

HOSC Chairman's Report - June 2016

Liaison Meetings Attended since last HOSC:

The Chairman attended the following meetings with representatives from health and social care organisations between April-June 2016:

- Transformation Event, Kassam Stadium, 6th June
- Southern Health – Future of the Ridgeway Centre briefing, 24th May
- Strategic Review of the Horton Hospital, 9th June, Horton Hospital
- Chairman's discussion on the Strategic Review of the Horton Hospital, 15th June
- Transformation Discussion with System partners, CCG, 20th June.

Letters sent:

1. Wantage Community Hospital, Oxford Health Foundation Trust

Following the discussion at February HOSC regarding Wantage Community Hospital, the Chair of HOSC wrote to Oxford Health seeking clarification on a number of areas. The letter, Oxford Health's reply and their subsequent press release are printed below:

OJHOSC
Oxfordshire Joint Health
Overview & Scrutiny Committee

26th April 2016

Dear Dominic Hardisty and Anne Brierley,

I am writing to you following the recent meeting of Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC) on Thursday 21st April, regarding the closure of Wantage Community Hospital. This letter provides a summary of HOSC's engagement with this issue so far and some outstanding questions that have been raised by Committee members.

Informal Meeting – 14th April

As the Chairman's report stated, on 14th April HOSC members were informed at a confidential meeting of the planned closure of Wantage Community Hospital due to safety reasons. Oxford Health representatives sought the views of HOSC members

about their proposal to delay commencement of the repair works until early 2017, when the public consultation would be completed. The purpose of this confidential meeting was for Oxford Health to ask HOSC to consider whether the proposed extension of the closure until conclusion of the county-wide public consultation constitutes a 'substantive variation' or not.

HOSC members regarded closure of Wantage Community Hospital as a substantial change and stated that a full consultation with the community would be required. However, members agreed that Oxford Health could delay consultation until the county-wide Transformation consultation, providing that the future of Wantage community hospital was considered within this consultation. HOSC accepted that purdah (for local and PCC elections and then for the referendum) will delay that consultation until September/October.

Public Meeting – 21st April

At the HOSC meeting on 21st April, the public were informed of HOSC's dialogue with Oxford Health. In the following discussion, Cllr Jenny Hannaby (local member) raised members raised questions over why Wantage Community Hospital needs to close now (as she understood that the building had has problems for several years) and why it could not remain open until after the consultation. HOSC members also queried whether the hospital will be kept in working condition during the closure, to keep open the possibility for it to be repaired and reopened in the future. Since these questions did not form the focus of Oxford Health's earlier discussion with HOSC, HOSC members are keen for their concerns to be fed back to Oxford Health.

Outstanding Questions

The committee will be taking a keen interest in discussions surrounding the future of Wantage Community Hospital as part of the wider Transformation Consultation. In the meantime, the Committee is keen to receive clarification on the following questions:

- Why does the hospital need to close in June 2016 and could closure not have been extended until after the Transformation Consultation?
- Will the hospital be kept in working order during the closure period?
- What assurances can Oxford Health give the Committee that the closure of WCH now will not pre-empt permanent closure?
- Is there scope for any informal public engagement/listening events in Wantage in the meantime before a more formal consultation can be conducted?

Yours Sincerely

Cllr Yvonne Constance

HOSC Chairman

Oxford Health Reply

Dear Hannah,

Wantage Community Hospital

Thank you for your letter of 27 April in which you asked the following questions:

- Why does the hospital need to close in June 2016 and could closure not have been extended until after the Transformation Consultation?
- Will the hospital be kept in working order during the closure period?
- What assurances can Oxford Health give the Committee that the closure of WCH now will not pre-empt permanent closure?
- Is there scope for any informal public engagement/listening events in Wantage in the meantime before a more formal consultation can be conducted?

Please find answers below.

Why does the hospital need to close now? As discussed when we met, we detected legionella at the hospital in January 2015. Whilst a number of remedial actions were taken through 2015, these are only temporary in nature. In January 2016 significantly raised levels of legionella were detected and more aggressive actions taken. However, again, these are only temporary in nature: the pipework is old, poorly designed to meet modern requirements and a potential breeding ground for legionella. It therefore determined to be inevitable that we would have to close the hospital for major remedial works - the only question was when. Our judgement was and is to put safety first. We would rather close the hospital in a planned way, now that winter pressures are abating, than have to undertake an emergency closure and decant if and when legionella re-occurs. The longer we keep the hospital open the greater the risk of this occurring, and our first duty always has to be to the safety of patients, visitors and the public.

Will the hospital be kept in working order? Organisations such as ours regularly 'mothball' wards and sites for various reasons: witness what we did in Witney last year which included closing a ward which has now successfully re-opened. Wantage will remain largely in the same state as it is now until the outcome of the consultation. We would not, however, invest in the site until this point for reasons previously explained.

What assurances can we give re permanent closure? As discussed when we met, the future configuration of community hospitals will be the subject of a formal public consultation. It is clear that there is a need for investment in health care facilities in South Oxfordshire. What is less clear is the nature and type of these facilities, although there are some fairly obvious options. We hold the existing hospitals 'on trust' and sites may only be released for other uses once a plan has been agreed and published by the local health economy. This would inevitably

include formal public consultation, which is already planned. Any funds released must then, also, be reinvested for the benefit of the local health economy.

However, we must be realistic that this might not be for bedded facilities in Wantage, since the catchment is probably of insufficient scale to enable the provision of safe and sustainable services. However, we do not detect any appetite for the provision of additional beds at the JR (indeed the opposite is true) and our informal soundings suggest a real groundswell of support for a large, modern healthcare facility - including significant bedded capacity - on or very near the southern A34. It is our intention to include these in the options appraisal upon which we will consult, and we already know the clinical and economic case to be strong. What we cannot weigh fully at this point is the weight and nuance of public opinion, hence the need and desire to consult.

Listening events. I have emailed St John Dickson, Mayor of Wantage, to suggest a meeting to discuss how we might best engage with the public, but have not yet heard back: it would be helpful if you could forward his phone contacts if possible? As you know, I am myself a resident of the Wantage catchment, and three generations of my family live in the vicinity. I would be delighted personally to hold some public meetings prior to the formal consultation as well as to respond to members of the public directly via correspondence, social media and so on.

I trust that this answers your questions fully and provides necessary assurances. Please do not hesitate to contact me if you have further questions or require additional clarification on any points.

Yours sincerely,

Dominic Hardisty | Chief Operating Officer | Oxford Health NHS Foundation Trust
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Oxford Health Press release

15th June 2016

We've listened to local concerns and offered Wantage Town Council a compromise option. We've offered to continue running services where there is the least Legionella risk to patients, the Oxford University Hospitals midwifery-led unit and our physiotherapy service, until the conclusion of the major public consultation into bed-based and ambulatory care which begins in the autumn.

The trust has offered to continue with the short term solution for managing the existing risk of Legionella bacteria in the hospital's old, corroded plumbing system

with the understanding these services may need to cease at short notice if Legionella, or works to address it, necessitate an emergency shutdown.

It remains necessary to close the 12 bed in-patient service to protect those people more exposed to Legionella risk and who are typically the most vulnerable in the event of an outbreak. The inpatient service must be closed since it would be impossible to relocate these patients quickly if an emergency shutdown is required.

No decision has been made about the long term future of Wantage Community Hospital.

A major public consultation involving health and social care organisations in Oxfordshire is planned for this autumn to determine the future of bed-based and ambulatory care for older people and adults with multiple long term conditions in the county.

Our immediate aim is to protect patients at Wantage Community Hospital from the risk posed by Legionella in the pipes of the water system. Repeated high counts of legionella bacteria have been found in the hot water system requiring extensive engineering work to remove and replace the pipework. A closely managed regime of monitoring and testing is currently in place and the hot water system is being dosed with hydrogen peroxide which kills the free floating bacteria. However this is only an interim measure because pipework at the hospital is old, corroded and the hot water circulation is poor. Legionella will recur unless the plumbing for the whole site is replaced.

We have set aside funds to carry out the necessary plumbing works once the outcome of that consultation is known.