

David Radbourne

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Via email

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Dear David,

Oxfordshire Transformation Plans - Maternity

At its last Council meeting on 18 June 2019, the Thames Valley Clinical Senate received a presentation from Catherine Mountford, Director of Governance at Oxfordshire Clinical Commissioning Group (OCCG) providing an update on OCCG's Transformation Plans for Maternity Services across Oxfordshire. This follows from the early review of the phase 1 of OCCG's Transformation Plans that the Senate had undertaken with an outcome report published in November 2016. This report contained a number of recommendations in relation to maternity services.

Subsequently, following NHSE Stage 2 assurance of the plans and a three-month period of public consultation, OCCG made a decision in August 2017 to close permanently the maternity unit at the Horton Hospital. The Oxfordshire Health Overview and Scrutiny Committee (HOSC) referred OCCG's decision to the Secretary of State who asked the Independent Review Panel (IRP) for advice. In its report published in February 2018, the IRP recommended that, before the CCG implemented its decision, OCCG should carry out a more detailed appraisal of the options in particular factoring in population growth in the wider catchment area and then reviewing available options with stakeholders.

OCCG also needed to:

- address any outstanding issues from the Senate early review,
- learn from the experiences of mothers, families and staff who had been affected during the time of the temporary closure,
- review and confirm staffing models for midwife-led units,
- review interdependencies with other services, and
- work closely with the HOSC.

A joint HOSC 'Horton HOSC' was set up between Oxfordshire, Warwickshire and Northamptonshire. The Senate Council was told that OCCG had been reporting to the Horton HOSC as they worked through the review of the plans and their implementation.

The Council also heard that OCCG had now completed a detailed review of staffing models, including considerations of the potential future birth rate of Oxford and the wider catchment area. There had also been a detailed mother-and-partner survey inviting individuals who had given birth between



October 2016 and September 2018 to take part. In addition, OCCG had organised a stakeholder event in February 2019.

A further stakeholder workshop had taken place on Friday 14 June 2019, where OCCG provided all attendees with an information pack. This information pack was shared with the Council for reference. It included the different options available for maternity services and for the Horton site in particular. Each option was scored and weighted at the workshop. The Council was told that two distinct options scored the highest on the day. Catherine Mountford informed the Council that OCCG's next steps would be to consider which options would be presented to the Horton HOSC in July, with the aim for a decision to be made by the OCCG Board in September.

On the basis of the information shared with the Senate Council, the Council felt that OCCG had addressed the recommendations made by the Senate Council in November 2016 and subsequently those made by the IRP in February 2018. The Senate considered that OCCG had worked closely with and reported regularly to the Horton HOSC and, therefore, there had already been continuous scrutiny and assurance both of the process and of the transformation plans themselves. The Senate Council suggested that it could provide further review of the two options that had scored the highest by considering the feasibility of each implementation plan or reviewing the weighting used in the scoring methodology. Another option, should OCCG wish for further assurance, would be to refer their plans to a different senate within a similar geography and obtain their views.

I hope that this summary is helpful to NHS England and NHS Improvement, and OCCG in progressing the local transformation plans for maternity services.

Yours sincerely,

Dr Jane Barrett, Senate Chair Thames Valley Clinical Senate