

# Notice of Meeting Public Document Pack



## Horton Joint Health Overview & Scrutiny Committee Monday, 11 October 2021 at 12.00 pm CDC Council Chamber, Bodicote House, Banbury OX15 4AA

Please note that Council meetings are currently taking place in-person (not virtually) with Covid precautions at the venue. Meetings will continue to be live-streamed and those who wish to view them are strongly encouraged to do so online to minimise the risk of Covid-19 infection.

If you wish to view proceedings, please click on this [Live Stream Link](#). However, that will not allow you to participate in the meeting.

If you still wish to attend this meeting in person, you must contact the Committee Officer by 9am four working days before the meeting and they will advise if you can be accommodated at this meeting and of the detailed Covid-19 safety requirements for all attendees.

**Please note that in line with current government guidance *all* attendees are strongly encouraged to take a lateral flow test in advance of the meeting.**

### Membership

Chair - tbc  
Deputy Chair - tbc

<i>Councillors:</i>	Hannah Banfield	Clare Golby	Kieron Mallon
	Mark Cherry	Jane Hanna OBE	Freddie van Mierlo
	Arash Fatemian	Dr Nathan Ley	Eddie Reeves
			Vacancy

*Co-optees:* Dr Keith Ruddle

**Notes:** *Date of next meeting: Date Not Specified*

#### What does this Committee review or scrutinise?

- i. Development of the masterplan for the Horton General Hospital, ensuring it includes high quality, flexible clinical space that could be used for different services over time, including obstetric services if circumstances demand.
- ii. Active pursuit of significant capital investment in the Horton Hospital

#### How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am four working days before the date of the meeting.**

County Hall, New Road, Oxford, OX1 1ND

[www.oxfordshire.gov.uk](http://www.oxfordshire.gov.uk) Media Enquiries 01865 323870

**For more information about this Committee please contact:**

Senior Policy Officer	-	<i>Steven Fairhurst-Jones Tel: 07879 063934 Email: <a href="mailto:steven.fairhurstjones@oxfordshire.gov.uk">steven.fairhurstjones@oxfordshire.gov.uk</a></i>
Committee Officer	-	<i>Colm Ó Caomhánaigh, Tel 07393 001096 Email: <a href="mailto:colm.ocaomhanaigh@oxfordshire.gov.uk">colm.ocaomhanaigh@oxfordshire.gov.uk</a></i>



Yvonne Rees  
Chief Executive

September 2021

## **About the Horton Health Overview & Scrutiny Committee**

Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (HOSC) for the purposes of the consultation.

In response to the Oxfordshire Clinical Commissioning Group's proposals regarding consultant-led maternity services at the Horton General Hospital, the Secretary of State and Independent Reconfiguration Panel (IRP) have advised a HOSC be formed covering the area of patient flow for these services. The area of patient flow for obstetric services at the Horton General Hospital covers Oxfordshire, Northamptonshire and Warwickshire.

The County Councils of Oxfordshire, Northamptonshire and Warwickshire therefore formed this joint committee, which first met in September 2018. The committee's Terms of Reference were subsequently amended in July 2020.

### **What does this Committee do**

The purpose of this mandatory Horton Health Overview and Scrutiny Committee across Oxfordshire, Northamptonshire and Warwickshire is to:

- a) Make comments on the proposal consulted on
- b) Require the provision of information about the proposal
- c) Require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
- d) Refer to the Secretary of State only on the development of a masterplan for the Horton General Hospital where it is not satisfied that:
  - Consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
  - That the proposal would not be in the interests of the health service in the area
  - A decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.

NB The Committee's duration is expected to last only as long as necessary for the matters above to be considered. Responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

**If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting**

**A hearing loop is available at County Hall.**

# AGENDA

1. **Election of Chair for the Council Year 2021/22**
2. **Election of Deputy Chair for the Council Year 2021/22**
3. **Apologies for Absence and Temporary Appointments**
4. **Declarations of Interest - see guidance note on the back page**
5. **Minutes (Pages 1 - 8)**

To approve the minutes of the last meeting held on 27 November 2020 (HHOSC5) and to receive information arising from them.

## 6. **Petitions and Public Address**

*Currently council meetings are taking place in-person (not virtually) with Covid safety procedures operating in the venues. However, members of the public who wish to speak at this meeting can attend the meeting 'virtually' through an online connection. While you can ask to attend the meeting in person, you are strongly encouraged to attend 'virtually' to minimise the risk of Covid-19 infection.*

***Please also note that in line with current government guidance all attendees are strongly encouraged to take a lateral flow test in advance of the meeting.***

*Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate these new arrangements we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. 9 am on Tuesday 5 October 2021 Requests to speak should be sent to [colm.ocaomhanaigh@oxfordshire.gov.uk](mailto:colm.ocaomhanaigh@oxfordshire.gov.uk). You will be contacted by the officer regarding the arrangements for speaking.*

*If you ask to attend in person, the officer will also advise you regarding Covid-19 safety at the meeting. If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.*

## **7. Horton General Hospital update (Pages 9 - 24)**

This paper provides the Horton Joint Health Overview and Scrutiny Committee with an update on the HGH Expression of Interest (EOI) submitted on 9 September for a place in the Government's Health Infrastructure Programme (HIP).

## **8. Next meeting**

The date of the next meeting will be agreed by the committee.

## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

### What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

### List of Disclosable Pecuniary Interests:

**Employment** (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

## HORTON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Friday, 27 November 2020 commencing at 2.00 pm and finishing at 3.02 pm

**Present:**

**Voting Members:** Councillor Arash Fatemian – in the Chair

Councillor Hannah Banfield  
Councillor Rebecca Breese  
Councillor Kieron Mallon  
Councillor Wallace Redford  
Councillor Alison Rooke  
Councillor Sean Woodcock

**Co-opted Members  
(Non-voting):** Dr Keith Ruddle

**By Invitation:** Dr Bruno Holthof, Chief Executive OUH; Professor Sir Jonathan Montgomery, Chair of the Trust; Tony Delaney, Communications and Engagement Manager for OCCG; David Walliker (OUH); Catherine Mountford, Oxfordshire Clinical Commissioning Group.

**Officers:**

Whole of meeting: Martin Dyson (Policy); Steve Jorden, Corporate Director Commercial Development, Assets and Investment & Monitoring Officer; Sukdave Ghuman, Glenn Watson, Principal Governance 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 an addenda tabled at the meeting and agreed as set out below. Copies of the agenda and report and addenda are attached to the signed Minutes.*

**1/20 ELECTION OF DEPUTY CHAIRMAN**  
(Agenda No. 1)

The Chairman, Councillor Fatemian proposed and it was agreed that the Deputy Chairman should rotate around the two voting co-opted members. He further proposed that Councillor Wallace Redford, continue as Deputy Chairman for the remainder of this Municipal Year and it was seconded and .

## HHOSC5

### **RESOLVED:**

- (a) to agree that the role of Deputy Chairman rotate around the two voting co-opted members; and
- (b) that Councillor Redford be elected as Deputy Chairman for the remainder of this Municipal Year.

### **2/20 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 2)

Apologies were received from Councillor Neil Owen and from Councillor Sean Gaul (Councillor Phil Chapman substituting).

### **3/20 DECLARATIONS OF INTEREST**

(Agenda No. 3)

There were none.

### **4/20 MINUTES**

(Agenda No. 4)

The Minutes of the meeting held on 19 September 2019 were approved and were to be signed by the Chairman at the next opportunity.

### **5/20 PETITIONS AND PUBLIC ADDRESS**

(Agenda No. 5)

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

Roseanne Edward  
Councillor Andrew McHugh, Cherwell District Council  
Keith Strangwood

### **6/20 CONFIRMING THE UPDATED TERMS OF REFERENCE**

(Agenda No. 6)

The Chairman, Councillor Arash Fatemian introduced the revised terms of reference that had been considered by the respective health overview and scrutiny committees and had been approved at the respective council meetings.

Councillor Fatemian commented that they gave the Committee an expanded remit to scrutinise the OUH masterplan and vision for the Horton hospital.

He emphasised that this did not take away from the original maternity terms of reference, so the annual review of maternity services and maternity being part of the ongoing masterplan falls within the terms of reference of the Committee.

**RESOLVED:** To confirm the updated terms of reference.



**7/20 RESPONDING TO THE IRP AND SECRETARY OF STATE RECOMMENDATIONS**  
(Agenda No. 7)

The Committee had made a referral to the Secretary of State following its meeting on 19 September 2019. The Committee had before the referral from this Committee to the Secretary of State, together with supporting documents; the response of the Secretary of State; a further letter to the Secretary of State from the Chairman of this Committee; advice sought on the prospect of a judicial review on the Secretary of State's decision and a recommendation on next steps.

Keith Strangwood, referred to page 18 of the agenda papers relating to the Terms of Reference of this Committee. Paragraph 7 (d) stated that referral to the Secretary of State on the Horton Masterplan would be only on a number of grounds, the first of which referred to inadequate consultation but only included consultation with local authorities and excluded consultation with other stakeholders. Keith Strangwood sought an assurance from the Committee that there would be consultation with stakeholders such as Keep the Horton General as they had been involved throughout. The Chairman, Councillor Arash Fatemian explained that the point highlighted was solely about the power to refer and related only to statutory consultees. He gave an assurance that Keep the Horton General and other stakeholders would continue to be involved by this Committee.

Keith Strangwood spoke in support of a judicial review noting that the request for a review by the Independent Reconfiguration Panel had been refused as there had not been a substantial change from previous referrals. Keith Strangwood referred to the document evidence contained in the latest referral of the impact of the closure. He suggested that this was new material that should have led to an examination by IRP and if there was a chance that a judicial review could be successful then it should be pursued.

Keith Strangwood noted that the response from the Secretary of State had been received in September 2020 and he asked what actions had been taken since then; whether there had been further contact with the Secretary of State and whether Horton HOSC members had been notified of the position.

Roseanne Edwards commented that she had been impressed by the referral to the Secretary of State from this Committee and felt that it was distinctly different to previous referrals. She expressed concern that the response had been received in the middle of September and that having not been told about it had been unable to do anything about it and now in terms of legal powers there was little time to take action.

Roseanne Edwards referred to the Masterplan and noted that she had been to Oxfordshire Clinical Commissioning Group Board meeting yesterday. Information provided to the Board noted that the Government had listed 40 capital spend projects and only 8 more were to be agreed. Referring to the Vision Roseanne Edwards commented that the Masterplan was lacking in detail, with no financial information and no detailed strategy and in her view was unlikely to be successful in getting funding.

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Councillor Andrew McHugh, Cherwell District Council, spoke against pursuing a judicial review. The shared Vision provided an opportunity to work in collaboration to achieve a hospital fit for the future.

Councillor Fatemian introduced the item commenting that he had written to the Secretary of State following receipt of the response requesting an urgent review of the decision as he felt that there had been a misunderstanding of the arguments raised by the referral. No reply had been received. He had hoped for a further review and noted that options moving forward were limited. He had asked through the Leader of Oxfordshire County Council for a legal view from the Head of Legal Services on the likely success of a judicial review. He noted that the Committee had no powers to seek legal advice or to seek judicial review and that this would need to be done via one or a combination of the Councils. The legal opinion was that a judicial review would have only 30% chance of success. The view that such action was unlikely to succeed was shared by Sir Tony Baldry, former Member of Parliament for Parliament. It was for the Committee to decide whether to accept the advice but Councillor Fatemian questioned the wisdom of pursuing legal action in the light of the expert advice received.

Councillor Fatemian expressed disappointment at the response received and confirmed that he continued to believe that the downgrade of maternity services was not in the best interests of local mothers and babies. He paid tribute to the testimony of brave mothers and father who had come forward to share their experiences; and to the hard work of this Committee and organisations like Keep the Horton General. The campaign would not end as the OCCG had pledged to regularly review maternity provision at the Horton and this Committee had an important role in holding them to account on this promise for an annual review. The Committee would work positively with the Trust to realise and implement a Vision for the future of the Horton hospital.

During discussion the following points were made, and various views were expressed both in favour and against pursuing judicial review:

- The result of the referral was very disappointing. A great deal of hard work had gone into it and the Committee had heard a lot of personal testimonies on the impact the closure had caused. However, it was important that the Committee continue to oversee and scrutinise plans going forward with a focus on the future of Horton hospital.
- The legal view had been sought and it would be perverse to ignore it because it was unpalatable. Even should the Committee decide it wished to pursue a judicial review it would be necessary to persuade at least one of the three Councils to take the necessary action and it was felt that this was unlikely.
- The Vision was a hope for the Future and a decision to seek judicial review could jeopardise that pushing it into the distance. The Committee now had a role as a critical friend.
- The arguments put forward to the Secretary of State had not been understood and although taking the legal advice seriously it was only advice. It was about being the voice of our residents even if the judicial review was unsuccessful.
- In agreeing with the views of the three speakers a member felt that it was important for the Committee to be brave. The costs were not that great, and it

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was suggested that use could be made of the councillor priority fund. There was a moral obligation to constituents to follow all possible avenues for action.

Following a vote by roll call it was:

**RESOLVED:** (by 6 votes for to 2 against) to:

RECOMMEND to the OCCG Board:

- (a) that OCCG undertake the review referred to in their decision paper of the 26th September 2019 and as reflected as an annual review by the Secretary of State letter dated the 15th of September 2020; and
- (b) the review is required to be undertaken as a matter of urgency.

### **8/20 MASTERPLAN FOR THE HORTON HOSPITAL**

(Agenda No. 8)

The Committee considered a paper that provided an update on recent developments at the Horton General Hospital (HGH), in light of changes made during COVID-19, and sets a longer-term vision for the hospital. The paper covered the HGH response to COVID-19, recent service improvements at HGH and Oxford University Hospital's (OUH) System Vision for HGH.

The following representatives of OUH Oxfordshire Clinical Commissioning Group (OCCG) attended for this item:

Dr Bruno Holthof, Chief Executive OUH; Professor Sir Jonathan Montgomery, Chair of the Trust; Tony Delaney, Communications and Engagement Manager for OCCG; David Walliker (OUH); Catherine Mountford, Oxfordshire Clinical Commissioning Group.

Professor Sir Jonathan Montgomery introduced the paper and emphasised that the prize they all sought was for a hospital everyone could be proud of. There were a number of stages to gaining that prize and community support was essential. Professor Sir Jonathan Montgomery commented that the Trust recognised the need to gain the trust of the community. He appreciated that the current position might not seem as concrete as some might like but the Trust was committed to working with the Committee and to the importance of consultation. He noted the agreed list of capital projects and emphasised that the key was in how the Trust could overcome the disappointment of not being in that first tranche of projects. He outlined the activity that had taken place since to pursue their case for inclusion in the next agreed projects. They would also investigate other options, but these were unclear at this time.

David Walliker, Chief Digital and Partnerships Officer, referring to the paper outlined the way that covid had altered the way that the Horton delivered care, recent developments at the Horton and the vision for the future.

Bruno Holthof commented that work was ongoing to secure funding as one of the remaining 8 capital projects funded by Government, but he had been asked about a Plan B if not successful. He noted that the allocation of funding in the NHS had changed in the past year. It was linked to the Integrated Care System (ICS)

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development. Capital funding would be allocated to the South East Region and then to the ICS - (Buckinghamshire, Oxfordshire and Berkshire (BOB)). The BOB ICS would receive a capital budget each year and this would then be allocated following discussions across all of the partners. During the past year he confirmed that they had been using all possible channels for capital bidding. For example, the MRI scanner for the Horton was part of a regional bid for diagnostic equipment. The improvements to A&E were also as a result of a regional bidding process. If not successful in gaining funding as one of the 8 remaining hospitals under the national funding programme they would need to explore every single remaining avenue for capital funding.

Trust representatives responded to questions:

- Asked about the likelihood of success of any Horton hospital bid within the BOB Bruno Holthof gave an assurance that they were all very active in defending the case for the Horton hospital at the BOB level. Professor Sir Jonathan Montgomery added that no-one could say with certainty the likelihood of success but that the regional team understood all the issues involved and were making the arguments that they felt were most likely to succeed.
- Asked about staff retention Bruno Holthof stated that turnover rates were going down in all specialities and recruitment was improving so the Trust was confident that they would build the workforce necessary to operate the Horton in the future.
- Asked about the position on the details of the masterplan Bruno Holthof replied that advisers had been appointed and work had begun on translating the system vision into a masterplan. It was important to have the Vision as the basis of the bidding. It was important to now work on the detail of the tactical bidding. If unsuccessful then there would be a need to look at other routes and possibly need to be less ambitious as the capital would be less than if successful in the national bidding process.
- Asked how the Trust was expecting this Committee to work with them and the timescales involved Bruno Holthof replied that the process was uncertain at this time. There was no information available on the release of additional capital to the NHS. This would be a multi-year programme and at this stage the Trust did not know how much would be awarded or over how many years.
- Asked about recent developments for closer working with Katherine House Hospice Bruno explained that this was as a result of an approach by the Hospice and was not directly linked to this discussion. Professor Sir Jonathan Montgomery added that the sustainability of a wide range of services in North Oxfordshire was a commitment of the Trust and this development would help understand communities even better than currently but was not linked to a commissioning invitation from the commissioning group.
- Asked about the future of the buildings on the site, Bruno Holthof confirmed that this would be dependent on the capital funding obtained.
- Reference was made by the Committee to a recommendation to the OCCG Board following the Phase 1 consultation in September 2017 about plans to facilitate between 60-90k out-patient appointments per year transferring from the JR to the Horton. Whilst accepting that the numbers would have changed over time it was presumed that some capital funding would have been lined to this proposal and some capital allocated to upgrade facilities. It was queried how much money had been allocated and where it now sat. Bruno Holthof confirmed that the move of

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out-patients from the JR to the Horton was to have been within the existing facilities. He confirmed that the numbers had decreased due to several factors including the NHS Five Year Plan to reduce the number of out-patient appointments. This was being done by, for example, eliminating follow up appointments or moving them to a virtual platform. What was important was that as many appointments happened as locally as possible and with facilities that meant that tests could happen at the same time. That was why the investment in scanning equipment had been so important.

- Responding to a suggestion that it would be helpful to see a list of the improvements that had been envisaged, with information on those that had been done and those not yet done Catherine Mountford, OCCG, advised that at the time of the proposals no capital funding had been allocated. The intention had been to work first with existing facilities. If new build became necessary, then a business case would have needed to be developed.
- Responding to a query from the Chairman about next steps and the need to engage the Committee as early as possible in the development of the Masterplan, Professor Sir Jonathan Montgomery advised that he was nervous of giving a commitment to an exact date to return to the Committee with details during the ongoing Covid-19 pandemic. A further wave could delay matters. The Chairman stressed that it be as early as possible and suggested that the first quarter of 2021 would be reasonable at the moment.

..... in the Chair  
Date of signing ..... 2021

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## **Horton General Hospital: HIP Expression of Interest**

### **1. Overview**

- 1.1. This paper provides the Horton Joint Health Overview and Scrutiny Committee (HGJHOSC) with an update on the HGJH Expression of Interest (EOI) submitted on 9 September for a place in the Government's Health Infrastructure Programme (HIP).

### **2. Spotlight on Health Infrastructure Programme (HIP) Expression of Interest (EOI)**

- 2.1. In July 2021, the Department of Health and Social Care (DHSC) invited Expressions of Interest (EOI) from NHS Trusts in England who wish to be considered for the next wave of the Health Infrastructure Programme (HIP). The programme has been set up with a commitment to deliver forty new hospitals by 2030, for which there are eight places remaining.
- 2.2. Work has been on going to develop estate options for redevelopment of the HGJH site for several years. The EOI for the Horton General Hospital was submitted on 9 September and is detailed in the Appendix.
- 2.3. Stage 2 of the selection process will require a more detailed submission and it is anticipated that the final decision on the successful bids will be Spring 2022. ]
- 2.4. More information on the government-run process can be found here:  
<https://www.gov.uk/government/publications/health-infrastructure-plan-selection-process-for-the-next-8-new-hospitals>

### **Our Proposal for redevelopment of HGJH**

- 2.5. The proposal detailed in the EOI reflects our ambition to replace the HGJH in its entirety, ensuring the provision of safe, fit for purpose and flexible facilities to care for our growing population. In totality, the proposed option re-provides a larger hospital with 58,000m<sup>2</sup> of new build, replacing the existing 30,700m<sup>2</sup> current hospital on the HGJH site.
- 2.6. The proposal will also allow a shift in activity from the Headington sites, reducing the congestion and footfall for patients who need to travel to the John Radcliffe, Nuffield Orthopaedic Centre and Churchill sites and caring for patients closer to home.
- 2.7. The proposal for the HGJH submitted in the EOI aims to provide:
- *Clinical services consistent with previous public consultation*
  - *Integrated Front door for Urgent & Emergency Care*
  - *Diagnostic Hub*
  - *Outpatient transformation*
  - *Increase in Day Case and Short Stay Treatments*
  - *New Maternity facilities*
  - *Co-location of research and education space*

- *Multi-storey car park*
- *Opportunity for complimentary site development through land released*
- *Flexible and adaptable space to meeting changing requirements with an opportunity for future expansion*

2.8. The current preferred option is a 3-phase approach. The 3 proposed phases are as follows:

- *Phase 1: Increased capacity for the Emergency Department (including a further 28 treatment cubicles and 6 GP streaming rooms), Imaging (including a further CT and additional 2 MRI machines), Theatres (with an additional 4 theatres to current base) and Inpatients (with a further 58 beds than current provision).*
- *Phase 2: Refurbishment of Outpatients, Therapies and Maternity.*
- *Phase 3: Energy centre build and wider site redevelopment including a multi storey car park.*

2.9. The delivery of the HGH site redevelopment will deliver capacity for our growing population, whilst also allowing the required flexibility for the expansion and provision of new services in the future.

### 3. **Next steps**

- 3.1. We will now wait for the government response to our Expression of Interest with a final decision due in the Spring.
- 3.2. More details and the full EOI can be found in the Appendix.



## Cover Sheet

Trust Board Meeting in Public: Wednesday 08 September 2021

TB2021.67

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**Title:** Horton General Hospital Health Infrastructure Programme  
Expression of Interest

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**Status:** For Decision

**History:** IAC 11 August 2021 – Briefing by Chief Nursing Officer

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**Board Lead:** Chief Nursing Officer

**Authors:** Director of Capital Development / Acting Director of Estates &  
Facilities  
Chief Nursing Officer

**Confidential:** No

**Key Purpose:** Assurance

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## Executive Summary

1. The purpose of this paper is to seek approval from the Trust Board for submission of an Expression of Interest (Eoi) for a place in the Health Infrastructure Programme (HIP).
2. The Department of Health and Social Care (DHSC) has invited Eoi from NHS Trusts in England who wish to be considered for the next wave of the HIP. This programme has been set up with a commitment to deliver forty new hospitals by 2030, for which there are eight places remaining.
3. Work has been on going to develop the Horton General Hospital (HGH) masterplan for several years. Most recently the Trust commissioned a full design feasibility and high-level Strategic Outline Case with a preferred estates option, which completed in 2020 in readiness for a potential bid opportunity. The intention had been to progress further stakeholder engagement, however this work then paused due to Covid-19.
4. For HGH to be considered for one of the remaining eight HIP projects we must submit an Eoi by midday on 9 September. Stage 2 of the selection process will require a more detailed submission and it is anticipated that the final decision on the successful bids will be Spring 2022.
5. The preferred option is a 58,000m<sup>2</sup> new built hospital replacing the existing 30,700m<sup>2</sup> hospital on the Horton site. The construction would be split in three phases: Phase 1 to provide increased capacity for ED, Imaging, Theatres and Inpatients; Phase 2 to provide Outpatients, Therapies and Maternity; and Phase 3 to provide an Energy Centre and wider site redevelopment including a multi-storey car park.
6. Based on the Trust's experience with the construction of the Critical Care Building at the John Radcliffe site, the costs are estimated to be £330m including VAT but excluding equipment or between £350m–£370m including VAT and equipment.
7. Should the initial Expression of Interest be successful then a more detailed submission will be required and details of the proposal remain indicative at this stage.

### Recommendations:

8. The Trust Board is asked to:
  - Note the context of the work undertaken to date in connection with the preferred option for redevelopment of the HGH site.
  - Approve the recommendation from the Investment Committee to proceed with the submission of the Expression of Interest in line with the appended final draft (**Appendix 1**).

## 1. Purpose

- 1.1. The purpose of this paper is to seek approval from the Trust Board for submission of an Expression of Interest (EoI) for a place in the Health Infrastructure Programme (HIP).

## 2. Context – Health Infrastructure Programme

- 2.1. The Department of Health and Social Care (DHSC) has invited EoI from NHS Trusts in England who wish to be considered for the next wave of the HIP. This programme has been set up with a commitment to deliver forty new hospitals by 2030, for which there are eight places remaining.
- 2.2. Work has been on going to develop estate options for redevelopment of the HGH site for several years. For HGH to be considered for one of the remaining eight HIP projects we must submit an EoI by midday on 9th September.
- 2.3. Stage 2 of the selection process will require a more detailed submission and it is anticipated that the final decision on the successful bids will be Spring 2022.

## 3. Background

- 3.1. In 2016, OUH undertook a Strategic Review of HGH, and Oxfordshire CCG launched a 12-week public consultation and produced a decision-making business case. This included detail on the future clinical service provision for the HGH site.
- 3.2. Following this, the Trust appointed AECOM in 2017 to undertake a high-level masterplan for the redevelopment of the Horton site, but planning was paused because there was no capital available.
- 3.3. In October 2019, a design team was appointed to revisit the HGH masterplan in readiness for a potential HIP bid.
- 3.4. The feasibility study assumed clinical services on site were in line with the 2016 consultation but with future growth and expansion opportunity. Following an initial review and dialogue with stakeholders it became clear that capacity for urgent and emergency care with associated diagnostics is already constrained on the site and with very limited options for expansion without a new build. The design team were therefore asked to consider urgent and emergency care with diagnostics, theatres, and beds to be prioritised for the first phase of development.
- 3.5. The team completed a design feasibility report including a longlist and shortlist of options, site analysis, site infrastructure/services review, accessibility study and a high-level planning review. Consideration was

also given to how the whole site development potential could be maximised with a phased approach to delivery.

- 3.6. Several internal Trust stakeholder workshops took place between November 2019 and February 2020 to shortlist options and review these against the benefit criteria for input into the Strategic Outline Case lite.
- 3.7. A Strategic Outline Case lite was developed containing a full financial and non-financial options appraisal.

#### 4. Preferred Option

- 4.1. Given the age and condition of the buildings on the Horton site, the vision is to replace the hospital in its entirety to create facilities that are safe, fit for purpose and can service a growing population and accommodate a shift in activity from the Headington sites to provide care closer to home for people living in the north of the county. This aims to provide:
  - Clinical services consistent with previous public consultation
  - Integrated Front door for Urgent & Emergency Care
  - Diagnostic Hub
  - Outpatient transformation
  - Increase in Day Case and Short Stay Treatments
  - New Maternity facilities
  - Co-location of research and education space
  - Multi-storey car park
  - Opportunity for complimentary site development through land released
  - Flexible and adaptable space to meeting changing requirements with an opportunity for future expansion
- 4.2. The current preferred option within the high-level Strategic Outline Case allows for a total re-provision of 58,000m<sup>2</sup> split into phases. This compares against an existing area of 30,700m<sup>2</sup>.
  - Phase 1: 39,800m<sup>2</sup> to provide ED, Imaging, Theatres, Inpatients, Facilities Management Hub & Support Accommodation
  - Phase 2: 14,700m<sup>2</sup> + 3,500m<sup>2</sup> refurbishment to provide Outpatients, Therapies and Maternity
  - Phase 3: to provide an Energy Centre and wider site redevelopment including a multi-storey car park

- 4.3. A summary comparison of key existing and proposed functional content is included in the table below:

Function	Current	Proposed
Inpatients	108	166
Emergency Department	16	50
Emergency/Acute Medical Assessment	52	81
Theatres	4	8
Imaging	9 (4 x-ray, 1 mammography, 3 ultrasound, 1 CT)	15 (5 x-ray, 4 ultrasound, 2 CT, 2 MRI, 1 IR/fluoroscopy, 1 mammography)
Outpatients	43 consult/exam, 7 chemo, 12 dialysis, 2 endoscopy	58 consult/exam, 12 chemo, 18 dialysis, 3 endoscopy
Maternity	6 delivery, 9 consult/exam	16 beds, 7 delivery, 11 consult/exam
Day Case	33	44

## 5. OUH Approach to Eol Submission

- 5.1. The capital cost of the new Critical Care Building that will be completed in October 2021 equates to £5,711m<sup>2</sup> including VAT but excluding equipment. Applying this cost per m<sup>2</sup> to the 58,000m<sup>2</sup> Horton development results in a capital cost estimate of £330m.
- 5.2. This assumes no m<sup>2</sup> reduction in the 58,000m<sup>2</sup> proposed new hospital, which we expect to be possible. Whilst there is inflation to apply to the costs, consideration also needs to be given to the type of accommodation as Critical Care is at the upper end of fit out costs.
- 5.3. It is expected that a further £20-40m including VAT will be required for equipping and this is dependent on the amount of equipment to be transferred from the existing accommodation and programme for completion.
- 5.4. The total estimated capital cost of the 58,000m<sup>2</sup> new build including VAT and equipment is therefore £350-370m.

## 6. Investment Committee Review

- 6.1. Following discussion at the Integrated Assurance Committee on 11 August the Investment Committee were asked to review the proposed Eol in detail at its meeting on 25 August.

- 6.2. It was noted that the next stage of the selection process would require a more detailed submission, but the Investment Committee were asked to consider the level of confidence that the Trust could have that the project could be delivered within the proposed costs. This was explored in the light of the Trust's experience in the use of modern construction methods and modular build technology in the construction of the Critical Care Building which was currently in progress. Reduced time for design and business case development, along with effective programme management, were also highlighted as success factors to give confidence in the Horton General Hospital proposal.
- 6.3. The Committee noted that, should the bid be successful, the Trust would be accountable should any risks emerge that resulted in the project overspending or exceeding the expected timescales. It would be important that effective project governance architecture was put in place to manage such risks.
- 6.4. The Committee noted that both the Trust clinical strategy and wider BOB ICS strategy would be considered to ensure alignment should the bid be successful, as would any commercial opportunities.
- 6.5. The EoI and cover paper considered by the Investment Committee were also shared with the Horton HOSC for consideration and the HOSC confirmed that they would share any comments directly with the Trust's Chair and Chief Executive Officer prior to the meeting. Wider stakeholders in Health and Social Care within Oxfordshire and beyond would also be involved in discussions should the bid be successful.
- 6.6. The Committee noted the work undertaken to date and recommended that the Trust Board proceed with the Expression of Interest in line with the final draft.

## 7. Recommendations

- 7.1. The Trust Board is asked to:
  - Note the context of the work undertaken to date in connection with the preferred option for redevelopment of the HGH site.
  - Approve the submission of the Expression of Interest in line with the appended final draft (**Appendix 1**).



# Health infrastructure plan: future new hospitals – expression of interest template for NHS organisations

Published 15 July 2021

## Guidelines to trusts

### Completing the form

Trusts should submit their completed expression of interest form to [futurenewhospitals@dhsc.gov.uk](mailto:futurenewhospitals@dhsc.gov.uk) by midday on 9 September 2021.

Please note the above mailbox is only for template submissions and/or questions from trusts relating to this stage of the process. Any other queries should be routed to the Department of Health and Social Care (DHSC) correspondence centre and media queries to our press office.

Trusts should submit information in the template proforma and conform to the word limit. Submissions above the word count will not be considered.

No additional information will be accepted or considered as part of this stage of the selection process, outside of this proforma.

No external funding or resource should be used to prepare the case and no additional pre-prepared documentation will be accepted.

Trusts are permitted to submit more than one form (for example for different sites) but must indicate how each proposal affects the trust as a whole and any dependencies between proposals as well as the site-based approach.

## **Important notes**

Cost and savings estimates are only requested to give an early indication of the likely scale of investment required. We appreciate that many schemes will be put forward at the very early stages of development and so precise cost or savings estimates may not be available. We will only use estimates at this stage to understand the broad order of magnitude of costs of potential schemes in the pipeline and any key assumptions being made.

These costs estimates do not equate to a bid for this amount of funding. The ultimate size, scope and cost of shortlisted proposals will be determined in conjunction with the new hospital programme.

Savings estimates could reflect initial assumptions at this stage about efficiency as a result of any investment, for example reductions in backlog maintenance, land disposals, high level floor space and bed data if available.

Please note by submitting this information to the Department of Health and Social Care, you are agreeing that they are permitted to share the form or extracts of it with relevant officials in NHS England and NHS Improvement and their regional teams, and HM Treasury, on an OFFICIAL-SENSITIVE-COMMERCIAL basis.

## **Next steps**

This summary information will form one part of the first stage of the process. It will be combined with evidence from existing national datasets (official data, signed off by provider chief executives) as well as discussions with regional and local NHS leaders. The later stage of the selection process in autumn or winter 2021 will allow for more detailed discussions and further evidence to be provided, if appropriate.

We hope to inform trusts of the outcome of this first stage, including more detail on the later selection process, during autumn 2021. The outcome of the first phase will be a longlist of proposals to continue to stage 2.

We aim to make the final decision on the next 8 hospitals to form part of the national programme by spring 2022.



# Expressions of interest – form for completion

## New hospital criteria

A whole new hospital site on a current NHS land (either a single service or consolidation of services on a new site).

## Trust type

Acute

## Region

South East

## Trust name

Oxford University Hospitals NHS Foundation Trust (OUHFT)

## Site covered

Horton General Hospital (HGH)

## Indicative cost of scheme

Given the age and condition of the buildings, it is deemed to be more cost-effective to rebuild than to refurbish to create facilities that are safe, fit for purpose and can support a growing population whilst also accommodating a shift in services from Oxford sites to provide care closer to home.

The current preferred option is a 58,000m<sup>2</sup> new build, replacing the existing 30,700m<sup>2</sup> hospital on the Horton site in a phased approach:

- Phase 1: 39,800m<sup>2</sup> to provide increased capacity for ED (+28 treatment cubicles and +6 GP streaming), Imaging (+1 CT, IR/Fluoro, X-ray and U/S and +2 MRI), Theatres (+4), Inpatients (+58 beds).
- Phase 2: 14,700m<sup>2</sup> + 3,500m<sup>2</sup> refurbishment to provide Outpatients, Therapies and Maternity
- Phase 3: Energy Centre and wider site redevelopment including a multi-storey car park.

***Based on our track record with the construction of the critical care building at the John Radcliffe site, we estimate the capital costs to be £330m inc. VAT but exc. equipment or £350-370m inc. VAT and equipment for the 58,000m<sup>2</sup> state of the art hospital.***

Key assumptions:

- Procurement will be on the basis of a 2-stage design and build form of contract, with the appointment being via an existing framework to support a fast-track approach to delivery.
- Programme for approval of each business case gateway can take place within 18 months in total to gain assurance on cost certainty.
- Equipment costs are to be confirmed dependent on the amount to be transferred from the existing accommodation and programme for completion.

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### **Indicative savings of scheme**

Our recent independent estate condition survey shows that HGH currently attracts a backlog cost of £47m. This is built up of £27m for Physical Condition and £20m attributed to Functional Suitability of the current estate. The preferred option would considerably reduce this backlog cost as the building would be constructed to current standards.

The proposed new 58,000m<sup>2</sup> hospital creates an opportunity to utilise the remainder of the site for complimentary site developments. The intention is that these plots would be used for healthcare related functions like GP practice, staff accommodation, care homes etc. The area for redevelopment is 38,760m<sup>2</sup> in the preferred option. It is therefore anticipated that a rental income would equal up to £15.9m per calendar year, however it should be noted that there would be a need for capital investment to build these premises. Alternatively, if we were to lease the land, income could amount to £103k - £127k per acre per calendar year.

Other cash releasing benefits include:

1. Improved staff morale resulting in better retention and reduction in agency/recruitment costs
2. Improved environmental performance of the site resulting in reduced running cost
3. Improved patient environment resulting in less penalties for improper use of spaces

[200/250]

### **Status of plans and engagement to date with partners**

In 2016, OUHFT undertook a Strategic Review of HGH. In parallel, Oxfordshire CCG launched a comprehensive 12-week public consultation followed by a decision-making business case with recommendations of how to meet the Oxfordshire Transformation Objectives whilst taking into account the public consultation feedback.

HGH serves the growing populations of North Oxfordshire, South Northamptonshire and South Warwickshire. A special Horton HOSC was created to ensure engagement across these counties. There is cross-system support for the redevelopment HGH, and very

positive discussions have taken place with Councillors, MP and members of the local community.

In addition to support from Oxfordshire and the BOB ICS, the Trust has also discussed this programme of work with the South-East regional team as the Horton serves a population beyond Oxfordshire and the BOB ICS.

The project has fully engaged clinical and non-clinical staff in the development of the scheme.

Following approval to proceed to the next stage, a comprehensive engagement plan will be developed to ensure that all staff and patients are fully briefed on the strategy. The engagement plan will focus on how clinical, non-clinical staff and patients can be involved in refining the design of scheme.

[193/250]

### Summary of scheme

The preferred option is a redevelopment of HGH site in three phases to deliver the required capacity whilst allowing flexibility for expansion and provision of new services in the future. This will facilitate improved ways of working and enable delivery of integrated working across health and social care with wider public-sector parties.

Phase 1 maximises clinical benefit upfront and includes construction of the acute hospital and integrated care facilities and associated supporting facilities and infrastructure (A&E, Theatres, Imaging, Wards, Facilities Management Hub and Support Accommodation). Upon completion, existing services will transfer to the new building and phase 2 of the project commences to provide outpatient and maternity facilities.

Phase 3 delivers the Energy Centre, multi-storey car park and opportunity to develop areas of the site for complementary usages including introduction of a new public realm.

We plan to fast track the design to achieve a start on site 18 months from commencement. We will utilise Modern Methods of Construction to deliver phase 1 in 2 years, phase 2 in 1 year plus decant period.

Key clinical accommodation:

Function	Current	Proposed
Inpatients	108	166
Emergency Department	16	50
Emergency/Acute Medical Assessment	52	81
Theatres	4	8
Imaging	9	15

	(4 x-ray, 1 mammography, 3 ultrasound, 1 CT)	(5 x-ray, 4 ultrasound, 2 CT, 2 MRI, 1 IR/fluoroscopy, 1 mammography)
Outpatients	43 consult/exam, 7 chemo, 12 dialysis, 2 endoscopy	58 consult/exam, 12 chemo, 18 dialysis, 3 endoscopy
Maternity	6 delivery, 9 consult/exam	16 Inpatients, 7 delivery, 11 consult/exam
Day Case	33	44

[250/250]

### Expression of interest – statement

The proposed option supports the delivery of a transformational model of care in a fit for purpose estate; whilst also alleviating pressure on other OUHFT sites through increasing capacity and the range of services at HGH. The solution reflects the Trust’s need to improve the care it provides to the local population and to provide sufficient capacity for a rapidly growing population with more complicated health issues. Conversely, if these works do not take place, it is likely OUHFT will fail to achieve key quality and safety standards; whilst struggling to cope with the population growth due to the number of housing developments proposed in Oxfordshire and neighbouring counties.

The project is aligned with key national strategic publications including the NHS Long Term Plan, The Next Steps on the Five Year Forward View, Carter Report and Naylor Review. HGH will particularly enable the delivery of:

- *Transformed out of hospital care, fully integrated community-based care and reduced pressure on emergency hospital services* – by providing a fully integrated front door, transformed outpatients, same day urgent care and improved integration with local primary and community care services to deliver care close to home
- *Improving cancer outcomes* – by enabling delivery of high-quality care and treatment close to home
- *Improving mental health* – by enabling better integration of care with Oxford Health and community providers
- *Enabling shorter waits for planned care* – by delivering more procedures at HGH e.g. award-winning Hip Fracture service.

- *Increasing focus on Population Health* – by developing innovative approaches to share data across the system to improve connectivity and patient experience
- *Prevention and addressing health inequalities* – by focusing on development close to neighbouring areas of significant deprivation and by working with local government partners to improve outcomes and wellbeing
- *Wider social impact* – by building on the learning from the local Healthy New Towns and Healthy Place Shaping Initiatives

OUHFT's vision is to “deliver compassionate excellence for our people, our patients and our populations”. The site redevelopment will deliver benefits across each of these three groups.

- *Our People* – improving staff experience and offering innovative new learning and research opportunities. The redevelopment HGH will not only provide comfort to staff that there is a commitment to the site and retain staff, but it will also help to attract new staff to the area. New training opportunities will be provided by enhancing the working relationships with other health, social care and University organisations.
- *Our Patients* – improving patient outcomes and experience by delivering high quality care, close to home, within excellent state-of-the-art facilities and with integrated care pathways.
- *Our Population* – improving the health and wellbeing of local populations through a Fit for the Future hospital, transformed outpatient services and provision of an integrated health and care hub to improve community health and wellbeing.

HGH currently comprises of approximately 30,700 m<sup>2</sup> of buildings spread over a 9.9-hectare site. There has been very little development in the last 30 years and several of the key services such as diagnostics, theatres, emergency department and maternity are not connected. These services are set in several dilapidated buildings that are unsuitable for the provision of high-quality healthcare. Nearly 20% of the buildings are over 50 years old, nearly 70% are over 30 years old and many were designed for short term use post World War Two.

Given the age and condition of the buildings, it's deemed to be more cost-effective to rebuild than to refurbish to create facilities that are safe, fit for purpose and can support a growing population whilst also accommodating a shift in services from Headington sites to provide care closer to home for people in the Banbury catchment area, whilst aiding a reduction in carbon footprint. We plan to maximise opportunity for modern methods of construction and the use of renewable energy technologies to reduce energy consumption and environmental impact. In response to COVID-19, we plan to ensure the design allows

for future flexibility and resilience to changing healthcare needs. The scheme addresses the unsuitable, disjointed and old facilities at HGH and replaces it with a sustainable, digitally enabled, state-of-the-art estate.

The Trust is aware that the Long Term Plan committed to the future of smaller, acute general hospitals. OUHFT, backed by our partnerships with Oxford University and Oxford Brookes University, is keen to make HGH a cutting-edge model of a small District General Hospital and are happy to open it up to piloting new ways of working, testing new approaches and to help spread learning and good practice.

[740/750]

## **Declaration**

I confirm that the information in this form is accurate at the time of completion and that I have appropriate executive approval from my trust to submit this expression of interest.

**Yes/No** [Delete as applicable]

**Name:**

**Role:**

**Email address:**

**Phone number:**

**Date approved by trust board:**