HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Friday, 28 September 2018 commencing at 2.00 pm and finishing at 3.55 pm

Present:

Voting Members:

Councillor Fiona Baker
Councillor Arash Fatemian
District Councillor Sean Gaul
Councillor Kieron Mallon
District Councillor Neil Owen
District Councillor Barry Richards
Councillor Alison Rooke
District Councillor Sean Woodcock
Councillor Mark Cargill (In place of Councillor Wallace Redford)

Co-opted Member: Dr Keith Ruddle

Officers:

Whole of meeting — Strategic Director of Resources; Director of Law & Governance, Julie Dean and Katie Read (Resources)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

1/18 ELECTION TO CHAIRMAN

(Agenda No. 1)

Councillor Arash Fatemian was elected as Chairman of the Joint Committee.

1/18 ELECTION OF DEPUTY CHAIRMAN

(Agenda No. 2)

Councillor Fiona Baker was elected Deputy Chairman of the Committee.

1/18 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 3)

Cllr Mark Cargill attended in place of Cllr Wallace Redford.

1/18 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 4)

Cllr Sean Gaul declared a personal interest on account of his wife being in employment for an Oxfordshire Health Service employer. Cllr Arash Fatemian also declared a personal interest by virtue of his child being born at the maternity Unit at Horton Hospital.

1/18 PETITIONS AND PUBLIC ADDRESS

The following requests to speak at Agenda Item 7 had been agreed:

- Jenny Jones-Claydon – as a member of the public;
- Keith Strangwood – as Chairman of 'Keep the Horton General' campaign Group
- Cllr Andrew McHugh – Cabinet Member for Health, Cherwell District Council

Jenny Jones – Claydon

Jenny Jones spoke as an informed member of the public with more than 10 years' experience attending meetings associated with the Horton Hospital. She stated her view that the list of options was incomplete. She stated that when the Oxfordshire Joint Health Overview & Scrutiny Committee was addressed in August 2017, she had indicated that the General Medical Council would allow each of the obstetrics trainees from the John Radcliffe Hospital to work 8 hours per week at the Horton. It was her view that no attention had been given to this by the CCG. She asked that this be included as an additional option.

With regard to the engagement plan to consider the options, it was her view that responses to questions from the public on the website contained so much 'spin', adding that this was not a substitute for face-to-face dialogue. She pointed out that the CPN Plan was non-statutory, asking that OUH and the CCG do not use this non-statutory status as reasons not to answer questions.

Keith Strangwood

Keith Strangwood pointed out that the obstetrics unit had now been closed for two years. He made reference to some individual cases of mothers who had given birth which he had personally sent to the members of the Committee, and stated that there were many more cases to follow.

He also made reference to certain information currently in the media that this Committee did not have the power to refer again to the Secretary of State, which was

not the case, but that there would be no concrete decisions made by this Committee until May 2019. He expressed a hope that this matter be not 'pushed into the long grass again' as the mental stress this had caused had been substantial.

He urged the Committee to opt for option 9 in the paper, it being the only viable one in his view.

Cllr Andrew McHugh

Cllr McHugh expressed his concern that, in his view, a safe maternity service could not be delivered at the Horton on the grounds that it had proved impossible to recruit sufficient staff, this having been under threat since before 2008. He referred to the high living costs in the County and the costs of housing, albeit these were lower in the Banbury area. He made reference to a report produced by the Royal College of Nursing which suggested that the recruitment of obstetricians and gynaecologists was set to improve which should attract candidates for employment at the hospital. Cllr McHugh stated that Cherwell District Council believed that a safe and efficient obstetrics service given at the Horton Hospital would lead to a vibrant future for the hospital, whilst leaving the complex cases to the John Radcliffe Hospital. He pledged that Cherwell District Council would work collaboratively with the OCCG to re-establish an obstetrics service at the Horton. In conclusion he urged the Committee to approve option 9.

1/18 TERMS OF REFERENCE

(Agenda No. 5)

The Committee's Terms of Reference (HHOSC6) were before the Committee for approval.

The Chairman pointed out that, by virtue of the agreed Terms of Reference, the Joint Committee held the full powers of referral to the Secretary of State without the need for the decision to be referred back to each Council for approval. In addition, substitutes had been allowed at the request of Warwickshire County Council.

In response to a question from Cllr Cargill, the Chairman explained that the numbers of representatives on the Joint Committee from each Council was in proportion to the percentage of births at the Horton Maternity Hospital for the last full year.

The Committee **RESOLVED** to approve the Terms of Reference.

1/18 REFERRAL TO THE SECRETARY OF STATE

(Agenda No. 6)

The Chairman presented the background to the referral by the Oxfordshire Joint Health Overview & Scrutiny Committee and outlined the Secretary for Health and Independent Reconfiguration Panel recommendations (HHOSC7).

The Joint Committee noted the report.

1/18 RESPONDING TO THE RECOMMENDATIONS: A PROPOSED APPROACH

(Agenda No. 7)

The Chairman welcomed the following representatives to the meeting:

- Chris Panel – Northamptonshire General Hospital
- Sue Lloyd – Obstetrics/Gynaecology – Northamptonshire General Hospital
- Anne Hargrove – South Warwickshire
- Lou Patten, Sarah Adair, Veronica Miller and Catherine Mountford - Oxfordshire Clinical Commissioning Group
- Kathy Hall and Sarah Randall – Oxford University Hospitals Foundation Trust

Lou Patten gave a brief overview of the situation from the OCCG's perspective, stressing that Accident & Emergency and Paediatrics services would remain at the Horton and the OCCG was espousing a main focus on planning services, rather than buildings, in order to give a vibrant future for the Horton. The future service planning was linked to a growing population and its growing health and care needs which would lead to, over time, service change at the Horton. She added that, at this meeting, the OCCG intended to share the draft plan and to glean the Joint Committee's views and comments on the scope of the work and to identify if anything was missing, having learned the lessons from the Secretary of State's comments in relation to the referral. It was anticipated that there would be monthly updates to the Committee, as well as HOSC meetings, on how work was progressing.

Sarah Adair spoke of the CCG's plans for stakeholder involvement and a patient experience workstream, to be conducted in an open and transparent way. The CCG would be seeking the views of women and families who had used maternity services across Oxfordshire, including people in north Oxfordshire who had used the obstetric unit at the Horton. These views would be brought into a report to be used in an options appraisal to list the final options.

Veronica Miller stated that a report would be produced describing what maternity services currently look like, to include information from the ten community midwife teams, the four freestanding Midwife-Led Units, the Spires Unit alongside the John Radcliffe Hospital and the main obstetric delivery suite and the tertiary unit at the John Radcliffe Hospital. This would also include information on regional referrals across Oxfordshire, the neo-natal unit at the John Radcliffe Hospital and the transitional care facilities for families. She added that there was close working in place with Warwick Hospital, where mothers were given options for where they wished to deliver their babies. Referrals were accepted from other authorities and a border was shared with Northamptonshire. Sarah Adair added that the paediatric, urgent care team in Accident & Emergency would also be included.

Catherine Mountford added that very detailed information on activity and population modelling had been received and shared, including statistics on, for example, where mothers had given birth and, if the obstetrics service had been needed, where these mothers had come from. Analysis had not yet commenced on information received regarding housing growth for surrounding areas. The CCG aimed to have a full list of

all potential options and would work with this Committee to determine the method of appraisal.

Questions asked by members of the Committee and responses received, were as follows:

When asked if the ambitious timescales should be revised, Lou Patten responded that the workstreams would be scoped out in the next four weeks, after which realistic timescales would be determined.

A member expressed his frustration at the need for information and data to support yet another consultation. Lou Patten responded that the IRP had made clear that there was a need for an additional specification focusing on key groups and staffing. Information and data gathered would be added to what was already known.

A member spoke of his concern at the ambulance transfer times from the Horton to the John Radcliffe Hospital, the maximum time of two hours being too long and the range too high. He raised his concern also about how long the temporary ambulance arrangement at the Horton Hospital would be in place. Veronica Miller responded that the Banbury to Oxford and Oxford to Banbury had now been recognised as a good road for travel. Over the last two years there had not been an increase in poor outcomes. The member responded that this statement did not take into account the range of travel time which was 40 minutes to 2 hours, and did not take into account incidents on the road. Also, the temporary arrangement with the Ambulance Trust to keep an ambulance at the Horton in readiness for emergency journeys to Oxford, could be withdrawn at any time. Veronica Miller responded that transfer times were monitored. The focus was on outcomes and over the last two years there had not been an increase in poor outcomes. In response to a question about whether this non-increase could be related to other mothers being diverted to other hospitals, Lou Patten stated that average transfer times would be revisited, together with contingency plans for weather warnings/accidents and where mothers went for alternatives.

A member expressed her concern that the same attention with regard to consultation and engagement was not paid to Northamptonshire residents. The data provided was based on today's population, but the local plans had been produced up to 2031. Cherwell and South Northamptonshire were aware of population growth up to the next 12 years. Two thousand houses were scheduled to be built in Brackley, some of which had already been built and people were waiting to move in. Population growth is not for the future, it is happening now. Catherine Mountford responded that the CCG was in possession of all the population growth information up to 2031 and what that entailed.

A member commented that the public had to be able to put its trust in this consultation and she was keen for the voices of local people to be heard, as they were the local experts. There was also a need for the whole of Oxfordshire, South Northamptonshire and Warwickshire to be taken into account when considering the number of suites available, to reflect, practically, the number of people who could utilise the units. For example, if there were more births recorded in the Spires birthing Unit, this would affect people from across all the counties. Lou Patten responded that

the number of suites in Midwife-Led Units (MLU) would be included. The consultation would have a definite focus on local voices and, in light of the comments today on travel times and contingency planning, these would be reviewed. She wanted to ensure that people were aware that the CCG had a very strong clinical vision for Oxfordshire.

The Chairman stated the importance of the CCG making the distinction between transfer times (in an ambulance) and travel times for a person not in an ambulance.

In response to concern from a member of the Committee, Lou Patten stated that the CCG would consider the impact on the family of extended transfer times and multiple demands on the dedicated ambulance.

A South Warwickshire member expressed his concern about cross-border co-operation between authorities and his belief that this should be looked at nationally. Lou Patten responded that Oxfordshire CCG was keen to ensure that South Warwickshire was appropriately engaged in the options and their analysis. He asked also why there was a recruitment problem at the Horton. Veronica Miller responded that there had been successful recruitment at the Horton, but it was a very competitive market and there was limited opportunity to further careers at the Horton. Staff saw other opportunities and went elsewhere. She added that the retention of doctors had been a problem nationally. Sarah Randall added that OUH would be transparent about rotas and recruitment/retention practices across professions. In response to a further statement that if prospective applicants felt that the Horton offered security of tenure, then perhaps more people would apply there for jobs, Veronica Miller responded that job stability was available to applicants as the terms of contract offered 2 years plus of job tenure. In terms of midwife numbers, Sarah Randall reported that there was currently a shortage of 39 midwives. However, due to the ongoing recruitment campaign, by December it was anticipated that an additional 40 would be coming to Oxfordshire.

A member of the Committee commented on the importance of ensuring west Oxfordshire population housing and growth data was contained within the options, as there was no mention of it in the papers. He also asked the CCG to consider market share, not just market size, for example, to take account of an increased number of births as a proportion of the population (sensitivity analysis). He also advocated the views of the Royal College on the possibility and viability of options. Lou Patten agreed to refine option 4, with market share in mind and to seek the views of the Royal College.

A Committee member asked whether the options presented would give mothers a choice about where to give birth, expressing also a wish to see an assessment of which options were safe. Lou Patten responded that the scoping of each option would include an assessment of safety.

Lou Patten was asked how cost-effective was the transfer of money out if Oxfordshire to neighbouring county trusts; and could it lead to the Horton's Midwife Led Unit (MLU) being under threat? She replied that money followed the patient and patients exercised their choice. She undertook to share statistics in relation to this. A member asked a further question as to whether the fall in numbers of mothers choosing the

Horton was due to concern on their part of a possible two hour journey to Oxford in the event of complications – and would this lack of demand pose a threat to the viability of the MLU? Veronica Miller replied that there was a national drive to establish MLU's in local environments. She assured the Committee that demand would increase once the future plans were known. Lou Patten added also that there were other people coming to Oxfordshire which helped the figures. She undertook to share the statistics on this matter with the Committee also.

A member made reference to the Shrewsbury & Telford NHS Maternity Unit experience which was currently in the media. Veronica Miller stated that the contributing factors were awaited. She stressed the importance of proper risk assessment and good communication policies between free-standing Midwife -Led Units and Obstetric Units.

The Chairman stated that it was unclear what was in or out of the scope and a detailed look at the survey was required before publication, together with more clarification on the engagement period and the consultation period. He asked if there was any weighting behind the criteria for appraisal of the options. Lou Patten undertook to share the details of the survey and the weighting of options. Moreover, she stated that there would be full transparency on the appraisal process, which was likely to be a two - stage process. She added that the IRP recommendations were about further engagement and the need for consultation would be dependent on the outcome of the options appraisal and engagement.

It was suggested by a member that the CCG might consider accepting views from the public via the 'Keep the Horton General' in order to maintain the anonymity of the people giving their opinions. A further suggestion was for mothers to give their evidence via a third party. Lou Patten agreed that this was reasonable and they were welcome to testify before this Committee in this manner.

A further suggestion for the consultation with stakeholders was for the CCG to consider who else they might like to talk to, for example, with future mothers.

A member suggested that the CCG be requested to indicate how the data would be tested and analysed to assess the need in a robust way, including where families had or were being diverted to other hospitals. It also needed to include information on the impact of demand should the Horton become a centre of excellence. In response to a question, Catherine Mountford assured the Committee that the outcome of the work to involve stakeholders in the development of proposals would be taken through the Clinical Senate.

On the conclusion of the questions the Committee **AGREED** the following:

(a) at a meeting of the joint Committee to be arranged in early/mid-November 2018 the CCG and OUH will share the following:

(i) a more detailed scope for each of the proposed workstreams and a realistic timetable for completion;
(ii) a review of transfer times between the Horton and John Radcliffe Hospitals for mothers needing obstetric interventions and the contingency plans for when

there are multiple demands on the dedicated ambulance or severe traffic delays, etc;

(iii) a clinical view on the acceptability of the quoted transfer times (30-120 minutes) from the Horton Hospital to the JR;

(iv) an overview of the data on mothers who have ***chosen*** to go to other hospitals because of the situation at the Horton and where those hospitals were;

(v) analysis of the current and future demand for services at the Horton, including an assessment population growth as a result of future housing and growth plans;

(vi) a comprehensive engagement plan that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire;

(vii) further refinement of the options (particularly option 4) to take account of the population share of births, as opposed to just the size – i.e. some sensitivity analysis.;

(viii) an overview of the cost of patients going out-of-county vs. the income received from patients coming to the Horton;

(ix) the questions in the proposed survey before this is sent out;

(x) detail about the options appraisal process and any weighting of the appraisal criteria; and

(xi) further information about the approach to recruitment and retention of midwives and doctors at the Horton.

(b) an 'opinion-evidence gathering meeting' will be held in December 2018 for the Horton HOSC to hear the views of key stakeholders, the public and interested parties in order to inform the Committee's future scrutiny of CCG and OUH plans. The Committee agreed to initially invite the following witnesses (this is not an exhaustive list):

- The Local Medical Committee
- District Councils
- Healthwatch (across Oxfordshire, Warwickshire and Northamptonshire)
- Royal Colleges
- NHS England
- Thames Valley Clinical Senate
- Interested professionals (e.g. midwives, obstetric trainee doctors, middle-grade doctors, consultants)
- The Ambulance Service
- Mothers / families who are or have been affected by the loss of obstetric services at the Horton
- Campaign groups

1/18 FUTURE MEETINGS

(Agenda No. 8)

It was **AGREED** that the next meeting would be in November 2018, there would be an evidence gathering meeting in December 2018 and a possibility of further meetings in January and April.

..... in the Chair

Date of signing .....

HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Monday, 26 November 2018 commencing at 2.00 pm and finishing at 3.18 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	Strategic Director for People and Director of Public Health; Julie Dean and Sam Shepherd (Resources)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

10/18 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

All members were in attendance.

11/18 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest.

12/18 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 28 September 2018 (JHO3) were approved and signed as a correct record subject to the following:

Minute 5/18

- Correction to the first paragraph of the of the section headed Jenny Jones relating to the obstetrics trainees
- The final sentence of the second paragraph of the section headed Jenny Jones to read:

  "She pointed out that the CPA was non-statutory, asking that OUH and the CCG do not use this non-statutory status as a reason not to answer questions.

Minute 8/18

The list of representatives be corrected to read

Anna Hargrave, Chief Transformation Officer, South Warwickshire CCG
Veronica Miller, OUH; and
??

13/18 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 4)

The following request to speak at Agenda Item 7 had been agreed:

- Keith Strangwood – as Chairman of 'Keep the Horton General' campaign Group

Keith Strangwood referred to option 5 in Appendix 5 on the long list of options that had been submitted to the September meeting. He queried why this had been removed from the current list of options. He noted that there was no mention in the papers before the committee of the loss of income from Warwickshire and South Northamptonshire. He made reference to hundreds of individual cases of mothers which had been sent to Members and he expressed the hope that they had had an opportunity to consider these. He went on to detail an individual case as an example of the experiences of mothers giving birth. He highlighted that buildings needed to be part of the consideration of options. Mr Strangwood further commented on issues within the papers and queried whether the current staffing levels at the John Radcliffe Hospital and the Horton Hospital provided a safe level of care. The Chairman responded that the information on income into and out of county was one of the areas that the Committee was expecting a response on.

14/18 RESPONDING TO THE IRP AND SECRETARY OF STATE RECOMMENDATIONS

(Agenda No. 5)

At its last meeting the Joint Committee asked the Oxfordshire Clinical Commissioning Group (OCCG) and the Oxford University Hospitals Foundation Trust (OUH) for the following information for consideration at this meeting:

- A revised programme plan for addressing the recommendations of the Secretary of State.

- A comprehensive engagement plan that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire.
- Further information about the approach to recruitment and retention of midwives and doctors at the Horton.

The Chairman welcomed the following representatives to the meeting: -

Richard Bailey, NHS Nene CCG and NHS Corby CCG
Sarah Breton, Head of Commissioning, OCCG
Ally Green, Head of Communications, OCCG
Kathy Hall, OUH
Anna Hargrave, Chief Transformation Officer, South Warwickshire CCG
Veronica Miller, OUH
Catherine Mountford, Director of Governance, OCCG
Louise Patten, Chief Executive, OCCG

Catherine Mountford presented the report, drawing attention to the table setting out how points raised at the meeting in September were to be addressed. She also drew attention to paragraph 3.6.3 that proposed that 2 options be removed. The paper gave a more detailed scope for the work and a realistic timeline. Responding to the points raised by Mr Strangwood she clarified that the original option 5 had been omitted from the updated options list by mistake and should be included giving 10 options in all. There was specific work on finance included in the workstreams.

Ally Green presented the draft engagement plan set out at Appendix 1 which had been further developed using the useful feedback at the previous meeting. She referred to a small workgroup that had met to discuss what information was wanted from the survey. A decision on the company to deliver the survey would be made in December.

The Chairman thanked representatives for the work undertaken and the greater detail included in the paper. Referring to the timescale he noted that the final Board decision was scheduled for September 2019. He understood the need to ensure that the work was done properly but would like to see it progress quicker. He found the table useful and hoped that there would be no further delays.

During discussion the following points were made:

- Members expressed disappointment that the review of transfer times requested for this meeting was not available and was included in a future workstream instead. This was a vital question for local residents and it was hoped that the work could be progressed and come back quickly.
- A member queried when the CQC report of the maternity unit at the John Radcliffe Hospital (JR) would be available. Kathy Hall advised that the report was expected in January.
- Members queried the timeline and in particular challenged the delay due to local elections. Catherine Mountford indicated that the position on election purdah was the result of clear instruction from NHS England.

- A member who had attended the work group commented that it had been a good meeting looking at the patient survey. They had looked at the criteria and had not set the questions although he was clear that the survey should get at the whole patient experience. He referred to the patient experiences included in the information supplied to members by the KeepThe Horton General campaign group and asked that the survey reach such a fine - grained level of detail and include red flag incidents.
- There was support from a member for training accreditation who expressed the view that there was no magic number that made training viable but instead it was about support and supervision. If options were revisited he hoped that training be included.
- When looking at point (b) on page 12 there should be consideration of how mothers going into labour at night and without their own transport would get to the JR. Catherine Mountford confirmed that time of day and access to transport would be included in workstream 5c.
- Asked whether given staffing issues at the JR Option 4 on page 34 of the papers was viable, Veronica Miller accepted that staffing was a national challenge. Choices had to be made about where to place staff to provide care. Recruitment continued. However, she stressed that there was the capacity to run a safe service at the JR.

The Chairman in moving the recommendations commented that the original option 5 was to be included, that it had been confirmed that there was flexibility to add options if the training model was considered, that focus groups would be flexible and take account of sensitivities. The Chairman added that in agreeing the timeline it should be clear that this represented the maximum time it should take and not a minimum and he hoped that a decision would be possible before September 2019.

The Horton Joint Health Overview and Scrutiny Committee **AGREED** to:

- Confirm that in the opinion of the Committee the proposed approach and plan outlined will address the recommendations of the Secretary of State/Independent Reconfiguration Panel.
- Confirm that the Engagement plan presented is comprehensive and allows for full engagement in the work streams and appraisal process.
- Note and endorse the revised timeline which has extended to ensure fuller engagement throughout the work streams as requested by the Horton Joint OSC and the period of political restriction prior to the local elections.
- Note the revised timeline would indicate that further meetings of the Horton Joint OSC for the proposed gateways should be held in February and June 2019 (previously January and April 2019)
- Agree that the priority now is for OCCG and OUH to proceed to implement the plan.

15/18 MIDWIFERY AND MEDICAL STAFFING RECRUITMENT AT OXFORD UNIVERSITY HOSPITALS NHS TRUST (OUH)

(Agenda No. 6)

Veronica Miller presented the paper that summarised current and past efforts to increase recruitment of midwifes and obstetricians.

During discussion the following points were made:

- A member asked whether enough was being doing on retention and that if people recognised that it was a great place to work and live recruitment and retention would improve. Kath Hall in noting that turnover was down undertook to provide a note.
- Members referred to an offer from Cherwell and South Northants District Councils to put a package together and queried whether OUH had actively engaged with the councils. Kathy Hall advised that they had spoken with Cherwell District Council on recruitment fairs, for advice on housing markets and on access to affordable lettings. She undertook to go back to the District Councils to discuss this matter further.
- Responding to a query about recent shortlisting where nothing further had happened Veronica Miller assured members that the delay had been down to illness but that all those shortlisted were still coming to interview. None had been lost.
- Referring to the number of applications received, against those shortlisted and appointed a member questioned whether the correct criteria were being set. A member also queried at the drop off in the percentage of successful appointments and hoped that this was not intentional. Veronica Miller explained that nothing had changed and that it was important to appoint to set criteria.
- Members referred to the closure of local units in order to transfer staff to the JR and were advised that this was a normal response to demand and had happened over a number of years.
- Members explored the local picture on recruitment compared with the national position and noted that Oxfordshire was successful in recruiting from overseas compared to the picture nationally.
- A member querying whether the JR was short staffed asked for information on numbers of neonatal nurses before the closure and the number of cots and maternity nurses at JR. Veronica Miller stated that this information while not available at the meeting could be obtained. Veronica Miller added that they were running a safe unit with excellent outcomes and they were proud of the care provided.
- Members discussed the impact of recruitment and retention and leadership on the issue on staff morale levels and were advised that morale was a national problem.
- A Member highlighted a survey by Oxfordshire Healthwatch and queried whether the Committee would see that information. Kath Hall stated that there was an ongoing official NHS staff survey with results in the New Year.

In noting the paper the Horton Joint Overview and Scrutiny Committee asked for the following further information to meeting following the evidence gathering in December:

- An information note on retention
- Detailed information on numbers of neonatal nurses.
- Detailed analysis of the recruitment process for doctors
- Share the report findings – Birthrate plus
- Information on discussions with Cherwell District Council on a formal package of measure to attract applicants.

..... in the Chair

Date of signing 2018

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.

High Steward of Banbury, Sir Tony Baldry

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 .....

HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Monday, 25 February 2019 commencing at 10.30 am and finishing at 11.55 am

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	District Councillor Neil Owen
	Councillor Wallace Redford
	District Councillor Barry Richards
	District Councillor Sean Woodcock
Co-opted Members:	Dr Keith Ruddle
Officers:	
Whole of meeting	Sam Shepherd and Julie Dean (Resources)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting together with a schedule 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.

1/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Sean Gaul, Councillor Kieron Mallon, Councillor Alison Rooke and Councillor Adil Sadygov.

2/19 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

The Chairman, Councillor Arash Fatemian, declared a personal interest in Agenda item 5 on account of his former employment with Pragma.

3/19 MINUTES

(Agenda No. 3)

The Minutes of the last two meetings held on 26 November 2018 and 19 December 2018 were before the Committee for approval and signature.

It was **AGREED** that the Minutes for 19 December 2018 be carried over to the next meeting on 11 April 2019 for approval, in order that the maximum number of Committee members could be present to agree them.

The Minutes of the meeting held on 26 November 2018 were approved and signed as a correct record. There were no matters arising.

4/19 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 4)

The following request to speak at Agenda Item 5 had been agreed from
Councillor Andrew McHugh – as Cabinet Member for Health and Wellbeing, Cherwell District Council

He re-stated the wish of Cherwell District Council (CDC) to see obstetrics re-established at the Horton Hospital and offered CDC as a strategic partner to work with the Trust and/or the CCG to help ensure that this was achieved.

Councillor McHugh welcomed the Trust's decision to embark on a recruitment programme in South Asia. He had become aware, from a reliable source, that there were a number of highly trained, highly motivated and highly suitable candidates in both nursing and medical roles. He understood that the campaign in South Asia had been focusing almost exclusively on recruiting nursing and midwifery staff. If this was the case, he felt that this might call into question the seriousness of the Trust in trying to recruit doctors for obstetric posts at the Horton. He suggested that the Committee re-visit the commitment of the Trust in relation to this.

He stated that he had attended a stakeholder engagement event, organised by the CCG, concerning options for the Hospital. He felt it was well organised, and was pleased to see that the CCG had taken on board the points raised by Councillor Hudspeth at the 19 December meeting of this Committee. He had suggested that there could be a re-drafting of the catchment areas for the future obstetric service. Councillor McHugh pointed out that the CCG report before the Committee today included CCG projections for additional births based on predicted housing growth. These predictions predicted between 800 and 1600 additional births per year by the year 2031 in an expanded Horton catchment area. He wished to emphasise to the Committee that these projections were based on current District Council projections and did not factor in any additional growth that was likely to come with the Oxford-Cambridge arc. He added that what he thought the projections showed was that it would be possible to establish two mutually supportive obstetric services – one at the Horton and one at the John Radcliffe, sharing the 8.5k (approximate) births per year.

Another point raised at the stakeholder engagement meeting was that the John Radcliffe had spare capacity. He refuted this, pointing out he had understood from reliable sources that the system was under stress, the system that, in order to deal with pressures of demand, had had to close the midwife-led unit at the Horton, in order to redeploy midwives to the John Radcliffe. It was his view that two obstetric units would be able to mutually support each other to balance out the peaks and troughs in demand in the two locations.

He informed the meeting that the purpose of the stakeholder day was to review the criteria by which the various options for obstetrics in Oxfordshire would be compared. There were 14 separate criteria covering domains of quality of care, access, affordability and value for money, workforce and ease of implementation. He pointed out his belief that one domain had been ignored which was deprivation and health inequality. The CCG had responded that health inequalities was covered in the first two domains. He reported that he was unconvinced of this, stating that one of the reasons why he wanted the obstetric service to be maintained at the Horton was in order that a service could be delivered to the women and families of the deprived areas in Banburyshire and West Oxfordshire (he was not disputing that the 11 wards in Oxford and Abingdon were also in the first or second decile for multiple indices of deprivation, but these were within easy reach of the John Radcliffe Hospital. The remaining wards were situated in Banbury). Councillor McHugh reminded the Committee that the link between deprivation and poor health outcomes was clear. Numerous studies had reinforced this link, more specifically in obstetrics, a possible link between deprivation and more severe maternofetal morbidity had been identified in the work of Convers et al, published in the friend journal Gynaecology, Obstetrics and Fertility in April 2012.

He concluded that any future decision on obstetrics across Oxfordshire that did not see the reintroduction of an obstetric service at the Horton would be embedding and formalising health inequalities for the deprived communities of Ruscote and Grimsbury. He believed it essential for openness and transparency that the effect of each of the options before the Committee on deprived communities in Banbury and surrounding area was assessed alongside the other 14 criteria. He requested the Committee to scrutinise this.

5/19 RESPONDING TO THE IRP AND SECRETARY OF STATE RECOMMENDATIONS

(Agenda No. 5)

The Oxfordshire Clinical Commissioning Group (OCCG) and the Oxford University Hospitals Foundation Trust (OUH) were present to report on progress with regard to the following workstreams:

- Travel and Transport
- Clinical Model
- Housing Growth and Population
- Engagement Work – Stakeholder events and Survey

The Chairman welcomed the following representatives to the meeting:

- Louise Patten, Chief Executive, OCCG
- Catherine Mountford, Director of Governance, OCCG
- Ally Green, Head of Communications, OCCG
- Veronica Miller, Clinical Director, Maternity, OUHFT
- Kathy Hall, Director of Strategy, OUHFT
- Professor Meghana Pandit, Medical Director, OUHFT
- Sarah Breton, Head of Maternity Commissioning, OCCG
- Anna Hargrave, South Warwickshire CCG

Louise Patten introduced this item stating that the primary concern of this update was that of the visionary work taking place by Cherwell District Council and the ongoing work of the revised Oxfordshire Health & Wellbeing Board (HWB). The CCG had established a Stakeholder Group which aimed to look at potential need, and what needed to be put in place. Over time, this would be looked at from a local perspective. She reported that the first Stakeholder Group event, which had very recently taken place on 22 February 2019, had been well attended and had been presided over by a neutral Chair. There was a good mix of representatives across the table, including people from Warwickshire and Northamptonshire. It had proved to be a good opportunity to give information, and to discuss the weighting of the criteria, which had previously been shared with this Committee. She undertook to provide more information on the discussions which had taken place, at the next meeting of this Committee.

Ally Green took the Committee through the first part of the report (HHOSC5) which concentrated on the engagement regime (agenda pages 27-30), the two main areas of work being the survey and focus groups and two stakeholder events. The survey, which was due to be launched immediately following this meeting, was to aid understanding of the experiences of women who had used the maternity services since the temporary closure of the obstetric service at the Horton. The stakeholder group was holding two events with the aim of engaging wider stakeholders in the work of the programme. Both events would be facilitated by an independent, external professional who would also write up the reports on each.

Ally Green reported orally on the first event to which some elected members had attended. The second event was planned to take place in June 2019. The purpose of the first event was to consider information, including evidence and data relevant to the criteria, most of which was included within the papers for this Committee. Participants were asked to focus on considering the criteria to be used for addressing options and deciding on a weighting to be applied. The scores from this would be collated and used to finalise the scores for each option. The aim of the second event was to consider the outcomes of the option appraisal.

She further reported that the survey had been launched at the same event, which was an integral part of the programme. The planning of the survey would be undertaken by the OCCG, together with some members of the group who helped appoint the engagement supplier (including Keep the Horton General Campaign Group). Pragma had been the engagement supplier appointed to work on it. There had been many comments on, and feedback given, on the questions to be used for the survey, with a view to their refinement. The areas it covered were;

- The planning of the birth, including the choices available to women;
- The experience of the women during labour;
- The experience of women during post labour; and
- Transport.

She added that the survey would be very detailed and there was a need to get it right for it to be a platform to be tested. Details of the work would be shared with the local media in order to attract as many responses as possible.

Catherine Mountford then took the Committee through the remaining workstreams contained in the paper ie. workstream 4 on activity and population modelling in relation to the size and share of the market (pages 31 – 40): workstream 5c Travel and Access (pages 41 – 65) and the options for obstetric provision (page 67 – 70). This paper was presented to the Committee as a draft for discussion and comments were particularly invited on:

- Were the assumptions about the shift of baseline towards the Horton by geography reasonable? and
- Should other options be modelled?

Questions and Responses received, together with comments from Committee members

- A member commented that it was pleasing to see work on housing growth but asked about the increase in the number of births and sustained housing growth across Oxfordshire. Wouldn't this put another pressure on the John Radcliffe rather than just the Horton? Louise Patten undertook to take this away and to bring a response back to the Committee;

- With regard to pages 31-33, tables 6 and 14 – what are your thoughts about the decline in ambulance response times in Oxfordshire from 79% to 59%? Are you comfortable with this? – Catherine Mountford responded that the statistics were based on calculations of changes in time. The CCG had balanced various factors when arriving at these. She also commented that the CCG was not particularly happy with the decline in ambulance response, but there was a requirement to look at all factors, including the need to provide a safe service;

- In response to a comment that the Trust was prioritising staffing issues over where its patients were, Veronica Miller stated that it was very important to deliver services to those women who were in need of the services. The Trust had been told nationally to try to reach a target of 80% of babies delivered on site. The Trust had improved the numbers of women able to access the service whilst increasing the baby survival rate. She appreciated that the Trust must provide care, but it was more important that delivery was in the right place. The Chairman, in answer to this, asked if the Trust should make travel times longer for the most deprived, or should it find a way to deliver where the most deprived were?

- A member asked if the CCG/Trust were looking to justify their preferred way forward via a survey, in the face of all the harrowing experiences told to the Committee at its meeting on 19 December? Ally Green commented that she understood this point of view because she was aware that increasingly, surveys were being called upon to forge a way forward. However, the IRP had requested that this be undertaken as an exercise in reviewing the problems. The CCG was inviting all women to come forward to tell of their birthing experiences since the Obstetrician Service had ceased at the Horton. What the Committee needed to know was that the results were not as predicted. There was an assumption that many women

would not respond to the survey and it had been recognised that there would be a need on the part of the CCG to give extra encouragement to them. In addition to this, Pragma, an independent company who had been appointed to undertake the survey, had been tasked with analysing the outcomes, to ensure confidence in the capturing of the experiences of women. If this was not reached, then there were plans to hold focus groups and/or 1:1 interviews. To add to this, the stakeholder group had requested that some members of the 'Keep the Horton General' Campaign Group look at the survey beforehand in order to make arrangements more robust than previously;

- A member directed the Committee's attention to Table 3, page 46, in relation to Midwife Led Units (MLU). With regard to the Cotswold Unit, the South Central Ambulance Service (SCAS), when they attended the meeting on 19 December, advised the Committee to add a minimum of four minutes to the times if there was not an ambulance on site. This should be reflected in the data. Catherine Mountford stated that this could be reflected going forward – these were statistics from the last few years;

- A member reminded the representatives present that, at the 19 December 2018 Horton HOSC meeting, SCAS were unable to answer the questions relating to patient experience and transfer times because they did not provide the dedicated ambulance at the Horton. A member commented that the figures on ambulance transfer times which compared the Horton to other MLU's was not comparing like with like because of the dedicated ambulance. It was the Committee's view that Category A response times should be shown if the dedicated ambulance was not available. Catherine Mountford responded to say OCCG could present figures which included what the transfer times would be with a usual ambulance. A member stressed the importance of including the practical experience of patients using the ambulances;

- A member commented on the importance of ensuring the capture of experiences of those people who were deprived and difficult to get to groups. Moreover, that the detailed level of responses included in the survey would not just cover Oxfordshire, but the other Local Authorities involved also;

- It was also hoped that reasonable rises in birth rate statistics, up to 2k, to 2031 would be used when the option analysis was reached. Also, when revisiting training status, it would be ensured that the options were flexible enough to allow creative thinking. There were 34 small units across the county, each with less than 2k births. Of these, 10 were using hybrid models and some had retained their training status. In his view, the OUH was capable of sustaining these units. He hoped for a good, objective look. Veronica Miller agreed that a look at all small units was important and Kathy Hall would be including all of those units with smaller birth numbers. She had met with the Royal College of Obstetricians who were exploring a number of different models. In response to a question asking if this would be undertaken by the Trust, Kathy Hall responded that OUH would do the

work with the Royal College providing independent guidance, and would bring this back to the Committee an analysis of the list of units which had 2k births or less and their training status.

- A member asked for clarification in relation to the recruitment policy, asking who was the Trust recruiting for, the John Radcliffe or the Horton Hospital; and where were the current post holders working during the closure of the of the Obstetric Services at the Horton? Veronica Miller responded that it was for the Horton, to support the Obstetric Unit and they were currently working at the John Radcliffe Hospital. She stated that she had taken on board the opinion of the Committee that the Trust was advertising for a job that was not there. The Committee felt that this could give the wrong impression, would feed into the narrative and lead to a pre-determined outcome. Kathy Hall stated that previously, Obstetrics were asked to go to other placements for good practice. She also felt that, to have an independent person looking at it was a very good suggestion, and the Trust would be more than happy to do this. She reminded the Committee that this was part of the workstreams not being reported on at this meeting;

- The Chairman queried when the financial analysis would be available. Catherine Mountford stated that this had been a complex piece of work and more information would come to the next meeting;

- A member declared his acceptance that the Trust had a recruitment problem which had led to Obstetrics having to close, but he was still not able to understand how a Trust with an international brand, as the John Radcliffe Hospital had, was unable to recruit to this service. The Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC) at a recent meeting, had heard how the Trust was recruiting nurses from all over the world, why not obstetricians? He had been led to believe that eminently qualified American doctors were wanting to come over to this country to work. He asked if obstetricians would still leave their posts if there was more of a momentum to undertake Trust - based recruitment only? Professor Meghana Pandit responded that Obstetricians faced a very high-density clinical specification and there were more obstetricians dropping out of training than any other clinical specification. She added that the OUH was trying to be as creative as possible in order to attract people to work including a training regime which involved several units, including educational training and clinical support etc. To date the Trust had been unable to appoint 9 or 10 suitable candidates all in one go, which would lead to ongoing recruitment. It had been made clear to candidates that once the Trust got to that number of appointments, then it would enable them to make the transition to their place of employment which would be the Horton;

- In relation to the challenges facing the Trust regarding recruitment, Louise Patten undertook to take a look at the smaller units operating in other parts of the country, in particular at those smaller units in places outside of London. She also referred to the moves from Oxfordshire to be considered for similar London weighting. The Chairman added that, on the other side

of the coin, a clinician could very easily live within 5/10 miles of the hospital in places which were cheaper to live. This could be explored. Kathy Hall stated that the Trust was keen to explore all options, including some of the suggestions made by the Committee. She added that the Trust was in conversation with Cherwell District Council and had engaged with the Community Network Partnership giving updates. The Trust did genuinely want to work with all, with a view to engaging the right people with the right skills. The Chairman welcomed this, stating again that it required a bigger shift, rather than relying on the John Radcliffe Hospital branding. He asked Veronica Miller if there was now a sufficiency of staff working at the John Radcliffe to be able to move over to the Horton, to which she replied there were not. He asked if there was a means by which the current obstetricians could have their contracts extended in order to cover work at the Horton (which could lead to a number of births returning to the Horton)? Veronica Miller responded that there was an issue concerning the coverage of obstetric units nationally. The skills of those at the John Radcliffe differed to the skills required the Horton and rotas would be affected – it was an accreditation issue. She added that the Trust was looking to increase the number of doctors training and qualifying in this area, adding that perhaps the John Radcliffe could work at gaining a reputation in the ability to train doctors in this area in order to satisfy the need. Veronica Miller reminded the Committee that this was an issue for the Royal College of Obstetricians & Gynaecology to address, not the Trust. Primarily there was a necessity to provide a safe service. She assured the Committee that the Trust would be exploring and covering all issues and options in its quest to bring the Obstetrician training back at the Horton.

- In response to a question about what numbers were needed if the John Radcliffe and Horton Hospitals was an integrated site, Veronica Miller explained that this needed to be looked at in depth as it was not straightforward, and indeed very complex. Different tiers were involved. She was also asked if two Obstetric Units with no Special Baby Care Unit would be viable. She responded that was not as straightforward as it seemed as there would be a need to look at the statistics in depth. She assured the Committee that this would be covered in depth in the options;

- A member made a plea for flexibility when looking at the ways in which it could be done, in the interests of the patients and public. If there were consultants working at two different sites, it would be about using a number of different methods. The Royal Sussex Hospital Trust, in Brighton was a good example of this. Catherine Mountford responded that the CCG was doing this work and discussions were taking place with the Royal College of Obstetricians and Gynaecologists. She added that one of the options was to ask another provider to undertake it. A provider session with hospitals in Oxfordshire, Northamptonshire and Warwickshire was to be set up to discuss possible models.

The Committee asked if the work which remained still matched with the planned timescale. Catherine Mountford stated that the decision-making meeting was on course to take place in September 2019, but this depended upon the NHS Assurance

process. The meeting planned to take place on 11 April could go ahead and confirmation would be given for the 24 June 2019 meeting in due course.

All representatives were thanked for their attendance.

6/19 CHAIRMAN'S REPORT

(Agenda No. 6)

The Chairman's report was received.

..... in the Chair

Date of signing .....

HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 11 April 2019 commencing at 2.00 pm and finishing at 3.30 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	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 and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

7/19 ELECTION OF A DEPUTY CHAIRMAN
(Agenda No. 1)

Councillor Wallace Redford was elected Deputy Chairman of the Committee for the duration of the Municipal year 2018/19.

8/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 2)

Apologies were received from Councillors Sean Gaul and Adil Sadygov.

9/19 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 3)

There were no declarations of interest submitted.

10/19 MINUTES

(Agenda No. 4)

The Minutes of the meetings held on 19 December 2018 and 25 February 2019 were approved and signed as a correct record (HHOSC4).

There were no matters arising.

11/19 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 5)

The Chairman had agreed a request to address the Committee in relation to Agenda Item 6 from Charlotte Bird, representing 'Keep the Horton General' campaign.

12/19 RESPONDING TO THE IRP AND SECRETARY OF STATE RECOMMENDATIONS

(Agenda No. 6)

Prior to consideration of this item the Committee was addressed by Charlotte Bird, from 'Keep the Horton General' campaign group (KTHG) who was speaking on behalf of Sophie Hammond also of KTHG.

She informed the Committee that investigations carried out by KTHG had found that, despite the information given to this Committee that hospitals could no longer be registered as a training centre for obstetricians if they had less than 3,500 births per year, this information was false. To date the Group had found other hospitals with births amounting to this figure who were operating with obstetricians. She informed the Committee that KTHG would be offering a paper to the Committee's next meeting, which would include data on this. It would also be offering viable options for a viable and sustainable unit at the Horton.

The Chairman welcomed the following Health representatives to the Committee:

- Dr Bruno Holthof, Chief Executive, Oxford University Hospitals Foundation Trust (OUH) attending on behalf of Louise Patten, Chief Executive Officer, Oxfordshire Clinical Commissioning Group (OCCG);
- Veronica Miller, Clinical Director, Maternity, OUH
- Kathy Hall, Director of Strategy, OUH
- Catherine Mountford, Director of Governance, OCCG
- Ally Green – Head of Communications, OCCG
- Kate Barker, Deputy Director, Strategy & Planning, Northamptonshire CCG (NCCG)

<u>Survey</u>

Catherine Mountford introduced the report HHOSC6 stating that, in relation to engagement, the largest area to update the Committee on was the survey, which was currently live and open. Ally Green highlighted the following:

- to date 958 women had been surveyed and 450 partners had also completed the section which invited them to give their views;
- Pragma who had been appointed to run the survey were very pleased with this response to date and hoped to reach a thousand respondees in what was a very lengthy survey;
- Three focus groups for women to discuss their experiences had been planned, the first of which had taken place that morning in Wantage and there would be two in Banbury. There had been plans to run a focus group for partners only, but there had been insufficient interest. Instead partners would be involved via a slightly different way which would still be a means of gathering in depth information on their perspective;
- The second event was taking place in June. Information on these events were available on the front page of the OCCG website in date order to encourage use and to raise awareness.

The Chairman asked if there was any information on how many of the people who had responded to the survey lived within the Horton catchment area and how many lived outside of it. Ally Green responded that Pragma was looking at the geographical spread against the baseline and was satisfied that there was a reasonable spread across the geographical area. A member of the Committee stated that some of the invitations had been sent out from GP practices based in South Northamptonshire and Warwickshire. He urged the CCG to ensure that there was a robust response from these areas which would look both ways and similarly from hard to reach areas. Catherine Mountford responded that they had a catch-up call with Pragma the following week to see if there were any additional areas that they needed to focus on to encourage a response – or even to give additional time to. She extended her thanks to KTHG for promoting the survey. Kate Barker also assured the Committee that they were doing all they could to ensure a good response from South Northamptonshire and South Warwickshire - and had sent the letters out from their GP practices in good time. Ally Green added that PRAGMA was monitoring this and, as a result, it had raised concerns about the demographic spread. Fewer Polish and Eastern European communities had responded. To remedy this the CCG had published advertisements in Polish and had sought the help of community workers in Banbury who had gone out to groups to encourage people to respond. Ally Green added that a website link was also available with screening questions.

In response to a question asking if OCCG had a bank of full data, or was everything received added to information which had been gleaned in the past? Ally Green stated that OCCG was not discounting all that had been received over a period of time. She added that the Secretary of State for Health had requested that public opinion be gathered across the area in order for views to be fully understood. Kathy Hall added that OUH had also gathered data on patient experience for various exercises and surveys.

<u>Recruitment</u>

Veronica Miller introduced this section explaining that the staffing required depended upon the size of the service. The John Radcliffe Hospital was a tertiary centre, looking at complex foetal medicine. 15 doctors who were starting out on their training were required, but only 12 were in post. She also highlighted the complexity of this,

due to factors such as maternity leave etc. and it rotated frequently. She added that qualified doctors in training had to pass core competencies for the additional skills that were required to do the job. Doctors who had reached year 4 and above were competent to work alone. As they became more experienced by the end of 7 years, they were exposed to more complex cases and thus received more training and additional experience. At the end of year 6 – 7 they undertook specialist training and focused on becoming specialist consultants, which took a further 2 years. Some became specialist consultants, some general consultants. Gynaecology specialists, were requested to attend certain sessions which were speciality – based. Thus, if one was looking at different models of how to run these services there was a need to look at different tiers of staffing. Rules had changed, and doctors no longer undertook shift patterns of the past. The rules for new doctors specified that they had to be compliant with junior doctor conditions of service. This was different for trust grade doctors. Kathy Hall added that workforce modelling would be included as part of the assessment of all options. She told the Committee that the rules had changed since 2016 to ensure compliance with junior doctors' service. Terms and Conditions of Service were expected to be followed.

Comments and questions from Members, and responses received, were as follows:

- A member commented that the IRP advice given in 2018, stipulated that 7 doctors were needed, to the required 9 and currently there were 2 in post, asking what had happened to the other five? – Veronica Miller explained that this accorded with the drop-out rate nationally, which amounted to a 30% attrition rate. The Royal College of Obstetricians and Gynaecology had opened up another entrance level to the profession at stages 3 and 4. This had led to some doctors entering the national trainee scheme at stage 4. Of these, most had taken up consultant posts elsewhere. Also, some had already been working their notice. Kathy Hall pointed out that this breakdown had been provided in a previous paper – and offered to circulate it again.
- A member made a plea to start with a clean sheet, which would very helpful as it was easy to build in a set of assumptions. In a short time, the Committee would be looking at a set of options, together with models and practices elsewhere and innovative practice required a fresh approach. In this respect, it was also important for the Committee to understand the details of different models and practices elsewhere, in relation to clinical viability. This would include, for example, practices at Harrogate and Lancaster;
- A member commented that it had proved helpful to use clinical research fellows as a temporary plugging solution from 2012 for 3 to 4 years. In response to a question about whether this particular option was totally out of the question, Veronica Miller stated that the option of running solely on clinical fellows had been taken off, adding that no details of this were available as they related to the running of academic programmes. However, staffing was being looked at, and different health specialities were also under investigation. She emphasised that this option was not being discounted totally, but in reality, with the numbers in question, running it exclusively with clinical research fellows was not a robust way of

managing it. She added that it was also too difficult to find sufficient numbers of people of the required calibre.

Financial Analysis

Catherine Mountford, in introducing this section of the report, pointed out that the OCCG had both looked at, and noted, that they and OUH had erroneously provided tables showing differing calendar and financial years.

A member commented that valuable data from current and previous years was missing which would have provided a comparison with which to study how far birth rates had dropped and the associated decline in income for the Trust. This had been asked for at a number of occasions by this Committee. Catherine Mountford agreed that there was a need to provide historical information in relation to the commissioning spend for the same period. She undertook to bring those workstreams together for the next meeting of Committee. She clarified that OCCG had presented the Committee with information as the work, based on current activity flows, had been completed on catchment populations and housing growth.

Kathy Hall added that there was a need to show the Committee the difference between specific services in order to give a more complete picture. This would include a breakdown of all the figures.

Dr Holthof stated that OUH wanted to provide an excellent service regardless of the money, adding that skilled professionals across all services in Oxfordshire had a tough time in Oxfordshire. The biggest challenge was how to ensure that enough patients were treated, with insufficient numbers of staff to do so. A member commented that the Committee still needed to be convinced that efforts were being made to make maternity services more attractive at the Horton, for women to feel that they wanted to give birth there.

Option Appraisal Process

Catherine Mountford, in introducing this section of the report which outlined the option appraisal process, emphasised that CCG wanted this to be as open and transparent as possible. She added that weighted scorings would not be the only part of the decision, an engagement exercise would also be undertaken on a written proposal and recommendation. She asked if the Committee would like to look at the engagement exercise.

A member enquired why would the scoring exercise be undertaken without a decision on the weightings? Ally Green explained that the weighting had already been completed at the first stakeholder event in February 2019. The scorings would be collated by an external team and the weightings would be applied afterwards.

A member put forward the view that the manner in which the weighting was determined would then determine the outcome. Catherine Mountford responded that this was the reason why stakeholders were involved in the weighting activity, and OCCG and OUH had not taken part in the activity. Kathy Hall added that this process was based on good practice.

Whilst the Committee agreed with the concept of separating the weighting from the scoring, it felt that this was rife with potential problems, such as it being an invisible process. Somebody had to judge on the process of deciding which was important, how it compared with the others and then to make judgements – and this was not a mechanical art. Judgement would then have to be made on whatever was decided made sense. It also depended upon who put the evidence and data together, there being issues of nuance. It was suggested that this should not be the only process.

Dr Holthof also agreed that whilst separation was good, the weighting process should be both visible and transparent in order to give more confidence on the scoring. Moreover, the weighting would impact on the overall assessment of options. There was thus a need to take another look at the process and on how to resolve the influencing of the weighting. Catherine Mountford **AGREED** to take it away to look at the process and how to share with, and involve the Committee in it. There were 13 categories. She **AGREED** at the request of the Chairman, that once it had been decided about how the weighting process would be undertaken, then this would be shared with the Head of Legal at OCC, Mr Nick Graham, in order to keep the integrity of the process.

The Committee then **AGREED** to request Sam Shepherd to seek independent advice of the possibility of the timing, costs and feasibility of appointing independent consultants to clinically evaluate the options.

With regard to the transparency of the evidence and the scoring, Catherine Mountford reported that these would be published and taken to the stakeholder event and then to the next meeting of this Committee. This would be presented in a formative stage prior to their submission to NHSE to undergo the assurance process. The Chairman requested that there be a transparency about the process, as the Committee had substantial concerns about the option appraisal process. Catherine Mountford responded that the option appraisal was important but was not the only part of the process.

A member asked why the scoring panel had not included any clinical input, to which Catherine Mountford stated that this could be considered as part of the assurance process.

The Chairman stated that a significant amount of work was to be provided at the June meeting, and, in light of the need for this information to be more substantive, he advised Health representatives to consider the Committee's meeting date of the 24 June to be provisional only. There was a strong possibility that the meeting would take place during early to mid - July in order to give sufficient time for a fuller and frank discussion.

Dr Holthof was asked by the Chairman whether he could honestly say that the quality of service provision for women giving birth at the Horton was improved by not having an Obstetric service? He responded that OUH took all decisions on the principles of quality and safety, adding that it was not about money. The Trust wanted to provide a safe service and this was the biggest concern for staff. Veronica Miller added that if the Trust had continued with the numbers of doctors it had, it would have been an

unsafe service and a worsened patient experience. Catherine Mountford quoted the three elements of quality as defined by national NHS for quality outcomes which were clinical effectiveness, safety and patient experience.

A member asked if the process of doing the options analysis and the weighting would be fruitless if the workforce options were not sustainable? Kathy Hall responded that the Trust felt it was important to look at the different workforce models to see if there were different ways of doing it.

In response to a question, Kathy Hall confirmed that the options would involve multiple sites. Dr Holthof re-iterated that safety trumped everything else – and it was therefore important that agreement was reached on the options and weighting processes, as money would not enter into it. If safety could be guaranteed, then other options would be looked, if not, then the service at the Horton could not be provided.

The Chairman thanked all for attending.

..... in the Chair

Date of signing .....

HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 4 July 2019 commencing at 2.00 pm and finishing at 4.32 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	Councillor Hannah Banfield District Councillor Sean Gaul Councillor Kieron Mallon District Councillor Neil Owen Councillor Wallace Redford Councillor Alison Rooke
Officers:	
Whole of meeting	Robert Winkfield, Adult Social Care Strategy Manager; Sam Shepherd, Senior Policy Officer; Martin Dyson, Policy and Performance Officer; sue Whitehead, Law & Governance

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

13/19 ELECTION TO CHAIRMAN FOR THE 2019/20 COUNCIL YEAR

(Agenda No. 1)

'It was proposed by Councillor Wallace Redford, seconded by Councillor Kieron Mallon and it was

AGREED: that Councillor Arash Fatemian be elected Chairman for the Municipal Year 2019/20.

14/19 ELECTION TO DEPUTY CHAIRMAN FOR THE 2019/20 COUNCIL YEAR

(Agenda No. 2)

'It was proposed by Councillor Arash Fatemian, seconded by Councillor Kieron Mallon and it was

AGREED: that Councillor Wallace Redford be elected Deputy Chairman for the Municipal Year 2019/20.

15/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

Apologies were received on behalf of Councillor Adil Sadygov, Councillor Sean Woodcock and Dr Keith Ruddle.

16/19 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 4)

Councillor Arash Fatemian stated that he was a former employee of Pragma but that this had been over 4 years ago.

17/19 MINUTES

(Agenda No. 5)

Subject to the following amendments the Minutes of the meeting held on 11 April 2019 were approved and signed as a correct record:

Page 2 – Minute 12/19. The second paragraph was corrected to reflect that the information referred to had been given not to this Committee but to a separate meeting at St Mary's.

Page 6 2nd paragraph – Reference to Catherine Mountford to be corrected to read Dr Holthof.

18/19 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 6)

Jenny Jones, Keep The Horton General, spoke on behalf of Sophie Hammond referring to the research and subsequent paper that had been submitted to this Committee as an addenda. Ms Jones highlighted page 3 of the papers referring to the example of Furness and Lancaster. The data clearly showed how hybrid rotas are being made to work. Training accreditation had been awarded trust wide rather than to the individual hospitals

She was encouraged that OUH had welcome the paper. Ms Jones was Further encouraged that using international agencies was being considered. Ms Jones addressed the concerns and obstacles referred to in the OUH paper.

19/19 RESPONDING TO THE IRP AND SECRETARY OF STATE RECOMMENDATIONS

(Agenda No. 7)

At the last Meeting, the Joint Committee asked Oxfordshire Clinical Commissioning Group (OCCG) and the Oxford University Hospitals Foundation Trust (OUHFT) to report back, in line with their timetable on the progress with the following information for consideration at this Meeting:

(a) Report on the survey conducted (independent consultant, Pragma to present);

(b) Workforce Analysis;
(c) Financial Analysis;
(d) Options Appraisal and Outcome;
(e) Review of small units;
(f) Next steps

The following attendees were present: Anna Hargrave, South Northants OCCG; Rosalie Wright; Lou Patten, OCCG; Catherine Mountford, CCG; Ally Green, OCCG; Veronica Miller, OUH; Kathy Hall, OUH; Sarah Breton, OCCG; Helen Mills, Pragma and a further representative of Pragma.

(a) Helen Mills introduced the report on the survey detailing the methodology used in the research.

Ally Green highlighted comparisons and detailed the statistics within the paper setting out the conclusions drawn. Ms Mills added that overall anxiety for mothers to be peaked during labour and giving birth. Reference was made to the 2016 Review and the hierarchy of improvements that matched their own work. The priorities matched the improvements suggested by the focus groups and interviews. Issues around parking were coming through strongly.

Ms Mills went on to refer to the position with regard to The Horton. Before the changes locally it had been the default choice. The closure had increased anxiety with families weighing up the fact of using the Midwife Led Unit at The Horton against the distance to the John Radcliffe Hospital.

Representatives responded to questions from Members:

- The quantitative data presented was truly robust. Where qualitative data was included the quotes were chosen to represent the points made. Referring to the word bubbles on page 30 of the report Members noted that the word ‘Care’ could be taken in two ways. It was accepted that some interpretation of the qualitative data was necessary.
- Responding to points that the vast majority of women in the local area would choose The Horton if there was an obstetrics unit available Ms Mountford caveated the information available. It was true for certain areas and when breaking it down it was necessary to be cautious as the numbers may be at low levels.
- Asked to distil their perspective on the work done Ms Mountford stated that the maternity experience was very individual. The changes at The Horton had impacted differently at different stages of pregnancy. Decision-making was impacted. Anxiety around the decision-making had increased.
- The research was a unique opportunity to be able to survey people following the changes but before the final decision was made. It would be helpful going forward.
- Asked about the impact of mother’s anxiety on the unborn child members were advised that the issue of anxiety was taken very seriously, and the Trust was supportive.

During discussion members considered the information provided and expressed concern at the spikes in anxiety levels for pregnant women evidenced in the research. The Chairman in noting the anxiety levels stated that the Committee remained to be convinced that outcomes could be used as a measure of success.

(b) Veronica Miller and Rosalie Wright introduced the paper setting out the workforce analysis.

Representatives responded to questions:

- OUH offered rotations to staff and considered where staff wanted to work. There were some keen to work at The Horton. At the moment there were less opportunities to work in the North of the County due to the lower number of births.
- Asked about their response to the offer from Cherwell District Council (CDC) to discuss key worker housing Ms Hall stated that they were willing ready and open to working with CDC. T was a question of waiting for planned developments to take place.
- Ms Mountford explained that in terms of staffing numbers they had taken the best model for Option Ob9. This was a delivery model option rather than straight staffing.
- Responding to the query from Jenny Jones that KTHG be invited to the RCOG event Kathy Hall indicated that it was not in their gift but that they would ask on their behalf.
- A member sought assurances that the very best processes to secure successful recruitment were being employed including the use of professional consultancy where appropriate. He referred to a successful NHS Conference in Manchester with several consultancies. The Committee was advised of the range of approaches being used. It was suggested by the Chairman that the member share with Sam Shepherd the details of the successful recruitements

As a result of questions on what additional staffing would be needed for the hybrid model there was a short adjournment for more detailed information to be provided. It was stressed that this detailed information was publicly available and the paper to the Committee had sought to draw out the main points.

During discussion of the additional information Veronica Miller advised that more staff were needed to run a rota across two sites in an integrated staffing model than was needed to run two sites independently of one another. Kathy Hall added that a rota which just works for the smaller unit was better than using a rota across the trust as a whole. After lengthy discussion of the numbers involved Lou Patten recognising that the method of displaying the information was currently not clear undertook to make the information clearer and to circulate it between meetings.

(d) Catherine Mountford introduced the Options Appraisal and Outcome paper highlighting the 2 options that they saw as being better than any others and worth taking forward.

During discussion the Chairman suggested that the top 4 were worth taking forward. The Chairman expressed disappointment that the Committee had not been included in the weighting process as had been agreed. He further expressed disappointment

that it had been agreed to keep them blind but to share them with Nick Graham, as the County Council's Monitoring Officer. This was not done before the scoring and did not encourage a feeling that there was transparency or engender trust. The Chairman was not suggesting that they had been changed and Catherine Mountford apologised that they had been sent late but that they had not seen them until after the event. Ms Mountford added that two units and options 11 and 10 were not mutually exclusive.

(e) Sarah Breton introduced the work on small units. Ms Breton highlighted that where there were successful small units there were two small units in an area. Oxfordshire was very different having one unit having a very large number of births and any second unit having possibly a very small number of births. They had made contact with Furness with a view to a visit. The Chairman suggested that if the decision was taken to fully back two units then the smaller unit would be able to broaden its catchment and be not so small.

(c) Ms Mountford presented the contents of the finance paper. The Chairman queried whether it was possible to index the figures given the birth rate changes. Ms Mountford replied that there had been massive changes I the way figures were collated. The Chairman stressed that that proportionality was not sufficient, and he would like to see like for like figures to be able to understand the potential loss of income. Ninety-seven percent of mother to be in South Northants would have chosen The Horton and that would bring in income. Lou Patten undertook to see what it was possible to do.

Following consideration of each of the papers the Committee considered next steps. It was **AGREED**:

(a) To note the work completed and the outcome of the option appraisal process;
(b) Note that OCCG and OUH will be working on pulling together the findings from the Horton HOSC workstreams and any additional information into papers for the CCG meeting in September
(c) that the Horton HOSC arrange a date significantly in advance of the CCG Board paper
(d) that representatives of other small obstetric units be invited to attend the Committee, to give evidence of how they work to achieve their aims and retain their training accreditation, at a date to be arranged but in sufficient time for any findings to be considered as part of the OCCG meeting.

20/19 CHAIRMAN'S REPORT
(Agenda No. 8)

The Chairman's report was noted and the information considered as part of the previous item.

..... in the Chair

Date of signing 2019

HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 19 September 2019 commencing at 6.15 pm and finishing at 8.58 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	Councillor Hannah Banfield Councillor Rebecca Breese (replacing Councillor Adil Sadygov) District Councillor Sean Gaul Councillor Kieron Mallon District Councillor Neil Owen Councillor Wallace Redford Councillor Sean Woodcock
Co-opted Members:	Dr Keith Ruddle

Officers:

Whole of meeting	Robert Winkfield, Adult Social care Strategy Manager; Sam Shepherd, Senior Policy Officer; Sue Whitehead, Law & Governance

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

21/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Alison Rooke and Councillor Adil Sadygov (Councillor Rebecca Breese substituting).

22/19 MINUTES

(Agenda No. 3)

Subject to the following corrections the Minutes of the meeting held on 4 July 2019 were approved and signed as a correct record:

Page 3 - Jessica Williams to be added as the further Pragma representative referred to amongst the attendees.

Page 3, Item (a) 2nd paragraph – Reference to 'Ally Green' to be corrected to read 'Jessica Williams'.

Page 3, Item (a) 3rd paragraph – Second sentence to be amended to read: 'Data indicated that the closure had led to higher levels of anxiety in the Horton General catchment area with families weighing up the fact of using the Midwife Led Unit at The Horton against the distance to the John Radcliffe Hospital.'

Page 3, Item (a) second bullet point – Reference to 'Ms Mountford corrected to read 'Ms Mills'.

Page 3, Item (a) third bullet point – Fourth sentence to be corrected to read: 'Anxiety around the decision-making was higher in the Horton General Hospital catchment.

23/19 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 4)

The Chairman had agreed the following requests to address the meeting:

Victoria Prentis MP
Cllr Eddie Reeves
Rt Hon Sir Tony Baldry DL
Cllr Andrew McHugh
Cllr Rosie Herring - SNC
Cllrs Jacqui Harris – SDC (did not attend)
Keith Strangwood, Chairman KTHG

Victoria Prentis MP

Victoria Prentis MP thanked the members of the Committee for their efforts and thanked mothers for their powerful evidence to the Committee.

Speaking for the whole area Victoria Prentis MP stated that they were furious at the recommendations but would not give up. Needs in the area had not diminished since 2008 and there had been population growth and increased traffic congestion. It was not that local people distrusted the service offered at Oxford but simply that it was too far away. She expressed shock that her traffic survey was the only one available and highlighted the experience of people travelling on average 1 hour 40 minutes to The John Radcliffe Hospital (JR) whilst in labour.

Victoria Prentis MP was encouraged by the suggestion of an annual review (chaired by herself) and by discussions on working together to apply for funding for essential rebuilding. She expressed her displeasure that over the last three years no applications had been made.

Councillor Eddie Reeves

Councillor Eddie Reeves, County Councillor for Banbury Calthorpe, which included the Horton Hospital, stated that this was the fourth time he had spoken in the last two years and there had not been a lot of change in that time. The de facto downgrading of The Horton was on the cards. The public consultation given the manner of it was consultation only in a very elastic sense. What remained as a fact was the geography of the area. The Committee had heard the harrowing testimonies in December and Councillor Reeves felt that the OCCG and OUHT had not engaged meaningfully with the evidence. The cynicism felt by local people due to past experience had not been addressed.
Local people believed that poor administrative decisions were being presented as good clinical decisions. He asked that no-one be under any illusion about the strength of feeling. It had not abated.

Sir Tony Baldry DL

Sir Tony Baldry DL, speaking against the recommendations made a number of points:

- He urged the Committee to refer the decision back to the Independent Reconfiguration Panel. He referred back to the decision of the Independent Reconfiguration Panel in 2008 which had not supported the Trust's proposals to reconfigure paediatric, gynaecological and obstetric services because they failed to provide an accessible or improved service for local people. Since then nothing had changed except the growth in the population in the area.
- He questioned what type of provision the Horton Hospital was now providing. Was it a general hospital or a hospital at all or was it just a random collection of services. In 2008 it had been described as a General Hospital but looking now it would not necessarily be considered the case. He asked the Trust and OCCG to set out the vision for the Hospital and the services to be provided.
- In not applying for funds during this period the local community were effectively being punished for their opposition to the proposals.

Councillor Andrew McHugh

Councillor Andrew McHugh, Cherwell District Councillor for Adderbury, Bloxham and Bodicote, expressed his devastation at the recommendations set out in the paper to the OCCG Board on 26 September 2019. He had been hoping that the change in Leadership in OCCG and OUH would have led to break in the Oxford centric approach and the start of place-based services.

As a member of Cherwell District Council executive and the Oxfordshire Health and Well-Being Board he had been pleased to work with the Trust and with the CCG in order to help secure the health system that I, and the vast majority of North Oxfordshire and surrounding district residents, feel we need. At the Cherwell Community Partnership Network, the CCG had spoken of its 'Population Health and Care Needs Framework'. This document outlined the way in which the CCG would engage with communities to identify population health and care needs now and in the future. It talks about an approach that is open and transparent with high levels of engagement to develop future models of care to meet identified need.

Mr McHugh stated that he had embraced this Framework in good faith. At times, he had felt uneasy with what I was being asked to do. He took part in the scoring panel for the options appraisal for Horton obstetrics. I was uneasy because if as part of the scoring panel, it was shown that having two obstetric departments was unfeasible, he would be seen as guilty of finishing off Horton Obstetrics. He had been surprised and delighted when the weighted scores of the scoring panel showed option 9- two separate obstetric departments, one at the Horton, one at the JR to be the best option, albeit by a narrow margin.

With regard to difficulties in recruitment Councillor McHugh stated that the Trust had told him that the presence of the KTHG banners around Banbury had created a negative impression that resulted in some good candidates choosing not to proceed with their application following a site visit. If this is the case that could have been easily remedied by the Trust and the CCG announcing their newfound faith and confidence in the two obstetric department option. If that had been announced, it would have been very easy to create the right “civic atmosphere” to attract the brightest and the best.
Councillor McHugh announced concern at the open-ended nature that the proposals for maternity at the Horton were for the foreseeable future. At the very least the decision needed to be revisited on an annual basis.

Councillor McHugh added that the CCG paper talked about developing a plan for the Horton including flexible clinical space that could possibly be used for obstetric services as well as other services. He was pleased to report that he had this afternoon, seen some evidence of The OUH starting to move towards meeting that commitment.

If the trust of the people of Banburyshire was to be rebuilt evidence of good faith was needed. Dates, plans, contracts tendered, work started were required.

Whilst welcoming the offer of a redeveloped Horton he would continue to fight to ensure that obstetrics are a part of that redevelopment.

Councillor Rosie Herring

Councillor Rosie Herring, South Northamptonshire District Councillor for Danvers and Wardoun expressed disappointment but not surprise at the recommendations in the paper. She welcomed that the door had been left open for services to resume at some time in the future. The Horton Hospital wa an asset for the whole Trust. Councillor Herring referred to the opportunities in place for mothers to visit the JR in advance of their labour, but this service was massively oversubscribed. The hot line referred to should go further with a holding site available for mothers to come in early. Councillor Herring welcomed the facilities making it possible for fathers to stay but there was a need to put provision in place so that they were not expected to drive home, with mother and baby once discharged unless fit to do so.

There was no reference to the ambulance currently sited at the Horton in case of emergency transfer being retained and she assurance on this point.

Councillor Herring welcomed recommendations 6 and 7 but queried who would monitor this. It should be part of someone’s job description to monitor and report regularly to

the Oxfordshire Joint Health Overview & Scrutiny Committee. In addition the engagement with mother's should be an ongoing commitment.

Keith Strangwood

Keith Strangwood, Chairman of the Keep the Horton General (KTHG) commented that the contents of the report were expected.

Referring to the report detail Mr Strangwood:

- Stated that the annex quoted 46 midwifes were needed to reopen unit. The unit was previously being run by 29 in total at 5 per shift. not the 46 that the report states are needed. This was confirmed by a ex midwife at time of temporary closure
- Noted that refurbishment of the maternity block is quoted in the report at a cost of £17.1 million. Yet in December 2018, a GK condition report requested by the OUH quoted £10.3 million for the whole Horton site, with the maternity block part costing £1.3 million. At a CPN meeting in June 2015 Paul Brenan ex OUHFT confirmed that if the SOSH/HHOSC decided Obstetrics had to be returned, the finances would be found to do so.

- Stated the report also quoted that obstetrics at the Horton would cost £9.463.357 per annum to supply. When the unit was running prior to closing in 2016. it was costing £2.3 million PA. The report also stated that only a MLU service would currently cost £2.6 million, £300k more than the full Obstetrics unit was costing in 2016

- Queried the level of estimated births if a Obstetrics unit was returned to Horton (1060 per year as set out in the annex table 7). He commented that in the last year of a full Obstetrics service Horton delivered 1466 babies.

- Highlighted that from the figures quoted for overall births there is a decrease of around 500 overall, choosing to give birth at neighbouring trusts. This constitutes a f loss of income to the OCCG.

In addition, Mr Strangwood noted the importance of the reinstatement of the training accreditation to reinstating Obstetrics at the Horton.

Mr Strangwood argued that the data needed to be independently verified before being presented to the OCCG Board. He noted that having always been told that it was not about money that now seemed to be the main point.

Mr Strangwood thanked the Horton HOSC for their work and suggested that the matter must again be referred to the Secretary of State for Health requesting a full Independent Reconfiguration panel review. The report stated that since the downgrade of Horton to MLU, it had been proven to provide safe quality services overall. He referred to specific examples where the people involved would not agree.

24/19 RESPONDING TO THE IRP AND SECRETARY OF STATE RECOMMENDATIONS

(Agenda No. 5)

The Committee had before them the report to the OCCG Board on 26 September 2019 and supporting appendices.

The following attendees were at the table: Lou Patten, Chief Executive OCCG; Dr Bruno Holthof, Chief Executive OUH and Professor Meghana Pandit, Medical Director, OUH. In addition, Veronica Miller, OUH and Catherine Mountford, OCCG came to the table to respond to specific points made.

The following statements were made and are set out in full:

Lou Patten

'At the start of this programme the IRP asked OCCG to do three things:

1. To fully understand current and future demand for maternity services, taking into account housing/population growth across the wider area of north Oxfordshire, south Northamptonshire and south Warwickshire.
2. To take a fresh look at the options, to thoroughly review the options previously included and to include any additional options identified.
3. To clarify any potential co-dependencies of services linked to obstetrics at the Horton.

In delivering this programme we have worked with stakeholders including those from north Oxfordshire, south Warwickshire and south Northamptonshire. We have been open and shared information publicly at every stage. We set out our plan at the outset, agreed by the Joint HOSC, and have reported progress at every one of your seven previous meetings.

The process has been thorough and complicated at times as we have got into the complex detail of staffing models, recruitment, patient experience, clinical safety and national guidance.

OCCG have received written confirmation from NHSEI that they are assured that the process we have followed has delivered what was asked of us and this letter is published on OCCG website.

We have seen the JHOSC Chair's addendum in response to our published Board paper and note several areas that require clarification or correction; whilst we may have the opportunity to go through this today, we have prepared a written response that will be passed to the Chair today and made available on our public website on Friday morning.

Most importantly, I need to ask that one particular point is retracted immediately about smaller hospitals that suggested other hospitals might lie or stretch the truth. I don't believe this was accurately reported.

Oxfordshire Clinical Commissioning Group understands the recommendation set out in our Board paper will be hugely disappointing for all those who want to see obstetrics return to the Horton. However, although a recommendation has been made, a final decision is still to be discussed and made by the OCCG Board on 26 September.

It is really important for the JHOSC to note that the recommended option if agreed will be a very different decision to that taken by the CCG Board in 2016. There are a number of differences that I wish to point out.

- In March 2018 the CCG Board overturned the decision to consult on the removal of A&E and Paediatrics; these services will stay at the Horton. System Leaders agreed that the Horton provides a significant suite of services to the people of Banbury & surrounding areas and that this was to be built on rather than taken away. We continue our commitment to building a strong future for the Horton General Hospital.
- Another key difference is that this recommendation to the OCCG Board is not for a permanent closure of obstetrics. The recommendation is that at this point in time, because of the balance of the sustainability and therefore clinical safety, the recommendation has to be to maintain closure at present.
- I wish to remind JHOSC members that we have set in stone with the HWB, supported by the Oxfordshire HOSC, a process for reviewing our population health and care needs at regular intervals, so that this decision can be reviewed if critical factors change.
- How can such critical factors change?
    - Well, in terms of the current birth rate, whilst it is dropping at present, it may well increase with the proposed housing developments. We need to watch this carefully, together.
    - In terms of changes to recruitment and retention, our learning from this process is that the current state of the Horton estate does not lend itself to encouraging clinicians to work there. Having a hospital that is fit for purpose would significantly enhance our opportunities to encourage staff to come and work here, and – regardless of the Board decision, we must unite our voices in asking for significant capital investment to ensure we have flexible clinical space that is fit for the 21st century.
    - National changes to training could result in an increase in in the number of qualified obstetricians in the country.
    - In the event of any of these factors changing, then together, as part of an integrated health and care partnership (for which we have been officially recognised) we can review this decision as that may be enough to tip the balance in favour of a more sustainable service being delivered.

We understand the frustrations, but I want to finish by stating that we have learnt much from this engagement experience. We believe it has been a robust, open and transparent process which has gathered a wide range of information, views and feedback from the people who matter most. We are keen to ensure we continue an open and ongoing dialogue with local stakeholders about health needs and local services in the future.'

Professor Meghana Pandit

‘I have been asked to share my clinical perspective and be available to answer questions particularly on clinical outcomes, safety and medical staffing

- I want to start by reassuring everyone that providing a clinically safe service for patients is the Trust’s number 1 priority. Our experience of running the single obstetric model over the past two years, demonstrates that this service can be run safely and sustainably. The CQC rated our service good in their report early this year.

- Clinical outcomes are improving: The number of still births has fallen every year since 2016 as a percentage of births. The number of babies with poor outcomes (moderate to severe brain damage) has also steadily fallen.

- Whilst the patient feedback during this process has given us very valuable input on where our service needs to improve, it is also positive overall about the care our patients receive – including women from this area.

- Cherwell residents were particularly positive about ante-natal care, a good proportion of which is delivered from the Horton. For example, over half of women have had scans and bloods at the Horton and we operate a range of antenatal and postnatal clinics here such as perinatal mental health and breast feeding support.

<u>On the two obstetric unit model:</u>

- As you have heard before and can see from the paper, the NHS faces ongoing and severe workforce challenges, nationally and locally, in obstetrics, anaesthetics and neo-natal nursing.
- Staffing clinical rotas in line with rules – rightly in place to ensure patient and staff safety – is complex and challenging.
- I hope Members will see from the papers we have looked hard at options to address these challenges. But we cannot be certain of success and we would need support from other organisations to deliver, which may not be forthcoming.
- Therefore, even with these mitigations, we remain highly concerned that we could not sustainably staff the required rotas for a Horton obstetrics unit and therefore could not guarantee to run a safe service for patients.

<u>On a single obstetric model</u>

- As I said at the start, we feel confident that the single obstetric model can provide a safe, sustainable service, given present challenges. However, we recognise the negative impact on patient choice and experience for women in this area that have been raised through this process.
- Patient stories that were heard as part of this process were difficult to hear, as some of them were so far from the experience we would all want to have. We are grateful to the women and their families who have shared their stories and we found the patient survey to be immensely valuable. We are very committed to acting on feedback to improve services.
- Our suggested actions on the single obstetric unit model around increasing the amount of ante-natal and post-natal care at the Horton; improving patient

information; and doing what we can to improve access to the John Radcliffe site are based on this feedback.
- But, if the CCG's recommendation is accepted, we would do everything we can to work with local partners such as Maternity Voices, women and their partners to minimise any negative impacts from the longer distance to travel.

I want to reassure people that the Trust's absolute top priority is to ensure a safe service for all our patients.

Dr Bruno Holthof

'Thank members of the committee and the people in the trust and CCG who have worked hard behind the scenes. I want to thank particularly the clinicians who have worked on this project.

- I know people locally will be disappointed by the CCG's recommendation. I am also disappointed. We don't have enough anaesthetists, band 5 nurses and workforce is, after clinical safety, our number one priority.
- We have a new Prime Minister and new Secretary of State who have committed funding for hospitals. We as a trust are committed to rebuilding the Horton. It is important that we work with the local community to agree what services and buildings we want at the Horton. We have committed to expanding the emergency department, increasing the scanning, more day cases and other services.
- While legal proceedings were on going, we were advised not to apply for funding but since those were concluded we have applied for funding. We will shortly appoint advisors to work with us on this.
- I confirm that as I have said to this Committee before and as our Medical Director has just said, providing a clinically safe service is my number one priority.
- I note the CCG's recommendation that this decision would be for the foreseeable future and should be reviewed if circumstances (birth rate, workforce availability, capital availability) change.
- I hope people will acknowledge that the Trust with the CCG has put in a lot of time and effort to this process, exploring all the options. We are grateful for all the ideas and challenge from the HOSC and local community and campaign groups, which have encouraged us to look at different models.
- Whatever decision the CCG Board makes, the Trust is committed to working with local partners and the community to make our maternity services as good as possible for our patients.
- I want to talk more broadly about the Horton General Hospital. It is a hugely important part of Oxford University Hospitals and we want to invest in its future – working with the community. We really value the way that the Horton is treasured by the local residents of what is sometimes known as 'Banburyshire'.
- We share your desire to see expansion of the services that we provide here and to improve or rebuild buildings. New facilities will help give certainty to staff and the community on our commitment to the Horton – and should help improve recruitment and retention.
- The Trust is keen to press ahead with developing a masterplan for the Horton site and to make a compelling business case to government for significant

capital investment in the Horton. We hope we will have the community's support and engagement in doing that.

- Our local MP and local Cherwell councillors – Councillor Wood and Councillor McHugh - have made it clear to us they wish to see tangible actions to demonstrate our commitment. The Trust will therefore immediately proceed with initial phases of master planning the Horton site at our own cost. Expert external advisors will be appointed to support us on this by the end of September.
- We will be keen to arrange an early meeting between the Trust, local system leaders and our advisors to ensure we are capturing local aspirations for the site from the start of the process.
- And, if the CCG Board accepts the recommendation, we will build in flexibility so that an obstetric unit can be opened at the Horton in the future if circumstances demand.'

Dr Holthof, responding to a point made by the speakers about lack of application for funding confirmed that they had been advised that they would be unsuccessful whilst there were on-going legal proceedings. Once ended they had applied.

Councillor Arash Fatemian thanked Lou Patten, Professor Pandit and Dr Holthof for their opening statements. Responding to the request made by Lou Patten to retract the statement in his addenda as referred to in her statement above the Chairman stated that that was his current understanding, but he was happy to discuss outside the meeting and to retract the comment if proved in error.

The Chairman in his opening remarks referred to the possible position in 2 years' time where needs have changed, and a growing demand meant that there was a wish to reinstate maternity services. The process to scope and apply for funding would be lengthy. He feared that it would be similar to the position with Wantage Community Hospital and that the concept of only closing for the foreseeable future not being permanent did not stack up. Responding Lou Patten stressed that the current proposals were very different to permanent closure. The position would be modelled on a regular basis. They would work proactively to redevelop the Horton and it was still a working hospital. It would continue to have its services reviewed for the needs of the population.

Councillor Fatemian referred to the meeting of Oxfordshire Joint Health Overview & Scrutiny Committee and comments made there by Dr Holthof in relation to the PET CT scanner item. The Chairman stated that Dr Holthof had commented that the Trust did not see accessibility as an issue of quality and that access was not an important factor. Dr Holthof responded that the Trust strategy was about endorsing the place-based model and they would endorse any initiative that ensured people were diagnosed and treated locally. They were committed to keeping patients as local as possible and were developing new strategies including using new technologies to achieve this.

Representatives responded to questions from Members:

- Asked what population growth in numbers or percentage would trigger the reinstatement of services Lou Patten advised that it was not a simple question of numbers but a complex issue. Growth would be cross referenced with local complexity with factors such as maternity flows, local demographics and workforce

issues. On demographic issues they were able to track patients using registered patient lists in order to map demographic trends. She referred to the suggestion that the position would be looked at on a regular basis. The Chairman commented that if there was not clarity on the criteria it would not rebuild trust.

- Responding to the point that by encouraging mothers to go to Warwick or Gloucester it was perpetuating the reason (of low birth numbers) for closure Lou Patten explained that this was something that could be tracked.
- It was confirmed that the current ambulance at the Horton in case of emergency would be retained if the proposals were accepted.

During discussion Members made the following points:

- A member commented that it was a good piece of work by the Trust looking at the population projections. However even with higher numbers it seemed to him that the trigger point had to be the ability to have a sustainable workforce.
- A member highlighted that the piece of work undertaken by Pragma had been impressive. It was a substantial piece of work that was not mentioned in the main paper to the OCCG Board.
- A co-opted member (who had no vote on this Committee) who had been part of the Stakeholder Group looking at options scoring commented that it was regrettable that he had not seen the weighting nor how they were applied. The criteria had been presented to them by OCC. He expressed some concern that it was possible depending on the criteria and weighting to build in bias. It was an important issue when relying on the type of scoring used with an option coming out on top but not doing it based on deliverability and workforce issues. Lou Patten replied that they had used best practice and had been supported by the Consultation Institute. The weighting had been sent to Councillor Fatemian, to Nick Graham, Monitoring officer and published on the web site. The intention was to reduce the options to take forward. There had been two options everyone had agreed were worth taking forward and then the next stage was safety and sustainability. The Chairman stated that in his view information had not been shared as agreed. Lou Patten disagreed.
- A member highlighted the prominence of cost and deliverability in the report. He had been on the Committee since it had begun and costs had not featured since the initial discussion due to the difficulty in getting answers to financial questions. It was troubling to find out the cost implications at this late stage and it was suggested that this revealed the agenda that lay behind the proposals. In response Dr Holthof stressed that safety was the key driver over finance. Cost was one of the criteria and they had looked at cost rather than revenue. Lou Patten added that OCCG had a responsibility to consider financial implications as holders of the public purse.
- Responding to a member who raised discrepancies in the cost of Option 9 in the report (which had come top of the scoring) compared to figures in a conditions survey Dr Holthof undertook to look at the document. It was noted that refurbishment costs would be markedly different to rebuilding costs.
- A member referred to the second paragraph of page 29 and sought clarification whether it meant that that costs were an issue, that should a second maternity unit be funded it would have an impact on other maternity and wider provision and that it would not be a priority for funding. Lou Patten explained that they were constantly trying to balance a finite budget and it would be for discussion.

- A member noted that he had raised the issue of recruitment at previous meetings. The report gave him no confidence that there had been a robust recruitment campaign as there was a lack of evidence. He could suggest that it was convenient for there to be the current shortages. The Committee was advised that the Board paper was an overview and the Board had already considered detailed work on this matter. Professor Pandit detailed the efforts made to recruit staff, including the steps taken and the use of specialist HR staff. Dr Holthof added that they had absolutely carried out international recruitment. The fact was that there were not enough doctors and nurses.
- A member questioned the practicality of steps set out in 4(a) and (b) to improve the experience for mothers and birth partners to the JR. He sought assurance that the provision for birth partners to stay overnight would not be removed when the space came under pressure. Lou Patten replied that that was about oversight to ensure that provision was effective. The emergency parking was already successfully in place at the JR.
- Concern was expressed that with regard to recommendation (c) that this still entailed a long journey of 20-25 miles. It was queried whether there were journey times from Banbury to Warwick. It was also queried whether it was known if there were any capacity issues. It was suggested that the Warwick hospital could face similar problems to the Horton as services were likely to be focussed on the Coventry and Warwick Hospital site. It was queried what work had been done on this to ensure future proofing of the preferred option.
- It was suggested that retaining mothers in the County who were being encouraged to look elsewhere would increase income. The Trust already had an attractive option and that was the Horton General Hospital if that would only be realised and services funded. Lou Patten commented that it was best practice to ensure mums had all the information to make an informed choice. Option 4 (c) was about strengthening links to other hospitals in the area. The work they had done had helped them to understand that the Trust's borders were not borders for mums.
- A member queried the information contained in Tables 7 and 8 of the report. He queried whether a second maternity unit would not attract more mothers making the per baby cost of the two-unit model less. Catherine Mountford commented that the modelling took into account the catchment of the Horton at the time but that it would be monitored. It was noted that if a second unit was not opened it would be difficult to assess how many additional births it would attract. Catherine Mountford indicated they would look at the number of births in Banbury and the surrounding area. Currently the birth rate was going down.

There was a brief adjournment at 8.19 pm with the Committee reconvening at 8.25 pm.

Discussion continued:

- Anaesthetists and gynaecologists had been successfully rotated and it was queried why this was not possible in obstetrics. Professor Pandit explained that 8 of the current 16 doctors worked on very complex cases. If they were to rotate it would reduce the specialist capacity. Others could be rotated but there would be a need for additional doctors to create the model which went back to the staffing issue.
- There was some discussion over the impact of mother's anxiety on the unborn baby and the continuing impact this could have on the child with issues such as

social, emotional or behavioural difficulties, ADHD and complications at birth. This would have an implication in terms of continuing NHS care. It was queried how this cost had been factored in to the model. Professor Pandit recognised that women could be worried from the beginning of pregnancy, to the birth and beyond. She accepted the anxiety over maternity services and about labour. This general anxiety and stress were not the same as a clinical diagnosis. The Trust did provide support. The mental health of women was a national issue and the Trust was expanding its services to support women.

- A member referred to the suggestions from Councillor Herring and noted that the Oxford to Cambridge arc was not referenced in the report. For mother in South Northants a lot of the anxiety was simply travelling down the A43/M40. There was an issue for mothers who having made that journey were turned away because they were too early in their labour. It was queried whether there was scope to improve the implementation plan. Dr Pandit undertook to look at what was possible.

Following the discussion, the Chairman highlighted the addenda setting out his response to the proposals presented. He stated that in his opinion the unsustainability of the Horton was of the Trust's own making. Doctors resigned when news got out that the Horton was to be permanently downgraded. This led to its temporary closure. Members supported this view of the current position.

The Chairman commented that the starting point was the geography of the Horton General Hospital catchment. Lou Patten declined to respond to a question as to whether the residents of the area would be better served if the Horton became another Trust.

The Chairman thanked the OCCG and OUH for their attendance. He drew attention to the comments and recommendations set out in the Chairman's report addenda and highlighted that the question for the Committee was whether it was satisfied with the adequacy of the consultation. Whether the scrutiny had been artificial given the reliance in the OCCG paper on finance and cost. For adequate consultation to take place it must take genuine account of mother's views and experience. If the response is always to be 'that we can't do that' then the Chairman questioned the point of the exercise.

The Chairman stated that he did not believe that the proposals in the OCCG paper would be in the best interests of local people in the Horton catchment area. The proposals did not improve services and there were issues of accessibility and choice. The Committee had not been convinced by the workforce issues feeling that where there was a will then a way would be found. It had been possible to recruit 4 doctors despite the difficulties. The Chairman suggested that if the Trust was able to deal with an expected 60,000 to 90,000 emergencies then it should be possible to plan for 1500 births. The workforce issues were surely similar across all services.

Referring to the proposals to enhance the user experience at the JR the Chairman suggested that rather than a response to concerns raised by the IRP these were improvements that should already be in place. Provisions such as emergency parking were not just applicable to maternity services,

The Chairman proposed the recommendations contained in the addenda but proposed an additional recommendation. He referred to points 6 and 7 in the OCCG paper that suggested that partners work together to develop a masterplan for the Horton General Hospital and to pursue capital investment. In light of this the Chairman proposed that the Horton Joint Health Overview & Scrutiny Committee continued to meet and accepts in good faith that partners are genuine in working to improve Horton General Hospital and that we will continue to meet to hold OUH and OCCG and others to account in the development and implementation of the positive vision for the future of the Horton General Hospital.

It was:

AGREED: (nem con)

(a) That if decisions are taken at the meeting of the OCCG Board, as per the board paper, to refer the decision to the secretary of state on the following grounds:

I. The Horton HOSC is not satisfied with the adequacy of the content of the consultation (Regulation 29(9)(a)).

II. The Horton HOSC believes the proposal would not be in the interests of the health service in this area (the latter being the cross-boundary area represented by the Horton HOSC) (Regulation 23(9)(c).

The detail of this referral to be based on the comments in the above minutes and the additional information as set out in the Chairman's addenda.

(b) that the Horton Joint Health Overview & Scrutiny Committee continue to meet and accepts in good faith that partners are genuine in working to improve Horton General Hospital and that the Committee will continue meet to hold OUH and OCCG and others to account in the development and implementation of the positive vision for the future of the Horton General Hospital.

25/19 CHAIRMAN'S REPORT
(Agenda No. 6)

The Chairman's report and addenda were noted and the information and recommendations considered as part of the previous item.

..... in the Chair

Date of signing 2019