HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Wednesday, 19 December 2018 commencing at 10.00 am and finishing at 5.25 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	Councillor Fiona Baker (Deputy Chairman) District Councillor Sean Gaul Councillor Kieron Mallon District Councillor Neil Owen Councillor Wallace Redford District Councillor Barry Richards Councillor Alison Rooke District Councillor Sean Woodcock
Co-opted Members:	Dr Keith Ruddle
Officers:	
Whole of meeting	J. Dean and S. Shepherd (Resources); R. Winkfield (Adult Social Care)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting together with two schedules of addenda tabled at the meeting and agreed as set out below. Copies of the agenda, reports and schedule are attached to the signed Minutes.

16/18 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

The Chairman welcomed all to the meeting and thanked everybody for giving up their time to come along and give their views to the Committee.

There were no apologies for absence.

17/18 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest.

18/18 PURPOSE AND OUTLINE OF THE MEETING
(Agenda No. 3)

The purpose of this meeting was to inform the Committee's future scrutiny of proposals by hearing the views of all those with an interest in proposals to permanently change obstetric services at the Horton General Hospital. The purpose also was to ensure the recommendations of the Secretary of State and the Independent Reconfiguration Panel (IRP) were comprehensively addressed.

During the day the Committee hoped to hear from all those interested, including the following:

- MPs and local councillors
- Healthwatch organisations in the area
- NHS England
- Relevant commissioners and providers of services across the area in question (for example, the Ambulance services)
- Mothers/families who have been affected, and will be affected, by proposals
- Campaign Groups

The Committee had received the written views from the following organisations prior to the meeting (these were attached to the Addendas for the meeting):

- NHS England South (South Central) – Service Reconfiguration Assurance
- Royal College of Midwives (RCM) – 'Response to Horton HOSC's consultation'
- RCM – 'Position Statement'
- RCM – 'Standards for Midwifery services in the UK'
- Submission from Healthwatch Northamptonshire and South Northamptonshire & Daventry maternity survey highlights
- Royal College of Obstetricians & Gynaecologists (RCOG) – 'Response to Horton HOSC invitation'
- RCOG - 'Providing quality care for women – Workforce'
- RCOG – 'Workforce Report 2017'
- RCOG – 'Workforce Report – Update on workforce recommendations and activities'.
- South Warwickshire CCG – 'Horton General Hospital Obstetric Unit position statement'
- South Warwickshire CCG – Appendix 1a – 'Births Analyst report'
- South Warwickshire CCG – Appendix 1b – 'Births Analysis'
- Responses from Primary Care
- General responses
- Fringford Parish Council – response
- South Warwickshire Foundation Trust – response
- 'Options for Obstetric Provision – final long list as at 29 November 2018'.

19/18 COMMITTEE TO HEAR THE VIEWS OF INTERESTED PARTIES
(Agenda No. 4)

The following people/organisations came along to give their views to the Committee:

Victoria Prentis MP for Banbury and North Oxfordshire (speaking also on behalf of the Rt. Hon. Jeremy Wright MP for Kenilworth and Southam, Warwickshire)

- Spoke on behalf of her 90k constituents on the basis that there was no political difference on this issue;
- Building of new housing in the Banbury area averaged 3 houses per day and the Horton dealt with one third of all Oxfordshire's Accident & Emergency cases – the Horton's services were necessary to the north of Oxfordshire given also the rise in population;
- She remained anxious for the future of maternity as patient safety was of the utmost importance – 20% of mothers were being transferred from the Midwife - Led Unit (MLU) in the Horton to the John Radcliffe Hospital, Oxford;
- Efforts to re-open the Obstetric Unit had not been taken up by the Trust for over two years. There was a need to probe exactly how the recruitment process was progressing. Those at higher risk were transferring during labour to Northampton/Warwick and Oxford hospitals and enduring a very uncomfortable car journey – and some did not own a car – some areas in her constituency were included in the highest level of deprivation in the area;
- Very concerned regarding travel times – length of journey could be very unpredictable due the heavy traffic, accidents, inclement weather etc. and parking charges high at JR. Results of her travel survey had gleaned 400 responses – average time taken to travel and park was 120 minutes – which would not be a very pleasant experience for women in the final stages in labour;
- She read out some short extracts from some shared experiences from women who had contacted her:
- Lady A - she had stayed two nights in an Oxford hotel, at a high cost, to ensure that she could be close to the JR - she found care was not personal and rather like a 'conveyor belt' – in contrast the MLU at the Horton was very supportive;
- Lady B – birth started as low risk, rushed to JR for a C section in a naked state with the midwife holding the baby's head to avoid death – she got to the JR in time because it was a Sunday morning. It could have been a different outcome in weekday or Saturday traffic. She had serious post trauma issues afterwards as a result;
- Lady C – transferred to JR and on the way haemorrhaged due to retained placenta – this was very uncomfortable – her view that the Horton needed to be a fully functioning hospital as Oxford was too far away;
- Lady D – sent to Oxford after her waters broke. She was told that if she felt like pushing she must pull over and call an ambulance. On arrival there were no beds available at the JR and the delivery suite was full, but she eventually delivered in the suite with 15 minutes to spare. No cots were

available until five hours later. Additional staff had been brought in, including midwives from the Horton.

Victoria Prentis MP concluded by asking the Committee to urge the CCG and the Oxford University Hospitals NHS Foundation Trust (OUH) to 'think outside the box' as Oxford was too far away for Banbury mothers in labour.

Councillor Andrew McHugh, speaking as Cabinet Member for Health, Cherwell District Council (CDC), also for Councillor Barry Wood, Leader of CDC, and also as Chairman of the Oxfordshire Health & Wellbeing Board's Health Improvement Board:

- Wished to pick up on the theme he addressed at the last meeting in relation to the offer CDC had made to the OUH/CCG to assist in the recruitment of neo-natal and midwives at the Horton, this offer had been repeated to Jane Carr, Executive Director of Wellbeing, CDC & South Northamptonshire DC. Whilst it was understood that it was not possible to accept CDC's offers of financial inducements, the offer to become a strategic partner with the Trust to deliver key worker housing and to assist with housing on a temporary or permanent basis in the Banbury area still stood;
- OUH had told him that housing issues were not a factor in relation to the lack of applicants for jobs which was unfortunate as this might have persuaded potentially good candidates to apply.

The Chairman commented that the evidence so far was that whatever the Trust did with regard to the recruitment of obstetricians had not been successful.

Councillor McHugh responded that:

- the evidence pointed to the need to revisit the Trust's recruitment campaign. He understood that the Trust had received welcome news of well - motivated applicants from the African sub - continent. He reminded the Committee that Victoria Prentis MP had promised to help with problems suitable applicants had with visas;
- CDC had also offered to form a partnership with the OUH in the development of key worker housing to be situated in the grounds of the Horton Hospital;
- He pointed out that there were nine other units in the country with less than 2k births and offering an Obstetric service, in similar circumstances to the Horton, of which six had been rated as good and one in Gateshead, with 1,826 births, rated as outstanding. All were able to recruit and retain staff and keep their status;
- Failing to re-open the obstetric unit was counter to Health & Wellbeing Board priorities;
- The relationship between CDC and the trust had improved during the last twelve months. As Chairman of the Community Partnership Network he had worked constructively with his health partners on healthy place making and CDC stood ready to do its part to work with the Trust.

Councillor McHugh was asked what objections the Trust had to date with CDC's proposals for ways in which staff could be attracted to the Horton, given the Trust's lack of enthusiasm to date. He responded that the Trust had rejected the principle of 'golden hellos' to successful applicants because it might then have to look at introducing a bonus scheme which did not necessarily feature as a way forward – Councillor McHugh added that it had been accepted that the Trust was genuinely not able to accept offers financial inducements. However, the offer from CDC to assist with housing still stood and it wished to explore all options. CDC may be able to offer transition housing and it had also looked at operating as a strategic partner to the Trust to develop derelict buildings on the site

The Chairman stated that the Committee would have the opportunity to consider this further at a future meeting.

Councillor Ian Hudspeth spoke as a local member whose boundaries were shared (residents in the Middle Barton area who associated with the Horton General Hospital), as the Leader of Oxfordshire County Council and in his capacity as Chairman of the Oxfordshire Health & Wellbeing Board. A common thread of all these was to provide the best medical facilities as local as possible for residents. He made the following points:

- He personally lived in Bladen which was equidistant from the John Radcliffe and the Horton Hospitals, which was a reason to be looking to support the Horton Hospital to receive the best facilities. As local member he understood that there needed to be more than one central hospital for maternity facilities;
- Just as the Royal Berkshire Hospital attracted people from the south of the county, and the Great Western Hospital attracted people living in Shrivenham, then the Horton attracted people from Warwickshire and South Northamptonshire. The Horton was situated in a clear location to do so;
- There were 25k people coming to live in the north of Oxfordshire by 2021 and 22k in the Didcot area. He suggested that there was a massive pressure on facilities in the John Radcliffe and it was important that, besides providing the best services for the people of Banbury and its environs, consideration be given to provide the best medical facilities elsewhere to relieve that pressure. He therefore asked why consideration could not be given by all system leaders to the relocation of the Horton to a more convenient location, such as on the motorway network, where facilities such as obstetrics could be offered.

Councillor Jacqui Harris addressed the Committee on behalf of Stratford District Council and the residents of Warwickshire. She also spoke on behalf of Rt. Hon. Jeremy Wright MP for Kenilworth and Southam and Nadhim Zahawi MP for Stratford-upon Avon. She asked the Committee to ensure that it continued to take into account the cross – border issues and also kept account of any strategic issues. She pointed out that there had been a silence in respect of Warwickshire issues when the matter had originally been consulted on and referred to the Secretary of State. The Committee had a main core role to scrutinise cross border issues and to ask

meaningful, probing and detailed questions of the impact on Warwickshire. She offered her support to this.

She referred to the submissions before the Committee from Warwickshire and asked that it takes up the issues contained in them on behalf of Stratford District Council, or to include the Council in a more collaborative approach.

At the request of the Committee, Cllr Harris undertook to provide the Committee with the statistics in relation to the increase in births of those patients attached to the 6 primary care practices in south Warwickshire and the 9 in the north.

NHS England South (South Central) – Bennet Low, Director of Assurance & Delivery and Frances Fairman, Head of Community. They directed the Committee's attention to the presentation entitled 'NHS England – Reconfiguration Assurance' (attached to the Addenda), which explained NHS England's role, legal framework and key principles and process in relation to Assurance for NHS service change; and the role of the Clinical Senate in service reconfiguration assurance. They thanked the Committee for the questions supplied beforehand, the vast majority of which were not their responsibility to answer. The CCG's role was as clinically - led local commissioners and they were responsible for seeking the answers to questions on options. They identified any options or issues for engagement with NHSE. The NHSE was the regulator, giving initial support in finding best practice and to assure the process. It did not comment on whether the decision was right or wrong, any failings would be around CCG governance. The Senate reviewed the clinical case for the options in an independent way.

Their timeline was variable, from simple 'one-off' meetings with very little to do, to a very lengthy time period (possibly 18 month/2 years) before the CCG would be ready to embark on their consultation. Bennet Low stated that NHSE had completed the assurance of the changes in this process. However, now that the CCG is responsible to the IRP, stage two checkpoint would have to be re-visited after the CCG had been through the senate process. The CCG was aiming for the Board to make the final decision in September. NHSE would then complete its refresh of the whole process to ensure that the CCG had met the time-line they set out.

As a result of a question asking which specific areas of best practice had the NHSE highlighted to the CCG, Bennet Low responded that they usually put areas in touch with similar reconfigurations. They undertook to come back to Committee with specific examples of best practice received.

A member of the Committee asked how the NHSE squared the circle in respect of a reduction in choice (as in the removal of the obstetric service). Their response was that, as part of the stage 2 process, the NHSE wanted the CCG to fully consider the impact of choice in its consideration of the options, as part of their engagement with the public. Tests did not necessarily need to demonstrate an increase in choice – they just needed to consider the impact of choice.

A member pointed out that when revisiting Oxfordshire there was also a need to revisit the full population flow from Warwickshire and Northamptonshire also, together

with the impact of what services would remain at the Horton as well as the impact on the John Radcliffe Hospital.

Bennet Low was asked for clarity on the role NHSE had – he responded that it did not have a say in the model, as the CCG was a clinically-led organisation, but it had legal and regulatory duties and could impose legal proceedings if a CCG failed to comply with its legal and statutory duty. He was asked if the NHSE considered it acceptable if the CCG had considered, but then decided that a reduction in choice was the best way forward. Bennet Low responded that the NHSE would look at the way the CCG had considered it, for example, how it had engaged with organisations such as HOSC. It balanced clinical information with the financial aspect of services also. In the interests of patients, NHSE would be looking at the CCG to provide clinically safe and sustainable options for the population – and to have gone through the process - and, where necessary, to engage to bring in the required expertise to create the long list of options.

He was also asked if the NHSE provided advice if a Trust was experiencing recruitment problems – he responded that the OUH was frequently in touch with recruitment advisers.

In response to a question about how NHSE ensure that the independent evidence of its analysis is evaluated effectively? He responded that the Senate and the Royal Colleges were a good way to do this.

Finally, a member asked now that the CCG was in a follow-up to the IRP, what did it say about the NHSE's assurance the first time? They responded that the process was fine for what they were looking at the time, but that process should have been more encompassing of the wider population and cognisant of what the wider options should be.

The Committee AGREED to thank both for their attendance and for the presentation and invited to return to a future Committee when there were proposals on the table in order to provide information on the assurance process.

Lisa Greenhalgh

Told the Committee that during her first pregnancy she had been diagnosed with complications and referred to the John Radcliffe Hospital, although she lived only 5 minutes from the Horton Hospital. She was discharged from the JR and went home. A little later she acted on advice from the John Radcliffe after she experienced a problem, to go to the Horton where she was treated for the problem and given antibiotics.

She was now pregnant again, and had been diagnosed with the same complication, but this time had been informed that it was not an option to give birth at the Horton. The labour had not been scheduled and she was concerned that she would have to allow potentially 40 - 60 minutes to get to Oxford, depending on the time of day, and then 40 minutes to get the car parked. This was not practical in her view.

She had therefore decided to also register to give birth at Brackley Hospital as she could get there quicker and park more easily. Now she was not unsure of what would happen on the day, which caused her some anxiety, it depended on the time of day she went into labour. This had resulted in taking the practical option of making use of the resources of two hospitals in two counties to plan her labour. She had two sets of appointments and two birth plans.

Mary Treadwell O'Connor

Informed the Committee that she had aimed to give birth at the Horton, but her care required that she be transferred by emergency ambulance to the John Radcliffe Hospital. Her experience on arrival had not been as she hoped due to a lack of available equipment being ready and a lack of support for breast feeding, due to staff being very busy. Her postnatal care given at the Horton was positive following her discharge. She attended follow-up care at the John Radcliffe, which, in her view, could have taken place at the Horton.

A mother (anonymous)

Told the Committee that she had given birth to her first child at the Horton in 2014, when consultant care was still available. Her baby had been born by emergency 'c' section and unfortunately was born with her cord around her neck, and was not breathing. It was her view that her daughter potentially would not have been alive if a transfer to the John Radcliffe had been found to be necessary, and if she had not had the support of the obstetrician at the Horton. Her second baby's birth had been at the John Radcliffe, due to her having contracted a temperature. This was not an emergency and her birthing experience had been satisfactory, as was her postnatal care.

Megan Field

Informed the Committee that she had attended the Horton for the birth of her first child at which her pre-natal care had been 'excellent'. However, due to dehydration she had to be transferred to the John Radcliffe at the end of her labour. She questioned why the midwives were not permitted to administer IV fluids at the Horton. The care she received at the John Radcliffe on her arrival and during the birth had been 'excellent', but her post-natal care had not been so good due to staff being so busy. Her second baby had been born at the Horton where she had received 'exceptional' pre-birth and post-birth care. It was her view that the Horton maternity should be consultant – led and that every woman in Oxfordshire should have an opportunity to have a good experience.

Sarah Squires

Described the care she received at the Horton when the hospital was still consultant – led as 'exceptional'. She was thankful for this as her labour was long and she had an emergency forceps delivery. For her second birth she had chosen the nearer Warwick Hospital, rather than the John Radcliffe due to the A34 being risky and her husband did not drive. She travelled to the hospital for pre-natal check-ups by train, which proved costly and she had to take a substantial time off work. Care provided by

Warwick Hospital was 'good'. As a result of pre - eclampsia she was admitted to the Horton before she was full-term for, safety reasons due to the distance from Warwick Hospital. She underwent an emergency 'c' section at the Horton. Her husband arrived in time for the birth, which would not have been possible if she had given birth at Warwick. She concluded by stating her view that, although she was aware of the shortage of obstetricians, she felt that the care of mothers and their babies came first as a necessity.

Clare Hathaway

Told the Committee that her first baby had been born at the Horton and her second at the John Radcliffe. As she was aged over 40 for both she was under the consultant's care. She pointed out her view that there was now 1 in 25 mothers giving birth over the age of 40 and the demand for consultant care had risen, and was rising. She expressed her concern at the population growth within the Banbury area and also in relation to the length of the journey to the John Radcliffe, which, in her case was never under one hour. Emotionally she felt supported at the Horton, for example, with breast feeding. At the John Radcliffe there had been no support offered. It was her view that efforts in the recruitment of obstetrician recruitment had been 'insufficient' and, she felt that as a consequence, negligence case would only increase costs to the NHS, thus causing a false economy.

Beth Hopper

Informed the Committee that, due to health issues, she was referred to the John Radcliffe. It was necessary to attend each time she suffered an episode which proved to be a high cost in relation to travel and parking. At 22 weeks it was necessary to remain in hospital due to the distance being too great from her home. It was her view that long stays in hospital puts one at risk both physically and mentally. When she went into early labour there was no room available for her husband to stay, neither could he get to the hospital in time for the baby's birth due to the queue in the car park. Due to staff shortages it proved difficult to get food and water.

Unfortunately, her baby daughter died. It took six hours for her to be given another bed in a ward away from new born babies.

It was her view that the distance to the John Radcliffe was too great, and the mother and family experience was not taken into account. Many of her friends had chosen to give birth at Warwick Hospital for these reasons.

Emma Barlow

Told the Committee that, after a 'perfect' previous birthing experience at the Horton, her next involved an emergency 'blue-light' journey to the John Radcliffe. She was in great pain, positioned on all-fours, with the midwife holding the baby's head off her cervix, to prevent strangulation. Her partner and family were unable to visit, due to the distance. No support was offered for breastfeeding until 4 days after the birth. She added that she and her partner hoped for other children but she would want a planned 'C' section in light of her former experience. She and her partners had also

decided to wait until the children were old enough to be left with another family before trying for another child.

The experiences of Sarah Ayre were read out to the Committee

Her first 2 children were born at the Horton which was a ‘lovely and easy experience from start to finish’. Both labours were very quick. She had given birth recently to a third child at the John Radcliffe Hospital and her experience had included hours in travelling and parking time (for example, one time it had taken 2 hours and 45 minutes parking time) and it was always busy in the waiting room. She had been blue-lighted to the John Radcliffe at one point in her pregnancy, which had taken 32 minutes in the middle of the day, which was due to her baby’s slow heart - beat. Just prior to her delivery date she was found to require consultant care which caused her stress that treatment could not be given closer to home. The stress and anxiety she had felt due to the downgrade of maternity care at the Horton had affected her greatly during her pregnancy and she voiced her concern that women living in the Banbury area might think twice about being checked over at the John Radcliffe.

She cited some cases which ‘Keep the Horton General’ campaign had documented during the previous IRP investigation, stating that the points made then applied equally well now. She implored the Committee to refer the downgrade once more to the Secretary of State for reversal.

Councillor Eddie Reeves.

Spoke of ‘Banburyshire being an inconvenient reality’, in that nothing had sufficiently changed which would lead to a permanency of service for mothers. He himself had benefited from treatment given at the Horton, which in his view, gave good service as a local general hospital and he saw no reason why future generations should suffer. It was his view the qualitative experiences, and meaningful evidence of real people should not be ignored by the NHS, and the fact that this had remained a genuine concern for three counties, was important. He added that the centralisation of care was not in the best interests of the patients and he welcomed the recent decision to keep Accident and Emergency and paediatrics in the north of the county. The reinstatement of a full maternity service, to include obstetric care, was also required. Moreover, the risk of having to travel by blue light to an ‘increasingly impenetrable John Radcliffe’ was, in his opinion, too great. He concluded by stating that this Committee needed to send out a clear message to the CCG and the Trust to consider this and act upon it.

Adjourned for lunch 12.39 pm
Reconvened at 1.15 pm

South Central Ambulance Service NHS Foundation Trust

Mr John Black – SCAS Medical Director and Member of the Trust Board and Mr Ross Cornett – SCAS Oxfordshire Acting Head of Operations attended the meeting.
Barry Richards declared a non-pecuniary interest

Mr Black and Mr Cornett responded to questions:

- Responding to a question about an acceptable transfer time for the waiting ambulance at the Horton to the JR, Mr Cornett advised that the decision would be clinically based on each occasion. The figures the Committee had received did not differentiate between cases transferred under blue - light or not. He added that sometimes speed would not be best for the patient. Mr Black added that the focus was on clinical risk.
- They had looked at the critical incident reporting system for transfers and no significant transfer incidents had been reported for maternity. Asked about incidents involving sub-contractors Mr Black confirmed that in the event of a serious incident it would still come through SCAS. Asked about serious incidents after transfer but due to a delay in transfer Mr Black advised that it was possible that they would not have this information in their figures and that it might be held by OUHT. The Chairman noted that this was a question to ask the Trust.
- Members were reminded of the transfer data included in the CCG paper to the Committee in September.
- Mr Cornett confirmed that based on his experience if the patient was stable and comfortable then it could take 2 hours to transfer to the JR if traffic was bad. However, he stressed that this would only happen where it was clinically appropriate not to transfer under blue - light. Asked whether it was safe Mr Cornett stressed that the panel of clinicians were tried and experienced. He was confident of their ability to make safe judgements on transfers. Mr Black added that transfers were not done in isolation but would involve the midwife.
- Questioned about the impact of the temporary ambulance being withdrawn Mr Black confirmed that the figures they had were door to door. The mean response time for Category 1 calls was 7 minutes.
- Mr Cornett, responding to a comment from a member that they had heard harrowing stories about transfers that the SCAS seemed unaware of, undertook to look into it. Mr Black added that there were numerous ways to raise concerns.
- Mr Black, asked whose decision it would be to withdraw the temporary ambulance replied that OUHT were the commissioners. He would expect SCAS to be involved and there was a very comprehensive modelling process. They wanted all patients to have the best medical care and the services to achieve world class outcomes. They were used to adapting to changing transfer pathways. They worked closely with commissioners and were well aware of the national issues and worked to provide the best use of all resources.

<u>High Steward of Banbury, Sir Tony Baldry</u>

Sir Tony Baldry commented that in recent years by default each County area was tending to have a single general hospital nut that in Oxfordshire the geography was not suitable for that. For centuries Banbury had been a sizeable market town and until mid - 1990's Banbury had been at the centre of its own health area. He stated that it was at least an hour journey time from Banbury to the JR and that taking away the consultant led maternity care took away choice. The choice of a maternity led unit was not a real choice. Given the not insignificant risk of transfer in labour it was not surprising that the numbers choosing the Horton had decreased. He thought it difficult to see that the recommendations of the 2007 review would be overturned. It was about redirecting funding with those living in North Oxfordshire, South

Warwickshire and parts of Northamptonshire at a disadvantage. The maternity services provided would be significantly worse.

Councillor Tony Ilott, Banbury Town Council

Councillor Tony Ilott spoke highlighting the housing growth in the Banbury area and particularly in his Ward of Hardwick. Traffic congestion was not getting better and would be made worse by the numbers of people coming to live in Banbury. He commented on the lack of parking at the JR where it had taken him 20 minutes to find a parking space on a recent visit. People should not be expected to travel for 90 minutes from Banbury to the JR when in pain, frightened and unsure what was going on.

Royal College of Midwives(RCM)

Gabby Dowds - Quinn and Linda Allen

- Commented that any reconfiguration should be robust and evidence based with a focus on evidence based clinical safety.
  - Whilst supporting the temporary closure the RCM had always been concerned at the transfer times to Oxford. If it was possible to achieve the necessary middle grade doctors with training and recruitment, then the Option with 2 obstetric units with an MLU would benefit their work. Otherwise if there was no improvement in recruiting of middle range doctors then Option 6 with a single obstetric unit at the JR was preferable.
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- Noted that the home birth option had been overlooked.
- Referred to the national recruitment picture noting that they were not attracting new people and that older midwives were retiring.
- Commented that staffing needed to be adequately funded and explained how modelling took place using Birth Rate Plus, a recognised national tool. There was no evidence to suggest the ideal size of unit. Some smaller units were successful.
- Explored the role of an MLU by reference to the 2011 and 2013 Birthplace Study. The MLU can be part of the community hub. It is as safe as a hospital-based service but is not suitable for all women. The numbers using the Horton MLU had reduced and there would be publicity to attract its use. There was evidence of greater satisfaction levels with MLUs than traditional labour wards.
- Stated that women need to have a choice based on the best possible evidence and that it be open for them in consultation with their midwives to change their minds at any point.

Gabby Dowds - Quinn and Linda Allen responded to questions:

- Asked about incidents where birth was considered low risk but then at the very last stage complications develop meaning a transfer is necessary Ms Allen that usually there was time to transfer and take action because of the monitoring that takes place.

- On transfers she noted that there was no evidence that transfers had not been done appropriately.
- Responding to a suggestion that recruitment was being controlled to support the argument for closure Gabby indicated that there was no problem recruiting midwives to the MLU at Banbury. It was suggested that it would be helpful to see the West Cumberland model on network staffing.

The Chairman indicated that it was helpful to hear their views first hand and that any information they could provide on the viability of smaller units would be helpful.

Testimonies

The following experiences were read out by Julie Dean:

Dora Miodek

Her pregnancy was high risk and therefore delivered at the John Radcliffe. On the occasion when her waters broke she walked to the train station and then caught the bus on her own. The train was full and she was not offered a seat. It was a ‘very difficult’ experience as she suffered from anxiety issues.

Emma Austin

Gave birth at the John Radcliffe in the evening and it had taken 40 minutes to travel there by car. Had it been in the daytime she would have had her baby in the car. Her baby was in the special baby care unit for 7 weeks. After a week her partner had to go back to work as they could not afford for him to be off work. She had also to take her daughter to school each day. There followed a 90 minute trip for her and her two year old to the John Radcliffe each day to see her baby in the special baby care unit. Some days it would take up to an hour to find a parking space, even with a parking permit. Taking this into account, and the travelling time, and the need to return home by 3pm to pick up her daughter from school, she was only spending approximately two hours a day with her newly born baby. As a result the bonding process was not taking place, and she was unable to feed him his bottle, as times were not conducive. During the two hours she was there, she had to express milk due to him having a milk allergy, but it had proved impossible to express a sufficient amount because she needed to bond more with him, and have skin to skin contact. Her baby then caught sepsis and was in a critical condition within a matter of hours. She nearly lost him and was not able to be at the hospital all the time during this time. It had proved to be a long and traumatic seven weeks. If the baby had been at the Horton she would have been able to spend more time with him, hence to increase the bonding experience and also to spend more time with him when he was so ill.

She had given birth to another baby prematurely in 2016 and he was in the Horton’s special care baby unit. She was very aware, from first - hand experience, of the difference it made to bother her and her baby’s care. She could spend more time with him, they bonded and she was much more emotionally and physically stable.

Lorraine Squire

Had her baby at the John Radcliffe, leaving three children at home. She had experienced a ‘dreadful’ journey home for 40 minutes following her ‘c’ section, ‘which put her back on her recovery’.

Julie Wells

Told the Committee that she had given birth to her first child at the Horton and the care and birthing experience she had received was ‘fantastic’. He had spent the night following the birth in hospital in order for the midwives to be sure her baby was feeding well.

The experience she had in April 2018 with her second birth was very different. During her pregnancy she had experienced anxious thoughts about whether it would be necessary to give birth at the John Radcliffe. At 8 months into her pregnancy her health problems required her to do so. She gave birth to a son at 8 months, who, due to breathing problems was cared for in the special baby care unit. All her family worked, and, as a consequence, her husband was unable to travel to the John Radcliffe, park and then drive back in order to look after their older child. Her husband was only able to visit them on one occasion in 5 days. Despite the ‘very good’ care she received at the John Radcliffe, this resulted in ‘loneliness and depression’. She and her partner were considering having a third child but, as a geriatric mother she would be required to give birth at an alternative hospital. She concluded that it would be ‘a great relief’ to know that the Horton was able to cater for her. Moreover, to receive the care she had in 2014 would make the birth of their final child ‘a true joy’.

Charlotte Bird read out the experiences of **Julie and Daniel Neil** and of **Laura Bourne** that illustrated the difficulties and additional distress caused by a transfer during labour and calling for the retention of a local maternity service.

Taiba Smith

Gave birth at the Horton Hospital in 2014 by emergency caesarean section. She had a positive experience of childbirth and received good care from the midwives who knew her and whom she trusted. The postnatal experience was also good.

It was necessary for her to be under the care of a consultant for her second pregnancy in 2015. Travel to the John Radcliffe was ‘especially traumatic’ as some days the journey had taken over 2 hours which meant her husband had to stay behind to pick up her daughter. It was stressful experience because she was seeing doctors and midwives whom she did not know and had not built up trust in. She lost the baby when she was 6 months pregnant and she had gone through the majority of that experience on her own. She felt that had she received the care closer to home they would have felt differently about the situation looking back. She became resistant to fall pregnant again, the main issue being that she would have to attend appointments on her own due to childcare.

Eventually she became pregnant again and had her second daughter at Warwick Hospital. She paid a high sum for a doula to attend the labour as her birthing partner so as not to leave her daughter without either her husband or herself. This experience affected her and her husband greatly. He had missed out on the scans and appointments for the baby who is not here now.

The downgrade therefore affected their lives both before and after the birth. She had experienced it from both perspectives, from before the downgrade and after. It not only affected expectant mothers but also their families. It was a lonely experience. She also expressed her concern as a long-term taxpayer who was denied the local care she deserved.

Videos

At this point the Committee viewed two videos, one from Victoria Prentis, MP looking at the traffic congestion and parking problems at the JR and the other from Sophie Hammond referring to the care she had received at the Horton when full maternity services had been available and contrasting that with the current situation.

Sophie Hammond

Mrs Hammond referred to her experience when suffering complications during child birth. It had left her with doubts about the care currently available. Child care is a risky business and needs the immediate attention of a qualified team when things go wrong. She stated that since the downgrading of the Horton to an MLU there was mounting evidence that the JR was unable to cope. She referred to a survey where 95% of women responding would prefer to give birth at the Horton if the obstetric unit was restored. She referred to the accounts given by mothers and provided to the Committee and hoped that they provided a damning indictment of the current position and evidence of the betrayal of the health needs of women.

Kayleigh Jayne Carter

Mrs Carter described her experience of using the MLU and JR during problems with her pregnancy, labour and care afterwards. She contrasted the faultless service she had received at the Horton compared to the problems encountered at the JR and commented that the staff at the MLU must find it frustrating to be able to attend only the low risk births.

Nadine Thorne

Mrs Thorne described her experience of the JR and that it had been busy but ok. Her concern had been that her husband after not sleeping for 36 hours had then to go back to Banbury on his own. There had been delays in some aspects of her care including delays in her release due to a lack of midwives but she stressed that generally the care she had received had been ok.

Roseanne Edwards with Kathleen Nunn and Haifa Varju

With Roseanne Edwards two mothers, affected by the downgrade of maternity services at The Horton, related their experiences. The distance made it difficult to receive visitors and one mother had paid for hotel accommodation in Oxford prior to the birth so worried was she about travel to the hospital from Banbury. Mrs Edwards added that she had a dossier of similar experiences that she could refer to the Committee if they wished.

Keith Strangwood

Keith Strangwood, read out a detailed statement from Abigail Smith a mother who during pregnancy had been transferred to the JR from the Horton MLU. Due to a need for monitoring she had been kept in the JR. The staff had been brilliant, but she had seen that they were rushed with missed observations. She had been kept in for some days and then induced. The staff were stretched which had led to failures in some aspects of care including: 24 hours with no food; the time it took for various procedures including the time it took to be stitched following the birth; not being given the chance to see her baby before being moved to the wards. She highlighted the problems for her family of being so far from Banbury. It was difficult to visit and travel and parking costs were greater than to Banbury.

Mr Strangwood questioned where Lou Patten and Dr Bruno Holthof and governors of the Trust were as they were not present to hear the evidence being presented. Mr Strangwood also asked that a decision be reached quicker than next September.

The Chairman, indicated that Catherine Mountford had been attendance all day and that other representatives of the Trust had also attended.

The Chairman read out the statement of Robert Courts MP

Mr Courts was unable to attend the meeting and declared his opposition to the ongoing downgrade of the maternity service to a midwife-led unit (MLU). He therefore requested that a number of points be made for the Committee to take into consideration.

His concern for his constituents living in rural areas who would first go to the Horton Hospital for the immediate help they needed, to then be transferred to the John Radcliffe, should their risk levels increase. He was very much afraid that this would lead to loss of life. He stated that it was imperative that the right services be in the right areas to help those who needed them the most;

His opposition to the permanent downgrade of the Horton MLU status, and given the uncertainty of the Chipping Norton MLU, the Oxfordshire CCG needed to take action to ensure local residents had access to the maternity services they needed.

It was his view that the CCG needed to work with other local authorities to address the recruitment issue, which played a significant role in the challenges currently faced. Moreover, more could be done to recruit medical staff in Oxfordshire as a

whole, and the CCG and the Trust must work with Cherwell District Council to try to solve this issue at the Horton, in particular.

Georgina Orchard

Mrs Orchard described the positive experience of having her first baby at The Horton. Ante natal care was a very positive experience.

Vicki Gamble

Due to the requirements for extra tests at the John Radcliffe, she had decided to go to the John Radcliffe for the birth. She was sent home to Banbury but soon after started the journey back to the John Radcliffe when her contractions became regular. She could not let the maternity unit know of her arrival due to the telephone being permanently engaged. Her baby daughter arrived in the car on the hard shoulder of the M40. The ambulance team contacted the hospital to tell them that she was coming in for midwifery attention. The care she received in the delivery suite was good but having her daughter on route was not the safe birth she had planned. She and her husband had chosen the John Radcliffe due to the higher risks and had the risks been realised the situation could have been worse.

Having heard all the first-hand accounts made at the meeting, the Chairman thanked all the speakers, Banbury Town Hall for the accommodation, the Committee Members and Keep the Horton General for encouraging those who came forward to give their testimonies. He also thanked the representatives from the OCGG and the OUH for their attendance throughout the meeting in order to hear the testimonies.

.... in the Chair

Date of signing ....