Options Review Workshop – 2023

In May 2023 an options review workshop was held with the purpose of reviewing the options with a wide range of stakeholders, with the evidence that has been gathered and make sure they're the right ones to take into consultation.

It aimed to provide a check and balance for the options we've developed and scored and can update the case for change which we will use for consultation.

The approach was to deliver a 'hybrid' workshop and provided attendees with an opportunity of joining either virtually or in person. The workshop was attended by a range of stakeholders (33 people in total) across a range of organisations and disciplines.

Represented were:

- SWYPFT
- ICB from each place
- Service managers from each local authority
- Both local acute Trusts
- Carer representation

The following professional leads were in attendance:

- General Managers,
- Clinical and Medical leadership,
- Quality managers,
- Ward managers,
- Engagement and equality leads,
- Lead allied healthcare professionals,
- Social Care leadership,
- Estates and Finance leads (SWYPFT side),
- Dementia lead practitioner

A full list of attendees can be found at in section 2 of the document.

The process reviewed previous scores against an agreed set of domains, as follows:

- Quality
- Access
- Sustainability (and deliverability)
- Alignment with strategies
- Value for money (including affordability)

More information on the review process can be found at section 3 of the document.

The options being reviewed were:

	Options
1	No change to the current model

2	Ward 19 dementia unit, 4-6 (6 preferred) extra beds at Crofton (The Poplars site is not in this model) which would be managed as a single ward, Beechdale functional
3	Ward 19 dementia unit, 2 extra beds at Crofton (functional), 1 extra at Beechdale Ward (functional). (The Poplars site is not in this model)
4	Ward 19 dementia unit, all others functional (including The Poplars site).
5	Ward 19 dementia unit, 10 extra beds at Fieldhead, adjacent to Crofton ward for functional needs managed as 2 wards (The Poplars site not in this model). Beechdale functional.
6	16 dementia beds at Beechdale Ward, Ward 19 functional, Wakefield stays the same.
7	East/West Split option – 20 bed functional at Ward 19, 16 functional beds/10 dementia beds at Crofton, 10 functional beds at The Poplars, 16 dementia beds at Beechdale.
8	East/West split: 10 dementia beds being repurposed at Crofton, making the site 16 functional and 10 dementia, 16 dementia beds at Beechdale Ward, Ward 19 functional
9	Crofton dementia unit, 26 beds (as 2 separate wards). All other wards functional (The Poplars site not in this model)

The options in dark grey have previously been ruled out by the clinical senate.

Option 1, no change, was not thought to be clinically viable by the clinical senate but remains in the scoring to provide a baseline to the current position.

The following information was available to support the review

- Clinical Case for change
- Clinical senate review
- Travel impact analysis
- Ward environment analysis
- Data on:
    - ward moves
    - length of stay
    - demand and capacity, including functional / dementia requirement and male / female requirements
- Proposed workforce
- Review of strategies

A summary of information produced for the group can be found in at section 4 of the document.

The group was presented with the key areas of the Quality domain together with a brief summary of the strengths and weaknesses for each of the options.

The group split into 4 breakout rooms (2 virtual and 2 in person) to review the scoring of each of the options and decide if they agreed with the previous Quality domain scoring or suggested an alternate score.

The breakout groups reconvened after approximately 20 minutes to discuss any differences in scoring and to reach a consensus on the scoring.

This process was repeated for the Access, Sustainability/Deliverability and Alignment with strategies domain.

Equality monitoring forms were available both in hard copy and electronically and the collated responses can be found in section 5 of the document.

The table below captures the outputs and the key discussion points.

Number	Option	Quality Domain (4 breakout groups)				
		Previous score	Agreed Y/N (for each breakout group)	Alternate suggested score	Agreed score	Key group discussion points
1	No Change	4	Y, Y, Y, Y		4	
2	W19 dementia unit, 4-6 extra beds at Crofton, Poplars not in this mode	4	Y, N5, N5	5	5	Agreed that this is a stronger option rather than do nothing overall. This did have one key area not met which relates to the larger ward.
3	W19 dementia unit, 2 extra beds at Crofton, 1 at Beechdale, Poplars not in this model	7	N6, N6, N5, N6	5, 6	6	Felt that adding more beds onto the Beechdale environment, within the existing space would have a negative impact on the environment
5	W19 dementia unit, 10 extra beds at Crofton (managed as 2 wards), Poplars not in this model	7	N6, Y, N8	6, 8	7	One group initially felt that this should score the same as option 9. Discussion that if Ward 19 could be adapted to create a small number of en-suites for people most able with dementia this would differentiate the score further. One group did not score but did agree consensus based on this.
9	Crofton being a 26-bed dementia unit (2 separate wards), all other wards functional	6	Y, Y, Y, Y		6	
Number	Option	Access Domain (3 breakout groups)				
		Previous score	Agreed Y/N	Alternate suggested score	Agreed score	Key discussion points
1	No Change	4	Y, Y, Y		4	

2	W19 dementia unit, 4-6 extra beds at Crofton, Poplars not in this mode	4	Y, Y, Y		4	
3	W19 dementia unit, 2 extra beds at Crofton, 1 at Beechdale, Poplars not in this model	4	Y, N3, N3	3	3	Capacity issue and the risk of sending people out of area was felt to be a significant risk by 2 groups and consensus reached to rescore.
5	W19 dementia unit, 10 extra beds at Crofton (managed as 2 wards), Poplars not in this model	7	Y, Y, Y		7	
9	Crofton being a 26-bed dementia unit (2 separate wards), all other wards functional	6	N5, Y	5	6	One group didn't initially score, one group felt the travel impact and fewer dementia beds meant this should score 5, but consensus of 6 was reached.
		Deliverability/Sustainability Domain (3 breakout groups)				
Number	Option	Previous score	Agreed Y/N	Alternate suggested score	Agreed score	Key discussion points
1	No Change	2 or 3	Y2 or 3, Y2, Y3	2 or 3	2.5	All groups agreed this option was not viable for the required period of time with some minor differences on whether it scored 2 or 3 so agreement reached to score 2.5
2	W19 dementia unit, 4-6 extra beds at Crofton, Poplars not in this mode	4	Y, Y, Y		4	
3	W19 dementia unit, 2 extra beds at Crofton, 1 at Beechdale, Poplars not in this model	2	Y2 or 3, Y2, Y3	2.5	2.5	One group suggested this should be same as no change and consensus on this was reached
5	W19 dementia unit, 10 extra beds at Crofton (managed as 2 wards), Poplars not in this model	5	Y, Y, N7	7	6	Ultimately, the group felt that both options 5 and 9 were viable and sustainable, with pros and cons to each - such as Priestley unit not being on SWYPFT estate (although confirmed that tenancy is secure) and the limitations of 26 dementia beds at Wakefield if demand increases.

9	Crofton being a 26-bed dementia unit (2 separate wards), all other wards functional	5	N6, Y, N6	6	6	See above- ultimately group felt that both options 5 and 9 were viable and sustainable
Number	Option	Co-Dependencies with other strategies (3 breakout groups)				
		Previous score	Agreed Y/N	Alternate suggested score	Agreed score	Key discussion points
1	No Change	4	Y, Y			One group did not score this section at all and felt that the most appropriate approach for this is for the small subgroup to reconvene, review any changes to the strategic environment and feedback to the programme board. One group agreed with scoring, one felt that both 5 and 9 were lower overall, a score of 5. Agreed for the sub group to reconvene and feedback to programme board.
2	W19 dementia unit, 4-6 extra beds at Crofton, Poplars not in this mode	4	Y, Y			
3	W19 dementia unit, 2 extra beds at Crofton, 1 at Beechdale, Poplars not in this model	3	Y, Y			
5	W19 dementia unit, 10 extra beds at Crofton (managed as 2 wards), Poplars not in this model	7	Y, N5	5		
9	Crofton being a 26-bed dementia unit (2 separate wards), all other wards functional	7	Y, N5	5		

Summary of scoring following review:

	Option	Quality	Access	Deliverability / Sustainability	Strategy alignment
1	No change	4	4	2.5	N/A
2	W19 dementia unit, 4-6 extra beds at Crofton, Poplars not in this model *	5	4	4	N/A
3	W19 dementia unit, 2 extra beds at Crofton, 1 at Beechdale, Poplars not in this model	6	3	2.5	N/A
5	W19 dementia unit, 10 extra beds at Crofton, Poplars not in this model **	7	7	6	N/A
9	Crofton being a 26-bed dementia unit (2 wards), all other wards functional	6	6	6	N/A

Section 2: Full list of attendees:

Name	Organisation	Job Title
Libby Smith	Calderdale Council	Service Manager - All age disabilities and Mental Health
Janice Wootton	Calderdale ICB	Mental Health Program Manager (Service Improvement)
Alison Sanderson	Kirklees Council	Service Manager, Adults Operations, North Kirklees
Sharon Morley	Kirklees ICB	Project Support
Siobhan Doriotiak	Kirklees ICB	Quality Manager
Jan Archbold	Member of public	Carer
Yakub Rawat	Carers Count	Carer
Ryan Hunter	SWYT	Change & Innovation Partner
Richard Watterston	SWYT	Physiotherapy professional Lead
Arif Ahmed	SWYT	Consultant
Alison Gibbons	SWYT	General Manager
Lianne Harrison	SWYT	Project Support officer
Matthew Burns	SWYT	Quality and Governance Lead
Subha Thiyagesh	SWYT	Medical Director
Gemma Hinchliffe	SWYT	Assistant Director of Nursing, Quality and Professions
Lyndsey Hall-Patch	SWYT	Consultant Psychologist
Dawn Pearson	SWYT	Communication, Involvement Equality and Inclusion Lead
Nick Phillips	SWYT	Head of Estates and Facilities
Rob Adamson	SWYT	Deputy Director of Finance
Katie Puplett	SWYT	Chief AHP Directorate of Nursing
Anne Howgate	Wakefield Council	Service Manager Mental Health
Paul Howatson	Kirklees ICB	Program Manager Learning Disabilities
Dasa Farmer	Wakefield ICB	Engagement Manager
Ruth Unwin	Wakefield ICB	Director of Strategy
Jeremy Wainman	Wakefield ICB	NHS Lead for Adult Health and Dementia - Wakefield Place
Vicky Dutchburn	WY ICB	Director of Operation Deliver and Performance -Kirklees Health & Partnership
Valerie Aguirregoicoa	WY ICB	Quality Manager
Kim Osborn	SWYT	Ward Manager
Debra Parkin-Coates	SWYT	Ward Manager
Kirsty Brook	SWYT	Ward Manager
Patricia Bannar-Martin	MYHT	Deputy Director of Operations
Lauren Green	Huddersfield Royal Infirmary/CHT	Dementia Lead Practitioner
Matt England	MYHT	

Section 3: Options Review – Agreed Process

This document sets out the process for the scoring review of OPS Transformation options on 9 May.

The process will review previous scores against the agreed set of domains, as follows:

- Quality
- Access
- Sustainability (and deliverability)
- Alignment with strategies
- Value for money (including affordability).

The workshop is a chance to review the scores agreed previously and test that they are still valid with a wide group of stakeholders.

Whilst we can't fully score all domains in proposals, we can seek a group view on whether the models offer value for money in advance of detailed separate finance lead scoring of options.

The options being reviewed are:

	Options
1	No change to the current model
2	Ward 19 dementia unit, 4-6 (6 preferred) extra beds at Crofton (The Poplars site is not in this model) which would be managed as a single ward, Beechdale functional
3	Ward 19 dementia unit, 2 extra beds at Crofton (functional), 1 extra at Beechdale Ward (functional). (The Poplars site is not in this model)
4	Ward 19 dementia unit, all others functional (including The Poplars site).
5	Ward 19 dementia unit, 10 extra beds at Fieldhead, adjacent to Crofton ward for functional needs managed as 2 wards (The Poplars site not in this model). Beechdale functional.
6	16 dementia beds at Beechdale Ward, Ward 19 functional, Wakefield stays the same.
7	East/West Split option – 20 bed functional at Ward 19, 16 functional beds/10 dementia beds at Crofton, 10 functional beds at The Poplars, 16 dementia beds at Beechdale.
8	East/West split: 10 dementia beds being repurposed at Crofton, making the site 16 functional and 10 dementia, 16 dementia beds at Beechdale Ward, Ward 19 functional
9	Crofton dementia unit, 26 beds (as 2 separate wards). All other wards functional (The Poplars site not in this model)

The options in dark grey have been ruled out by the clinical senate.

Option 1, no change, was not thought to be clinically viable by the clinical senate but remains in the scoring to provide a baseline to the current position.

Outline of the workshop:

Item	What	Timing	Information to reference
Introduction	Background information on transformation, purpose of the session, plan for the session and how we're going to do it.	10.00-10.20	Presentation.
Options that might no longer be affordable or deliverable	We no longer think that option 3 is viable because of space constraints and PFI at Beechdale – so we expect this to score below the bar on deliverability / sustainability. If we don't make changes to Beechdale then this option becomes a version of option 2 so we suggest that we spend limited time on this option.	10.25-10.30	
Quality Domain Summary	1. Run through of key areas in the domain and summarise which will be similar for all options. 2. Run through all 4/5 options, strengths and weaknesses for each domain. 3. Breakout rooms to review for a view on whether they agree with the previous score. 4. Scoring – going through each score and asking whether any group had a different score and what that was. Just collect all scores. 5. Discussion about any differences and group consensus reached.	10.30-10.50 10.50-11.00 11.10-11.15 11.15-11.30	Clinical case for change Analysis of ward environment
Access Domain Summary	1. Run through of key areas in the domain and summarise which will be similar for all options. 2. Run through all 4/5 options, strengths and weaknesses for each domain. 3. Breakout rooms to review for a view on whether they agree with the previous score. 4. Scoring – going through each score and asking whether any group had a different score and what that was. Just collect all scores. 5. Discussion about any differences and group consensus reached.	11.30-11.50 11.50-12.00 12.10-12.15 12.15-12.30	Travel times LOS, ward moves Description of pathway changes Staffing levels in model

Break		12.30-13.00	
Sustainability, Alignment with strategies and VfM domain	1. Run through of key areas in the domain and summarise which will be similar for all options. 2. Run through all 4/5 options, strengths and weaknesses for each domain. 3. Breakout rooms to review for a view on whether they agree with the previous score. 4. Scoring – going through each score and asking whether any group had a different score and what that was. Just collect all scores. 5. Discussion about any differences and group consensus reached.	13.00-13.20 13.20-13.40 13.40-13.50 13.50-14.10	Strategic summary document High level finances
Summary and wrap up		14.10-14.30	

The table below sets out the scoring criteria across the domains:

Options Scoring

Score	Description	Summary	Viability
10	meets fully and exceeds	This gives us everything we'd expect from a model and more. A new build, for example, might allow an innovative environment that goes beyond some of our existing good practice models.	Viable
9	meets fully	This would fully meet requirements across all wards – for example, all wards would be en-suite, have good private space, strong male and female privacy etc.	Viable
8	meets the vast majority of requirements	This would meet the vast majority of requirements across all parts of the system. There might be some minor issues – for example meets single sex requirements but there is limited space for extra clinical activities – i.e. might be limited open space rooms.	Viable
7	meets the vast majority of requirements with additional work required	This could meet all but a small number of areas which could potentially be addressed over time without too much impact on the model – for example if not all bedrooms can be en-suite but that we can mitigate or wards with	Viable

		some space challenges, Single sex met, but needs management, etc.	
6	meets most with more work required	Similar to above but there are more issues that require adjustments and management. For example, the overall environment is good, there are a few things that could be better across the system but we can still make it work safe and effectively	Viable
5	meets most but a key area not met	One of the key areas of delivery of the model can't be met. So this might be single sex accommodation can't be managed effectively everywhere or it might be delivery of the fully needs based model.	Viable but further considerations of how to improve the key area should be considered
4	meets some parts not others with key areas not met	This would be where a more than one key area can't be met. Viable but sub optimal. For VfM scoring any option that is financially viable would score 4 or above	Viable – but need to consider how to improve model
3	limited criteria met with several key areas not met or one significant risk	Where there are enough challenges that mean either the essence of a good service model can't be delivered or that something leads to a significant risk in the system. For VfM scoring this would be if we can't reach level of assurance that the models are financially viable.	Not currently viable – need to consider whether any changes could make the option viable
2	meets very few criteria well with many key areas not met / significant risks		Not viable
1	does not meet criteria		Not viable

Options appraisal process:

Any option needs to be viable across all of the domains. If an option scores 3, not currently viable, in any of the domains the group should consider whether there are any mitigations that could make the option viable. If so, we may have able to score that option higher and define what is required to be put in place to make it so.

Quality is a key priority. If any option does not meet (or cannot be changed to meet) this quality criteria it is proposed that it is not taken forward for further analysis.

Domains

All aspects of the quality domains are important but highlighted below are the key criteria for each that we need to assess. These were reviewed by the OPS steering group on 21 April and the Programme Board on 29 April.

Quality

This section focusses on the key quality areas required to deliver a high quality, safe and effective service.

These include feedback from service users on what they find important and services identified that are required to meet the needs of the population from across the protected characteristics.

Domain - Quality	What we need to measure against	Measures	Supporting information
Clinical Quality and experience – service delivery	Delivery of the specialist clinical model	**Deliver improvements to clinical quality and safety whilst achieving standards.** Better experience for patients Better experience for staff More support for families and carers **Specialism to meet needs** Quality of assessment **Quality of direct care and support** Daily activities Asset based approach Highly Personalised care and support	Clinical Case of Business Case
Skills and staffing	A model that supports the right staff and skills	**Staff skills** **Staff recruitment** Access to appropriate non- nursing support	Clinical case
Quality Environment	A model with the best ward environments to support people.	**Gender- Male/female privacy** Ensuite facilities – both functional and dementia wards Other Private space A safe and supportive environment Physical and mental health needs are met Estate facilities to meet the needs of protected characteristics, for example, accessibility for people with disabilities, toilet and bathing, faith and religious needs (prayer rooms), gender neutral space	Analysis of wards findings from business case People with ward knowledge
Other	▪	Person centred Good quality information available at each stage, not all at once A service that meets all cultural and religious needs – particularly South Asian More support and focus on families and carers Better communication between GP and specialist service Being kept informed at each stage of the process Maintaining independence and good health throughout the patient journey including admission and discharge Consistency in medication	These are themes relevant to quality of care but may apply to any model.

Access:

This focussed on access to the right care and support.

Domain - Access	What we need to measure against	Measures	Supporting information
Pathway	Most seamless pathways and less moves.	• Telling a story once • **Continuity of care** – seeing the same person • Minimise delays in care pathways once in receipt of care • No requirement for step down/seamless service • Reducing admissions**/Length of Stay** • Good care coordination – one person overseeing the patient journey	Data showing ward moves in current model from business case. Summary of what changes in a future model with each option – to write.
Travel access for family and carers	Travel impact for family and carers, particularly from the most deprived areas.	• **Travel, transport and car parking** • Distance to travel and transport routes • Access for carers which include flexible visiting times and facilities to enable a carer to stay.	Travel analysis and access to travel report system for any queries. Summary of other travel impacts if not covered by the travel system
Access for staff and support	**Access for staff, including partner organisations**	• **Access to the right workforce (staffing levels)** • Access to physical health care and other clinical support and advice to wards • Access to the right person to receive the right treatment in the most appropriate setting • Access to same sex clinician/staff, tailored activities • More links with local health and social care providers • Involvement from the third sector	Knowledge of impacts. Knowledge of alignment to general hospitals
Demand and capacity	Whether we have the right bed numbers to meet demand over time period of programme, including functional /	▪ **Capacity to meet demand** ▪ Impact on capacity, particularly where current services running at different capacity ▪ Meeting organic/functional demand ▪ Demographic changes in the future ▪ 10% accuracy gap	Demand and capacity modelling from the business case, including:

	organic and male / female split.		Total bed numbers F/O mix Gender mix
Other		• Early intervention – help people understand the process to access services • Services that are responsive and accessible • More support at the stage of diagnosis • Minimise delays in care and ensuring the prompt action of staff • Reflective workforce, who are culturally and spiritually competent. • Access to an interpreter and translation materials. • Workforce who are competent in providing care to transgender and gender non-conforming patients and accommodating visitors. • Workforce receiving appropriate training and awareness so they can provide care which considers individuals and environments, ensuring people feel safe • Ensuring parity of pastoral support for all faiths on inpatient wards	These are themes relevant to access of care but should apply to any model.

Sustainability

The main focus of this is deliverability and sustainability. Is the proposal sustainable for the expected timeframe of the programme (10 years)? Is the model deliverable in a timely way?

Domain - sustainability	What we need to measure against	Measures	Supporting information / comments
Sustainable for time period required	Whether the model can be sustained for 10 years.	• **Delivers a robust system over a 5-10 year period, potentially as a medium term plan as part of vision for excellence.**	Demographics
Delivered as soon as possible	Whether the model can be delivered in a timely way.	• **Minimises the time taken to deliver the proposed changes**	Capital and high-level change plan.
Cost effective	Cost effectiveness of the model	• **Provides the most cost effective reconfiguration of services**	

Recruitment and retention	Whether the model supports recruitment and retaining staff.	• Supports attraction and retention of staff, alleviating recruitment issues	Staffing model information from business case but requires clinical judgement
Other		• Safe, effective and well led outcomes • Standard referral criteria • Admiral nurses and nurse prescribing built into the model Specialist dementia wards were seen as a good idea (scored in access)	These are themes relevant to sustainability of care but may apply to any model or are being assessed elsewhere.

Strategies

The main focus in this section is to ensure that the programme aligns (or isn't unaligned) to local and regional strategies.

Domain - strategies	What we need to measure against	Measures	Supporting information / comments
Alignment with strategies	**Whether the model aligns with strategies.**	• Demonstrates sufficient flexibility to align with and improve partnership working • Aligns with JNA • Maximise resilience to wider system • Estates strategy alignment	Strategy summary document

Value for money

To note: proposed approach would be that any option deemed affordable would score 4 or above (so viable) even if there are some key issues that need addressing.

Domain – Value for Money	What we need to measure against	Measures	Supporting information / comments
Viability / Affordability	**Is the capital affordable?** **Is the revenue affordable?**	• Supports sustainability of Trust financial position	Costs of options

		• **Provides the most positive net present value over 5-10 years, return on capital and other financial requirements** • Improves income/cost balance • Sources of funding • Reimbursement of travel expenses if travelling further • Explore the concept of funding a shuttle bus	Finance statement on viability
Use of resources		• **Makes best use of resources** • **Economies of scale**	Summary of potential economies
Capital investment		• Minimises the need for capital Additional/specific • Longer term value/building related issues • Medium term investment	If it can be delivered within capital budgets and investment in SWYPFT owned estate..

Section Leads:

This summarises key input into different parts of the discussions:

- Quality / Environment – clinical / operational lead voice and SU/carer input.
- Access – this covers a range of things:
    - Pathways –clinically led
    - Stakeholder access - range of input include social care colleagues.
    - Family carers access – carers views most important on this.
    - Capacity / Demand – Data led with clinical view
- Sustainability – estates and clinical/operational
- Strategies – ICB, with input SWYPFT
- Viability / affordability – Estates and finance led.

Section 4 – summary supporting information used

Clinical Case – what an acute MH inpatient offer should deliver: - Covers needs-based model - Environment - Location - Pathway - Workforce
Travel Impact analysis
Ward analysis – high level analysis of wards reviewed from a quality perspective.
Clinical Senate Report
Strategy documents – summary of review of strategies from December 2023.
Options, evidence and previous scores for each of the 4 options clinically viable, plus no change.

Section 5 - Equality Monitoring for Options appraisal review workshop on the 9th of May 2023

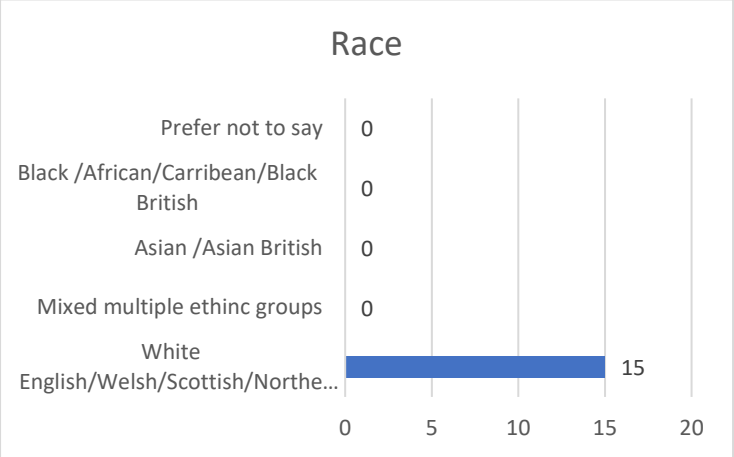
Question 1: Date of birth

Answered: 14 Skipped: 1 Prefer not to say: 0

24/09/1968	28/05/1977	03/25/1976
13/11/1968	28/07/1975	06/28/1970
27/08/1985	11/06/1991	03/05/1949
07/21/1981	12/04/1966	01/03/1965
03/26/1969	02/21/1982	

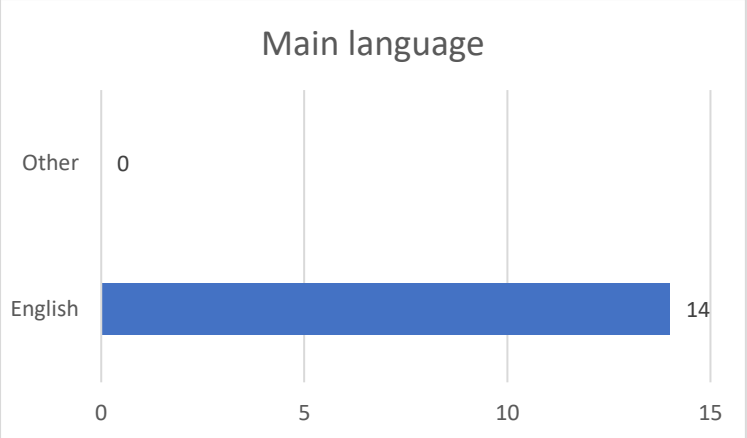
Question 2: Race

Answered: 15 Skipped: 0



Question 3: What is your main language?

Answered: 14 Skipped: 1



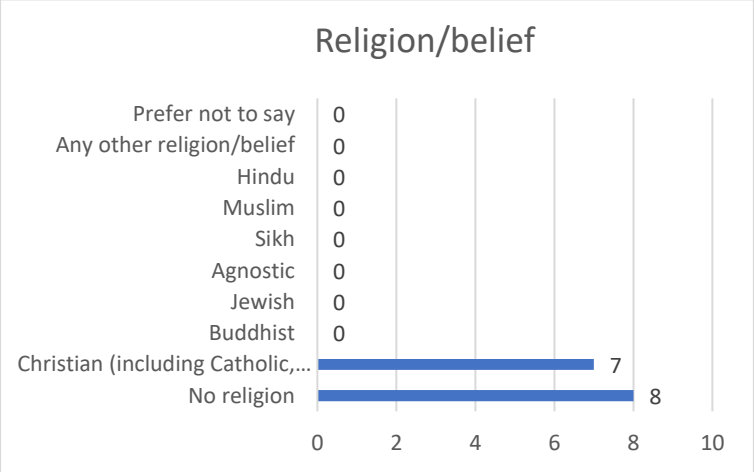
Question 4: How well can you speak English?

Answered: 14 Skipped: 1

Not at all	Not very well	Well	Very well	Total
0	0	0	14	**14**

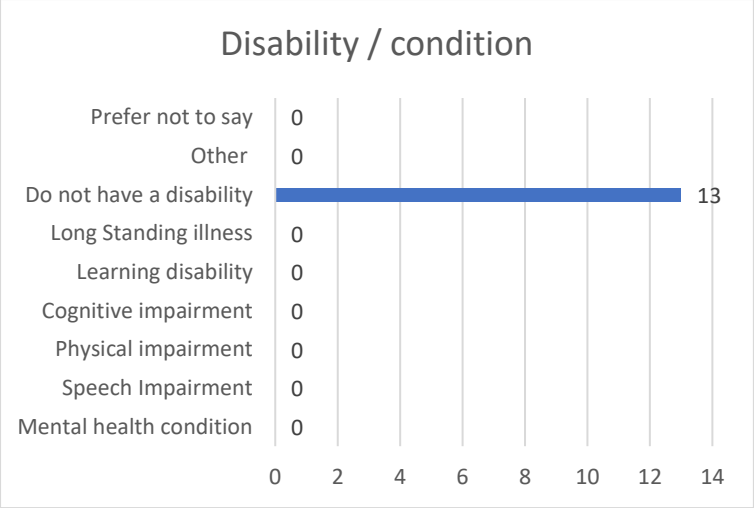
Question 5: What is your religion/belief?

Answered: 15 Skipped: 0



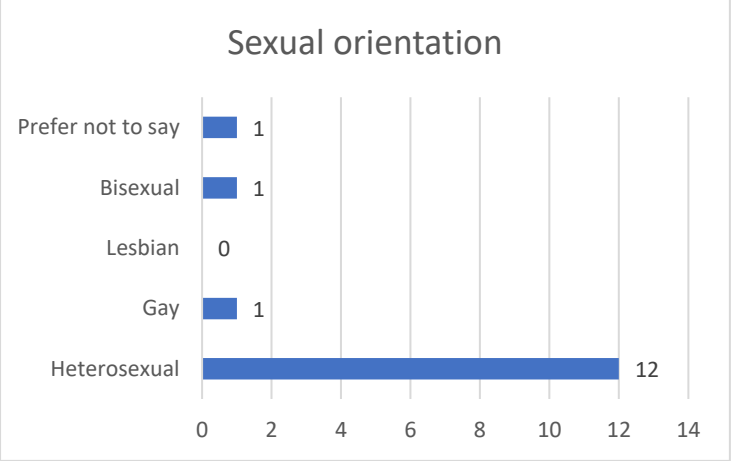
Question 6: Do you consider yourself to have one of the following? (tick all that apply)

Answered: 13 Skipped: 2



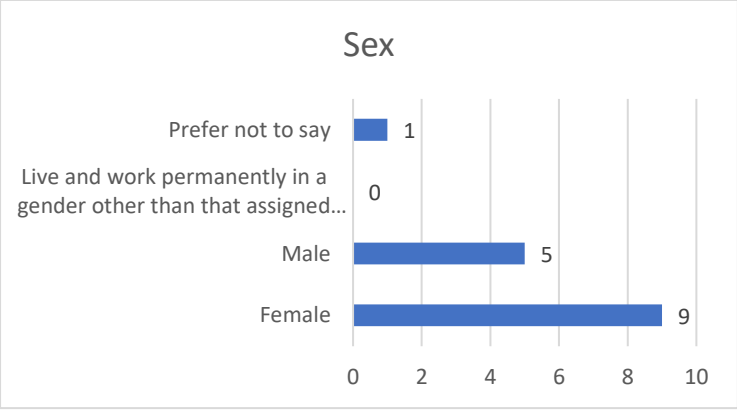
Question 7: What is your sexual orientation?

Answered: 15 Skipped: 0



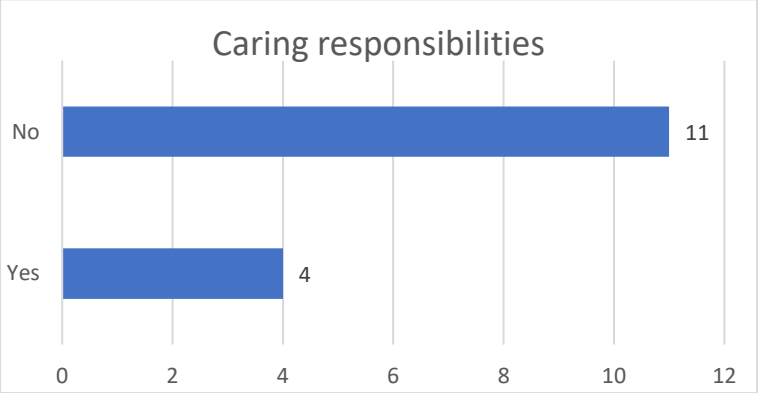
Question 8: What is your sex?

Answered: 15 Skipped: 0



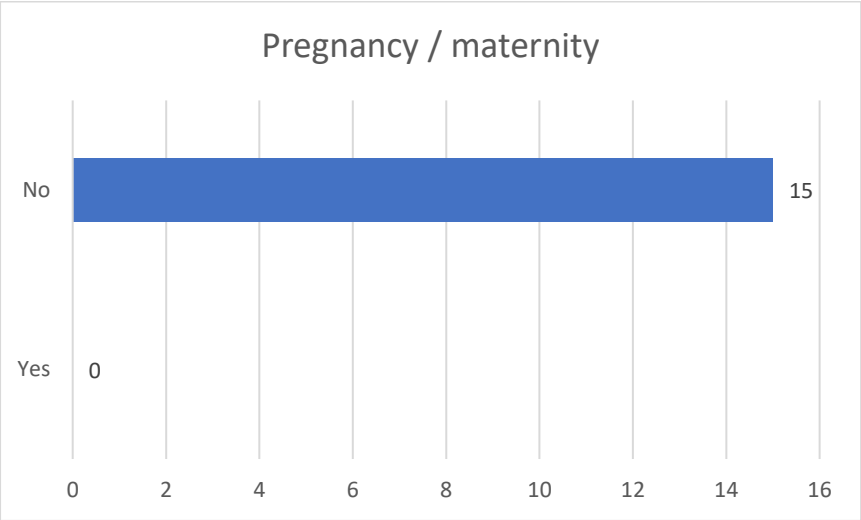
Question 9: Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

Answered: 15 Skipped: 0



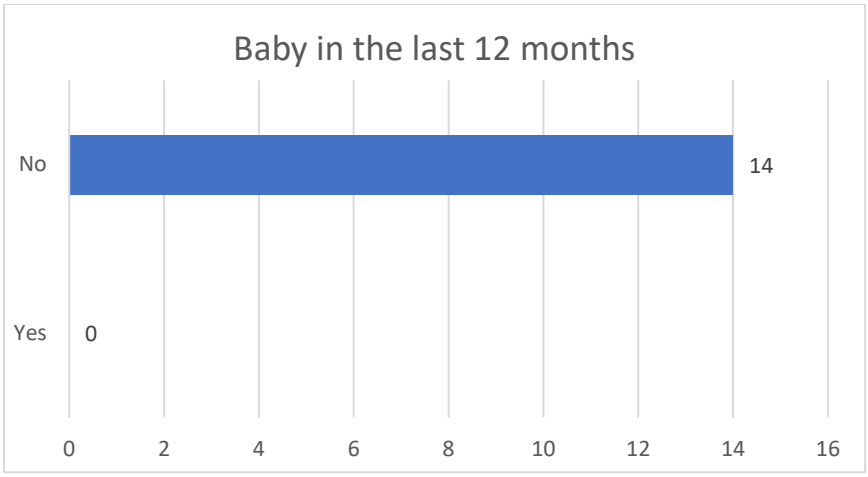
Question 10: Are you pregnant?

Answered: 15 Skipped: 0



Question 11: Have you had a baby in the last 12 months?

Answered: 14 Skipped: 1



Question 12: Marriage/civil partnership (please tick 1 box)

Answered: 15 Skipped: 0