

# Statement to the Board Regarding Wantage Community Hospital

## Situation

* On Monday 27th June the Executive Team further considered the Trust’s options regarding Wantage Community Hospital now that the staff consultation and engagement with local stakeholders has been concluded.
* This report summarises the Executive Team’s decision.
* The Board is asked to note key points of the Executive Team’s decision.

## Background

* As the Board will be aware from previous discussions, in 2015 and into January 2016 there have been persistent problems with legionella colonisation at Wantage Community Hospital.
* Legionella is a naturally occurring bacteria that, if inhaled, is highly dangerous for patients, staff and members of the public.
* High colonisations can occur in public buildings such as hospitals in particular which have older plumbing systems in which flow is compromised and steady temperatures are difficult to maintain.
* Throughout 2015 and into January 2016 the Trust took all possible steps to eradicate legionella at Wantage Community Hospital including chemical dosing, heat treatment, requesting an increase in mains water pressure, re-plumbing accessible areas and applying medical filters to water outlets.
* Nonetheless, high legionella counts remained persistent through this period.
* Thankfully, the final measures introduced in January of continual dosing and the application of medical filters have so far proven successful.
* However, the Trust has been advised – including by specialist engineers and the local anti-microbial resistance team – that it is almost inevitable that legionella will return, most likely in the next 6-9 months.
* The only real remaining action at this point would be to close the hospital for extensive remedial works which, due to the complex and dated nature of services to the building, would be estimated to take 3+ months to complete and cost c.£300,000.
* Matters are further complicated by the fact that the Oxfordshire health and care system will, later this year, go out to formal consultation on the future configuration of health services for Oxfordshire.
* This will include a review of the nature and number of community hospitals.

## Assessment

* Given the knowledge that such a consultation will take place, the Executive Team is concerned that spending c.£300,000 refurbishing Wantage now would not be an appropriate use of public funds.
* The Executive Team has determined that the closure of the hospital’s 12 inpatient beds is best done proactively and in a planned way to minimise the risks to patients.
* Closing inpatient beds will inconvenience approximately four families per month for whom Wantage is their nearest hospital and for whom an inpatient stay – typically of up to a month - is required by their relative.
* It is not believed that the proposed closure will adversely affect those with protected characteristics.
* Arrangements will be made to support affected families including making personalised transport arrangements where necessary.
* The intention is therefore to close the hospital to inpatient admissions from 1st July and until the outcome of the consultation, which is expected to have been concluded by March 2017.
* At this point any necessary refurbishment can take place based on the agreed designation of Wantage Community Hospital.
* The closure will not in any way prejudice the outcome of the consultation, and funds have been set aside in the Trust’s capital programme for these improvements.
* In discussions with local stakeholders, in particular Wantage Town Council, the Trust understands that there is a preference to keep outpatient services open for as long as possible.
* Whilst the Executive Team believes that it would be unsafe to keep inpatient beds open at this time, we believe that we can keep outpatient physiotherapy services and the Oxford University Hospital’s midwifery and birthing service open providing that appropriate mitigations are in place including taking weekly legionella counts and proactively risk assessing patients.
* These services would also subject to emergency closure if there is a further safety risk identified, and could be closed very quickly if needed with minimal disruption to patients.
* Both Oxford Health and Oxford University Hospitals are ensuring that suitable business continuity plans are in place.
* Staff have been offered the opportunity to relocate to neighbouring community hospitals at Abingdon, Didcot and Wallingford including support with transport arrangements.
* However, it needs to be recognised that this will not suit all staff so, despite our best efforts, sadly the Trust may well lose several valued colleagues as a result of the closure.

## Recommendation

* The Board is asked to note the proposed closure of inpatient beds, from July, for safety reasons and until the outcome of the upcoming consultation, expected to be by March 2017.
* It is also asked to note that this decision will not prejudice the outcome of the upcoming consultation.
* It is also asked to note that outpatient physiotherapy services and Oxford University Hospital’s midwifery service will remain open for now, albeit with additional risk management measures in place.

**Dominic Hardisty, Chief Operating Officer, 29th June 2016**