

Oxfordshire Primary Care Trust

Jubilee House

5510 John Smith Drive

Oxford Business Park South

Cowley

Oxford OX4 2LH

Telephone: 01865 336730

Fax: 01865 337094

Website: [www.oxfordshirepct.nhs.uk](http://www.oxfordshirepct.nhs.uk)Email: [sonia.mills@oxfordshirepct.nhs.uk](mailto:sonia.mills@oxfordshirepct.nhs.uk)

Susanna Pressel  
Acting Chair  
Joint Health Overview & Scrutiny Committee  
Oxfordshire County Council  
County Hall  
New Road  
Oxford  
OX1 1ND

21 February 2011

Dear Councillor Pressel

**Chipping Norton Community Hospital**

I write in response to your letter dated 26 January 2011.

I can confirm that Staff based at Chipping Norton Community Hospital have been given the option of TUPE Transferring to the Order or St John or remaining an NHS employee using the Retention of Employment (ROE) Model of Secondment. As you may know this model ceased to be available in 2009, but has been agreed on an exception basis by the Secretary of State for Health. I can confirm that the PCT has not indicated a preference with regard to the above options and all 33 Staff have now chosen to be seconded using the ROE Model, rather than transferring across using TUPE.

You are right to point out that a previous commitment was made in 2007 to HOSC that if any staff left during the secondment that they would be replaced by the PCT for the remainder of the secondment.

However, as we have been working through the practical details of this project, including the finances, it has become necessary to revisit this commitment. I believe that this is the right thing to do for two very good reasons:

1. The efficiencies envisaged within the original business case for this project, assumed freedom for employing staff. This would include OSJ having the ability to share staff across the whole facility, developing rotas and working patterns that maximised the flexibilities of a larger site with both social care and NHS care combined. For example, staff seconded under ROE can only work on NHS care and not work in other parts of the facility. The original business case assumed a level of staff turnover which would have allowed new staff to be employed on OSJ terms and conditions that were then reflected in the financial modelling. We are currently working hard to identify how the cost pressure presented to the PCT as a result of the secondment period can now be met and allowing OSJ to recruit to any vacancies has the potential to reduce this cost pressure.
2. The organisational changes for the local NHS over the next three years are significant. Staff at Chipping Norton Hospital are currently employed by the PCT and will be transferring under TUPE to be employed by Oxford Health NHS

Foundation Trust (previously OBMH) on 1 April this year at which time they will already be on secondment to OSJ. Merging Community Health Oxfordshire with the Foundation Trust is a complex piece of work with detailed negotiations needed about a wide range of issues. The agreements made for the current Chipping Norton staff. Are included within this. We are talking about not more than 11 nurses.

As a result we have now agreed with OSJ that they will be responsible for recruiting to any vacancies that may arise once the service transfers at the end of this month.

I appreciate that this represents a change to the previous commitment, however, given the context and financial environment we are working within, I feel it is important to prioritise our commitment to current staff.

I would like to stress that this will not affect patient care. In fact, we have been very clear that the service specification reflects the current service at Chipping Norton and so patients should experience no change to the service other than a vastly improved environment including single en-suite rooms.

I am very aware that there remain some concerns about how the new service will operate and whether there will be an impact on patients. We have built into the service specification an agreement to review the service at the end of the first year, particularly looking at the following areas:


- Medical cover and medicines management
- Patient average length of stay and acuity of patients
- Key performance indicators (including quality and governance)
- Systems and integration
- Staffing model

The situation relating to the First Aid Unit has also moved on. The PCT have agreed to provide support to the Ambulance Trust to develop a different model of urgent care service to be based at the new hospital which could provide a template for other similar communities. During weekday evenings, all day on bank holidays and weekends an Emergency Care Practitioner (ECP) will be based at the hospital and will treat patients who walk in. In addition, an ambulance, based at the hospital will be available for attending emergency calls that will then improve the response times in this area.

This will be a pilot and would seek to increase activity by diverting people from using other urgent care services. We have listened to the concerns of Councillor Biles and others in the community and there is a clear perception that there is greater local need than is being demonstrated through the current activity levels. During the period of the pilot we will monitor usage of the unit and feed this into the evaluation.

I hope this has helped to clarify the position. If you require I would welcome the opportunity to discuss this with you and your colleagues further.

Yours sincerely



Sonia Mills  
Chief Executive