Notice of Meeting Public Document Pack

Horton Joint Health Overview & Scrutiny Committee

Friday, 27 November 2020 at 2.00 pm

Virtual

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually.
If you wish to view proceedings, please click on this Live Stream Link
However, that will not allow you to participate in the meeting.

Membership

Chairman - Councillor Arash Fatemian
Deputy Chairman -

Councillors:	Hannah Banfield	Rebecca Breese	Sean Gaul
	Kieron Mallon	Neil Owen	Wallace Redford
	Alison Rooke	Sean Woodcock	
Co-optees:	Dr Keith Ruddle		

What does this Committee review or scrutinise?

Health partner's consultation on:

- 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.
- 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 4 working days before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Arash Fatemian Email: arash.fatemian@oxfordshire.gov.uk
Policy & Performance Officer	-	*Samantha Shepherd Tel: 07789 088173* *Email: Samantha.shepherd@oxfordshire.gov.uk*
Committee Officer	-	*Sue Whitehead Tel: 07393 001213* *Email: sue.whitehead@oxfordshire.gov.uk*

Yvonne Rees
Chief Executive

November 2020

About the Horton Health Overview & Scrutiny Committee

Health Services are required to consult a local authority's Heath 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 have therefore formed this joint committee.

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

1. The purpose of the mandatory Horton Joint HOSC 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.

2. With the exception of proposals to develop a masterplan for the Horton General Hospital, 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

AGENDA

1. Election of Deputy Chairman

2. Apologies for Absence and Temporary Appointments

3. Declarations of Interest - see guidance note on the back page

4. Minutes (Pages 1 - 16)

To approve the minutes of the last meeting held on 19 September 2020 (**HHOSC4**) and to receive information arising from them.

5. Petitions and Public Address

This Cabinet meeting will be held virtually in order to conform with current guidelines regarding social distancing. 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 Monday 23 November. Requests to speak should be sent to sue.whitehead@oxfordshire.gov.uk together with 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.

Where a meeting is held virtually and the addressee is unable to participate virtually their written submission will be accepted.

Written submissions should be no longer than 1 A4 sheet.

6. Confirming the updated Terms of Reference (Pages 17 - 20)

14.40

To acknowledge the updated remit of the committee and agree the new Terms of Reference, as agreed by Oxfordshire County Council in July 2020 and by Warwickshire and Northamptonshire County Councils in October 2020.

7. Responding to the IRP and Secretary of State recommendations

15.00

An update following the Horton HOSC's referral.

8. Masterplan for the Horton Hospital (Pages 21 - 28)

15:45

An update on the masterplan for the Horton General Hospital.

CLOSE OF MEETING: 16:45

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 for a hard copy of the document.

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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 mothers 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 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.

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 2020

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Horton Joint Health Overview and Scrutiny Committee (Oxfordshire, Northamptonshire and Warwickshire) AMENDED Terms of Reference

July 2020

Rationale

1. Health Services are required to consult a local authority's Heath 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.

2. 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) advised a HOSC be formed covering the area of patient flow for these services. This was formed in 2018, across the area of patient flow for obstetric services at the Horton General Hospital covers Oxfordshire, Northamptonshire and Warwickshire.

3. A decision was made by Oxfordshire Clinical Commissioning Group (OCCG) in September 2019 to:

    a) Confirm an earlier decision made in August 2017 to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and establish a Midwife Led Unit (MLU) at the Horton General Hospital, for the foreseeable future.
    b) Work closely with Oxford University Hospitals (OUH) and local stakeholders to further develop 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.
    c) Actively pursue with OUH the need for significant capital investment in the Horton Hospital, in clear recognition that this can improve recruitment and ensures the site is fit for its future as a thriving 21st century hospital for the whole of North Oxfordshire and beyond.

4. Following this decision, the Horton HOSC Terms of Reference were amended to allow its further scrutiny of the development of a Horton General Hospital masterplan

5. These terms of reference set out the arrangements for Oxfordshire County Council, Northamptonshire County Council and Warwickshire County Council to operate a Joint HOSC Committee in line with the provisions set out in legislation and guidance to allow it to operate as a mandatory committee.

Terms of Reference

6. The new Joint Health Overview and Scrutiny Committee will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of the specified health partner's consultation on:

    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.

7. The purpose of the mandatory Horton Joint HOSC 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.

8. The response to the consulting health service will be agreed by the Joint Health Overview and Scrutiny Committee and signed by the Chairman.

9. With the exception of proposals to develop a masterplan for the Horton General Hospital, responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

10. No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

Timescales & Governance

11. The Horton Joint Health Overview and Scrutiny Committee operates as a mandatory Committee only while the proposed service changes that affect the relevant areas are considered. This period is from the point at which the relevant health body notifies the Joint HOSC of the formal consultation timetable and the point at which a decision is taken.

12. Meetings of the Joint HOSC are conducted under the Standing Orders of Oxfordshire County Council (i.e. the Local Authority hosting and providing democratic services support).

Membership

13. Membership of the Joint HOSC is appointed by Oxfordshire County Council, Northamptonshire County Council and Warwickshire County Council from the membership of their Scrutiny Committees that have responsibility for discharging health scrutiny functions.

14. Appointments to the Joint Committee have regard to the proportion of patient flow for the Horton General Hospital. The membership of the Joint Committee will therefore be ten Councillors, consisting of eight from Oxfordshire, one from Northamptonshire and one from Warwickshire.

15. Appointments by each authority to the Joint Committee will reflect the political balance of that authority.

16. The quorum for meetings will be five members, comprising at least one member from either Northamptonshire or Warwickshire.

Committee support

17. The work of the Joint Horton HOSC will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.

18. Meetings of the committee are to be held near to the Horton General Hospital (or virtually according to relevant regulations) and associated administrative support and costs to be borne by Oxfordshire County Council.

19. Should a press statement or press release need to be made by the Joint Health Overview and Scrutiny Committee, this will be drafted by Oxfordshire County Council on behalf of the Committee and will be agreed by the Chairman.

Update on Horton General Hospital: COVID-19, service improvements and longer term vision

1. Overview

1.1 This paper provides an update on recent developments at the Horton General Hospital (HGH), in light of changes made during COVID-19, and sets out our longer term vision for the hospital.

1.2 It covers the HGH response to COVID-19, recent service improvements at HGH and our System Vision for HGH.

2. Summary of changes made during COVID-19

2.1 Over the last nine months, teams across Oxford University Hospitals NHS Foundation Trust have changed how they work, finding new ways to care for our patients in the face of the COVID-19 pandemic, putting in place many of the objectives in our new OUH Strategy[1]. We are hugely grateful to all staff for everything that they have done to care for our patients during this unprecedented time. Services at the Horton General Hospital worked quickly and flexibly, adapting the way they worked to deliver care, reshaping the hospital and finding new ways to safely look after patients and protect staff. Examples of these changes include:

- **Digital by Default -** The rapid changes during the pandemic response included deploying virtual appointments and remote monitoring to support patients in their homes, greater system collaboration across primary, acute, community and social care to integrate care, and reorganising our hospital estate to provide flexible clinical space that could be adapted to changing clinical need.

- **Multi-disciplinary team working -** The Horton Operational Team (HOT), chaired by the Emergency Medicine lead with multi-disciplinary team representation, managed space, staffing, and equipment to scale up inpatient care capacity, cohorting patients with and without COVID-19 when they arrived at the hospital. By cohorting patients with COVID-19 and temporarily relocating services such as dialysis and infusion treatments, we were able to further minimise the exposure risk to other vulnerable patients.

- **Local partnerships -** OUH worked in close collaboration with partners. In the Independent sector, urgent services including Cardiac and Cancer surgery were maintained in private hospitals as well as trauma care at the Independent Sector Treatment Centre on the Horton site. Horton General Hospital Charity worked with local community groups, businesses and volunteers to deliver over 12,000 meals to staff alongside care packs and respite rooms.

2.2 In light of the new context, the Trust has taken stock of the positive changes made and the updated System Vision (Annex A) sets out our refreshed vision for a redeveloped HGH that is flexible, adaptable, innovative and truly 'fit for the

[1] https://www.ouh.nhs.uk/about/strategy/documents/ouh-strategy-2020.pdf

future'.

3. Recent changes at the HGH to improve service delivery

3.1 **Urgent and Emergency care -** Improvement works are now underway in Urgent and Emergency care at HGH. These include extensive works to expand the Majors area of the Emergency Department, a newly created children's area for the dedicated care and treatment of all children as well as four additional cubicles (including an enhanced infection control isolation room).

3.2 **New MRI scanner -** This summer, the HGH also welcomed a new fully accessible MRI scanner unit, running 7 days a week 0800-2000. The unit has the capacity to scan inpatients, children as well as people attending outpatient appointments. The state-of-the-art unit can scan an average of 15 patients per day, and has a quicker scanning capability to reduce the amount of time patients spend in the scanner. More information on these developments can be found in Annex B.

4. Our longer term vision for the Horton General Hospital

4.1 Over the last year, the Trust has been working with local stakeholders to develop our vision for the future of the Horton General Hospital. These discussions have continued through the first phase of the pandemic response and initial recovery, and now into the second wave. We are building our shared understanding of lessons learned and opportunities for the future.

4.2 The summary of our System Vision can be found in Annex A. This outlines our shared future vision of the HGH, changing care models, such as a shift to Digital by Default and ensuring our estate is 'fit for the future'.

4.3 We look forward to taking these discussions forwards with partners within the context of the Horton HOSC.

Annex

Annex A: Our System Vision for the Horton General Hospital

Our System Vision for the Horton General Hospital: A New Vision for a New Context

- Over the past year, we have been working across our local health and care system to build our vision for a fit for the future Horton General Hospital. We had made good progress on this work when the COVID-19 pandemic hit, forcing us to quickly transform the way we worked at the Horton and take stock of both the challenges and opportunities of this new context. Examples of this are shown later on in the Vision.
- Rapid changes during the pandemic response included deploying virtual appointments and remote monitoring to support patients in their homes, greater system collaboration across primary, acute, community and social care to integrate care, and reorganising our hospital estate to provide flexible clinical space that could be adapted to changing clinical need.
- We have now taken the opportunity to take stock of the positive changes made during the pandemic response, being mindful of the necessity to now reimagine what a hospital of the future looks like in this new context.
- This updated vision sets out our refreshed system vision for a redeveloped Horton General Hospital (HGH) that is flexible, adaptable, innovative and truly 'fit for the future'.




A Flagship District General Hospital of the future

The Horton General Hospital has huge potential to be a flagship district general hospital of the future:

- Unique geography spanning three local systems: HGH serves a growing and diverse local population across a unique geography. Its catchment spans across three local healthcare systems, being at the boundary of the Buckinghamshire, Oxfordshire and Berkshire West ICS, and the Coventry and Warwickshire and Northamptonshire healthcare systems.
- Catchment serving both rural & deprived urban communities: It serves both the rural communities of North Oxfordshire, South Northants and South Warwickshire alongside the population of Banbury which has areas of significant deprivation. It therefore deals with the dual challenges of rural isolation and complexities around public transport and access, alongside serving an ethnically diverse urban population, with wards ranked within the 20% most deprived nationally in 2019.
- Unparalleled links to world-class research, industry and innovation: As part of Oxford University Hospitals and the Oxford Cambridge Arc, HGH benefits from unparalleled links to world class research, business and innovation. There are significant opportunities to make

more of these links in the future and build the new HGH into a hub of pioneering innovation, which provides tangible benefits to the local community.

- The unique opportunity it provides to Build Back Better: We believe that a redeveloped HGH offers a unique opportunity to Build Back Better as part of our local and regional COVID-19 recovery, providing new opportunities to improve health and care delivery, reduce inequalities, pioneer new research and innovation and invest into a growing local economy. We are exploring options for a phased redevelopment of the site.

Our Refreshed Vision:

Our refreshed vision is for a flexible, adaptable health, social care and innovation campus, delivering integrated and high quality care to the local community, supporting local economic recovery and building a wider regional and global impact through world-class research and innovation. It will be:

	Digital by Default: Harnessing digital technology to improve care for patients and caring for them closer to home through remote monitoring and virtual clinics. The HGH will build on the rapid responsiveness to COVID-19 to become a digital hub with diagnostic support.
	An integrated care hub, collaborating across geographies: The HGH will be an integrated care hub, with multiple services on one site including primary care, mental health services and acute care, supported by close working and collaboration across sectors and geographies. We will provide same day emergency care and integrated care pathways into the community.
	A world class centre of research and innovation: Making the most of the unique opportunities that our university, digital and innovation partnerships offer, by ensuring that the local population have access to cutting-edge research and innovation, such as a genomics, digitally- enabled care and predictive techniques with the right infrastructure to support it.
	Focused on reducing local health inequalities: HGH serves some of the 20% most deprived wards in England. We will work with local communities, developing an innovative population health centre to help us better understand and tackle areas of greatest health need, using data to develop targeted preventative interventions to improve outcomes and wellbeing and reduce inequalities.

HGH Covid-19 case study examples

The below case studies show how COVID-19 changed the way we work. Teams and services at the Horton General Hospital worked quickly and flexibly, adapting the way we deliver care, reshaping the hospital and finding new ways to safely look after our patients and protect our staff:

Video appointments and remote monitoring

Over the COVID-19 pandemic so far, we have delivered **over 17,000 video appointments** to patients in their home. Alongside a similar number of telephone appointments, patients being cared for in more than **120 specialties**, from Cardiology to Maternity to Physiotherapy, were able to see their clinicians digitally from the safety of their homes.

Patients with **diabetes**, **cystic fibrosis** and **cardiac conditions** were enabled to **remotely monitor** themselves at home. To support patients to receive care closer to home, the Trust rapidly utilised **digital technology** to empower patients to support their own self-management and care, off-site and at home.

Rapid transformation

We put into place a Horton-specific operational team made up of multi-disciplinary team leads from across the site. This **Horton Operational Team** (HOT) was chaired by the Emergency Medicine lead.

The HOT team worked to keep our patients safe by **reorganising space, staffing, and equipment** to scale up our inpatient care capacity, cohorting patients with and without COVID-19 at arrival at the hospital. Existing patients were kept safe by **temporarily relocating services** such as dialysis and infusion treatments to COVID-19 sites to further minimise the exposure risk to more vulnerable patients.

OUH also worked in close **collaboration with the independent sector**, maintaining urgent services such as Cardiac and Cancer surgery in local independent hospitals as well as **trauma care** at the Ramsay hospital in Banbury.

COVID-19 Research

Researchers and clinical teams at OUH are working in **close partnership with University of Oxford** colleagues to carry out clinical research in COVID-19 – including the Oxford vaccine trials, diagnostic antibody testing and the RECOVERY trial.

More than **1500 participants** have already been recruited into 28 COVID-19 studies at OUH, including the first patient to participate in the ground-breaking National RECOVERY trial. At HGH, the **Horton Direct Delivery Team** and the **Emergency Department team** have recruited participants into ongoing trials and are opening recruitment for further trials in the coming weeks.

Charity Partnerships

Horton General Hospital Charity delivered **over 12,000 meals to hardworking Horton staff**. They worked with **local community groups, businesses and volunteers** to provide support for staff, also supplying care packs and respite rooms to help staff relax in their breaks.

Annex B: News Stories at the Horton

HORTON EMERGENCY DEPARTMENT WORK BEGINS

12/10/2020 – article here

Improvement work to enhance urgent and emergency care at the Horton General Hospital is underway.

The project at the Banbury hospital, run by Oxford University Hospitals NHS Foundation Trust, began today (Monday 12 October 2020) and should be fully operational by the end of the year.

A total of £750,000, funded by the Department of Health and Social Care (DHSC), will be spent to expand the Majors area (where most seriously ill patients are taken to be assessed) and separate paediatric and adult spaces in the Horton General's Emergency Department.

The newly created children's area will provide a dedicated area for the care and treatment of all children.

Four additional cubicles will also be created through the relocation and re-provision of staff offices. One of the cubicles will be an isolation room for enhanced infection control use.

Sam Foster, Chief Nursing Officer, said: "We are delighted that work to expand and improve the Emergency Department at the Horton General Hospital has begun.

"This is an important project as it enables us to expand our emergency care for patients in north Oxfordshire. These improvement works will make the Horton Emergency Department a better place to work and provide better facilities for our staff to deliver care. I am particularly pleased that we will be able to provide a better environment for children needing emergency care."

Michelle Brock, Matron of the Horton General Hospital's Emergency Department, said: "Having four extra bays means that people coming into hospital for emergency or urgent treatment can feel confident that we are taking the extra steps necessary to keep them, their families, and our staff safe. The extra bays should also reduce waiting times.

"The new paediatric bays will also allow us to provide care in child friendly facilities that will be less stressful for our young patients and their families."

The Trust was awarded the £750,000 as part of a £300 million package announced by the Department of Health and Social Care in August 2020 to help NHS trusts prepare for winter.

NEW MRI SCANNER NOW LIVE AT THE HORTON

13/08/2020 – article here

After arriving at the Horton in June 2020, a new MRI scanner is now up and running for patients in Banbury and the surrounding areas.

The mobile unit offers state-of-the-art technology, and also has the capacity to scan inpatients and children as well as people attending outpatient appointments.

The unit can scan an average of 15 patients per day, and has a quicker scanning capability to reduce the amount of time patients spend in the scanner.

Located at the front of the hospital, the unit runs seven days a week from 8.00am to 8.00pm.

Toni Mackay, Operational Services Manager for Diagnostics at the Trust, said:

"This is a really welcome addition to the Horton, and will certainly benefit our patients in Banbury and the surrounding areas. The scanner is fully accessible, and is more spacious so patients can feel a bit more comfortable when having their imaging treatment."

Hannah Iqbal, Director of Strategy and Partnerships at the Trust, said:

"This is great news for our patients in the north of the county. By offering this new service, patients will be able to receive their scan closer to home, and it also demonstrates our ongoing commitment to offering further diagnostic services at the Horton."