NHS
Oxfordshire
Clinical Commissioning Group

MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

10 August 2017, 09.30 – 13:00 Oxford University Examination Schools, The High, Oxford

	Dr Joe McManners, Clinical Chair (voting), Meeting Chair
	Roger Dickinson, Lay Vice Chair (voting)
	David Smith, Chief Executive (voting)
	Dr Stephen Attwood, North East Locality Clinical Director (voting)
	Dr Ed Capo-Bianco, South East Locality Clinical Director (voting)
	Dr Miles Carter, West Locality Clinical Director (voting)
	Dr David Chapman, Oxford City Locality Clinical Director (voting)
	Dr Jonathan Crawshaw, South West Locality Clinical Director (voting)
	Mike Delaney, Lay Member (non-voting)
	Diane Hedges, Chief Operating Officer (non-voting)
	Gareth Kenworthy, Director of Finance (voting)
	Dr Jonathan McWilliam, Director of Public Health Oxfordshire (non-voting)
	Catherine Mountford, Director of Governance and Business Process (non-voting)
	Dr Paul Park, North Locality Clinical Director (voting)
	Duncan Smith, Lay Member (voting)
	Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting)
	Sula Wiltshire, Director of Quality and Lead Nurse (voting)
	Kate Terroni, OCC Director for Adult Services (non-voting)
In attendance:	Dr Kiren Collison, Clinical Lead for Obstetrics
	Ros Kenrick - Minutes
Apologies:	Stuart MacFarlane, Practice Manager Representative (non-voting)
	Dr Guy Rooney, Medical Specialist Adviser (voting)

Item No	Item	Action
1.	**Chair's Welcome and Announcements** The Clinical Chair welcomed everyone to the meeting and reminded those present the OCCG Board was a meeting in public and not a public meeting. He advised the public had been asked to submit questions in advance of the meeting. Some of these would be addressed during the meeting, but any questions remaining unanswered at the end of the meeting would be answered and published on our website by 7 September. The Clinical Chair advised that as the meeting today had drawn significant interest it would be recorded. This meant that people who were unable to attend could listen to it via the website. The recording would be available from 11	

	August. The meeting would also be filmed by the media. He said that the Board had one item on the agenda which was to make decisions on the phase one of the transformation plan. He acknowledged that this was of great interest and that many people had strong feelings about the proposals, but he asked members of the public to refrain from interrupting the meeting. On this occasion, key representatives of the community and patients had been invited to speak to the Board during the meeting.	
2.	**Apologies for absence** Apologies were received from the Practice Manager Representative and the Medical Specialist Advisor.	
3.	**Declarations of Interest** There were no declarations of interest pertaining to the paper presented or over and above those already recorded.	
4.	**Minutes of OCCG Board Meeting held on 27 July 2017** The minutes of the meeting held on 27 July 2017 were approved as an accurate record. Matters arising from the meeting held on 27 July would be picked up at the next ordinary meeting to be held on 28 September 2017.	
5.	**Statements from invited representatives** Statements were received from: Councillor Arash Fatemian, Chairman, Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC), Robert Courts, MP, Victoria Prentis, MP, Professor George Smith, Chair of HealthWatch Oxfordshire and Mr Keith Strangwood of the Keep the Horton General Campaign. The statements are attached to these minutes. The Clinical Chair thanked all the representative speakers for their input.	
6.	**Phase One of the Oxfordshire Transformation Programme – Decision Making Business Case** The Clinical Chair invited the Chief Executive to introduce the main item on the agenda. He spoke of five key issues: • "The role and responsibilities of the Clinical Commissioning Group relevant to the consultation and the decisions before them today. • A reminder of the process we have undertaken as a board • An update on the position regarding the application for judicial review made by Cherwell District Council, South Northamptonshire District Council, Stratford-on-Avon District Council and Banbury Town Council • An update on the two referrals to the Secretary of State for Health by the Oxfordshire Health Overview and Scrutiny Committee and the Stratford-on-Avon District Council. • A summary of the recommendations that are before the board today. Firstly, the role of the Clinical Commissioning Group and the Board. The Oxfordshire Clinical Commissioning Group and this Board is the statutory NHS body responsible for meeting the health needs of the Oxfordshire population within the resources allocated to us by government. It is our responsibility to consult on major changes to services and to take decisions following consultation. The proposals we have consulted on have been developed through the Oxfordshire Transformation Board, which has representatives from all organisations in Oxfordshire. The proposals have been developed by clinicians	

from across the system.

All members of the Board attended the consultation meetings held between 16 January and 9 April. I am sure that none of us has any doubt about the strength of local feeling, particularly in the north of the county and the opposition to some of the proposals and the recommendations before the Board. We have to take account of the views of the public in our deliberations today. However, it is our job as a Board to consider the views of the public alongside the clinical advice we have received and the evidence for the proposed changes. It is our job as a Board to take the difficult decisions which are set out in the papers we are considering today.

Should the Board accept the recommendations set out in these papers, I would recommend that we establish a process for assuring that there are robust implementation plans for each of the changes and that oversight of implementation of these plans is maintained by this Board.

Secondly, I want to remind the Board of the process we have undertaken. Following agreement by this Board and the assurance process carried out by NHS England of the Pre-Consultation Business Case, the public consultation on proposed changes to some health services in Oxfordshire took place between 16 January and 9 April 2017. It focused on improving the quality of services, responding to a number of clinical safety concerns and making permanent some temporary changes that were made in 2016. This Phase One consultation was seeking views on:

- Critical care services at the Horton General Hospital
- Stroke services across Oxfordshire
- Changing the use of acute hospital beds across Oxfordshire
- Planned care services at the Horton General Hospital
- Maternity services, including obstetrics, the special care baby unit and emergency gynaecology services at the Horton General Hospital

This consultation was phase one of a two phase process.

At our meeting on 20 June 2017, the Board of Oxfordshire Clinical Commissioning Group received the report following the public consultation, which can be found on our website.

- The Board agreed that it was assured on the consultation process
- The Board received the report on the consultation and noted the findings
- The Board noted the work being commissioned to ensure sufficient information would be available for the decision-making meeting today;
- The Board identified areas where additional information was required prior to decision-making.

The Decision Making Business Case includes the findings of the formal impact assessments carried out, the additional work requested by the Board and the proposed mitigations that will be put in place to address any issues raised The final step in the process is for the Board to receive today the Decision Making Business Case.

The report you have has been designed to act as the formal 'Decision Making Business Case for the Oxfordshire Transformation Programme. It updates the information contained in the Pre-Consultation Business Case including:

- Details of the final proposals;
- The outcomes of the public consultation and how the views captured by the consultation have been taken into account;
- The findings of the formal impact assessments; the additional work

requested by the Board and the proposed mitigations that will be put in place to address any issues raised.

The document also demonstrates that the final proposals are sustainable in service, economic and financial terms and can be delivered within the planned capital spend.

Further detail supporting this Decision Making Business Case is available in a series of documents that the Oxfordshire Clinical Commissioning Group Board has previously considered, as well as a small number of additional documents that have been produced to ensure the Board is fully informed. These documents are referenced throughout the Decision Making Business Case and listed in Appendix A. Copies have been made available to all Board members and published on the Transformation Programme website.

The third issue is an update on the application for Judicial review.
In April 2017 Cherwell District Council, South Northamptonshire District Council, Stratford-on-Avon District Council and Banbury Town Council made an application for a judicial review of the consultation process.

We have received notification from the Court that the application for permission has now been considered on the papers and permission has not been granted.

The Claimants have now submitted a notice of renewal of claim which is currently with the Court to consider.

Fourthly, the referrals to the Secretary of State
There are two outstanding referrals to the Secretary of State

- A referral dated 14 February 2017 by Oxfordshire Joint Health Overview and Scrutiny Committee of the temporary closure of the consultant-led maternity services at the Horton General Hospital.

We have received in writing confirmation that the Secretary of State referred this to the Independent Reconfiguration Panel (IRP) on 1 August 2017 for an initial assessment. The IRP has been asked give an initial response to the Secretary of State by 1 September 2017.

- A referral dated 25 April 2017 by Stratford-upon-Avon District Council regarding the adequacy of the consultation on the proposed changes

We have been informed by NHS England that further information has been requested from the council.

Finally, I want to summarise the recommendations before the Board as set out in the paper.

The Board is asked to consider five individual recommendations as a result of the Phase One consultation. The Board should recognise that these recommendations are to address the need to provide high quality, safe and sustainable services. These recommendations are shown on pages 5 and 6 and detailed in pages 22 to 75.

The first recommendation relates to Critical Care

The recommendation is to move to a single Level 3 Critical Care Unit (CCU) for patients within Oxfordshire (and its neighbouring areas), located at the Oxford University Hospitals Oxford sites. The CCU at the Horton General Hospital would become a Level 2 Centre, working in conjunction with the major centre in Oxford.

The second recommendation is on Acute Stroke Services

The recommendation is to secure an improvement in outcomes for stroke patients through direct conveyance of all patients where stroke is suspected from Oxfordshire (and its neighbouring areas) to the Hyper Acute Stroke Unit (HASU) at the John Radcliffe Hospital in Oxford. This will be supported by the roll out of countywide Early Supported Discharge which is already available in two localities to improve rehabilitation and outcomes for all patients.

Thirdly, changing the use of Acute Hospital Beds across Oxfordshire

The recommendation is that the Board should agree to make permanent the planned closure of 146 acute beds thereby formalising the temporary changes made as part of the 'Rebalancing the System' project related to reducing delayed transfers of care that been running since November 2015. The implementation of this will be staged:

- 110 beds are already closed and will remain so and enable the investment which has already been made in alternative services to be made permanent;
- The additional 36 beds will only be permanently closed when the system has made significant progress in reducing the numbers of delayed transfers of care. Any further planned closures will need to be reviewed by the Thames Valley Clinical Senate and assured by our regulator, NHS England.

The fourth recommendation is the plan to expand Planned Care (Elective) Services at the Horton General Hospital

The recommendation is to separate elective from emergency interventions at the Horton General Hospital and localise care through the development of a new 21st century Diagnostic and Outpatient Facility; an Advanced Pre-operative Assessment Unit; and a reconfiguration of existing theatre space to act as a Co-ordinated Theatre Complex to improve elective services at the Horton.

The fifth recommendation relates to Maternity Services, including obstetrics, the special care baby unit and emergency gynaecology services at the Horton General.

The recommendation is to make the temporary changes to Maternity Services that have been in place since October 2016 permanent. The recommendation is to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and establish a permanent Midwife Led Unit at the Horton General Hospital.

We will now go through each of these recommendations in turn. For each area, one of the Board members will introduce the proposed change. This will be followed by questions from the Board and then a consideration of the recommendation and a decision by the Board."

The Chief Executive then invited Dr Tony Berendt, Medical Director, Oxford University Hospitals NHS Foundation Trust (OUHFT) to address the Board.

Medical Director, OUHFT informed the Board that he attended as representative of the provider of the services under consideration today. Safety and sustainability were at the forefront of the work OUHFT and OCCG had been doing. In this they were in complete alignment with the people of the Banbury area – that services in Banbury should be sustainable and safe and that services

	at their local hospital, to which the Trust remained fully committed were safe and sustainable. Clinicians at OUHFT had been closely involved in the development of these proposals, as could be seen in the videos produced for the public consultation events. The clinicians and clinical teams fully supported the recommendations. The proposed new diagnostic centre at the Horton was keenly awaited. He recognised the high emotion and feelings on all sides and that expectations were high. This translated into responsibility and accountability for the organisations' Boards. There had been changes over recent years in the expectations of the workforce due to increased specialisation in medicine. This allowed for better outcomes, but a greater requirement for specialists. The population in Oxfordshire was ageing and there was little benefit to elderly patients if they remained in hospital for longer than absolutely necessary. The average age of mothers having their first baby was substantially older, with problems that accompany older mothers. Medicine had moved on and there was a growing evidence base for care in other sites than hospitals not previously thought to be possible, such as early discharge, care at home and Midwife-Led Units (MLUs). NICE had recommended that mothers be given the options of MLUs or freestanding units with less interference than can be the case in an obstetric unit. Medical Director, OUHFT, asked the Board to support the recommendations; to allow the approximately 40 patients treated at Level 3 in the Horton to have the same care as those admitted to the John Radcliffe; to allow patients held unnecessarily in hospital to receive services in the community, and to allow, by providing clarity, a vibrant vision for the redevelopment of the Horton General Hospital. He asked that the Board agree the evidence considered and endorsed by NICE and the OUHFT clinicians that babies can be safely delivered at the Horton. He informed the Board that the national perinatal audit that had been released today stated that 88 per cent of units had found difficulties in recruiting middle grade doctors. If the proposal to run two consultant rotas across the Horton and the John Radcliffe were to be considered, sixteen extra consultants would be needed at the Horton and seven at the John Radcliffe.	
	Recommendation 1: Critical Care **To move to a single Level 3 Critical Care Unit (CCU) for patients within Oxfordshire (and its neighbouring areas), located at the Oxford University Hospitals (OUH) Oxford sites. The CCU at the Horton General would become a Level 2 centre, working in conjunction with the major centre in Oxford.** The South East Locality Clinical Director introduced the recommendation. The move would affect approximately 40 patients at the Horton. The vast majority of critical care patients were already transported directly to Oxford. Current evidence was that the sickest patients benefitted from much better outcomes when treated in specialist units, but that Level 1 and 2 patients did not require such specialised treatment. Once patients no longer required Level 3 treatment they would be transferred back as soon as possible. The Board requested assurance on this and repatriation and that there would be no impact on other services, such as anaesthetics and A&E, at the Horton. South Central Ambulance Service (SCAS) had been involved in discussions around transfers and supported the proposal. North Locality Clinical Director advised that the recommendations would affect the north of the county more than other areas. They had been discussed at length in North Locality meetings which involved all practices in the locality. The	

	views were mixed, so he would be giving the consensus view. In an ideal world all services would continue to be provided at the Horton, but the GPs accepted the realities. He informed the Board that the North locality was unable to reach a consensus on this recommendation. Lay Member Public and Patient Involvement advised the Board that she had read 1,200 direct comments on the consultation from members of the public. These were overwhelmingly in support of maintaining services at the Horton; especially Maternity and A&E. She said that she could testify that there had been excellent and high level Board engagement with the public. She was, however, concerned that whilst clinical views had been sought, there had not been sufficient independent input. The Critical Care service was not currently a critical issue and so could have been delayed until Phase 2. There was an absence of evidence that this would not impact on other services, such as the anaesthetist rota. Director of Governance noted that the proposals for moving more Planned Care to the Horton necessitated additional anaesthetist cover, therefore the rota would continue. Health Education England (HEE) had said that the removal of the obstetric service was not a significant issue for training in other clinical areas. The Chief Executive reminded the Board that all the proposals had been through the Clinical Senate (an independent panel from outside the county) and the NHS England (NHSE) assurance process. City Locality Director spoke of a common theme in Obstetrics and Critical Care; the clinical colleges had looked at the evidence and had concluded that the most high risk patients needed the best clinicians with the most experience. That necessitated a concentration of specialists. Board members echoed agreement on the evidence. The Board discussed whether the outcomes for the 40 patients at the Horton would be better at the John Radcliffe. It was considered that they would be. The concern over the transfer of critical patients was addressed by there being a dedicated nurse and anaesthetist team to escort each patient. The Clinical Chair then asked that the thirteen voting members indicated their support for Recommendation 1. Eleven voting members approved the recommendation. **The OCCG Board approved Recommendation 1.**	
	Recommendation 2: Acute Stroke Service **Secure an improvement in outcomes for stroke patients through direct conveyance of all patients where stroke is suspected from Oxfordshire (and its neighbouring areas) to the Hyper Acute Stroke Unit (HASU) at the John Radcliffe Hospital (JRH) in Oxford. This will be supported by the roll out of countywide Early Supported Discharge (ESD) (already available in two localities) to improve rehabilitation and outcomes.** South West Locality Clinical Director and Clinical Lead for Stroke introduced the recommendation. The care of stroke patients within the first hours and days after a stroke was critical. Those requiring thrombolysis were already conveyed directly to the John Radcliffe. The newer procedure of thrombectomy would be rolled out across the country and this would require 24/7 specialist cover. There was clear, strong evidence that all stroke patients benefitted from the specialist care in the HASU. The ESD pilots had shown that subsequent care closer to home had been	

	beneficial. The service would be rolled out across the county within the next six to twelve months. Letters from the public had been mostly supportive of this recommendation. There were concerns that the ESD was not yet fully operational and assurance was requested that it should be before making the HASU changes. The business case for ESD was in its final stages and should be rolled out in a timely and consistent manner. ESD was an enhancement to the existing rehabilitation services, not a replacement and so the ESD changes would not materially affect the HASU. Oxfordshire should look forward to better figures in the annual National Stroke Audit going forwards. The Chief Executive informed the Board that today Oxford Health NHS Foundation Trust (OHFT) had written to the Chair of JHOSC requesting discussion of concentrating stroke rehabilitation in Abingdon or Witney hospital. There was evidence that concentration of specialist nurses with physical and other therapies aided recovery. This had not been in the consultation document and was an example that services were not static. North Locality Clinical Director informed the Board that North Locality GPs supported the recommendation. To do nothing could harm patients. The Board discussed ambulance response times. The eight minute target had been for specific conditions only. There would be more flexibility in the system going forward, tailoring the response time to the needs of the particular patient. This should enhance response times. Having been involved in the discussions, SCAS was supportive of the changes. However, SCAS had indicated that training requirements would have to change and there would be a cost implication of this decision and the CCG would be discussing this with SCAS. The Clinical Chair asked that the thirteen voting members indicated their support for Recommendation 2. Thirteen voting members approved the recommendation. **The OCCG Board approved Recommendation 2.**	
	Recommendation 3: Changes to Acute Bed Numbers **Agree to make permanent the planned closure of 146 acute beds thereby formalising the temporary changes made as part of the 'Rebalancing the System' delayed transfer project that has been running since November 2015. The implementation of this will be staged:** • **110 beds are already closed and will remain so and enable the investment in alternative services to be made permanent;** • **The additional 36 beds will only be permanently closed when the system has made significant progress in reducing the numbers of delayed transfers of care. Any further planned closures will need to be reviewed by Thames Valley Clinical Senate and assured by NHS England.** The Chief Operating Officer introduced Recommendation 3. The context for this proposal was that Oxfordshire had a long history of delayed transfers of care (DToCs). Elderly patients in particular do not fare well if delayed in a hospital bed. To avoid long stays Oxfordshire needed to move to an ambulatory care model. In conjunction with the temporary closure of 110 beds in October 2016, additional care home beds had been purchased to aid patients to recover their independence. The John Radcliffe and Horton would replicate the Emergency Medical Units (EMUs) at Abingdon, Witney and the Rapid Access Care Unit (RACU) in Henley. The new acute Hospital at Home service was able to	

repatriate approximately 30 patients per week to home.

OCCG had consulted on closing 146 beds. Half of the survey respondents did not agree with the loss of the beds because of the perceived growing demand for acute beds. However, best practice for patient experience and outcomes was the ambulatory model. Using the new model DToCs had reduced, although workforce issues with the Home Assessment Reablement Team (HART) were currently causing issues. The Chief Operating Officer cautioned the Board that if beds were to be reinstated, the additional services noted above would close and that this would be a significant backwards step.

OCCG had asked that the Clinical Senate reviewed the beds closure against the Patient Care test introduced in March 2017. The recommendations were that the HART issues must be resolved and that there should be no build-up of domiciliary care. The Senate resolved that it would agree only the 110 beds already closed. Any requests for further permanent closures would have to be submitted separately for review.

OCC Director for Adult Services noted the collaborative approach across the health and social care system; that there was a need for recruitment to certain qualified posts, and that resources were moving from health to social care.

North Locality Clinical Director informed the Board that the North Locality GPs had mixed views on this topic. They were concerned that the loss of acute beds was proportionally higher at the Horton than elsewhere in the county and that there would be a loss of staff in the area as a consequence. The Locality was unable to reach a consensus.

City Locality Clinical Director said that the current model had built up over the years and was not working well. The OUHFT Acute Assessment Unit (AAU) had begun a transformation of care in Oxford. There had been a small change in the total number of beds; it was the location of the beds that had changed.

The Clinical Chair reminded the Board that if Recommendation 3 was approved the changes made in the pilot would become permanent, although it was noted that services were continually monitored and could change in the future. The issue of the workforce would have to be addressed, but it would be better to do this than to put beds back into the system now.

The Lay Member Public and Patient Involvement said that feedback had been around equity and access and that the services across the county should be monitored. However, she agreed that there was good evidence for the new ambulatory services.

The Chief Executive informed the Board that the current number of DToCs in Oxfordshire was 170. There was a plan to reduce this number to 120, but following the recent Department of Health and CQC visit this was considered not to be ambitious enough. JHOSC members had suggested a figure of zero. Any further reduction from the 120 would require another reduction in bed numbers which would not be agreed until DToC numbers had reduced to the 120.

The Board noted that there had been great community resistance in Henley to the introduction of the RACU in place of Townlands hospital, but that now feedback was much more positive. It should also be remembered that the alternative services proposed across the county would be on the same sites as are currently in use.

The Clinical Chair asked that the thirteen voting members indicated their support

	for Recommendation 3. Twelve voting members approved the recommendation. **The OCCG Board approved Recommendation 3.**	
	Recommendation 4: Planned Care Services at the Horton General Hospital Separate elective from emergency interventions at the HGH and localise care through the development of a new 21st century Diagnostic and Outpatient Facility; an Advanced Pre-operative Assessment Unit; and a reconfiguration of existing theatre space to act as a Co-ordinated Theatre Complex to improve elective services. North Locality Clinical Director introduced Recommendation 4. "The plan is to develop and greatly expand planned care services at the Horton, including outpatient clinics, investigations, procedures, day cases, and elective surgery. The overall result will be the transferral of up to 90 000 appointments and procedures from the Headington hospitals in Oxford to the Horton in Banbury, or around 300 a day. This will be of great benefit to the many patients who currently travel from north Oxfordshire down to Headington, as well as in reducing stress and demand on the Headington hospitals. These changes have already begun with the introduction of the new 64-slice CT scanner at the Horton, and will continue into 2018 with the transferral of the current Horton Independent Sector Treatment Centre from Ramsay Healthcare to OUHFT, which will ensure the continued provision of orthopaedic services in Banbury, and likely lead to increased capacity for both orthopaedics and other surgical specialities, such as ophthalmology. Ultimately, the proposal is for there to be expanded modern up-to-date facilities and services at the Horton including diagnostics, outpatients, pre-op assessment, and co-ordinated surgical theatre services. The plans will need capital investment, for which OUHFT is in the process of applying, and will also need a more detailed business case for review by OCCG. The proposals have been well received by the public, patients, and practices in north Oxfordshire." The Lay Member Public and Patient Involvement informed the Board that many letters from the public supported this recommendation. There were concerns about car parks, access and staff having to work across the Oxford and Banbury sites, but having more outpatient services at the Horton was supported. The JHOSC had requested detailed plans and the Leader of Cherwell District Council had been involved in discussions. The Clinical Chair asked that the thirteen voting members indicated their support for Recommendation 4. Thirteen voting members approved the recommendation. **The OCCG Board approved Recommendation 4.**	
	Recommendation 5: Maternity Services **Create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the JRH and establish a permanent Midwife Led Unit (MLU) at the HGH.** The Clinical Lead for Obstetrics introduced Recommendation 5. She recognised that that this subject was emotive and difficult for patients. In October 2016 the decision was taken to have a midwife-led unit at the Horton on a temporary basis because of the crisis in staffing. Recent figures have shown that in obstetric units across the country 88 per cent of middle grade posts remain unfilled. The low numbers of births at the Horton meant that its status as a training	

	hospital had been withdrawn, thereby making it an unattractive option for middle grade doctors. It had become clear that it was unlikely that training accreditation would be returned to the Horton. The suggestion that a consultant-only rota could ensure that Obstetrics remains at the Horton would require recruitment of an extra 23 consultants. This was not viable. Some had suggested a hybrid rota, but if middle grade doctors could not work at the Horton, then consultants would need to fill those shifts, thereby leaving middle grade doctors to oversee the complex patients at the John Radcliffe. This would not be a safe option. Evidence from the Royal Colleges was that a central obstetrics unit with surrounding MLUs was a safe model. Concerns around travel times were genuine, but the Board should be aware that high risk mothers were already being transported directly to the John Radcliffe. Much work was being done to correctly assess each mother's risk and there was already an extra scan in place at 36 weeks. Director of Quality assured the Board that the CCG had been monitoring the quality of the MLUs and would continue to do so. North Locality Clinical Director explained that the North GPs had been concerned about the temporary change at the Horton, but recognised that this was unavoidable. The North Locality GP were therefore slightly in favour of the recommendation. Concerns over capacity at the John Radcliffe were being alleviated by an increase in the service provision. Director of Quality said that OUHFT over-recruited midwifery students to manage staffing and that there was a growing number of midwife support workers. SCAS had recorded no clinical concerns about the potential increase in ambulance journeys. The Medical Director, OUHFT was asked to return to the table to confirm the OUHFT position on capacity at the John Radcliffe. He said that there had been an increase in capacity in the delivery suite, but that nationally there had been a reduction in the birth rate and the hospital had seen a reduction in patient numbers. The service was being well managed. He reported that, of 208 women admitted to the Horton MLU, six had not been appropriate so were removed from the figures. Of the remaining 202, 161 were delivered in the MLU. Of the patients transferred during labour, all were delivered at the John Radcliffe within an hour of arrival. The figures were in keeping with national rates. The Clinical Lead for Obstetrics reported that the clinical working group overseeing the proposal comprised clinicians and managers from the CCG and OUHFT. For all tertiary referrals in the north of the county, outpatient appointments would be held at the Horton, so patients would not have to travel to Oxford. Board members queried whether other providers from outside Oxfordshire had been approached to offer Obstetric provision at the Horton. This had been explored, but no-one had been able to offer this service. The Lay Member Public and Patient Involvement said that there had been very strong views against this recommendation in the letters received. She said that the evidence produced for travel times was not strong enough. Journey times had been underestimated and there should be an external review of the figures. Director of Governance said that there was more detail in the documents on travel than indicated and that the travel times for patients from other parts of the county and beyond (for the tertiary centre) were equally long. The Lay Member Public and Patient Involvement believed that sufficient evidence around the workforce issues had not been presented and a hybrid rota	

	should have been given more consideration. Clinical Lead for Obstetrics informed the Board that, having spoken to the Royal College, she was told that the hybrid rota was 'unaffordable in small units', such as the Horton. There were concerns about the knock-on effects on other services at the Horton, such as anaesthetics, especially on GP training. OCCG had received assurance from OUHFT that this was not affected. North Locality Clinical Director informed the Board that any support from the North GPs was reluctant. He hoped that the matter would be reconsidered in the future and that Obstetrics would return to the Horton. The Lay Member Public and Patient Involvement asked that a decision on the permanent change be delayed until Phase 2. There had been insufficient time to assess whether the MLU was working. Board members were concerned to say that there had been no problems to date with the Horton MLU and that the midwives should receive their support. It should be noted that there were three other existing MLUs in Oxfordshire. Board members noted the staffing crisis amongst doctors and wondered what could change in the next 12/18 months to make the request a viable option. The Medical Director, OUHFT asked the Board to note that of seven middle grade doctors recently recruited, two had resigned and that Special Care Baby Unit nurses were also in short supply. Consultants were happy to come to Oxford, but retention was difficult. If the decision were delayed, the Board would be committing the women of Oxfordshire to perilous staffing levels. The Clinical Chair asked that the thirteen voting members indicated their support for Recommendation 5. Twelve voting members approved the recommendation. **The OCCG Board approved Recommendation 5.** The Chief Executive said that the issues raised in each of the five recommendations about implementation, mitigation and assurance would be addressed by detailed implementation plans. A paper detailing how these would be addressed by OCCG would be brought to the next Board meeting. The Clinical Chair thanked the Board and the members of the public for attending the meeting and apologised that it had overrun the allotted time.	
7.	**Any Other Business** There being no other business, the meeting closed at 13:00.	