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Dear Lou

### **The Horton General Hospital - service developments**

Many thanks to you and colleagues from NHS Oxfordshire CCG and Oxford University Hospitals NHS Foundation Trust for attending a meeting yesterday to review proposals for service developments at The Horton General Hospital.

We note that the proposals are subject to approval by the CCG's Governing Body at a public Board Meeting on 26 September 2019; thank you for providing copies of the Board papers and associated documents, giving us the opportunity to review the proposals in advance of decisions being made about future services.

This letter summarises the findings of our review in relation to the following two aims of yesterday's discussions:

- (1) To follow-up on my letter dated 3 December 2018 which noted the good progress being made to address the recommendations made by the Independent Reconfiguration Panel, and endorsed by the Secretary of State for Health and Social Care, regarding maternity services reconfiguration at the Horton;

and

- (2) To consider the proposals for (1) above in the context of the Oxfordshire health and care system's overall plans for future health services at The Horton which will enable the provision of enhanced, high quality, clinical services for the local population, appropriate for a 21<sup>st</sup> Century hospital.

### **(1) Update on completion of the actions recommended by the Independent Reconfiguration Panel**

As you know, it is the responsibility of NHS England & Improvement to follow up on the actions requested by the Secretary of State for Health and Social Care and which were based on recommendations made by the Independent Reconfiguration Panel (IRP).

Our review yesterday noted the thorough and extensive work NHS Oxfordshire CCG has conducted in relation to those recommendations, exemplified by the in-depth, inclusive public engagement programme undertaken over several months which captured the experiences of mothers, families and staff gained under the temporary arrangements.

It is clear from the Board paper and supporting documents that the engagement feedback provided the basis for the consideration of new ideas for a future model of maternity services in north Oxfordshire and neighbouring areas, as well as a re-examination of the original options. We noted that the modelling of future population growth, the cross-boundary nature of patient flows, and associated potential demand for maternity services were taken into account in the decision-making process, and that members of the public and stakeholders were instrumental in developing the method for short-listing and selection of a preferred option:

*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.*

From the evidence provided by Oxford University Hospitals NHS Trust (OUH) and independent experts, we are satisfied that the proposed configuration of maternity services at the Horton has fully considered any interdependences with other clinical services such that the proposed model of maternity care will not undermine the sustainability of other services at the Horton. The information gained through the survey of, and visits to, similar 'District General Hospitals' to understand how their maternity services were provided gave additional perspectives that allowed the Oxfordshire system to test the preferred option against alternative models, and confirm that this was appropriate for the north Oxfordshire and neighbouring communities.

Further, following a review meeting between the Senate Council and Oxfordshire CCG on 18 June 2019, we have received a letter from the Thames Valley Clinical Senate confirming that the Senate's recommendations regarding the clinical appropriateness of the proposals for maternity services have been addressed.

Our meeting was pleased to receive the CCG's evidence that the OUH's focus on service improvement is manifesting in better health outcomes for women and babies. The plans put forward in the Board paper to further enhance maternity services are welcomed, and NHSE&I will work with Oxfordshire health and care partners to achieve their implementation.

Finally, NHSE&I commend all parties for enabling seven meetings of 'the Horton HOSC' (*comprising Scrutiny representatives from Oxfordshire and neighbouring local authorities*) to take place in the last twelve months to ensure the necessary 'challenge' to the health and care proposals. Future reviews of the maternity services will enable workforce considerations to be monitored and ensure that appropriate provision is maintained.

Our conclusion is that all the actions requested by the Secretary of State for Health and Social Care have been completed. The outcome is the culmination of extensive work, driven by Oxfordshire's commitment to ensuring patient safety and improving patients' and families' experiences of health care, and meeting the needs of the local population.

## **(2) Plans for future health services at The Horton General Hospital**

Thank you for sharing Oxfordshire CCG's and the OUH's outline strategic plans that would facilitate the expansion of services at The Horton and ensure the provision of high quality care for the local population, appropriate for a 21<sup>st</sup> Century hospital.

We note that, following feedback from the public and stakeholders in 2017, the CCG and partners made the decision to retain Paediatric and A&E services at the Horton, and that plans are being developed to extend the clinical services provided at the hospital.

We agree that, with capital investment, the Horton Hospital site offers opportunities for the provision of 'future-proofed' flexible clinical spaces, as well as the potential for upgrading parts of the estate. Subsequent to Oxfordshire CCG Board's decision next week on the configuration of maternity services in north Oxfordshire, NHSE&I looks forward to working with the Oxfordshire health and care system to deliver this ambition.

With best wishes



**David Radbourne**  
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**NHS England and NHS Improvement (SE)**

cc by email

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