Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Oxfordshire Joint Health Overview and Scrutiny Committee
Thursday 10 September 2026

Horton Hospital Update Report
Oxford University Hospitals NHS Foundation Trust

Content

Oxford University Hospitals NHS Foundation Trust Horton Hospital Update Report

1. Purpose

1.1. To support the Health Overview and Scrutiny Committee (HOSC) in its duties by providing a response to a series of questions focussed around the Horton General Hospital (HGH).

2. Background

2.1. The HOSC has requested a detailed response to a series of questions relating to the HGH.

2.2. OUH is structured to manage its healthcare provision by services across all its sites, rather than by individual site. Therefore, much of the information requested requires bespoke preparation and analysis.

2.3. Given the above and noting the operational challenges and pressures that the NHS is currently experiencing, with agreement from the Health Scrutiny Officer, OUH will provide its response in two phases, with submissions planned for September and November 2026. Annex 1 summarises how OUH's response is split between the two phases.

2.4. This paper brings together the HOSC questions and the Trust's detailed responses for the September submission.

2.5. HOSC's questions are shown in italics throughout the response ahead of OUH's response.

3. Response to HOSC Queries

Strategic Role of the Hospital

- ***Provide an overview of the Horton General Hospital's current role within the OUH system and the wider Thames Valley health system.***
- ***Explain how the Horton fits within OUH's clinical strategy and service model and estates.***

- ***Describe the hospital's function as a local hospital serving Banbury, north Oxfordshire and neighbouring areas of Northamptonshire and Warwickshire.***
- ***Outline any significant changes in the hospital's role, service offer or strategic direction over the past five years.***

3.1 Overview: HGH remains a critical part of Oxford University Hospitals NHS Foundation Trust (OUH), providing a broad range of local hospital services for the population of Banbury, north Oxfordshire and neighbouring communities in Northamptonshire and Warwickshire. Consistent with previous discussions with the Joint Oxfordshire Health Overview and Scrutiny Committee (JHOSC), OUH's approach has been to have the HGH as a strong and viable local hospital, delivering care as close to home as possible while ensuring patients have access to specialist and highly complex services delivered across the wider OUH network when required.

3.1.1 Within the OUH system, the HGH performs an important role as the local provider of emergency, urgent, outpatient, diagnostic, day case, rehabilitation and community-facing hospital services. The hospital is home to a busy Emergency Department, acute medical services, diagnostics, maternity services, outpatient clinics, elective procedures and integrated care services. It acts as both a local access point for healthcare and as part of a wider networked model of care across OUH's four hospital sites. This enables patients to receive care locally while supporting access to specialist expertise available when needed.

3.2 Clinical strategy and service model: The HGH's role aligns with OUH's clinical strategy, which emphasises delivering excellent patient care, improving outcomes, reducing inequalities and providing care in the most appropriate setting. HGH supports this approach as an essential component of a networked OUH model, combining local accessibility with the benefits of being part of a large teaching hospital organisation. This approach supports clinical sustainability, workforce resilience and high-quality care.

3.3 Estates: From an estate's perspective, the HGH remains a strategically important healthcare asset for the northern part of Oxfordshire. OUH's response has been incremental reinvestment:

3.3.1 A £115,000 maternity unit redevelopment funded new clinic rooms, scanning facilities and an improved midwifery station, enabling three new high-risk obstetric clinics a week delivered by the John Radcliffe specialist teams from late 2025.

3.3.2 An expanded musculoskeletal interventional service for bone and soft-tissue tumours went live at the end of 2025.

3.3.3 The Horton General Hospital continues to benefit from targeted estates investment, with a number of schemes already completed or underway, including upgrades to the Mayflower Suite, electrical infrastructure, operating theatres, staff facilities and diagnostic imaging.

3.3.4 In addition, a pipeline of proposed developments over the coming years includes further investment in emergency care, ambulatory services, women's diagnostics and renal services, reflecting OUH's continued commitment to maintaining and enhancing high-quality facilities for patients and staff in Banbury.

3.4 Hospital's functions and changes: Over the past five years, the HGH has continued to evolve in response to changing population needs, workforce challenges, service transformation and lessons from the COVID-19 pandemic. While some services have been redesigned through networked and clinically led models, the overall strategic direction has remained consistent: to retain the HGH as a sustainable local hospital delivering a comprehensive range of services for its catchment population.

3.4.1 Looking ahead, the ambitions set out in the NHS 10-Year Health Plan reinforce the importance of hospitals such as the HGH. National policy emphasises shifting care closer to home, an increased focus on prevention, and making better use of technology and diagnostics. The HGH is well placed to contribute to these objectives by acting as a local hub within a networked model of care, supporting earlier intervention, more joined-up pathways and improved access for the communities it serves while remaining fully integrated within the wider OUH and Thames Valley healthcare system.

3.5 Current Services Delivered at the HGH: A comprehensive description of services currently provided on the Horton site, including:

- ***Urgent and Emergency Care.***
- ***Acute and general medicine.***
- ***Diagnostics and imaging.***
- ***Elective and day-case surgery.***
- ***Outpatient services.***
- ***The Brodey centre and any Cancer services delivered at the site.***
- ***Maternity and obstetric services (high-level overview only).***
- ***Community and integrated services delivered from the site.***
- ***Specialist outreach clinics and visiting consultant-led services.***
- ***Any services delivered jointly with Oxford-based sites.***

3.5.1 Urgent and emergency care. Timely access to urgent and emergency care is critical to the health of the population. OUH was ranked as having one of the best performances nationally for the 4hr wait standard and HGH is a key part of this success. In 2025/26 OUH achieved 78.5% four-hour performance for all emergency care types. OUH achieved 70.7% four-hour performance for Type 1 Emergency Departments, which comprises the Emergency Departments at both the John Radcliffe and Horton General Hospitals. Emergency attendances increased at both sites, with 5.5% growth at Horton General Hospital. In response to the 5.5% growth in emergency attendances at Horton General Hospital, the Trust is strengthening operational resilience across the urgent and emergency care pathway.

3.5.1.1 The HGH operates an emergency department with an emergency admission unit, functioning as the front door for acute presentations from Banbury and the surrounding catchment. This sits alongside a dedicated Emergency Assessment Unit (EAU) for further assessment of admitted patients.

3.5.2 Acute and general medicine. Acute general medicine is delivered on-site, supported by inpatient wards such as F Ward and the Oak High Care Unit, which provides higher-dependency monitoring near the Emergency Department and main reception.

3.5.3 Diagnostics and imaging. A radiology department provides imaging support across the site's emergency, medical, surgical and outpatient pathways, underpinning same-site diagnosis without automatic transfer to Oxford for routine scans.

3.5.4 Elective and day-case surgery. The four operating theatres support elective day case surgery delivered through the HGH Day Case Unit, which covers a range of planned procedures for patients who do not require overnight admission.

3.5.5 Outpatient services. The outpatient department runs consultant clinics covering a broad spread of specialties and allowing patients to be seen locally rather than travelling to the John Radcliffe for routine review.

3.5.6 Cancer services (Brodey Cancer Centre). The Brodey Cancer Centre treats cancer patients on-site, with a palliative care team which includes; a full-time nurse and a visiting consultant from Katharine House Hospice, based in the department. Three oncologists hold regular weekly outpatient clinics, plus a haematologist is based at the HGH. There are no inpatient oncology or haematology beds at the HGH, so some patients still require treatment in Oxford.

3.5.6 Maternity and obstetric services (high level overview requested). The HGH's maternity provision operates as a midwifery-led unit rather than a full consultant-led obstetric unit; women requiring specialist obstetric care are transferred to the Women's Centre at the John Radcliffe or to other neighbouring units. There is a Midwifery Led Birthing Unit and Specialist clinics along with scanning. Recent investment has added visiting high-risk obstetric clinics.

3.5.7 Community and integrated services. A satellite outpatient unit of the Oxford Kidney Unit provides dialysis and renal care from the HGH Renal Unit, operating

extended hours to serve local patients without requiring travel to Oxford for routine treatment.

3.5.8 Specialist outreach and visiting consultant-led services. Beyond outpatients generally, this includes the weekly oncology and high-risk obstetric clinics already noted, and the recently expanded musculoskeletal interventional service for soft-tissue and bone tumours, delivering specialist image-guided procedures under general anaesthesia, particularly valuable for children and patients with complex needs.

3.5.9 Services delivered jointly with Oxford-based sites. Several HGH services are explicitly run in partnership with teams based in Oxford; the satellite renal dialysis unit under the Oxford Kidney Unit, the high-risk obstetric clinics staffed by John Radcliffe specialists, oncology and haematology pathways that route more complex inpatient cases to Oxford, and outpatient clinics generally, which rely on consultants visiting from Oxford-based specialties rather than a locally resident consultant workforce.

3.6 Access to Care and Patient Flows

- ***Explain patient pathways into and through the Horton.***
- ***Describe where patients are routinely treated locally and where onward transfer to other sites is required.***
- ***Provide information on patient flows between the Horton, the John Radcliffe, Churchill and other regional hospitals.***
- ***Outline any known challenges relating to travel, transport or access for local residents.***

The tables below show the changes in activity using the Compound Annual Growth Rate (CAGR) method, and the growth form 2024/25 to 2025/26.

3.6.1 Admissions (elective and emergency)

Site	*CAGR (2019/20-2025/26)*	*Growth 2024/25 to 2025/26*
Horton General Hospital	*2.4%*	*1.1%*
Churchill Hospital	*-1.4%*	*1.6%*
John Radcliffe Hospital	*3.7%*	*6.0%*
Nuffield Orthopaedic Centre	*-0.4%*	*3.0%*

3.6.2 Outpatient attendances

Site	CAGR (2019/20-2025/26)	Growth 2024/25 to 2025/26
Horton General Hospital	2.6%	3.1%
Churchill Hospital	3.7%	4.3%
John Radcliffe Hospital	4.5%	3.1%
Nuffield Orthopaedic Centre	3.2%	4.8%

3.6.3 For inpatient services at HGH, using the CAGR method since 2019/20 to 2025/26, the specialties accounting for the highest share of activity saw increases in admissions within General Internal Medicine (+4.1%), Gastroenterology (+2.9%), Paediatric services (+2.0%), General Surgery (+1.3%) and Emergency Medicine (+10.7%).

3.6.4 For outpatient services, using the CAGR method since 2019/20 to 2025/26, there was growth in Physiotherapy (+2.1%), Medical Oncology (+9.4%), Renal Medicine (+0.6%), Cardiology (+6.0%), Gynaecology (+12.6%), Paediatric services (+5.7%), Ophthalmology (+0.5%) and Gastroenterology (+7.9%). Higher volume services that recorded a decrease included Obstetrics and Midwifery (-5.1%) and Orthopaedic services (-2.4%).

3.6.5 In 2025/26, 1550 / 4.98% of admitted pathways started at the HGH were transferred to another site, including the John Radcliffe (58% of transfers from the HGH), the Churchill Hospital (8% of transfers from the HGH), regional hospitals (28% of transfers from the HGH) and other OUH sites, chiefly Katherine House Hospice (6%)

3.7 Travel and transport: HGH on site car parks are at capacity most days of the working week (Monday to Friday). There are regular bus services, including between Oxford and Banbury, and to the railway station and onto Chipping Norton.

3.7.1 OUH offer schemes to staff to help them travel more sustainably, these include a Liftshare Scheme, a Cycle to Work Scheme, (with the opportunity to purchase a bike and pay through salary sacrifice), renting a bike through providers. Lockable cycle units have also been installed at the HGH to support cyclists

3.7.2 OUH's Travel and Transport Team proactively works with Oxford County Council to understand what schemes could become available for staff, patients and visitors.

3.8. Quality, Safety and regulatory assurance

- ***Summarise the most recent regulatory assessments for services at the Horton.***
- ***Outline key findings from recent Care Quality Commission inspections.***
- ***Explain actions taken in response to recommendations, areas requiring improvement or regulatory feedback.***
- ***Provide evidence of progress made and measurable outcomes where available.***

3.8.1Most recent regulatory assessment: The most recent Care Quality Commission (CQC) assessment of services at the HGH was an unannounced inspection of the Horton Midwifery Led Unit and took place on 7 and 8 October 2025. The Trust received the final report on the 4 June 2026. The report confirmed that the maternity service had improved from 'Requires Improvement' at the previous October 2023 inspection to 'Good' overall, with 'Good' ratings across Safe, Effective, Caring, Responsive and Well-led. The wider Horton General Hospital location rating also changed to 'Good' following as a result of this report. Importantly, the CQC confirmed that the previous breaches relating to safe care and treatment and good governance had been addressed, and that the Horton maternity service was not in breach of any regulation.

There have been no other regulatory assessments at the HGH.

3.8.2 Key CQC findings: The CQC found that the service demonstrated a strong commitment to safety, person-centred care and collaborative working with women, families, staff and healthcare partners. Inspectors highlighted compassionate and respectful care, effective multidisciplinary working, appropriate risk assessment, safe medicines management, strengthened infection prevention and control arrangements, and good support for staff wellbeing.

The service was also recognised for supporting women to access maternity care closer to home, including through outpatient clinics, additional high-risk obstetric clinics, a new ultrasound machine and outreach services for vulnerable or migrant women.

The assessment also identified areas requiring further improvement. These cover local governance and escalation of risk, audit of telephone advice contacts, documentation and MEOWS escalation, the on call and second midwife model, unit level equality, diversity and inclusion (EDI) action plans, and visible local quality improvement. The CQC also noted that the waiting area did not allow staff a clear line of sight to women attending the midwife assessment clinic.

3.8.3 Actions taken in response: As there was no breach in regulations, the Trust was not required to submit a formal action plan to CQC. Actions have been incorporated into the Trust's Perinatal Improvement Programme rather than managed as a separate regulatory plan.

For the HGH, the improvement programme includes actions on local governance and risk escalation, audit of telephone advice contacts, documentation and MEOWS escalation, the on-call and second-midwife model, unit-level equality, diversity and inclusion plans, and visible local quality improvement activity.

3.8.4 Evidence of progress and measurable outcomes: The specific line-of-sight concern has been addressed through completion of the maternity outpatient area refurbishment, including a new midwifery station in the waiting area to improve visibility, communication and support for women attending clinics.

3.8.4.1 The improvement actions are being monitored through the Perinatal Assurance Group, Integrated Assurance Committee and quarterly Trust Board reporting.

4. The Trust notes that there is still an 'Requires Improvement' rating in relation to HGH Emergency Department but this was last inspected in June 2019. The Trust has continued to work on actions in relation to the national waiting time standards that RI rating in the 'Responsive' category. Conclusions

4.1. This report brings together the HOSC questions and the Trust's detailed responses for the September submission. It is asked to note the Trust's response to the September 2026 HOSC Horton General Hospital queries, recognising the hospital's continued strategic role within OUH and the wider health system.

4.2. The Committee is asked to note that further responses will be submitted to HOSC in November 2026, following completion of additional workstreams and final review and sign-off by the Chief Executive.

Annex 1: Summary of OUH's response split between the two phases.

September Submission:

1. Strategic Role of the Hospital

- Provide an overview of the Horton General Hospital's current role within the OUH system and the wider Thames Valley health system.
- Explain how the Horton fits within OUH's clinical strategy and service model and estates.
- Describe the hospital's function as a local hospital serving Banbury, north Oxfordshire and neighbouring areas of Northamptonshire and Warwickshire.
- Outline any significant changes in the hospital's role, service offer or strategic direction over the past five years.

2. Current Services Delivered at the Horton

A comprehensive description of services currently provided on the Horton site, including:

- Urgent and Emergency Care.
- Acute and general medicine.
- Diagnostics and imaging.
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- The Botley centre and any Cancer services delivered at the site.
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- Community and integrated services delivered from the site.
- Specialist outreach clinics and visiting consultant-led services.
- Any services delivered jointly with Oxford-based sites.

4. Access to Care and Patient Flows

- Explain patient pathways into and through the Horton.
- Describe where patients are routinely treated locally and where onward transfer to other sites is required.
- Provide information on patient flows between the Horton, the John Radcliffe, Churchill and other regional hospitals.
- Outline any known challenges relating to travel, transport or access for local residents.

7. Quality, Safety and Regulatory Assurance

- Summarise the most recent regulatory assessments for services at the Horton.
- Outline key findings from recent Care Quality Commission inspections.
- Explain actions taken in response to recommendations, areas requiring improvement or regulatory feedback.
- Provide evidence of progress made and measurable outcomes where available.

November 2026 Submission:

3. Demand, Activity and Population Need

- For population purposes please clarify the catchment postcodes: OX16 9AL, CV33 , CV35 , CV36 , CV37 , CV47 , GL56 , MK18 , NN11 , NN12 , NN13 , OX15 , OX16 , OX17 , OX20 , OX25 , OX26 , OX27 , OX5 , OX7 ?
- Present activity data and demand trends for the principal services delivered at the Horton over recent years.
- Describe how demand has changed since the COVID-19 pandemic.
- Outline any projected future demand arising from: population growth; demographic change; ageing population trends; and any planned housing growth across north Oxfordshire and Banbury.
- Identify the services experiencing the greatest levels of demand or operational pressure.
- Explain how demand at the Horton compares with activity at other OUH sites.

5. Workforce Sustainability

- Provide an overview of workforce establishment levels across major clinical services.
- Describe current recruitment and retention challenges.
- Highlight any areas reliant on locums, agency staffing or rotational workforce models.
- Explain how workforce challenges affect service resilience and future planning.

6. Estate and Infrastructure

- Provide an update on the condition, capacity and utilisation of the Horton estate.

- Outline split for Horton of the £10m for Horton trust to tackle long-term estate problems - Banbury FM including any major capital investment undertaken in recent years.
- Describe current estate constraints affecting service delivery.
- Provide an update on future estate plans and investment priorities for the site.
- Explain the independent review in 2018 and the unsuccessful Health Infrastructure Programme bid to government and how OUH has adapted its longer-term plans since then.
- Assessment of the Brodey Cancer Centre and plans for investment

8. Improvement Programmes and Service Development

- Describe major improvement programmes currently underway at the Horton.
- Highlight service developments introduced during the last three years.
- Explain improvements made to: patient experience; waiting times; diagnostics; elective recovery; urgent care; workforce resilience.
- Outline any planned service enhancements over the next three to five years.
- Outline the current model of maternity care provided at the Horton site; with a brief update on recent inspection findings and subsequent improvement work for maternity services specifically delivered at the Horton site
- Assessment of whether maternity services across Oxfordshire would benefit from an upgrade of the Horton General Hospital maternity unit.

9. Future Opportunities and Risks

- the principal opportunities for the Horton over the next few years;
- key risks to maintaining and expanding local services;
- dependencies on workforce, capital funding, national policy and system partnerships;
- how OUH intends to ensure the Horton remains a sustainable and resilient hospital serving local communities