**	This option increases the number of births at the HGH and means there would be a unit at JRH and a unit at HGH. All planned caesarean sections for Oxfordshire women would take place at the HGH. The staffing model could be any of Ob1 – Ob2d.
Ob6	**Single obstetric service at JRH**	This means one unit based at the JRH. This means there would be an MLU at the HGH. The staffing at the obstetric unit would be provided by consultants and doctors in training. Other clinical services to support

		complex (tertiary) obstetrics and level 3 neonatal services will also be provided at JRH.
Ob7	**Single obstetric service at HGH**	This means one unit based at the HGH. It means there would be an MLU at the JRH. The staffing at the obstetric unit would be provided by consultants and middle grades. Other clinical services to support complex (tertiary) obstetrics and level 3 neonatal services would also be required at the HGH. This would mean no training doctors for obstetrics in Oxfordshire. The Deanery would be approached to review accreditation for HGH.
Ob8	**Rural and remote services option**	This means there would be obstetric units at the JRH and HGH and the staffing model at the HGH would be specialist GPs (local GPs given extra training to be able to perform caesarean sections) with access to on-call support from the JRH.
Ob9	**2 obstetric units both with alongside MLU**	This means a separate obstetric service at JRH and HGH (both with an alongside MLU) with separate staffing arrangements including separate doctor rotas at both sites. The service at the HGH will be delivered by middle grade doctors and consultants and the service at the JRH will be delivered by doctors in training and consultants.

Appendix 6 Clinical Senate Phase 1 Maternity Recommendations current position

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

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

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

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