

**Interim Plans for Maternity, Gynaecology, Neonatal  
and Children's Services  
at the  
Horton Hospital  
June 2008**

## 1. Executive Summary

Following rejection of the Trust's service reconfiguration proposals by the independent Reconfiguration Panel, interim arrangements are proposed in Children's, Obstetrics, and Gynaecology and Neonatal services and in the Emergency Department pending a long term solution being proposed by the PCT.

The proposals are intended to ensure for a period of at least two years the continuation of:

- An obstetric service supported by a special care baby unit (SCBU).
- A 24 hour paediatric service and children's ward.
- A 24 hour emergency and inpatient gynaecology service.
- A full emergency service.

Key criteria used in developing the interim proposals are:

- Maintaining and enhancing the safety of services.
- Greater degree of integration of services across Oxford and Banbury.
- Flexible to respond to changing circumstances.
- Does not pre-empt the PCT's proposals for the longer term.
- Recognises the need for effective use of resources.
- Attracts broad support from staff, GPs and the public and is endorsed by the Trust Board and the PCT Board.

Key elements of the plans for Children's services:

- Maintain current staffing arrangements supplemented by additional staff grade doctors and consultants.
- Move to a hybrid rota of staff grades, consultants and locum consultants if middle grade doctors with sufficient experience cannot be found to staff the out-of-hours rota.

Key elements of the plans for Maternity services:

- Seek to retain training recognition for middle grade doctors, increase supervision and promote integration by appointing an additional consultant.
- Provide additional anaesthetic support by creating a formal second on call rota.
- Move to a hybrid rota of staff grades, clinical fellows, consultants and locum consultants if training recognition is lost and middle grade doctors with sufficient experience cannot be found to staff the service.

## 2. Introduction

In 2006 the Trust put forward proposals to reconfigure services for Women and Children at the Horton Hospital because of concerns about the ability to recruit suitably experienced medical staff. This would have meant significant changes to the services available at the Horton Hospital in Banbury. After public consultation, and additional 'post consultation' work by the Trust with stakeholders, the Independent Reconfiguration Panel did not support the proposed changes. While the IRP agreed that there were issues around sustainability of medical staffing, and that changes would be necessary, they did not support the Trust's specific proposals. They asked the Oxfordshire PCT to look again at the services and how they can continue to be provided locally. In the meantime the Trust has committed to working to keep the services open in their current form and to ensuring their safety for a period of two years pending a decision on their long term future form. These arrangements are not guaranteed to be sustainable for the longer term.

This means that the following services will continue to be available at the Horton Hospital:

- an obstetric service supported by a special care baby unit (SCBU).
- a 24 hour children's service and children's ward.
- a 24 hour emergency and inpatient gynaecology service.
- a full A&E service.

### Determining the interim solution

Following the IRP decision the Trust has been undertaking a piece of work to determine the best way of maintaining these services in the light of existing pressures and changing circumstances. Initial discussions have been held with GP colleagues. A variety of opinions, views and ideas have been expressed and these have been judged according to the following criteria which have also been endorsed by staff across the Trust.

The best interim solution will be one which:

- Maintains or enhances the safety of services.  
The interim solution proposed by the Trust will ensure that safety is maintained even as circumstances change and where possible is enhanced.
- Moves towards a greater degree of integration of services between the Oxford and Banbury sites.

Both the Strategic Review and the IRP recommended a greater degree of integration within clinical services between Oxford and Banbury. This aims to ensure consistency of clinical practice across the Trust and equal access to the full range of experience and expertise available within the Trust. It will also contribute to improving safety and maintaining skills, and to promoting harmonious working relationships within specialties across both locations. The Trust intends to introduce a greater degree of integration recognising the constraints of existing job plans and individual circumstances.

- Has a good chance of enabling services to be maintained over at least 2 years and is flexible to allow for changing circumstances over the period.  
The interim proposals will contain contingency plans to allow the services to be maintained in the light of changing circumstances, for example if the Trust was unable to recruit enough doctors with the necessary experience to fill posts in the interim staffing model.
- Does not pre-empt the recommendations of the PCT on the long-term future pattern of services.  
The Trust will not make decisions now which would make it impossible or difficult to implement a future service model which might be recommended by the PCT.
- Recognises the need for effective use of resources  
The Trust has a duty to consider value for money and equity of provision in the development of an interim solution which meets the criteria above and to recognise that the local health economy works within finite resources.
- Attracts the broadest level of support from staff and GPs and is endorsed by both the Trust Board and the PCT Board.

### 3. Interim proposals

In what follows, a core proposition is offered for each service area considered. These include Maternity, Children's, Neonatal services and Gynaecology but also cover the Emergency Department and Anaesthetics. In each case, where this is felt necessary, a contingency plan is proposed which would be implemented if arrangements prove to be unsustainable before permanent solutions are determined and in place.

The original consultation proposals included some enhancements to services which are not necessary to sustain services but are highly desirable and if resources allow the Trust would like to consider implementing some of these now. These are also set out below.

Horton Hospital  
Interim plans - summary

Core proposition	Contingency Plan
<b>Children's services</b>	
<p>Maintain overnight cover at the Horton using non-training middle grade doctors as at present for as long as applicants with the necessary experience can be recruited. Continue to try and make these posts as attractive as possible.</p> <p>Recruit 2.0wte new staff grade doctors to support the variable level of experience of the middle grade doctors as well as backfilling any unfilled vacancies that may occur in the rota. Daytimes one staff grade will be based in JR Emergency Department predominantly, and the other at the Horton predominantly.</p> <p>Recruit 2.8wte additional consultants to provide an integrated general children's service with on-call duties at the Horton. These new appointments and existing Horton consultants will have day time duties across both sites. This will also allow 'Horton' consultants to revise their job plans to reflect on call activity to be available within the hospital for longer when required.</p> <p>Nursing staff (from the children's wards) to gain experience across both sites through learning opportunities, rotations and secondments taking into account personal</p>	<p>If there are 'gaps' in the middle grade out of hours rota these will be filled initially by the staff grade doctors while further steps are taken. This might include immediate recruitment of additional staff grades if available or consultants if not or use of locums depending on how close a decision on the final future form of the service is.</p> <p>In the event that permanent or locum staff cannot be recruited fast enough some of the consultants will volunteer, at short notice, to be resident on call to maintain the service as an emergency. This could only be sustained for a short period of time and certainly no longer than 4 to 6 weeks.</p> <p>A fully integrated county-wide general paediatric service incorporating inpatient and outpatient activity on both sites and a full consultant resident on-call rota at the Horton Hospital requires 12 consultants, each delivering 12 PAs per week, i.e. a further 6 consultants.</p> <p>Emergency short term closure of the service is not envisaged as part of this plan and would only be implemented in the event of sudden and severe breakdown</p>

<p>circumstances, preferences and commitments. Appointment of a senior nurse (band 7 or 8) to lead clinical integration across the services for children.</p> <p>Introduction of a telemedicine link to support clinical decision making, meetings and teaching sessions. This will also enhance inter-departmental integration.</p>	<p>of arrangements leaving the service unsafe.</p>
<p>Maternity services</p>	
<p>Continue to staff the out-of-hours service with middle grade trainees as long as training recognition can be retained.</p> <p>Explore with the Postgraduate Dean the potential to retain training recognition by enhancing the training experience through:</p> <ul style="list-style-type: none"> <li>▪ rotation of junior trainees across JR and Horton;</li> <li>▪ concentration of formal teaching elements during the Horton part of the placement;</li> <li>▪ concentration of gynaecology training modules during Horton part of placement.</li> <li>▪ maximisation of clinical service exposure during JR part of placement.</li> </ul> <p>Increase the numbers on the on-call rota at the Horton Hospital by one consultant to reduce the onerousness of the existing rota and thereby support a greater level of</p>	<p>If training recognition is lost seek to staff the service with a hybrid rota of non-training middle grades (as currently staff the paediatric out of hours rota) and clinical fellows (post CCT doctors who are not able to obtain a consultant post immediately). These doctors are effectively doing staff grade jobs but posts could be made attractive with opportunities for JR work during the day, paid time for ongoing training and professional development. The consultant on-call-from-home rota will continue.</p> <p>If there were insufficient applicants of the necessary experience to fill the middle grade and staff grade posts then locum consultants would be recruited to supplement the resident-on-call rota pending a decision by the PCT on the long term future of the service.</p> <p>Emergency short term closure of the service is not envisaged as part of this plan and would only be</p>

<p>attendance and supervision of trainees out of hours. This would also permit greater flexibility in job planning to increase integration by Horton based consultants and new appointments doing daytime sessions in Oxford.</p> <p>Increased midwifery support (3.2 wte = plus one per out-of-hours shift) at higher level / first assistant role as an alternative to an additional tier of junior doctors.</p>	<p>implemented in the event of sudden and severe breakdown of arrangements leaving the service unsafe.</p>
<p><b>Neonatal services</b></p>	
<p>SCBU staff to gain experience across both sites through learning opportunities, rotations and secondments taking into account personal circumstances, preferences and commitments.</p>	<p>SCBU can be maintained provided 24/7 paediatrics is maintained and is needed only so long as the obstetric service is maintained.</p> <p>Emergency short term closure of the service is not envisaged as part of this plan. However, in the event of sudden and severe breakdown of arrangements for paediatrics or obstetrics leading to the emergency short term closure of the service the SCBU would also have to be closed.</p>
<p><b>Gynaecology</b></p>	
<p>Gynaecology service will be maintained under the current arrangements</p>	<p>Gynaecology service can be maintained with out-of-hours cover provided by the Hospital at Night team supported by gynaecology consultants on-call from home as now.</p>
<p><b>Emergency Department</b></p>	
<p>A number of enhancements are already in train in the Emergency Department at the Horton and these will be</p>	<p>If the pool of middle grade doctors dries up replace with 2-4 training posts supplemented by clinical fellows.</p>

<p>fully implemented. They include:</p> <ul style="list-style-type: none"> <li>▪ 2 additional consultants working across JR and Horton EDs</li> <li>▪ Dedicated paediatric area within ED</li> <li>▪ APLS and EPLS training for ED doctors and nurses</li> </ul> <p>In addition training recognition is being sought for some integrated middle grade posts</p>	
<p>Anaesthetics</p>	
<p>The core proposition is to create an additional tier by a second consultant on call from home. This would require a further 6 consultants who would also need to be occupied during the day. This can be achieved by either partnership with Ramsay Health, at the Horton Treatment Centre or through integrated working between the John Radcliffe/Churchill Hospitals and Horton Hospital.</p> <p>In addition 3.2 Band 5 anaesthetic nurses will be required to be on call to support the second consultant on call should two procedures require to be undertaken simultaneously.</p>	<p>If the core proposal is not possible to achieve, then the alternative would be to appoint a team of non-consultant career grades who would provide resident cover over night with Consultant back-up</p>

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## **4. The interim proposals in detail**

### **4.1 Children's services**

The current out-of-hours service at the Horton Hospital is delivered by a group of seven middle grade doctors, supported by a consultant on-call-from-home rota. The Horton middle grade posts have never had training recognition and cannot guarantee future career progression nor job security, factors which contribute to doctors moving on. The original proposal to reconfigure the service was based on the difficulties which had been experienced recruiting suitably experienced doctors to fill these posts and the belief that this would become increasingly difficult over the coming two years.

#### **Core proposition**

The core proposal to maintain the 24/7 children's service for the next two years is based around continuation of the middle grade rota, supplemented by two staff grade posts both to provide a first response if there are gaps in the rota, and to provide an increased level of supervision for relatively inexperienced middle grade doctors and continuity in the service.

This model would continue for as long as applicants for the middle grade posts with the necessary experience can be recruited. The Trust will continue to try and make these posts as attractive as possible. The middle grade posts in paediatrics at the Horton have never been recognised for training. During the consultation process a variety of different potential rotas to try to achieve training recognition were discussed and presented to the Postgraduate Dean but none were considered adequate for this purpose. Any other options which arise will be carefully looked at.

The same middle grade doctors who provide the out of hours cover at the Horton also work in the John Radcliffe Emergency Department. One of the staff grade doctors would be based there and the middle grades would have the opportunity to attend ward rounds to follow up on children admitted via the emergency department. The staff grade doctors are trained to the same level as middle grades but are much more experienced having decided to remain working at this level and not seek to or be in a position to become consultants.

Increasing the number of general paediatricians from 3 wte posts (actually four individuals) at the Horton and 1.5wte at the John Radcliffe by 2.8wte to create an integrated team of 7.3wte would secure the general/acute paediatric service and training recognition at the John Radcliffe and support both a greater degree of integrated working as well as the Horton on-call rota. Integrated working would include experience in the John Radcliffe neonatal unit for all paediatric consultants. This combined with the staff grade appointments will allow consultants working at the Horton to revise their job plans to reflect their on call activity and hence to see the

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majority of the children presenting at the Horton and to decide if admission is necessary.

Integration is equally important among nursing staff. The nursing staff on the Horton children's ward and from the Children's Hospital in Oxford will also be given the opportunity to gain experience across both sites through study days, rotations and secondments taking into account personal circumstances, preferences and commitments. This will help ensure all staff gain exposure to a wide range of cases sharing experience, knowledge and best practice. This will require some increase in the nursing establishment in order to provide time for nurses to undertake study days. Additional travel time will also be included in their working day and additional travel expenses would need to be paid.

A senior nurse (band 7 or 8a) would be appointed to lead clinical integration across children's services both among nursing and medical staff.

The existing telemedicine link which has been in use on a trial basis would be secured and its use extended from meetings and teaching sessions to providing additional advice from Oxford in determining the need for admission or transfer or in maintaining a very sick child while transfer is arranged.

### **Contingency plan**

It is possible that we will not be able to recruit sufficient middle grade medical staff with the necessary experience to safely provide the out of hours cover. In this event any gaps in the out-of-hours rota would be filled initially by the staff grade doctors while further steps are taken. This might include immediate recruitment of additional staff grades if available or consultants if not or use of locums depending on how close a decision on the final future form of the service is.

In the event that permanent or locum staff cannot be recruited fast enough some of the consultants will volunteer, at short notice, to be resident on call to maintain the service as an emergency. This could only be sustained for a short period of time and certainly no longer than 4 to 6 weeks.

It should be noted that if doctors with a full day time workload are required to be resident on call the European Working Time directive rules mean that they cannot work the following day so their clinics or other activities would have to be cancelled.

A full consultant resident on call rota would require 12 consultants delivering 12 PAs per week, i.e. a further 6 consultants. The Trust would not wish to make this many substantive appointments before the PCT determines the future form of the service because the Trust could then have more consultants than required to deliver a service of the type proposed in the original consultation. If a full consultant rota is required

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within the next two years before the PCT concludes its work they would be recruited as short term locum positions.

Emergency short term closure of the service is not envisaged as part of this plan and would only be implemented in the event of sudden and severe breakdown of arrangements leaving the service unsafe.

### **Service enhancements**

In the development of the service reconfiguration proposals and during the consultation and post-consultation phases a number of service enhancements were identified and the Trust would like these to be considered as part of the PCT's needs assessment and review of long term options for the Horton services.

In children's services the enhancements to be considered are:

- development of a children's ambulatory care unit to run alongside a 24/7 inpatient service.
- Increased community children's nursing.

Further options the Trust would consider on the basis of value for money are:

- provision of staff transport between the JR and the Horton to facilitate integrated working.
- Exploration with the Ambulance service around prioritisation of emergency paediatric transfer and improving guaranteed response times.

## **4.2 Maternity Services**

The current out-of-hours service at the Horton Hospital is delivered by a group of middle grade doctors in training posts, supported by a consultant on-call-from-home rota. The original proposal to reconfigure the service was based on the expectation that training recognition would be lost for these posts because of relatively low levels of activity, insufficient supervision and the risks associated with lone working. It was felt that it would not be possible to find sufficient doctors of the required level of experience to fill the rota if training recognition were to be lost.

### **Core proposition**

The interim proposal is based on exploring the possibility of retaining training recognition for the posts through a range of strategies set out below, while at the same time improving levels of supervision and providing additional midwives with extra training to minimise the risks from lone working.

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If this is not successful the Trust will quickly need to implement a contingency plan based on a hybrid rota of non-training middle grade posts, clinical fellows (post CCT doctors) and locum consultants.

The core proposition is therefore:

- continue to staff the out-of-hours service with middle grade trainees as long as training recognition can be retained.
- Explore with the Postgraduate Dean the potential to retain training recognition by enhancing the training experience through:
  - rotation of junior trainees across JR and Horton
  - concentration of formal teaching elements during the Horton part of the placement
  - concentration of gynaecology training modules during Horton part of placement
  - maximisation of clinical service exposure during JR part of placement.
- Increase the numbers on the on-call rota at the Horton Hospital by one consultant to reduce the onerousness of the existing rota and thereby support a greater level of attendance and supervision of trainees out of hours.
- An additional consultant would also permit job plan changes to increase integration by Horton based consultants and new appointments doing daytime sessions in Oxford.
- Increased midwifery support (3.2 WTE = plus one per out-of-hours shift) at higher level / first assistant role as an alternative to an additional tier of junior doctors.

### **Contingency Plan**

If training recognition is lost seek to staff the service with a hybrid rota of non-training middle grades (as currently staff the paediatric out of hours rota) and clinical fellows (post CCT doctors who are not able to obtain a consultant post immediately). These doctors are effectively doing staff grade jobs but posts could be made attractive with opportunities for JR work during the day, paid time for ongoing training and professional development. The consultant on-call-from-home rota will continue.

If there were insufficient applicants of the necessary experience to fill the middle grade and staff grade posts then locum consultants would be recruited to supplement the resident-on-call rota pending a decision by the PCT on the long term future of the service.

Emergency short term closure of the service is not envisaged as part of this plan and would only be implemented in the event of sudden and severe breakdown of arrangements leaving the service unsafe

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## **Service Enhancements**

The Trust is already proceeding with the establishment of an integrated / alongside midwifery unit in Oxford in accordance with 'Maternity Matters'. The Trust would like the PCT to consider as part of its needs assessment and review of long term options for the Horton services the provision of a similar unit at the Horton Hospital.

### **4.3 Neonatal services**

Neonatal services at the Horton Hospital comprise a special care baby unit (SCBU). This is supported out of hours by the middle grade paediatric rota and on-call consultant rota. There is no problem in continuing to provide the service as long as the paediatric out of hours arrangements remain safe. If this ceased to be the case then there would be no alternative to closing the service.

### **Core proposition**

In line with the interim proposals for other services it is proposed to increase the degree of integration across the Trust's neonatal services and this will require some increase in the neonatal nursing establishment to enable SCBU staff to gain experience across both sites through learning opportunities, rotations and secondments taking into account personal circumstances, preferences and commitments.

### **Contingency Plan**

Emergency short term closure of the service is not envisaged as part of this plan. However, in the event of sudden and severe breakdown of arrangements for paediatrics leading to the emergency short term closure of the service the SCBU would also have to be closed.

## **Service Enhancements**

In the development of the service reconfiguration proposals and during the consultation and post-consultation phases a number of service enhancements were identified and the Trust would like these to be considered as part of the PCT's needs assessment and review of long term options for the Horton services.

In neonatal services the enhancements to be considered are:

- Increased neonatal community nursing.
- Extension of hours of operation of neonatal retrieval service to 18 hours.

### **4.4 Gynaecology**

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Gynaecology services are currently provided by the same medical team as obstetrics and this can continue for as long as the obstetrics service can be maintained.

### **Core proposition**

The core proposition is that the gynaecology service will be maintained under the current arrangements.

### **Contingency Plan**

In the event that the obstetrics service has to be withdrawn during the two year period the gynaecology service can be maintained with out-of-hours cover provided by the Hospital at Night team supported by gynaecology consultants on-call from home as now.

### **Service Enhancements**

In the development of the service reconfiguration proposals and during the consultation and post-consultation phases a number of service enhancements were identified and the Trust would like these to be considered as part of the PCT's needs assessment and review of long term options for the Horton services.

In gynaecology the enhancements to be considered are:

- Regular emergency gynaecology/early pregnancy clinic (4/5 days /week) to replace gynaecology ward attendances, supplemented by
  - Weekly TOPs clinic for medical and surgical terminations
  - Additional colposcopy clinic subject to space requirements
  - Enhanced urodynamics service
  - One-stop-shops.

### **4.5 Emergency Department**

A number of enhancements have already been made or are in the process of being made in the Emergency Department. These have included:

- Introduction of a rota of middle grade doctors out-of-hours.
- 2 additional consultants working across JR and Horton EDs.
- Dedicated paediatric area within ED.

In addition the process has begun to seek training accreditation for some Horton /JR integrated posts. This, combined with moves to make middle grade posts more attractive, e.g. with some paid study leave, will help to support the Emergency Department out-of-hours rota.

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Integration across sites has been improved with both consultants and nurses working across both Banbury and Oxford.

The service is also being enhanced by the provision of EPLS training for nurses and APLS training for doctors in the emergency department.

### **Core proposition**

In the core proposition the hospital will continue to have both resident middle grade and consultant on-call-from-home paediatric cover out of hours so no further arrangements need to be made in the Emergency department

### **Contingency Plan**

In the event that it becomes impossible to maintain safe paediatric out-of-hours cover the Trust will ensure that a trained and experienced paediatric nurse is available at all times to manage children presenting in the emergency department when there is no paediatrician on site and arrange transfer if required.

If the Emergency Department staffing arrangements proposed in the core proposition do not work, the Trust will move towards a hybrid rota with middle grades, staff grades, clinical fellows and consultants.

### **Service Enhancement**

No service enhancements are envisaged.

## **4.6 Anaesthetics**

Resident anaesthetic cover out-of-hours is currently provided by a junior trainee (provided by 7 ST1s and ST2s) covering the entire hospital supported by a consultant on-call-from home. The consultants frequently attend. This does not comply with recommendations for experienced anaesthetic cover to be available immediately to the delivery suite. It is proposed that this should be provided by a second consultant on-call rota, rather than a second resident on call, which would be very much more expensive. This arrangement will reduce risk and in particular will support accompanied transfers to Oxford in emergencies.

### **Core proposition**

The core proposition is to create an additional tier by a second consultant on call from home. This would require a further 6 consultants who would also need to be occupied during the day and this can be achieved by:

Partnership with Ramsay Health, at the Horton Treatment Centre.

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Consultants would provide anaesthetic support to surgical list at the Horton Treatment Centre. An opportunity has arisen to potentially appoint 2 posts almost immediately and a further 4 posts could be appointed in 2 phases as Consultant Anaesthetists leave the Treatment Centre which is estimated over a period of 2-3 years.

Through integrated working between the John Radcliffe/Churchill Hospitals and Horton Hospital.

This would involve Consultant Anaesthetists who would normally be based and provide on call at the Horton Hospital undertaking anaesthetic cover for surgical lists at either the John Radcliffe or Churchill Hospitals.

In addition 3.2wte Band 5 anaesthetic nurses will be required to be on call to support the second consultant on call should two procedures require to be undertaken simultaneously.

### **Contingency Plan**

If the core proposition is not possible to achieve, then the alternative would be to appoint a team of non-consultant career grades who would be able to provide resident cover at night with Consultant back-up.

### **Service Enhancement**

No service enhancements are envisaged.

## 5. Financial Summary

A full breakdown of costs can be found on Appendix 1.

<b>Service</b>	<b>Core Proposition</b>	<b>Contingency Plan</b>	<b>Enhancements</b>
Children's	£671 000	£766 000	Costings to be developed
Maternity	£279 600	£504 000 - £886 000	Costings to be developed
Neonatal	£96 000	£0	Costings to be developed
Gynaecology	£0	£0	Costings to be developed
Emergency Department	£0	£163 200	n/a
Anaesthetics	£231 800	£ 711 000	n/a
<b>Grand Total *</b>	<b>£1 278 400</b>	<b>£2 144 200 - £2 526 200</b>	

\* does not include set up costs