Oxford University Hospitals NHS
NHS Foundation Trust

Dear

I am writing to respond to your request sent on the 3rd September 2016. OUHFT can confirm that it holds the data that you requested. Answers have been provided for all questions except question seven. We will endeavour to send this information to you no later than Friday 14th October 2016. Names and information not relevant to your request have been redacted from some documents.

1. All minutes of trust meetings where the downgrade has been discussed Visit Trust publication page.

2. All historic evidence of the recruitment efforts to recruit new obstetricians in Banbury Visit Internet page Visit Trust publication page.

3. Evidence of all efforts currently being made A rolling cycle of recuitment is underway to recruit to all vacant posts.

4. Evidence of the available obstetric locums currently working in the trust and available obstetric locums across the country The Trust has approached a number of locum agencies who have been unable to provide Doctors that meet the necessary specification. The Trust cannot comment on the use of obstetric locums across the country.

5. The full risk assessment of the decision including the number of women who have given birth under consultant intervention at the Horton on the last 5 years Visit Trust publication page.

6. Evidence of knowledge of current pregnant women with consultant requirements before giving birth 231 pregnant women are currently under Consultant care at the Horton. NB – this a snap shot in time, some women may be transferred back to Midwife care.

7. The full equality impact assessment of the decision See below

8. Evidence of the available ambulance crews to support the transfer process An ambulance crew is currently based at the Horton site for the exclusive use of the maternity unit 24/7.

9. All correspondence with surrounding hospitals discussing the impact of the decision in their services and the plans these hospitals have made to address increased capacity visit Trust publication page.

Please include this in the preparation to write a policy and refer to the "Policy on Writing Policies." Full guidance is available:
http://ouh.oxnet.nhs.uk/Equality/Pages/EqualityImpactAssessment.aspx

Equality Analysis
Policy / Plan / proposal name: Temporary relocation of obstetric and neonatal care from the Horton General Hospital (HGH) to the JR hospital (JR)
Date of Policy Refer to Contingency Plan for Maternity and Neonatal Services, 26 August 2016
Date due for review The plan is for an emergency temporary relocation of maternity and neonatal services.
Lead person for policy and equality analysis Stephen Kennedy, Children and Women's Divisional Director
Does the policy /proposal relate to people? If yes please complete the whole form. **YES**
1. Identify the main aim and objectives and intended outcomes of the policy. The service change described in the contingency plan relates to an emergency temporary change in the provision of maternity and neonatal care in the north of the county. The primary aim of the plan is to ensure that a safe and good quality service is provided that delivers an excellent experience for women and their families. Women planning to deliver in the north of the county are the primary recipients. This change has arisen due to the acute recruitment problem with middle-grade obstetric medical staff at the Horton General Hospital (HGH), resulting in insufficient cover for the medical rota. This has made the continuation of the inpatient Maternity Services at this site beyond 3rd October 2016 unsustainable and unsafe. The contingency plan describes the temporary relocation of a) acute maternity services, and b) neonatal services from the HGH to the John Radcliffe Hospital (JR) until recruitment into the middle grade posts is sufficient to run a safe service. A midwifery led unit (MLU) will run from 3rd October 2016 at the HGH. Planned and emergency operative obstetric care will be provided at the JR site and an ambulatory model for gynaecology care established at the HGH. Safe staffing levels of all relevant healthcare professionals and training needs are included in the contingency plan. This equality impact statement relates solely to the emergency temporary relocation of the above services.
Involvement of stakeholders. The following have been involved: • Women booked to give birth at the HGH • Consultant Obstetricians and Gynaecologists • Consultant Neonatologists and Paediatricians

- Consultant Anaesthetists
- Consultant Midwives
- Hospital and Community Midwives
- JR and Horton Neonatal Nurses
- JR gynaecology nurses
- JR and ED Consultants and Matrons
- JR theatre nurses and operating department practitioners
- Staff Side
- Executive Directors
- Trust Management Executive
- Trust Board
- OUH Children and Women's Divisional Management Team
- Oxfordshire Clinical Commissioning Group (OCCG)
- South Central Ambulance Service (Manager and Medical Director)
- Public meetings - attendees include:
  - MP for North Oxfordshire
  - Save our Horton Campaign group
  - Residents of Oxfordshire and neighbouring communities
  - Community Partnership Network
- Hospital Overview and Scrutiny Committee
- Brookes University (for midwife training)
- Heads of Midwifery and Consultant Obstetricians at neighbouring Trusts (South Warwickshire and Northampton, Royal Berkshire and Buckinghamshire)

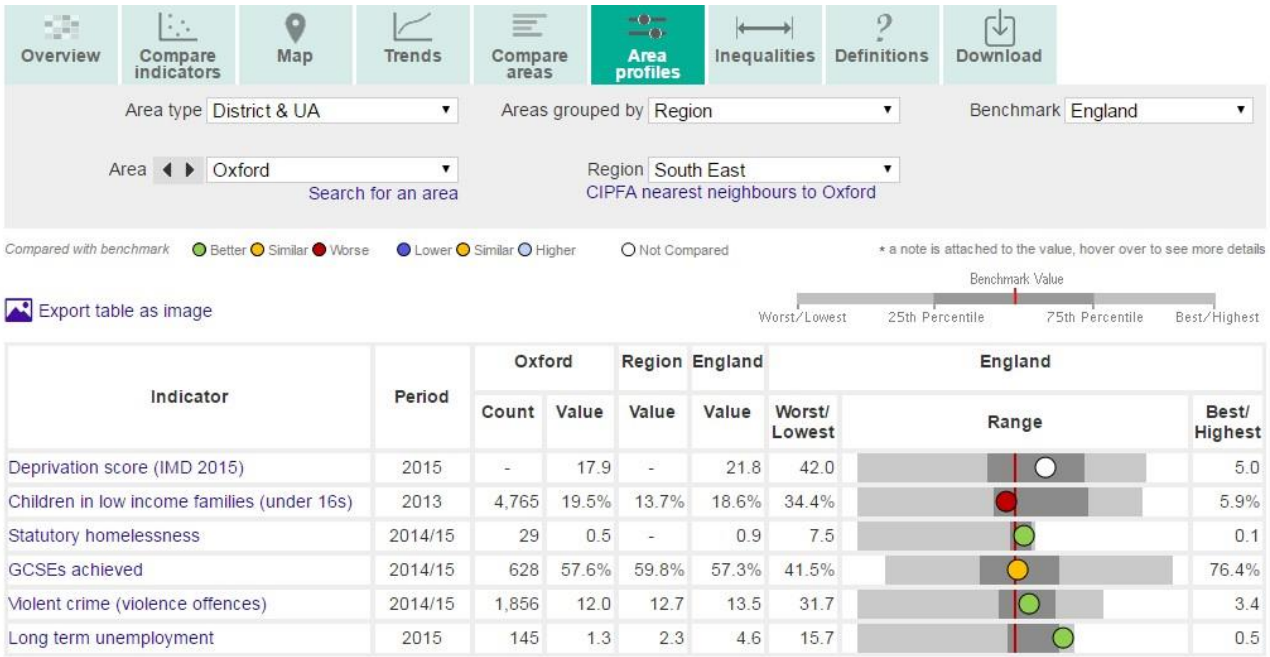
a) Evidence.

Population information on www.healthprofiles.info (2015) does not highlight increased areas of deprivation in north Oxfordshire area serviced by the HGH (Cherwell).
See the following screenshots:

Cherwell:

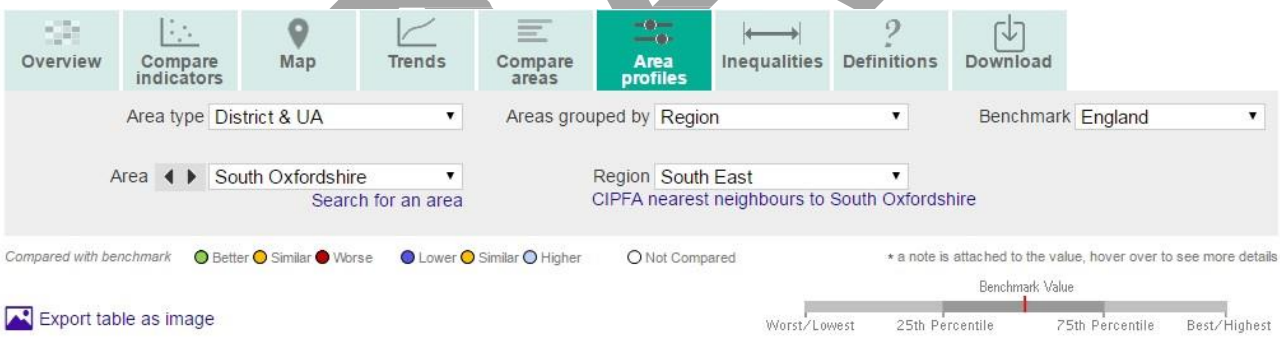
Indicator	Period	Cherwell		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2015)	2015	-	12.6	-	21.8	42.0		5.0
Children in low income families (under 16s)	2013	3,025	10.8%	13.7%	18.6%	34.4%		5.9%
Statutory homelessness	2014/15	23	0.4	-	0.9	7.5		0.1
GCSEs achieved	2014/15	855	57.6%	59.8%	57.3%	41.5%		76.4%
Violent crime (violence offences)	2014/15	1,114	7.8	12.7	13.5	31.7		3.4
Long term unemployment	2015	56	0.6	2.3	4.6	15.7		0.5

Oxford:



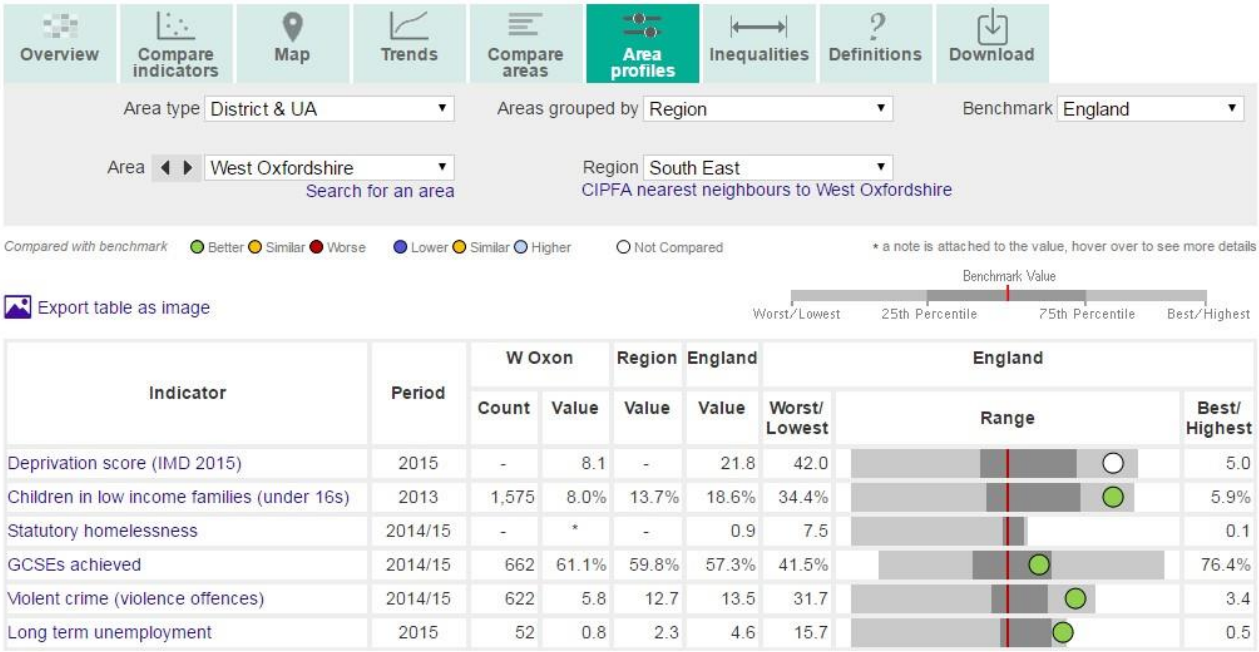
Indicator	Period	Oxford		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2015)	2015	-	17.9	-	21.8	42.0		5.0
Children in low income families (under 16s)	2013	4,765	19.5%	13.7%	18.6%	34.4%		5.9%
Statutory homelessness	2014/15	29	0.5	-	0.9	7.5		0.1
GCSEs achieved	2014/15	628	57.6%	59.8%	57.3%	41.5%		76.4%
Violent crime (violence offences)	2014/15	1,856	12.0	12.7	13.5	31.7		3.4
Long term unemployment	2015	145	1.3	2.3	4.6	15.7		0.5

South Oxfordshire:



Indicator	Period	S Oxon		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2015)	2015	-	8.6	-	21.8	42.0		5.0
Children in low income families (under 16s)	2013	1,930	7.7%	13.7%	18.6%	34.4%		5.9%
Statutory homelessness	2014/15	-	*	-	0.9	7.5		0.1
GCSEs achieved	2014/15	838	65.0%	59.8%	57.3%	41.5%		76.4%
Violent crime (violence offences)	2014/15	716	5.3	12.7	13.5	31.7		3.4
Long term unemployment	2015	46	0.6	2.3	4.6	15.7		0.5

West Oxfordshire:



Indicator	Period	W Oxon		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2015)	2015	-	8.1	-	21.8	42.0		5.0
Children in low income families (under 16s)	2013	1,575	8.0%	13.7%	18.6%	34.4%		5.9%
Statutory homelessness	2014/15	-	*	-	0.9	7.5		0.1
GCSEs achieved	2014/15	662	61.1%	59.8%	57.3%	41.5%		76.4%
Violent crime (violence offences)	2014/15	622	5.8	12.7	13.5	31.7		3.4
Long term unemployment	2015	52	0.8	2.3	4.6	15.7		0.5

From the contingency plan:

Pregnancy and Maternity

As of 3.10.16 the temporary relocation of obstetric services from the HGH to the JR means maternity and midwifery services are provided on five sites from one Delivery Suite, one Observation area, Obstetric Ultrasound Departments on both sites, Antenatal out-patient clinics on both sites, a Prenatal Diagnosis Unit, Day Assessment Units on both sites, a Maternity Assessment Unit [MAU], a High Risk Pregnancy Service (Maternal Medicine [Silver Star] Unit, the Fetal Medicine Unit), integrated MLU (Spires), four stand-alone MLU's at Wallingford, Wantage, Chipping Norton and HGH, and community midwifery services. There is no obstetric cover on an MLU. The table below shows the number of births per OUH unit in 2015/16

Year	Births JRH	Births Spires	Births South MLU's Wallingford / Wantage	Births HGH	Births North MLU's	Total
2015/16	5,729	844	216/93 = 309	1,466	142	8490
Year to date	1,774	262	73/23= 96	444	51	2627

Options in the contingency plan:

- Women with low risk pregnancies will be able to give birth in the HGH MLU
- Women from the Brackley area will be supported if they wish to book for care at the OUH as the OUH provides the community midwifery service to Brackley. However, all women from South Warwickshire and Northamptonshire will be asked to book for care in their local Trust. The table below details the number of women that gave birth at the HGH during 2015/16 based on postal area.

Warwickshire	Northamptonshire
63	212

- The Cotswold MLU at Chipping Norton will remain open.
- It is anticipated that an additional 700-1000 women will give birth at JRH either in the Obstetric Unit or Spires MLU. The range is wide because women may choose the HGH as a MLU (up to 500 of the 1,466 births in 2015/16) instead of the JRH, and the 275 women from Warwickshire and Northamptonshire who currently deliver at the HGH may choose their local hospital rather than the JRH. However the contingency plan is based on 1000 extra births at the JRH.
- A homebirth service is also offered to women across the county and approximately one hundred women per year have a planned home birth. In total there were approximately 8,500 births in 2015/16.

Anaesthetics for women needing surgical intervention

Currently 1 in 10 women have an elective Caesarean section in the Delivery Suite theatres at the JRH and 1 in 3 women have a surgical intervention in the same theatres; such as an emergency Caesarean section or forceps delivery. There will be a small number of women who will need to be transferred to the JRH from a HGH MLU for a procedure in theatres.

A mobile (Vanguard) theatre will be in place for 6 months to support the extra cases from the HGH both emergency and elective Caesarean sections. A number of day case gynaecology procedures will be diverted to the HGH to enable the extra obstetric cases to be carried out at the JR.

Neonatal and Special Care Services

As of 3.10.16 the temporary relocation of obstetric services from the HGH to the JR has meant that neonatal services have also been temporarily moved to the JR. Neonatal Services (Children's Directorate) are available on at Neonatal Intensive Care Unit (NICU) at the JRH. The NICU provides Intensive Care (IC), the highest level of care, for all babies in Thames Valley, High Dependency (HD) Care for Oxfordshire, and Special Care (SC), the least complex level of care for babies in Oxfordshire. Babies in North Oxfordshire formerly cared for in the Special Care Baby Unit (SCBU) at the HGH will be cared for in an enlarged unit at the JR with SC section of the unit named Low Dependency Unit. The postnatal wards at the JR provide SC for babies who are well enough to stay with their mothers, some of whom may be classified as receiving transitional care (TC). Last year 1,125 babies were admitted to the neonatal and SC units and in addition 960 babies received TC care with their mothers on the postnatal wards.

The following table represents the number of neonatal, SC and postnatal ward TC cots used (80% occupancy) at both sites in the last year.

	IC cots	**HD cots**	**SC cots**	**TC cots**
JR	15	10	21	12
HGH	0	0	6	2

Transfer to the JR in an emergency was raised during public meetings.
This was included in the contingency plan.
"In order to minimise transfer times to the JRH Maternity Unit in the event the HGH is designated as a MLU the Trust has discussed with South Central Ambulance Service (SCAS) the potential to station a 24/7 ambulance at the HGH solely for transferring women."
These arrangements have been put in place.

Disability
There is no additional impact on women with disabilities.

Hearing loss:
Any women at the HGH or JR with a hearing loss should be offered a British Sign Language Interpreter – this can be done via language line 0845 603 79 15.

Physical disability
It has been recent practice for any woman with a BMI of ≥ 40 to be advised to deliver at the JR. Care should reviewed by an appropriate manual handling facilitator. Moving and handling aids supplied as required.
See: http://ouh.oxnet.nhs.uk/BackCare/Pages/Equipment.aspx
Telephone number: 01865 (2)22108

Level 5 and level 6 family rooms at the JR have larger doors and bathrooms with adaptions for people with physical disabilities.

Mental health
There are single rooms on level 5 specifically designed for women with mental health issues, so that a member of staff, support worker or family member can stay with the woman. At the JR individual care plans are agreed, and some of these women are able to choose to give birth at the MLU (Spires) and then transfer to the level 5 rooms. This enhanced service is available at the JR because of the availability of obstetricians and the psychological medicine service.

Disability: learning disability
There is no additional impact on women with learning disabilities. If the woman has any learning difficulties an advocate should be in attendance. Pictorial explanations should be given when providing and explanation about care.

See Trust resources: http://orh.oxnet.nhs.uk/Interpreting/Pages/Default.aspx

Sex
This is not applicable in maternity or gynaecology services.

Age
There is no additional impact on women of any age.
For women under 19 years of age. The Teenage Pregnancy Lead should be informed for support: Teenage Pregnancy Midwife: 07789941459.
Early referral is advocated as per 'Getting maternity services right for pregnant teenagers and young fathers' (2015) see http://tinyurl.com/hhx7wy3

There is no additional impact to older women.

Race There is no additional impact relating to race. Consideration should be taken for any woman who may not be able to read English including white British. Pictorial explanations should be given when providing and explanation about care. If the woman cannot speak English an interpreter should be offered, this is available via language line on 0845 603 79 15. See Trust resources: http://tinyurl.com/zlpfl5z
Sexual orientations There is no additional impact relating to sexual orientation. Women in a same sex partnership are provided with the same level of care and support as heterosexual couples. See Trust resources: http://tinyurl.com/hlep9hk
Pregnancy and maternity Women included in this guideline are pregnant / postnatal or receiving gynaecological care.
Religion or belief. There is no additional impact relating to religion or belief. A multi-faith prayer room is available for women on level 2 JR main building. If required the woman and her family will be offered support from a leader from their designated faith. See Trust resources: http://tinyurl.com/gp642hl Dietary provision as per religious requirements are available on both sites. There is no change in the criteria for women who decline blood products on the basis of religion or for any other reason. These women continue to be advised to deliver at the JR since senior anaesthetic and intensive input relating to complications of haemorrhage including possible use of cell salvage are only available at the JR. Interventional radiology is available at JR– meaning women having an elective LSCS with predicted high blood loss can have access interventional radio prior to surgery.
Gender re-assignment. This is not applicable in maternity or gynaecology services.
Marriage or civil partnerships: There is no additional impact relating to marriage of civil partnership. The same consideration is given to women who are married or in a civil partnership, and partners are entitled to the same access.
Carers See learning disabilities. If any woman has learning difficulties or mental health issues a carer may be present. Their opinion will be sought for the best way to communicate to the woman.
Safeguarding people who are vulnerable: There is no additional impact on safeguarding. The Trust has relevant safeguarding policies and procedures that are followed for all

patients where there is a safeguarding concern. All resources are on the Trust website: http://orh.oxnet.nhs.uk/vulnerablepeople/Pages/Default.aspx

All vulnerable children and adults should be referred to the public health midwives or safeguarding midwife:
North Public Health Midwife – 07775502048
South Public Health Midwife – 07917556760
Safeguarding Midwife – 07554 330955
Teenage Pregnancy – 07789941459
Key contacts are keep up to date on the OUH Safeguarding internet page:
http://orh.oxnet.nhs.uk/vulnerablepeople/Pages/Keycontact-Adults.aspx

If it suspected that a young pregnant adult is a victim of child sexual exploitation advice should be sought from the OUH Designated Safeguarding Doctor (Dr Clare Robertson) tel 231994. Further guidance is provided by the Kingfisher Team, a CSE Specialist team Tel: 01865 335276
See Trust resources:
http://orh.oxnet.nhs.uk/vulnerablepeople/Pages/ChildSexualExploitation(CSE).aspx

Other potential impacts e.g. culture, human rights, socio economic e.g. homeless people

Any woman who has HIV, drug dependency or has any communicable disease should be treated using universal precautions. Special clinics are run at the JR for pregnant women with infectious diseases (e.g. HIV, Syphilis).

For women on low incomes:

- Healthy start vouchers are available for pregnant women or those with children under the age of 4 yrs. Criteria can be checked at https://www.gov.uk/healthy-start/overview
- To support parents on low incomes parents with babies on the JR unit can apply for support for travel by submitting an application via the charity SSNAP (Support for Sick Newborns and their Parents). This is awarded by the charity on basis of need and is only given to those in difficult circumstances. The charity currently helps 8-12 families a week in this way.
- Women eligible for help with travel costs to the JR can apply for financial support the Healthcare Travel Costs Scheme. Information and advice will be provided to women and discussed on a individual case by case basis. Details of the scheme can be found at:

http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/transport-and-mobility-issues.aspx#travel-costs

http://www.nhs.uk/nhsengland/Healthcosts/pages/Travelcosts.aspx

Section 4 Summary of Analysis

The key contacts and considerations provided in this document are designed to aid staff members to consider equality of care in all care settings.

How does the policy **advance equality of opportunity?**

In clinical care we aim to minimise disadvantages and meet the needs of women and their

babies. Our aim through this emergency contingency plan, is to ensure All women will receive the excellent standard of care without discrimination and that particular needs relating the protected characteristics are met.
How does the policy **promote good relations between groups?** (Promoting understanding) The contingency plan is applicable to individual care so this is not relevant.