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Our Ref: OJHOSC/SoS/HortonMat3

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**Horton Joint Health Overview and  
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Dear Secretary of State,

**Re: Referral of the closure of consultant-led maternity services at the Horton  
General Hospital for the foreseeable future**

Following a previous referral to your predecessor on the same subject in August 2017, namely the decision taking by the Oxfordshire Clinical Commissioning Group (OCCG) to permanently close consultant-led maternity services at the Horton General Hospital in Banbury ('the Horton'), you suggested that further action was required before a final decision was made and you directed the work that the CCG and Oxfordshire Joint Health and Overview Scrutiny Committee (OJHOSC) should undertake.

Unfortunately, it is with the deepest and most profound regret that I am writing to you again following a meeting of the Horton Health Overview and Scrutiny Committee (HHOSC) held on Thursday 19<sup>th</sup> September 2019. At that meeting, the HHOSC unanimously agreed to refer the Oxfordshire Clinical Commissioning Group's (OCCG) proposal to close consultant-led maternity services at the Horton General Hospital in Banbury ('the Horton') for the foreseeable future to you, as the Secretary of State for Health, should the OCCG Board agree the proposals at its meeting on Thursday 26<sup>th</sup> September 2019. Despite the unanimous view of the committee and the strongest urging to postpone or not make this decision, the proposal *was regrettably* subsequently agreed by the Board, therefore the HHOSC makes this referral pursuant to Regulation 23(9)(a) and (c) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

**Background**

In 2006 the then Oxford Radcliffe Hospitals NHS Trust (ORH) proposed moving inpatient paediatric and gynaecology services, consultant-led maternity services and the Special Care Baby Unit from the Horton in Banbury to the John Radcliffe Hospital (JR) in Oxford. The Committee scrutinising these proposals (OJHOSC) believed that the changes were not in the interests of people in the north of the county and referred the matter to the Secretary of State, who supported this view.

On 18 February 2008, The Independent Reconfiguration Panel (IRP) issued advice to ORH concerning Pediatric Services, Obstetrics, Gynecology and the Special Care Baby Unit at the Horton. In summary these recommendations were as follows:

1. The IRP considered the Horton Hospital to have an important role for the future in providing local hospital based care to people in the north of Oxfordshire and surrounding areas. It did however state, the Horton would need to change to ensure its services remained appropriate, safe and sustainable.
2. The IRP did not support the Oxford Radcliffe Hospitals (ORH) NHS Trust's proposals to reconfigure services in pediatrics, obstetrics, gynecology and the special care baby unit (SCBU) at Horton Hospital. The IRP did not consider that they would provide an accessible or improved service to the people of North Oxfordshire and surrounding areas.
3. The Oxfordshire Primary Care Trust (PCT) was to carry out work with the ORH NHS Trust to set out the arrangements and investment necessary to retain and develop services at the Horton Hospital. Patients, the public and other stakeholders were to be fully involved in this work. South Central Strategic Health Authority (SHA) was tasked with ensuring that a rigorous and timely process was followed.
4. The PCT was to develop a clear vision for children's and maternity services within an explicit strategy for services for North Oxfordshire as a whole.
5. The ORH was to do more to develop clinically integrated practice across the Horton, John Radcliffe and Churchill sites as well as developing wider clinical networks with other hospitals, primary care and the independent sector.

The Independent Reconfiguration Panel advised that the Trust and the PCT were to invest in, retain and develop services at the Horton, as it considered the Hospital was to have an important future role in providing local care to people in North Oxfordshire and the surrounding areas.

ORH maintained consultant-led maternity services at the Horton supported by a training programme for junior doctors working in obstetrics. However, in 2012 post graduate obstetric training accreditation at the Horton was withdrawn. This was predominantly due to the low numbers of births at the Hospital, which meant limited exposure to complex cases, failures in providing suitable and satisfactory supervision and training, and the difficulties experienced in recruiting sufficient numbers of middle grade doctors.

The Trust then developed a Clinical Research Fellow programme to support consultant-led provision, but they reported that national recruitment shortages in obstetric posts led to a reduction in applications which made it unviable. The programme closed in December 2015 and a rotational middle grade rota was created to staff the obstetrics unit.

In September 2016 OJHOSC was informed that ORH, now known as Oxford University Hospitals Foundation Trust (OUHFT) were intending to temporarily close

consultant-led maternity services at the Horton from 3rd October 2016, as they were unable to adequately staff the unit in a safe and sustainable manner.

OJHOSC held a further meeting in September 2016 to scrutinise OUHFT's contingency plan for continuing Maternity and Neonatal services at the Horton. This included evidence of the Trust's efforts to maintain consultant-led maternity services and a discussion about the impact of temporarily closing the obstetrics unit and the associated risks. Assurances were given by the Trust that they planned to reopen the unit by March 2017 on the strength of an action plan to recruit more consultants.

The Committee (OJHOSC) was also keen to establish that a decision to temporarily close consultant-led maternity services at the Horton General Hospital would not pre-determine the outcome of the Oxfordshire Health and Care Transformation (OTP) Phase 1 consultation. The consultation included a proposal to move obstetric services, the Special Care Baby Unit and emergency gynaecology inpatient services permanently to the JR, whilst maintaining midwife-led maternity services at the Horton.

To monitor the situation carefully the Committee requested regular updates on the status of consultant-led maternity services at the Horton, the number of women transferred to the JR in labour, and the recruitment of obstetricians.

The Trust's update on performance of maternity services at the Horton, dated 23 December 2016, stated that they would not have enough experienced and skilled medical staff in post to reopen the unit in March 2017 as planned. Therefore, at its meeting on 2 February 2017, OJHOSC believed that the material grounds for not referring the matter had changed, i.e. the Trust's recruitment plan had failed, and the closure would be longer than envisaged. The Committee considered nothing further could be gained by discussions at a local level and referred the matter to you under Regulation 23(9)(b) of the 2013 Regulations.

Your predecessor subsequently wrote to the committee confirming that this matter had been passed to the IRP for initial review who later agreed that this no longer constituted a temporary closure.

At a further meeting on 7 March 2017, OJHOSC undertook detailed scrutiny of the proposals being put forward for acute services in the Phase 1 Transformation consultation (running 16 January – 9 April 2017). These were focused on:

- Changing the way hospital beds are used and increasing care closer to home in Oxfordshire
- Planned care (planned tests and treatment and non-urgent care) at the Horton General Hospital
- Acute stroke services in Oxfordshire
- Critical care (help with life-threatening or very serious injuries and illnesses) at the Horton General Hospital
- Maternity services at the Horton General Hospital including obstetrics and the Special Care Baby Unit

As part of the meeting the committee heard many passionate appeals from campaign groups, residents, district councils and MPs in the north and west of the county and

surrounding areas (including Victoria Prentis MP (Banbury), Robert Courts MP (Witney) and The Rt Hon Andrea Leadsom MP (South Northamptonshire)) for consultant-led maternity services at the Horton to continue, as this would otherwise mean a downgrading of the Hospital. The concerns raised in this meeting formed the basis of OJHOSC's formal response to the consultation and recommendations for the OCCG, which was submitted on 13 March 2017.

In relation to the maternity proposal the committee felt that the separation of proposals for obstetric services from those for midwife-led units (MLUs) painted an ambiguous picture for the future of maternity services in the county. In particular, the inclusion of example options for Chipping Norton MLU in the Phase 1 consultation document led to confusion and uncertainty about the future of this service and caused unnecessary public anxiety.

The Committee recommended that the OCCG:

- Take immediate action to clarify the proposals for maternity services in the north of the county as a whole in the Phase 1 consultation, or develops an alternative approach to consulting on these proposals;
- Present a comprehensive appraisal of options for maintaining obstetric services at the Horton, including the potential for an obstetrics rota between the JR and the Horton;
- Provide specific answers to:
  - the numbers of mothers transferred from the Horton to the JR during the temporary closure,
  - travel times from the Horton to the JR for these mothers, and
  - the future of ambulance support at the Horton for mothers needing to be transferred.

It was agreed that a special meeting of the OJHOSC with OCCG would be held once the OCCG had an opportunity to respond to the committee's concerns.

The committee next met with the OCCG on 22 June 2017 to review the outcomes of the consultation and members were concerned that a considerable amount of additional analysis was to be completed before the OCCG Board would make final decisions on the Phase 1 proposals at its 10 August 2017 meeting. In relation to the proposal for obstetric services at the Horton, the committee was keen to see the OCCG address options for the future of these services in its report to the Board, as well as the outcomes of the JR travel and parking analyses. The committee agreed to meet again with the OCCG, after their decision-making business case was published for the Board meeting on 10 August, to review the final proposals being put forward.

At a special meeting on 7 August 2017 for the committee (OJHOSC) to scrutinise the final Phase 1 proposals being put forward for decision, the committee heard from numerous speakers, including MPs, about their grave concerns regarding the impact of the Phase 1 proposals. This predominantly focused on the impact of permanently withdrawing consultant-led maternity services at the Horton. Following robust questioning of OCCG and OUHFT representatives the committee did not believe it had seen a strong enough case for meeting the needs of expectant mothers in the absence of consultant-led services in the north of the county.

The committee strongly opposed the proposal to create a single specialist obstetric unit at the JR and establish a permanent midwife-led service at the Horton and resolved that, should OCCG Board ratify the proposal at its 10 August Board meeting, it would refer the matter to the Secretary of State on the grounds that it was not in the best interests of local residents and the health service.

OJHOSC had engaged extensively with the OCCG prior to decisions on Phase 1 of the OTP being made, in an effort to exhaust all other alternatives before a referral to the Secretary of State. However, OCCG had openly stated that it was only interested in detailed discussions once a decision had been made, refusing to address the committee's concerns that the closure was predicated on staffing shortages, despite OUHFT having filled seven of the nine vacant consultant posts since the temporary closure of the unit. The committee also felt that the OCCG had failed to engage fully with local partners, such as Cherwell District Council, to explore offers of investment and measures to help with schooling, housing, and cost of living expenses through the use of incentives for example, to attract sufficiently skilled staff.

Following a decision by the OCCG Board on 10 August to agree the proposal to stop consultant-led maternity services at the Horton, the OJHOSC referred the decision to the Secretary of State under Regulation 23(9)(a) and (c) for the following reasons:

- I. **The needs of local people have not changed, and the arguments set out in the 2008 IRP judgement still apply.** The committee heard passionately from many members of the public, local campaign groups, local politicians, local councils, former Horton doctors, local MPs, the clergy, and Healthwatch Oxfordshire. There was unanimous opposition to the proposals for maternity services in Phase 1 of the OTP and the committee was yet to see any evidence (let alone evidence of a compelling nature) of any change in the fundamental needs of mothers in North Oxfordshire and the surrounding areas since 2008.

The committee accepted that there were difficulties recruiting and retaining suitably qualified staff to maintain an obstetric unit at the Horton but did not consider this just cause for removing a service when the needs of local people had not fundamentally changed.

Whilst staff retention may be harder than it had been previously, the Trust had demonstrated that it could successfully recruit to the specialist posts, despite the cloud of uncertainty hanging over the unit. The committee was also disappointed to hear that the OCCG had not fully engaged with local partners who put forward alternative options for maintaining an obstetric service at the Horton. Moreover, the OCCG had not presented the committee with any options for maintaining obstetric services at the Horton, as requested in OJHOSC's response to the Phase 1 consultation.

- II. **The population of North Oxfordshire is set to grow.** The population in North Oxfordshire had grown since 2008 and was (and still is) set to grow substantially in the coming years, further justifying the need for a consultant-led maternity service in the north of the county.

By its own admission, the OCCG was looking at a 5-year plan, whereas local authorities in the area are planning for much longer timescales, including up to 2031. Even using conservative estimates for birth rates and housing growth (especially as North Oxfordshire has to take on a supply of housing from Oxford), the number of births at the Horton under a consultant led-service was expected to grow. Given that before the temporary closure the Horton accounted for a fifth of births in Oxfordshire (and this number excludes the surrounding areas which the Horton also serves), the committee felt that not only did the need for consultant-led maternity at the Horton still exist, but only focusing on a 5-year plan and concentrating all consultant-led births for the county at the John Radcliffe, weakened resilience and did not in any way adequately consider the population growth in the north of the country.

Moreover, consultant-led services at the JR will have to cope with the impact of population growth in the south of the county, which had already seen an increase that is double the national average. The proposed plans would put enormous pressure on consultant-led services at the John Radcliffe site.

- III. **Ongoing issues with travel and access from the Horton to the JR for expectant mothers.** The integrated impact assessment commissioned by the OCCG indicated that a change in consultant-led maternity services would mean that only 52% of mothers could access obstetric-led maternity services within 30 minutes, compared with 72% if a unit remained at the Horton. The committee had major concerns about transport difficulties between Banbury and Oxford, particularly at peak travel times and in inclement weather. This includes both emergency transport for patients and public transport for patients and relatives.

Whilst a dedicated ambulance had been stationed at the Horton during the temporary closure to transport high risk mothers in labour to the JR, the future of this provision was unclear. OJHOSC had already heard anecdotal evidence of mothers' poor experience travelling between the Horton and the JR, and the pressures on the JR affecting waiting times for women in labour.

Furthermore, the OCCG commissioned parking and travel analyses confirmed that there are acute problems with access and parking at the JR site compared to very few issues at the Horton. The qualitative feedback that Healthwatch Oxfordshire gathered indicated that patient travel and parking times at the JR are between 45 and 75 minutes. The committee was particularly concerned that little detail had been shared about planned investments in parking and access to manage the volume of additional patients at the hospital.

- IV. **The lack of a clear picture for countywide maternity services as a result of the two-phased consultation.** The impact of permanently removing the obstetric unit at the Horton on maternity services as a whole, including the Chipping Norton, Wallingford and Wantage midwifery-led units, was not clear in the Phase 1 consultation. Furthermore, the committee did not believe it has been adequately consulted. Despite trying to be as flexible as possible, the OCCG allowed limited time for detailed examinations of plans once these had been fully developed. The response from the OCCG has been that OJHOSC

should only be involved in detailed discussions once a decision had been made and not before.

On 7<sup>th</sup> March 2018, your predecessor wrote to the OJHOSC accepting the advice of the IRP in full and set out the following:

- I. That further action is required locally before a final decision is made about the future of maternity services in Oxfordshire.
- II. That there should be a more detailed appraisal of the options that should incorporate the findings of the latest Clinical Senate Review considering the temporary Horton MLU and dedicated Ambulance Service.
- III. Equally important, that there is an opportunity to learn from the experience of Mothers, their families, and staff who have now been involved in the temporary arrangements for more than a year
- IV. This work should also address all the recommendations of the original Clinical Senate Report from 2016 and the implementation issues that have been left outstanding, in particular how antenatal care is organised and how recommendations to address travel and parking issues will be carried through in practice.
- V. Whatever option eventually emerges, it should demonstrate that it is the most desirable for maternity services across Oxfordshire and all those who will need them in the future.
- VI. That further detailed work on Obstetric Options at the Horton is required, in parallel, the dependency that exists between those options and other services can be taken into account. Both pieces of work would benefit from a further external review from a clinical senate to provide assurance and confidence to stake holders.
- VII. Consultation about the future of services, on whatever scale, should take account of patient flows, and not be constrained by administrative boundaries
- VIII. It is self-evidently in the interests of the health service locally, that all stakeholders should feel they have been involved in the development of the proposals for change. If this was not true of the past, the CCG must ensure that it is so moving forward.
- IX. This requires renewing a joint commitment to learn from recent experience, work together better and create a vision of the future that sustains confidence amongst local people and users of services.
- X. The proposals also included a recommendation from the Secretary of State, that a joint oversight and scrutiny committee be formed covering a wider area.

Following these recommendations, a number of actions were taken by both sides. Firstly, a programme of work, including a workshop with all local health partners to

help reset and renew the relationship between providers, commissioners, and the scrutiny in Oxfordshire.

Secondly, heeding the advice above, a scrutiny committee was formed specifically to scrutinise the programme of work brought forward by the CCG and the Trust to address the recommendations. This was approved by Oxfordshire, Northamptonshire, and Warwickshire County Councils, and health scrutiny powers on consultant-led maternity service at the Horton, including the power of referral, were delegated to this committee.

The Horton Health Overview and Scrutiny Committee (HHOSC) commenced work in September 2018. It has met seven times at regular intervals to scrutinise the workstreams undertaken by the CCG and the Trust and has also met to hear first-hand the experiences of staff and expectant mothers and their families. I enclose a fuller account of the committee workings as part of the supporting papers.

However, despite best efforts on both sides, the committee finds itself in the deeply regrettable and sadly avoidable position of having to refer the matter for consideration by yourself and the IRP yet again, for the following reasons.

1. Regulation 23(9)(a) – consultation on any proposal for a substantial change or development has been adequate in relation to content
2. Regulation 23(9)(c) - the decision is not in the best interests of the health service or local residents;

### **Reg 23(9)(a) Inadequate consultation**

First of all, it is the view of the committee that the decision-making process has not been robust because the content of consultation on the proposal for substantial change has not been adequate. Meaningful consultation or engagement should be a process in which all stakeholders have confidence and, as per the views expressed by your predecessor, one that takes into account the opportunity to learn from the experience of mothers, their families, and staff who have now been involved in the temporary arrangements for more than a year. The committee welcomed the approach adopted by the Trust in their engagement and throughout the process, members of the public, mothers and their families felt as though the research approach provided a forum for engagement that had been previously been lacking. Furthermore, this was not limited by administrative boundaries as had previously been the case.

However, for this to be adequate consultation, this needs to be done with an open mind, not simply to fulfil and satisfy a recommendation from the Secretary of State. The committee accepts that this time around, there has been much more of a willingness to engage with the scrutiny process from the outset and this is to be welcomed. However, there is still much left to be desired from the journey we have been on.

I want to start by dispelling the narrative implicit in the CCG Board Papers that somehow going through of the process of engagement is any way either a measure of the quality of that engagement and/or of constitutive of proper engagement. The



committee certainly did not feel that the content of the consultation was sufficiently comprehensive, and it is the view of the committee that the process was brought to an artificial and premature end. The CCG dispute this, but the fact that there are still outstanding questions which required an addendum for their Board papers the day before the Board decision and after the final planned HHOSC committee meeting, further serves to underline this point.

On more than one occasion the CCG were asked if they wished to postpone the decision-making timeline because the committee felt that further scrutiny was still required. The answer was a very firm negative which is unfortunate, as an extended timeline may have enabled fuller scrutiny of the issues the committee feels are outstanding.

I wish to make it absolutely clear that at no point has the Horton HOSC 'signed off' on the outputs of the workstreams. This committee gave its endorsement of the programme plan at the outset and it has provided scrutiny as the process has developed, but at no point has the committee indicated its satisfaction with the execution of the process the CCG set out in its plan to address the Secretary of State and IRP recommendations. I would also argue that any impartial observer to those meetings, and a reading of the minutes (see enclosed document number 1) would confirm the committee's perspective. Whilst the HHOSC did approve the overall process for the CCG to follow, the execution of that process has been less than satisfactory. The primary source of the committee's dissatisfaction is the incomplete and lack of information contained within the CCG and Trust's consultation with the committee.

The committee has frequently found the responses from both the CCG and the (OUH) Trust to be evasive, delayed, and incomplete which did not engender the spirit of cooperation that the committee had anticipated. The committee was on occasion assumed not to have the capacity to fully understand technical proposals and solutions; the committee firmly rejects this was the case.

The committee's health scrutiny powers mean it can require the provision of information about proposals; an example of evasiveness with the committee's requests for information is the eight months it took to provide financial data. Information promised in November 2018 was delayed, then inadequately provided in April 2019 before comparable information was provided in July 2019. The committee's request for additional information on finances remains unfulfilled when it met in September 2019 to consider the CCG Board recommendations. At no point before September 2019 did the committee receive any information on the capital implications of the options being considered. The committee remain perplexed on how such a simple request could have taken such a long period of time and could have missed such a critical part of the options. This illustrates that content of the engagement with the committee has been inadequate.

I would ask you to consider in which other public sector organisation, at either a local or a national level, would it be acceptable for such a simple request for information to be delayed for such a long period of time? These are just some examples of the incidents which have made the scrutiny process excruciating and more difficult than it needs to be. Similarly, when a topic has become 'too difficult' to deal with, the CCG

and Trust have simply dropped this from our discussions, not bringing it to further scrutiny meetings, and then presenting the answer in the final decision-making papers as a 'fait accompli'.

Given that scrutiny of difficult topics is effective elsewhere in the system locally, and that we work so well as a system since the last time I wrote to your department on this matter, the actions taken here give the impression of an evasive and 'blocking' approach. The committee therefore interprets this lack of a fully inclusive process as the CCG and (OUH) Trust as having undertaken a mandated process to deliver a previously-determined outcome. The perception left amongst committee members is that evidence was sought to reaffirm its argument (and preferred solution) for a single obstetric model at the JR.

The committee notes that NHS England has signed off on the CCG's process of addressing the 2018 IRP recommendations based on the information presented to them by the CCG. In itself this is a deeply flawed process. As NHSE's (South Central) Director of Assurance and Delivery himself stated at the HHOSC meeting of the 19<sup>th</sup> of December 2018; NHSE is the regulator, assuring the process and does not comment on whether the decision is right or wrong. NHSE do not make a judgement on whether the NHS Test of impact on patient choice, have been met- only that it has been considered. At the meeting in December 2018, NHSE acknowledged their original assurance of OCCG and OUHFT proposals for obstetrics for Oxfordshire should have been more encompassing of the wider population and cognisant of what the wider options should be. The committee would have welcomed engagement by NHSE in their assessment; this was completely absent and neither did NHSE feel it necessary to inform the HHOSC of the outcome of its assessment. Given the circumstances we now find ourselves in, I therefore seek your independent assessment of these issues and assurances. Quantity of meetings and following process is not in itself a measure of quality, which is what appears to be the implication from NHSE and the CCG Board papers submitted.

The committee maintains that the process was brought to an artificial and arbitrary end, means that there has not been the opportunity for effective scrutiny in all areas and there are still many unanswered questions. The two most prominent areas are recruitment and finance; but the committee also has outstanding concerns over the assessment criteria and weightings.

## **Recruitment**

### *Information provided for scrutiny*

On the subject of recruitment, as previously noted, the committee welcomed the early engagement on the recruitment process. However, when the subject became an area of significant challenge by the committee, the specific questions asked were avoided and deferred. Despite pledges from the Trust to bring back further information before the committee next met; a report was only presented with the CCG Board papers. An example of this was the detailed explanation of the substantive staffing numbers for the final options; the committee did not have an opportunity to comprehensively scrutinise this before the CCG Board decision.

The committee remains unconvinced by arguments put forward that suggest a trust-wide model would require higher numbers of staff and is not viable. After all, this approach is adopted by the trust in other areas, such as Gynecology. The Trust's plans for the Horton, as already (as part of the OTP) agreed by the CCG Board, and supported by OJHOSC, allegedly require moving between 60,000 to 90,000 outpatient appointments to the Horton. So surely it is the case that either the staff can work across a trust or they cannot. Further, it is unfathomable that the Trust can plan on the basis of recruiting staff for such a high level of outpatient appointments but will struggle for less than 2,000 births a year.

The committee accepts that there are difficulties recruiting and retaining suitably qualified staff to maintain an obstetric unit at the Horton. However, it does not feel that options have been fully exhausted and nor does it consider it is sufficient grounds for removing a service when the needs of local people have not fundamentally changed. Whilst staff retention may be harder than it has been in the past, the Trust has demonstrated that it can successfully recruit to the specialist posts, despite a cloud of uncertainty hanging over the Horton unit.

#### *Workforce solutions*

In 2014 a CQC report on the Horton highlighted the staff view that HGH-based staff did not feel equally regarded as staff at the JR. It states:

*“The staff felt the lack of senior management on site over the two years prior to our inspection had caused them to feel neglected by the trust. They felt bed closures and transfer of care to Oxford were due to financial reasons and not with patient care in mind. The staff felt there was no overall cooperation or coordination on site because most senior staff were based in Oxford. The management structure had also impacted on communication with the John Radcliffe Hospital. Staff said morale on site was poor and felt they could not openly discuss their concerns”.*

#### **Source: Maternity at the Horton<sup>1</sup> (May 2014, p57)**

The HHOSC committee has heard that there is a necessity to have specialist Doctors based at the JR because of the tertiary services provided there. The above quote powerfully illustrates how the nature of the services at the JR created a disparity between staff at the two OUH Trust obstetric sites and indicates that the perceived “neglect” of the Horton. The resignations which led to the temporary closure of obstetrics at the Horton in 2016 is perceived by the committee as a consequence of a lack of aggressive action by OUH to tackle the management and staff perception issues highlighted in 2014.

From the information the committee has seen through this process, it still does not accept that the Trust is doing all it can to recruit the necessary staff numbers and resolve the ‘two-tier’ feelings of staff. We fail to see how the internationally recognised brand of Oxford University leads to difficulties in this area, yet the OUH can recruit for

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<sup>1</sup> CQC Quality Inspection Report. Horton General Hospital. May 2014.  
[https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAA0572.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAA0572.pdf)

other difficult areas. Given the successful recruitment of five doctors in a process which could be improved and with an uncertain future for the Horton.

The committee accepts that there is shortage of a number of posts nationally, and that the OUH have staff shortages locally, but this is not an insurmountable issue, especially when you consider the good will involved and willingness of key local stakeholders such as Cherwell District Council, to engage and support on this issue in any way they can. HHOSC is of the opinion that there can be a solution on this issue and there is genuine willingness from all stakeholders to make this happen. It is the belief of the committee that this issue is not as difficult as the Trust maintains and needs direction from yourself to resolve the issue.

### *Small unit research*

Research undertaken by Keep the Horton General campaign and the committee's own investigation of smaller units confirms that units with low birth numbers can be staffed and sustained. The reintroduction of training accreditation, which units with fewer births than the Horton have maintained would further help the recruitment situation. The committee feels as though the research and understanding of models in other small units did not feature sufficiently highly in the CCG and Trust's search for innovative solutions and several questions (such as training accreditation) remained unanswered through the process. Instead of aggressively pursuing innovative solutions to a small unit challenge, the CCG and Trust have often been perceived by the committee to be ignoring solutions from elsewhere and to have sought out barriers which confirm their small unit and recruitment challenge. I would ask to you to also consider the Keep the Horton General and committee's own work on small unit models and staffing submitted as supporting evidence (see enclosed document number 2).

For the reasons explained, the committee remains surprised on how the workforce workstream has been dealt with through this process. In addition, HHOSC has learned that despite the uncertainties hanging over the future of maternity services at the hospital, the Trust were still able to recruit five doctors to fill the positions. According to the Trust, feedback from potential recruits to the Horton, is that they are allegedly put-off by the large number of 'Save our Horton' banners displayed around Banbury. These are provided by Keep The Horton General campaign group with the blessing of both Oxfordshire County Council and Cherwell District Council as the relevant local authorities. This apparent observation, which the Trust must have been aware of for some time, has not been shared with the committee, or the any local stakeholders, until the final publication of papers and the HHOSC's latest meeting. Only with the publication of the CCG Board papers did the committee and the wider community, including local councils and the Keep the Horton General group, who have worked tirelessly on protecting the future of the hospital, learn about this issue that could have been easily resolved. The committee remains confused as to why this was not raised by the CCG and OUHFT sooner as it could have led to a swift and positive resolution.

### **Finance**

There is a significant issue outstanding around the finance workstream. Time and again, OUHFT have maintained that the decision would not be a financial one at no point, did the scrutiny of costs required for the resumption of services feature as part

of the HHOSC's programme of work. As a result, the committee found it astounding that the CCG Board papers featured a discussion around capital costs that made the business case for the resumption of obstetric-led maternity services prohibitively expensive.

The committee has heard repeatedly that the resumption of obstetric led services is one on safety grounds, not on financial grounds. HHOSC was very surprised to see costs in the board papers of £17m for the provision of suitable facilities for obstetric led services at the Horton with an alongside MLU. This is all the more surprising as in a study commissioned by the Trust and presented to the Community Partnership Network (a non-decision-making stakeholder engagement forum), in December 2018, the cost of refurbishing the entire Horton site was put at £10m. Please see enclosed document, number 3.

Related to the capital costs, a CQC Inspection report in June 2019 reported concerns about the maternity facilities at the Horton; it recommended the following regulatory actions:

*For most part, the service had suitable premises. The main exception was the Horton MLU where the birthing rooms required refurbishment. Walls in the delivery rooms had exposed plaster and a faded general appearance.....*

- *The trust should review the maintenance contract for the Horton General hospital maternity led unit and ensure the environment and equipment meets agreed standards (see below).*
- *The trust should ensure medicines are stored securely and at the correct temperatures.*
- *The trust should ensure maternity service guidelines are reviewed against current best practice or national guidance.*
- *The service should investigate complaints within in the time frames detailed in its own complaints policy.*

**Source:** CQC Inspection report on OUH<sup>2</sup> (June 2019)

The estate concerns around the Horton maternity services is perceived by the committee as a consequence of a lack of investment by OUH to actively pursue the re-opening of obstetrics at the Horton or maintain that estate for a potential re-opening. The result of this approach now appears to be an increased capital cost to ensure the estate is fit-for-purpose for the options presented. The committee has not had sufficient information to effectively scrutinise the capital investment aspect of the options.

Because of the inadequate information available to the HHOSC on capital costs and the conflicting reports from other sources highlighting wildly different capital investment figures, the committee questions the validity of the figures presented to the CCG Board for its decision. The committee regrets both the introduction of this topic only at the end of the decision-making process despite previous statements to the contrary and the lack of time for effective scrutiny to address the many issues and

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<sup>2</sup> CQC Inspection Report on OUH. [https://www.cqc.org.uk/sites/default/files/new\\_reports/AAA4273.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAA4273.pdf)

unanswered questions that remain on this topic. This reinforces the committee's view that the content of the consultation with the committee has been inadequate.

As highlighted by the examples outlined; despite a much better working relationship and a genuine willingness from the CCG and OUHFT to engage, the committee believes that the scrutiny process itself remains unfilled.

### **Assessment criteria and weighting**

The HHOSC has expressed concerns about the transparency of the options weighting process. In particular the shortlisting of staffing options to decide which to explore further leaves a lot to be desired. When these were first presented to the committee, a number of concerns were expressed to the Trust about how the options had been chosen and the weightings applied. Despite a commitment from the OUH Chief Executive, Dr Bruno Holthof, to revisit the weighting process and share this with committee, and to provide the weightings with Nick Graham, Oxfordshire County Council's Director of Law and Governance before they had been applied, this did not take place.

There was no further communication with the committee re the weighting process and the weightings were only shared with Nick Graham (a week) after the process had been completed. To this day, the CCG maintain that the weightings criteria were shared with the Director of Law and Governance on the 7<sup>th</sup> June, however the email trail clearly shows that this was the 10<sup>th</sup> June (see enclosed document, number 4). As a result, the committee has no confidence in how these criteria have been selected and as a result, cannot assure the public.

This is important because the CCG and Trust have been perceived as effectively creating an opaque bias in how the criteria have been selected and the weightings applied. By their own admission, there should have been more transparency in the process, and this was clearly not the case. Selection of criteria for assessment are always going to be a political issue, and given the process, the selection of the criteria, the involvement of those selecting the criteria (heavily weighted in favour of medical personnel from the Trust), this is not a process in which, as per your direction, the committee, local people and service users have confidence in.

The points above, highlight reasons why the committee believes content of the consultation has been inadequate. It is the view of HHOSC that had content been comprehensively provided and the due process been followed as planned, a different decision would have been reached.

### **Reg 23(9)(c) Interests of the health service or local residents**

Notwithstanding the points above, HHOSC also do not believe the decision to be in the best interests of the residents of Oxfordshire and the wider Horton Catchment area for the following reasons.

#### **The needs of local people.**

Firstly; the needs of local people have not materially changed and the arguments set out in the 2008 IRP judgement still apply. Over the last year, the committee has taken compelling and passionately expressed evidence from many members of the public, mothers, local campaign groups, local politicians, local councils, former Horton doctors, local MPs, and Keep the Horton General campaign group. There is unanimous opposition to the proposals for maternity services and the decision taken by OCCG. Their own extensive survey which has since been discarded shows a clear preference for an obstetric service in the Horton Catchment area.

Whilst the committee accept the guidance given by the IRP that each referral is treated on its own merits, throughout this extensive process, the committee has yet to see any evidence that is of a remotely compelling nature to demonstrate the fundamental needs of mothers in the Horton Catchment areas have changed since 2008. Specifically, as highlighted above, in 2008 the IRP did not support the then Oxford Radcliffe Hospitals (ORH) NHS Trust's proposals to reconfigure services in pediatrics, obstetrics, gynecology and the special care baby unit (SCBU) at Horton Hospital. The IRP did not consider that they will provide an accessible or improved service to the people of North Oxfordshire and surrounding areas. HHOSC has not seen any evidence to suggest anything to the contrary, in fact, our own investigations and the CCG survey show the opposite

There is nothing fundamentally different with the decision made in 2017 or the earlier decision in 2008. Your office and the IRP on both occasions were not convinced by the reasons stated and we would ask you to ponder that as nothing of substance has changed, why would you consider any different now.

### **Views and experiences of Mothers**

This process has not been about finding a way to maintain obstetric led maternity services at all costs, but rather the best service provision for Oxfordshire. Yet the reality of the matter is that there are no winners from the decision taken at the CCG board meeting. This is a deterioration of services for the Horton catchment area who lose an obstetric-led maternity service and a deterioration of services for mothers in Oxfordshire due to the resulting increased pressure on the JR.

HHOSC held a session to hear first-hand from mothers and expectant mothers in December 2018 and the committee is grateful to all those who came and shared some very powerful and moving testimony. This testimony highlighted some of the many problems that having a single led obstetric service brings. From the added stress levels in deciding where to give birth, to issues around travel and parking, to the difficulties facing elder siblings and partners, and most importantly, the added stress to mothers during the birthing process itself. The promised mitigation measures suggested by the Trust are, in the view of the committee, quite frankly, an insult and are items which should have been implemented a long time ago. They are also bordering on the impractical. I ask you to imagine that in the rush to hospital to give birth, trying to locate the right telephone number to call and wait for someone to direct you to the appropriate place to park. Aside from the obvious difficulties for such a course of action for a mother in labour, either alone or accompanied by a partner or family member, this is also bordering on the use of dangerous and illegal advice given how it will distract from driving.

It is clear from the patient engagement workstream, that the overwhelming majority of residents are not only in favour of an Obstetric-led service at Horton, but those in the Horton Catchment area have a much lower satisfaction rating for the provision of maternity services:

- 74% of Cherwell mothers and 97% of South Northamptonshire mothers would have preferred to have given birth in Banbury
- The net satisfaction scores (subtracting the % of those dissatisfied from those satisfied) for mothers giving birth in Cherwell is 12% and for South Northamptonshire -2%
- Deciding on where to give birth causes anxiety for 33% of Cherwell mothers and 28% of those in South Northants

Additionally, on this issue, the committee is concerned by the increased anxiety levels for mothers from the Horton Catchment area. As previously noted, the CCG's own survey showed that deciding on where to give birth causes anxiety for 33% of Cherwell mothers and 28% of those in South Northants. HHOSC found the initial response to these figures from the trust as dismissive which was regretful. HHOSC is also concerned about the possible links between anxiety during pregnancy and the impact this can have on development in later life for babies. HHOSC disagreed with the response provided, and we have included our own research on this (see enclosed document, number 5). This largely an unknown area and the committee is concerned of the potential longer term impacts these increased anxiety levels can have on the population of the Horton catchment area. Notwithstanding this point, it is not desirable that the decision taken by the Trust and the CCG leads to increased anxiety levels for expectant mothers from the Horton catchment area.

Whilst the Trust acknowledges that in an ideal world it would provide two obstetric led units, it is effectively holding a veto over the process in its assessment of what can be resourced, rendering any public, patient and stakeholder engagement as meaningless. HHOSC believes that the Trust will continue to disregard patient experience as a significant indicator of quality provision until they are directed to do you by your office.

### **Travel and access**

As with the previous occasion on which we wrote to your office. The committee has major concerns about transport difficulties between Banbury and Oxford, particularly at peak travel times and in inclement weather. This includes both emergency transport for patients and public transport for patients and relatives. To date, the only official survey of travel times remains that conducted by Victoria Prentis, MP for Banbury and the Trust continue to base assumptions on google maps.

Leaving aside the obvious issues with this methodology, the fact remains that since we last wrote to you on this topic, new road works around the permanency of increased development in the area around the John Radcliffe have led to increased travel times. The already worsened traffic situation is only likely to increase as there is further development in the vicinity of the JR and North Oxfordshire and this remains a very real, albeit incredibly inconvenient situation for the Trust.



During the closure, a dedicated ambulance has been stationed at the Horton to transport high risk mothers in labour to the JR. The CCG recently confirmed the future of this provision. Whilst this is very welcome development, HHOSC asks you to consider the absurdity of this and the lengths the Trust will go to support a pre-determined conclusion.

To say nothing of the extra costs this brings, or the opportunity cost of having that ambulance provision in general service, this further underlines the point that the experiences of mothers have been discarded. The committee heard a number of quite troubling accounts of mothers being transferred by ambulance and the additional stress this brings to what should be a positive experience. Most notably, these included partners having to follow in their own transport / via public transport, with no knowledge of the health of the mother; travelling in the ambulance but the having no provision to return home, and having to make alternative arrangements for elder siblings.

HHOSC has already heard anecdotal evidence of mothers' poor experience travelling between the Horton and the JR, and the pressures on the JR affecting waiting times for women in labour and the work from the survey further underlines this point. The Chief Executive of the Trust, Dr Bruno Holtholf, indicated on another matter (the contract for PET CT scanning on which coincidentally I also wrote to your office in my position as OJHOSC Chair in May 2019), that the OUH do not consider access a priority in its measurement of quality. This was clearly a deciding factor in the trust not originally being awarded the contract for PET CT scanning and is clearly one of the motivations behind this decision. HHOSC believes that like patient experience, the Trust will continue to disregard access as a significant indicator of quality provision until directed to so.

Furthermore, the previous OCCG commissioned parking and travel analyses confirmed that there are acute problems with access and parking at the JR site compared to very few issues at the Horton. The qualitative feedback that Healthwatch Oxfordshire gathered indicates that patient travel and parking times at the JR are between 45 and 75 minutes. These travel surveys are now two years old and has not taken account of increase in population and car ownership during that time.

Whilst the Trust has discussed measures that can be both implemented immediately such as automatic number plate recognition and a priority parking area for pregnant mothers which can be accessed via telephone call, alongside more long-term measures such as increasing parking capacity, the fundamental problems remain.

On the former, these are measure that should have been implemented a long time ago for all mothers, not just those in the Horton Catchment. On the latter, the local planning authority, Oxford City Council, maintain that they will not allow an increase in parking spaces as the JR which means any application will be denied, as has been the case previously.

For the reasons highlighted on travel and access, HHOSC do not believe the decision to have a single obstetric unit at the JR to be in the best interests of the residents of Oxfordshire and the wider Horton Catchment area; whether that be for the immediate or foreseeable future.

## Foreseeable future

The CCG have maintained that this decision is not a permanent decision, but rather one for the foreseeable future. They have also committed to an annual review to assess the situation. Whilst this mitigation would be welcome in the worst-case scenario that you decide to confirm the decision made by the CCG, HHOSC remains deeply sceptical.

Despite pushing the CCG to outline the criteria which would trigger the resumption of obstetric led maternity services, they have to date refused to do so. The committee accepts that this is not simply a matter of number of births but is concerned by the lack of transparency over what would constitute the CCG to restart an obstetric led service at the Horton site. Without this criterion being laid out, the 'foreseeable' future will become an indefinite period of suspended animation for obstetric services which would make the decision taken permanent in all but in name.

## Summary

It is quite clear from the points above that the decision taken is not in the best interests of either the Horton catchment area or Oxfordshire. Contrary to your direction:

- I. Whilst there has been patient engagement, there has been no demonstrable measure of learning from the experience of mothers, their families, and staff who have now been involved in the temporary arrangements for more than a year.
- II. The work has not addressed the implementation issues that have been left outstanding, more particularly how antenatal care is organised and how recommendations to address travel and parking issues will be carried through in practice. HHOSC also remains concerned about some of the antenatal and pre-birthing measures suggested and their viability. Especially given that in the past, on a number of occasions, the MLU's around the county, including that of the Horton, have been closed down with midwives directed to the JR to mitigate staff shortages. Thus, rendering no choice on location for women giving birth and further exasperating the travel and accessibility issues highlighted above.
- III. It **cannot be** demonstrated that the option is in any way the most desirable for maternity services across Oxfordshire and all those who will need them in the future.
- IV. All stakeholders **do not feel** they have been involved in the development of the proposals for change. If this was not true of the past, the CCG must ensure that it is so moving forward.
- V. The vision of the future, especially the opaque status of suspended animation and the lack of clarity around financing is not one that sustains confidence amongst local people and users of services.

I would also ask you to consider the following. Back in 2008, the IRP directed the Oxfordshire Primary Care Trust (PCT) was to carry out work with the ORH NHS Trust to set out the arrangements and investment necessary to retain and develop services at the Horton Hospital. The PCT was to develop a clear vision for children's and maternity services within an explicit strategy for services for North Oxfordshire as a whole.

The ORH was to do more to develop clinically integrated practice across the Horton, John Radcliffe and Churchill sites as well as developing wider clinical networks with other hospitals, primary care and the independent sector. The Independent Reconfiguration Panel advised that the Trust and the PCT were to invest in, retain and develop services at the Horton, as it considered the Hospital to have an important future role in providing local care to people in North Oxfordshire and the surrounding areas.

This direction has clearly been ignored over the past 11 years. Further, the supposed issue around staffing is entirely an issue of the Trust's own making. There was no issue with staffing models until the Trust announced its Phase 1 STP decisions in 2016 which called for no obstetric led service at the Horton. A decision which you and the IRP have subsequently indicated was wrong. This decision prompted a number of doctors to resign, given the uncertain future of the service, leading to the temporary closure on safety grounds and the creation of a frankly unnecessary recruitment problem which was of the Trust's own causing, whilst at the same time neglecting to invest anywhere on the Horton site and removing the training accreditation from the Horton site for obstetrics.

The Trust has, in various iterations, systematically ignored the recommendations of the IRP, previous Secretaries of State, and the CQC and is presenting an argument on manufactured safety grounds to finally achieve a long-held goal of removing obstetric led services from the Horton site.

The committee does not accept that the Trust is doing all it can to recruit the necessary staff numbers. We fail to see how the internationally recognised brand of Oxford University leads to difficulties in this area, yet the OUH can successfully recruit for other difficult to staff areas.

The HHOSC has resolved to continue and to engage with key stakeholders and the CCG and the Trust to work on a positive vision for the long-term future of the Horton Hospital. We welcome the steps made towards positive meaningful engagement. However, we do not accept that it is a binary choice and to embrace this positive vision requires accepting a deterioration in service provision for obstetrics.

Allowing the CCG and Trust to put the future of maternity into suspended animation with no clear gateways for review does no justice to the existing and future population of North Oxfordshire, south Warwickshire and south Northamptonshire. This would also set a precedent for trusts up and down the country to avoid transparent review of service changes.

I appreciate this referral is very detailed and raises many points in support of the difficult decision taken by the committee, but I would also ask you to consider the

following dilemma. The CCG and Trust maintain that this is a decision taken on recruitment grounds for the foreseeable future. Despite the opacity around what conditions would have to be met to reinstate obstetric led services at the Horton, presumably, if this is a genuine commitment and not simply a strategy to avoid referral and or direction from your department, there are local conditions which would result in the re-introduction of obstetric-led services. If that is the case, then the Trust must have a solution for the recruitment and staffing issues. So why not implement it now? Surely delaying the decision does not magically solve any potential recruitment and staffing problems. Either the commitment to the foreseeable future is not genuine, or there must be a plan to solve the alleged recruitment issues. The alternative being the point maintained above, that the committee feels these issues can be resolved.

The relationship between health partners and scrutiny is overall in a much more positive place than when I last had to write to you on this topic, and on other topics, the decision-making process and the scrutiny of those decisions is one that does inspire public confidence. The committee also welcomes the decisions taken to safeguard the future of A&E and Pediatric services. However, none of this takes away from the pertinent points and quite valid reasons for referral outlined above.

This referral to your department is not taken lightly and was always viewed by the committee as an option of last resort. It is however backed by the constituent councils that the HHOSC represents, OJHOSC as its parent committee, and all locally elected representatives, regardless of political persuasion. A motion deploring this decision and welcoming and supporting the referral has been unanimously passed at Cherwell District Council and received overall support (by 52 votes to 0, with 1 abstention) at Oxfordshire County Council. It represents the united views of the wider Horton Catchment area and is supported by all the local surrounding MPs, including your cabinet colleagues. As stated, we now find that despite best efforts on both sides, the committee regrettably refers the matter for consideration by yourself and the IRP again, for the following reasons.

1. Regulation 23(9)(a) – consultation on the proposal for a substantial change has been adequate in relation to content
3. Regulation 23(9)(c) - the decision is not in the best interests of the health service or local residents;

As such, we strongly urge you to consider referring the decisions made and directing the Trust on the clear direction they need to take for the future of the Horton site. As local representatives at all tiers of government, we stand ready to work with Health partners on a positive future vision for the Horton site and recognise the implementation of that. However, we reject the option that it is a binary choice between obstetric led services and a positive vision for the Horton and no amount of new hospital buildings, facilities or services will change a long-held political ambition from the Trust, unless there is direction from your department. In short, the recent mammogram announcement is welcome but does not in anyway detract from the substantive issues set out in this letter.

Let us work together, starting afresh with your decision, and embark on a positive vision for the future of obstetric services in North Oxfordshire, begin recruitment immediately and lift cloud of uncertainty surrounding the Horton site.

I look forward to hearing your response.

Best regards,

A handwritten signature in black ink, appearing to read 'Arash Ali Fatemian', followed by a long horizontal line extending to the right.

Cllr Arash Ali Fatemian  
Chair of Horton HOSC on behalf of the committee and the residents of the Horton  
Catchment Area

#### ENCLOSED DOCUMENTS

1. Minutes of the Horton HOSC (from Sept 2018 to Sept 2019- including DRAFT minutes of the meeting held on the 19<sup>th</sup> of September 2019, to be agreed at the committee's next meeting).
2. Obstetric-Led (small) Unit Research conducted by a) HHOSC and b) Keep the Horton General Campaign Group.
3. Condition Report on the Horton General Hospital, as presented to the Community Partnership Network.
4. Copy of the email sent to Nick Graham on the 10<sup>th</sup> of June 2019 regarding the weighting of options.
5. Appendix 2 of the Chairman's Report Addenda from the 19<sup>th</sup> of September 2019, highlighting the research on impacts of anxiety in pregnancy.