MEETING NAME: HOSC

21 April 2015

Briefing on Henry Cornish Care Centre Intermediate Care Unit

1. Purpose

- 1.1 The Cabinet approved Option A for the Intermediate Care unit at Henry Cornish Care Centre on 26 January 2016. Option A involves the Intermediate Care unit continuing and the full 14 bed service being provided by the Orders of St John Care Trust (OSJCT) from 1 April 2016.
- 1.2 The purpose of this paper is to provide an implementation update on the new arrangements, in particular addressing the staffing issues including the TUPE transferred staff, implications for service users and the plan moving forward.

2. Background

- 2.1 During March 2016 the Council's contracts and monitoring team in Joint Commissioning highlighted that OSJCT was having difficulty with the recruitment of nursing staff to provide adequate nursing cover to the Intermediate Care unit from 1 April 2016.
- 2.2 The Council had discussions with OSJCT about this situation. In particular the recruitment of nursing staff had been aggravated by the reopening of Witney Hospital. In addition the level of TUPE staff that was anticipated to transfer was not being realised, as more had chosen to remain with Oxford Health Foundation Trust (OHFT).
- 2.3 OSJCT therefore anticipated a shortage of nursing hours from 1 April 2016, as they would normally provide 24 hour cover of one nurse in the intermediate care unit.

3. Current Situation

- 3.1 Of the 15 establishment staff 7 FTEs have now been taken through the TUPE process. This includes nearly all the Health Care Assistants. There are significant gaps on the nursing side as two of the nurses that were in post at the point of transfer, left to join OHFT.
- 3.2 However, the Ward Manager is remaining in post under a seconded arrangement with OHFT, which has significantly improved the situation. For the April rotas the Health Care Assistant shifts are comfortably

covered, although the nursing cover is not sufficient to provide nursing on a 24 hour basis.

3.3 There are currently 11 FTE staff at the unit, with the gaps being filled by agency staff.

4. Transition Plan

- 4.1 As there are difficulties in recruiting nursing staff in West Oxfordshire it is unlikely that 24 hour nursing cover will be available during the transition period (i.e. from 1 April 2016). However all parties are committed to putting in place a fully operational nursing led intermediate care unit, following the transition period.
- 4.3 The transition plan involves staffing the unit with a combination of transferred nursing staff and health care assistants, agency nursing staff and OSJCT care staff. All community and urgent care services will be available as usual during the transition period. There will continue to be medical and therapy cover available to the unit at the same level as currently provided.
- 4.4 Ordinarily any service user requiring nursing led intermediate care has a combination of rehabilitation and nursing needs. The transition plan focuses on providing the service to those predominantly with rehabilitation needs. There will continue to be a nursing presence for the majority, but not all, of the time on site for those who require planned nursing care. OSJCT is confirming with Care Quality Commission that the planned service levels are in line with the registration categories for the unit.
- 4.5 The service will not be accepting referrals of people during the transition who have known clinical needs, as it is essential that safe care is provided. Those who are placed in the unit will either require domiciliary care or residential care on departure or return to their own home with no support after a period of rehabilitation in the unit.

5. Next Steps

- 5.1 The next steps involve moving towards a full permanent staffing establishment of 15 FTE staff and putting in place a fully operational nursing led intermediate care unit.
- 5.2 The timescale for achieving these aims depends on the recruitment of nursing staff and it is envisaged that it will take approximately three months to recruit staff and a further period of one or two months to fully mobilise the nursing led service.

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