



**NOTICE OF MEETING**

**Health Overview and Scrutiny Panel  
Thursday 2 October 2014, 7.30 pm  
Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

**To: The Health Overview and Scrutiny Panel**

Councillor Virgo (Chairman), Councillor Mrs McCracken (Vice-Chairman), Councillors Mrs Angell, Baily, Kensall, Mrs Phillips, Mrs Temperton, Thompson and Ms Wilson

**cc: Substitute Members of the Panel**

Councillors Allen, Brossard, Davison, Ms Brown and Heydon

**Observer:**

Mark Sanders, Healthwatch

**Non-Voting Co-optee**

Dr David Norman, Co-opted Representative

ALISON SANDERS  
Director of Corporate Services

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Published: 22 September 2014



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**Thursday 2 October 2014, 7.30 pm**  
**Council Chamber, Fourth Floor, Easthampstead House,**  
**Bracknell**

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**Note:** *There will be a private meeting for members of the Panel at 6.45 pm in the Function Room*

**AGENDA**

Page No

**1. Apologies for Absence/Substitute Members**

To receive apologies for absence and to note the attendance of any substitute members.

**2. Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 3 July 2014.

1 - 10

**3. Declarations of Interest and Party Whip**

Members are requested to declare any Disclosable Pecuniary Interests and/or Affected Interests and the nature of those interests, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary Interest or an Affected Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

**4. Urgent Items of Business**

Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.

**5. Public Participation**

To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

6. **Berkshire Healthcare Trust**  
To meet Julian Emms, Chief Executive of Berkshire Healthcare NHS Foundation Trust, with particular reference to the Trust's mental health and community health services to residents of Bracknell Forest, 11 - 68
7. **Public Health**  
To receive a presentation on Public Health's first year in the Council, and a presentation on future plans.
8. **Healthwatch Bracknell Forest**  
To give Members the opportunity to raise questions on the 2013-14 Annual report of Healthwatch Bracknell Forest. 69 - 90
9. **Departmental Performance**  
To consider the parts of the Quarter 1 2014/15 (April to June) quarterly service report of the Adult Social Care, Health and Housing department relating to health.  
  
**Please bring the previously circulated Quarterly Service Report to the meeting. Copies are available on request and attached to this agenda if viewed online.**
10. **Executive Key and Non-Key Decisions**  
To consider scheduled Executive Key and Non-Key Decisions relating to Health. 91 - 96

**Date of Next Meeting**

The next meeting of the Health Overview and Scrutiny Panel has been arranged for 15 January 2015.

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**HEALTH OVERVIEW AND SCRUTINY PANEL  
3 JULY 2014  
7.30 - 9.25 PM**

**Present:**

Councillors Baily, Kensall, Mrs McCracken, Mrs Phillips, Mrs Temperton, Thompson, Virgo and Ms Wilson

**Co-opted Members:**

Dr David Norman

**Observer:**

Mark Sanders, Healthwatch, Bracknell Forest

**Also Present:**

Richard Beaumont, Head of Overview & Scrutiny

Sarah Bellars, Nursing Director, NHS Berkshire East Clinical Commissioning Group Federation

Glyn Jones, Director of Adult Social Care, Health & Housing

Councillor Ian Leake

Andrew Morris OBE, Chief Executive, Frimley Park Hospital NHS Foundation Trust

**1. Election of Chairman**

**RESOLVED** that Councillor Virgo be elected as chairman of the Health Overview and Scrutiny Panel for the municipal year 2014-15.

**2. Appointment of Vice-Chairman**

**RESOLVED** that Councillor Mrs McCracken was appointed as vice chairman for the municipal year 2014-15.

**3. Minutes and Matters Arising**

**RESOLVED** that the Minutes of the Panel held on 13 March 2014 were approved as a correct record and signed by the Chairman.

**4. Declarations of Interest and Party Whip**

There were no declarations of interest.

**5. Urgent Items of Business**

There were no urgent items of business.

**6. Public Participation**

There were no submissions from members of the public.

## 7. **Frimley Park Hospital NHS Foundation Trust**

The Chairman welcomed Andrew Morris, Chief Executive of Frimley Park Hospital NHS Foundation Trust, to the meeting to speak on the Trust's services to residents of Bracknell Forest and progress on the Trust's prospective acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust. Background information had been circulated to the Panel in advance of the meeting, as follows:

- Minute from the Panel's meeting on 2 February 2012, the last time that representatives of the Trust had attended a Panel meeting;
- Relevant summary information from the websites of Frimley Park Hospital and Monitor;
- The latest inspection report by the Care Quality Commission;
- A briefing paper from Frimley Park Hospital on the proposed acquisition.

Andrew Morris spoke to the Panel, and the points made included in the following:

- The Trust wished to provide consultant-led services and specialisation, and it had been recognised that, in order to have a sufficiently large enough patient catchment to do this, the Trust would need to undergo a merger with another Trust. The proposed acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust would allow enable better, more comprehensive care and local specialist services.
- It was envisaged that consultants, rather than patients, would travel between sites. It was likely that a small percentage of patients would be required to travel to a different site, but this would be to access specialist services.
- All hospitals were required to make budgetary savings of 4% per annum, which equated to £12million at Frimley Park NHS Foundation Trust. The acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust would allow for a reduction in back-room costs whilst delivering greater efficiencies, for example in purchasing, and protecting front-line services. Delivering efficiencies whilst maintaining quality was a major challenge for hospitals, but the acquisition would allow for better provision of doctors and nurses
- The Trust was currently negotiating with the Department of Health to write off the existing debt at Heatherwood and Wexham Park NHS Foundation Trust and invest capital in the infrastructure of Wexham Park Hospital, including a refurbishment of A&E, an upgrade of maternity services and addressing a backlog of maintenance issues. The proposal for the Heatherwood hospital site was to develop and refurbish it as a modern elective surgery unit, and this too would require new funding. It was intended that the acquisition could be used as an opportunity to secure funding to improve the facilities at Wexham Park Hospital and provide new diagnostic equipment.
- The proposed acquisition was a very complex procedure that would need the agreement of both Councils of Governors, particularly as it would, in effect, mean the dissolution of the Council of Governors at Heatherwood and Wexham Park NHS Foundation Trust. Frimley Park NHS Foundation Trust

was keen to progress and conclude negotiations with the Department of Health, with the acquisition completed in the autumn if possible. There were no proposed changes to services so there was no requirement to undergo a public consultation, but the proposals had been brought to the monthly constituency meetings at Frimley Park Hospital to make them visible and engage members of the public. Feedback had been that people wanted to see Frimley Park Hospital maintained but improvements made at Wexham Park Hospital.

*The Chairman queried whether each part of the proposed acquisition, for example the planned upgrade to A&E and maternity services, would need to be submitted individually to the Department of Health.*

It was explained that each part would need to be submitted separately, as part of a two-stage process. An outline business case was submitted first, to seek agreement in principle for funding, and at this stage if approved funds were set aside by the Department of Health. This was then followed by submission of a full business case. It was a long, complex process, usually taking up to seven years, that the Trust was trying to achieve in a shorter space of time by ensuring that agreements in principle for all aspects of the acquisition were supported at this stage. Agreement needed to be sought from the Commissioners involved or the proposed acquisition could not proceed. The proposals had the support of the DoH, Monitor and NHS England.

*The Panel questioned the results of the recent staff survey at Wexham Park Hospital, which had shown that only 51% of staff at the hospital would recommend the facility to friends and family. It was asserted that hospitals worked on a hierarchical consultant-led structure, and queried how this could be changed.*

It was explained that Heatherwood and Wexham Park Hospitals NHS Foundation Trust had undergone a long period of uncertainty, and experience had shown that standards and staff morale could suffer as a result. The Trust was keen to develop a common vision and strategy for the hospitals for staff to work towards, utilising ideas of staff and where managers could provide support for clinicians. All clinicians were trying to provide better outcomes for patients, but staff at Heatherwood and Wexham Park Hospitals needed better facilities, stability and security to come together as a team and in order to provide consistently excellent care. There were some very highly-skilled people working at the hospitals but team-work had suffered as a result of a lack of funding and leadership. It was believed that with the right governance arrangements, delegations and staff empowerments in place this would happen, but it would require working in new and different ways. Recruitment of staff was an issue, but creating stability would also reduce the Trust's reliance on agency staff.

*The Panel queried whether surgeons moving between different sites to treat patients would be the best use of their time.*

It was explained that this already happened to a degree. Wexham Park Hospital provided plastic surgery to a number of different Trusts, and Frimley Park NHS Foundation Trust had only recently joined this service after previously using Chelsea and Westminster. Outpatient appointments and day cases were seen at Frimley Park Hospital. Inpatients did have to travel to Wexham Park Hospital, but previously all patients would have had to travel to Chelsea and Westminster. Another benefit of combining the hospitals into one Trust would be a greater level of peer review as part of a multi-disciplinary approach. The team approach and accountability were key success factors.

*The Panel asked what the fall-back would be for Frimley Park NHS Foundation Trust if the acquisition did not proceed.*

It was reported that Frimley Park Hospital would continue as it was at present but it was firmly believed that the acquisition was the way forward and in the best interests of patients. The acquisition was not without risk, if it did not proceed other options, such as a merger with one of the Surrey hospitals or the Royal Berkshire Hospital would need to be considered. A number of consolidations amongst other Trusts had taken, or were taking, place.

*The Panel queried whether the debt currently owed by Heatherwood and Wexham Park would be written off by the Department of Health, or whether the Trust would be required to repay this over a period of time. The Panel also queried whether the funding required to upgrade services at Wexham Park would be provided by the Department of Health or whether this would be in the form of a loan that would need to be repaid.*

It was confirmed that the proposal to the Department of Health was for all historical debt to be written-off, that the Department of Health would fund the new hospital at Heatherwood and the various building and equipment upgrades at Wexham Park, and the acquisition should include a guarantee to Frimley Park that its funds would be untouched. However, all NHS Trusts were required to pay an annual Public Dividend Capital fee to the Department of Health, of 3.5% of the Trust's asset base, in perpetuity. Some improvements had already been made at Wexham Park, for example in the operating theatres, but A&E did not meet current standards. The proposed A&E changes included private assessment rooms for patients likely to need admission, in line with the facilities provided at Frimley Park. Maternity services was an area where patients were able to express choice, and Wexham Park Hospital needed investment, for example to convert the delivery rooms to en-suite and providing a midwife-led unit, to encourage people to choose the hospital.

Mr Morris said there are a lot of hardworking staff at Heatherwood & Wexham Park hospitals, also some areas of excellence, such as haematology. The hospitals' performance had suffered due to discontinuity of leadership, funding pressures, the need for better teamwork by some clinicians, and other factors.

*The Chairman of the Overview and Scrutiny Commission requested clarification on the figure that would be written-off by the Department of Health, and how the new Trust's 3.5% Public Dividend Capital fee would be calculated – would this be a percentage of the improvements or of the total asset?*

It was confirmed that the amount requested to be written-off would be the debt owed on day one of the acquisition transition. The Public Dividend Capital fee would be payable on the value of the whole estate. Assets were valued each year by the District Valuer.

*The Healthwatch representative stated that Wexham Park had recently appointed an Assistant Director for Patient Involvement, and said that Healthwatch would want to see this position maintained in the proposed acquisition. He asserted that patient views at Frimley Park Hospital were not always sought.*

It was reported that Frimley Park Hospital was about to introduce a welcome pack for every patient admitted to the hospital, to encourage them to think about their care. Patient feedback was welcomed. A survey on cancer care had rated the hospital in the top 20% in the country. Maternity and A&E had been rated as average, which had been disappointing for the Trust, but action plans had been put in place to



improve patient care. The hospital was struggling to handle an increase in the volume of patients coming to A&E, and this impacted on patients' perceptions as waiting times had increased. A profile of work in the department had shown that Saturdays and Sundays were the busiest days, and the hospital had responded by having three consultants in the department.

The Chairman complimented Mr Morris on Frimley Park hospital's performance and conveyed the Panel's best wishes for a success acquisition of Heatherwood and Wexham Park Hospitals Trust.

## 8. The Patient's Experience

The report asked the Panel to review the latest inpatient survey results for the three hospital trusts, as well the current information from the NHS Choices website for the NHS Foundation Trusts providing most secondary NHS services to Bracknell Forest residents. Sarah Bellars, Director of Nursing of Bracknell and Ascot Clinical Commissioning Group, attended the meeting to address the Panel and answer questions.

Sarah made a number of points, including the following:

- Sarah explained that she was actively involved in monitoring the quality of the Provision at Frimley Park Hospital, and that part of this role involved robust conversation where necessary. There were currently no significant concerns. The incidence of MRSA was higher than ideal, but Sarah had met with the Director of Nursing at the hospital and a comprehensive plan, including a 'back to basics' approach, had been put into place to address this.
- There were currently a number of concerns regarding Heatherwood and Wexham Park Hospitals. It had been necessary to issue Contract Query Notices in more than one area, including A&E and stroke prevention, as a result of under-performance against targets for a significant period of time. A particular issue was the recruitment of staff in general, and in particular substantive leaders. A number of the leaders were in interim posts that would be ending in the next few months, and this could cause problems for management capability. However, if the proposed acquisition of the Trust by Frimley Park Hospital NHS Foundation Trust was completed successfully this would help address this issue. If the acquisition did not go ahead, that would be a major concern for the CCG.
- The Royal Berkshire Hospital Trust was currently facing some financial challenges, as well as a high turnover in senior staff and some recently identified issues with maternity provision. There were also concerns regarding diagnostic waiting times and storage of medical records. The CCG had confidence in the recently appointed Chief Executive of the RBH.

*The Chairman asked for further details of when stroke specialisation would be available, and whether it was a challenge to provide the service that the Trusts would like to in an increasingly challenging financial climate.*

It was reported that the issues with stroke care had not been entirely resolved, but that this would be receiving attention. It was agreed that the financial climate was very challenging as the Trusts were required to save £12million each year, so even providing the same service as the previous year would result in a loss. However, consideration was being given to increasing revenue from other lines of income.

*The Vice-Chairman asked for clarification of what was meant by 'back to basics'. It was explained that this was about reminding staff of why certain actions were so important, for example cleaning skin before inserting a cannula, when they were juggling a number of priorities.*

*The Panel noted that the end-of-life care provided at Frimley Park Hospital and the Royal Berkshire Hospital was very good, and asked whether this had been extended to Wexham Park Hospital.*

It was stated that this was not an immediate priority for the hospital, as there were a number of other areas that needed to be addressed as a matter of urgency.

*The Panel welcomed the recent Care Quality Commission report for Frimley Park Hospital and stated that it was very positive.*

It was explained that the report had been very good, but there were still areas that needed work. It was also highlighted that paediatric care and critical care at Wexham Park Hospital had been rated as 'good'.

*The Chairman highlighted a recurring theme in the results, that patients did not always understand the risks associated with their medication.*

It was explained that being in hospital was an alien environment, and that there was a lot of information for people to take in, including medications, when they were discharged. However, the safety of patient medication was taken very seriously.

*The Chairman queried the infection rates at the Royal Berkshire Hospital.*

It was reported the recent Care Quality Commission report had found that the hospital was generally clean, with a good culture of infection control. In the past the hospital had experienced higher than average rates of *c. difficile*, but hard work on this had seen the rates reduce.

*The Healthwatch Representative stated that, in their experience, it was a lack of consultant availability at Wexham Park Hospital that affected patient care.*

It was acknowledged that the hospital employed fewer consultants than would be ideal, but this was linked to the staffing problems that had already been discussed. With the likely acquisition by Frimley Park Hospital this situation was expected to improve.

The Chairman thanked the Director of Nursing for her honest assessment of the service providers.

9. **Protocol between the Health and Wellbeing Board, Healthwatch Bracknell Forest and the Health Overview & Scrutiny Panel**

The Panel considered a report asking them to adopt a protocol between the Health and Wellbeing Board, Healthwatch Bracknell Forest (HWBF) and the Panel. The report stated that the protocol had already been adopted by the Health and Wellbeing Board, the Minutes of which were attached to the report, and by HWBF. A copy of a Minute recording agreement of a protocol between the Panel and HWBF was also attached, but the report noted that the new protocol subsumed the wording agreed in October 2013.

The Director of Adult Social Care, Health and Housing stated that the protocol aimed to add a degree of clarity to interactions between the three bodies. It would, however, be kept under review to ensure that it was working in practice. It was proposed by the Chairman, seconded by Councillor Thompson and carried that the Protocol be adopted.

#### 10. **Departmental Performance**

The Panel was asked to consider the parts of the Quarter 4 2013/14 (January to March) quarterly service report of the Adult Social Care, Health and Housing department relating to health.

The Director of Adult Social Care, Health and Housing reported that the authority had worked closely with NHS partners on the creation of the Urgent Care Centre, and continued to work closely with the Clinical Commissioning Group to provide a range of services, and in particular with Berkshire Healthcare Trust. The largest of these contracts was for the provision of sexual health services. This service had been recently reviewed, and this had resulted in Bracknell Forest maintaining the current service provider, Berkshire Healthcare Trust, on a block contract rather than a tariff-based service. The Public Health function had now been with the Council for one year, and it had settled in very well. For example, there had been national recognition for Bracknell Forest's work concerning alcohol consumption. The annual report of Public Health would be presented to members.

With regard to looking forward, the Panel was informed that priorities would be informed by the Health and Social Care Act and national targets set out in the Better Care Fund, three out of five of which related to social care. It was reported that older people wanted to live in their own home, supported by social care, and targets included avoiding emergency admissions and people still at home ninety-one days after discharge into intermediary care. The health and social care economy was a very complex one to work within, and it had been necessary to reconsider the ways in which community support was offered, for example to reflect patients choosing Frimley Park hospital more frequently.

The Panel was advised that the budget would continue to be challenging, particularly as it was a demand-led service. Bracknell Forest had an increasingly older population and, although this was still lower than neighbouring authorities, the rate of growth of this section of society was significantly higher than in other areas. This also brought the associated challenge of supporting people with dementia.

In terms of adult social care, the priorities were prevention and intervention. The department had produced three podcasts of local residents telling their story. These could be made available to members of the Panel if they wished.

The Chairman raised the issue of unnecessary hospital admissions, and how these could be reduced to ease pressure on hospitals. It was explained that Bracknell Forest Council funded a service that aimed to reduce unnecessary overnight stays. In 95% of cases someone could be with the patient within two hours. In addition, people were living longer with more complex conditions, and demands on the healthcare service, as well as social care, would increase. It was essential to keep the person at the heart of health and social care services. The Director was currently leading, on behalf of all the Berkshire Unitary Authorities, on a concordat with Berkshire Healthcare Trust concerning mental health. A separate briefing session on mental health would be arranged for members, in advance of the visit to Prospect Park Hospital in September.

11. **Overview and Scrutiny Bi-Annual Progress Report**

The Head of Overview and Scrutiny presented a report on Overview and Scrutiny Activity during the period December 2013 to May 2014. The report set out details of the meetings that had taken and place and the items that had been considered for the Overview and Scrutiny Commission and Overview and Scrutiny Panels, as well as other overview and scrutiny issues. The report was noted.

12. **Executive Key and Non-Key Decisions**

The Panel noted Executive Key and Non-key decisions relating to health.

13. **Date of Next Meeting**

The Panel noted that its next meeting would be held at 7.30pm on 2 October 2014.

**CHAIRMAN**

**ACTIONS TAKEN : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING**  
**3 July 2014**

<b><u>Minute Number</u></b>	<b><u>Action Required</u></b>	<b><u>Action Taken</u></b>
9. Protocol Between the Health and Wellbeing Board, Healthwatch Bracknell Forest and the Health Overview and Scrutiny Panel	Notify Lead Officer (Lynne Lidster) that protocol has been agreed by the Panel	Completed 8 July
10. Departmental Performance	The annual report of Public Health to be presented to Members.	On agenda for 2 October Panel meeting
	Details of adult social care podcasts of local residents telling their story to be made available to members of the Panel	Sent to Panel Members on 16 July
	Provide briefing session to Panel members on mental health (in connection with Berks Healthcare Trust)	Arranged for 18 September

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**HEALTH OVERVIEW AND SCRUTINY PANEL  
2 OCTOBER 2014**

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**BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST  
Assistant Chief Executive**

**1 PURPOSE OF REPORT**

- 1.1 This report provides background information for the meeting with the Chief Executive and other representatives of Berkshire Healthcare NHS Foundation Trust.

**2 RECOMMENDATIONS**

- 2.1 **That the Health Overview and Scrutiny Panel meets senior representatives of Berkshire Healthcare NHS Foundation Trust, with particular reference to the Trust's mental health and community health services to residents of Bracknell Forest.**

**3 REASONS FOR RECOMMENDATIONS**

- 3.1 To inform the discussion with Mr Emms and other senior representatives.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

**5 SUPPORTING INFORMATION**

- 5.1 The Trust's representatives at the meeting are anticipated to be:
- Julian Emms, Chief Executive
  - Alex Gild, Director of Finance, Performance and Information
  - David Townsend, Chief Operating Officer.
- 5.2 The Panel determined at its meeting on 7 January that it would formally meet each major NHS Trust nearby at least once every two years. The last Panel meeting with representatives of Berkshire Healthcare Trust on overall issues was in June 2011.
- 5.3 To assist the Panel's deliberations, attached to this report are:
- Relevant summary information from the websites of Berkshire Healthcare Trust and Monitor (page 11)
  - The Trust's Annual Plan Summary 2014 (page 17)
  - The Trust's annual patient experience report, 2013-14 (page 19)
  - The latest inspection report by the Care Quality Commission on Prospect Park Hospital (page 41)
  - The Trust's latest staff survey results (page 65)

**6      ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS / EQUALITIES  
IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES /  
CONSULTATION**

6.1      Not applicable.

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## Monitor Website

Monitor publishes 2 ratings for each NHS foundation trust.

- The continuity of services rating is Monitor's view of the risk that the trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least risk. A rating of 2\* means the trust has a risk rating of 2 but its financial position is unlikely to get worse.
- The governance rating is Monitor's degree of concern about how the trust is run, any steps they are taking to investigate this and/or any action they are taking. They either indicate they have no evident concerns, that they have begun enforcement action, or that the foundation trust's rating is 'under review', which means they have identified a concern but not yet taken action.

Monitor's current ratings of Berkshire Healthcare NHS Foundation Trust are:

Continuity of services: 4

Governance: Green

Monitor's additional comment is: 'No evident concerns'

## **From Berkshire Healthcare NHS Foundation Trust Website**

### What we do

Berkshire Healthcare NHS Foundation Trust provides specialist mental health and community health services to a population of around 900,000 within Berkshire.

We operate from more than 100 sites across the county including our community hospitals, Prospect Park Hospital, clinics and GP Practices. We also provide health care and therapy to people in their own homes.

The vast majority of the people we care for are supported in their own homes. We have 252 mental health inpatient beds and almost 200 community hospital beds in five locations and we employ more than 4,000 staff.

Working in partnership with patients and their families is really important to us as this helps us to provide the best care in the right place. We support people with long-term health problems to manage their own lives as much as we can, so they can stay at home and do not need to be in hospital.

We organise our services around the six areas of Berkshire, to match the local authority boundaries. We call these Localities. Each Locality Director works together with a Clinical Director to make sure that our service management is informed by clinical knowledge and expertise.

We work closely with our commissioners to develop services that meet the needs of our diverse population – aiming to help people remain independent at home as far as possible. We provide many of our services in partnership with Local Authorities and also work closely with GPs, voluntary sector organisations and others.

As a Foundation Trust we are accountable to our local communities through our members and governors; to our commissioners through our contracts; to the Care Quality Commission through the legal requirement for registration and meeting standards for the care we provide and Monitor through our NHS provider licence.

### Our Vision, Values And Goals

We have developed our vision, values and goals by talking to you about what is important to you about our organisation and the services we provide. We have also listened to what you have said about the way you want us to behave, and the way you want us to communicate with you.

***Our vision:***

The best care in the right place: developing and delivering excellent services in local communities with people and their families to improve their health, well-being and independence.

This one sentence describes what we are trying to achieve as an organisation – and sums up what is important to us.

***Our values:***

**Caring** for and about you is our top priority.

We are **committed** to providing you with good quality, safe services and working **together** with you to develop innovative solutions.

The way we go about our work is defined by these values – which were developed after talking with our patients and their carers, our staff, our commissioners and our partners.

***Our goals:***

1. **Positive Patient Experience:** to provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
2. **Money Matters:** to deliver sustainable services based on sound financial management
3. **To Be The Best:** to be the provider of choice for people who use and commission our services
4. **Uniting Services:** to establish a comprehensive range of integrated 'out of hospital' services
5. **Working Together:** to work with our partners to play our part in developing caring and compassionate communities

We organise our annual plans in line with these goals, so that we have clear objectives with the necessary resources and leadership to achieve what we set out to.

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# Annual Plan Summary 2014

## Our vision

**The best care in the right place:** developing and delivering excellent services in local communities with people and their families to improve their health, well-being and independence.

## Goal 1: Positive patient experience

**Provide accessible, safe and clinically effective services which improve patient experience and outcomes of care.**

### We will do this by:

- Being compassionate, continuing to improve our quality of care and patient experience.
- Developing Prospect Park Hospital as a centre of excellence for people with mental illness and completing the move of all inpatients to Prospect Park.
- Giving patients and staff the best advice about medicine by developing our pharmacy provision.
- Enhancing patient care and information by developing a new patient record system.
- Exploring partnership opportunities to deliver primary care.
- Providing the best care in the right place, making the most of our buildings and clinical space.

## Goal 2: Money matters

**Deliver sustainable services based on sound financial management.**

### We will do this by:

- Working with our teams to identify new ways of working and efficiencies through the **Hour a Day** programme.
- Saving £8.3 million through our Cost Improvement Plans.
- Freeing up staff time so they can deliver the best care in the right place by giving them access to systems and records while they are out and about.
- Ensuring our support functions are delivered in the most efficient way.
- Providing better information so that service improvements and efficiencies are evidence-based.

## Goal 3: To be the best

**Be the provider of choice for people who use and commission our services.**

### We will do this by:

- Working with our commissioners to understand their requirements now and in the future.
- Continuing to improve our website, intranet and social media channels so people have the information they need about our services.
- Breaking down barriers which impede the delivery of the best patient care through our **Listening into Action** staff engagement programme.
- Recruiting people who measure up to and live our values.

## Goal 4: Uniting services

**Establish a comprehensive range of integrated "out of hospital" services.**

### We will do this by:

- Integrating our physical and mental health services for the benefit of people with more than one need, recognising we are treating the whole person in partnership with others.
- Uniting our children's physical and mental health services, working in partnership to provide the right type of support at the right time for the child and their family.

## Goal 5: Working together

**Work with our partners to develop more caring, compassionate communities.**

### We will do this by:

- Working with commissioners and providers on the development of shared solutions to people's health and social care needs.
- Listening to our diverse patients and service users and using what we hear to shape our services.
- Providing dedicated support and advice to carers.
- Continuing our commitment to **Time To Change** and reducing the stigma attached to mental illness.

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## Patient Experience

Annual Report

Presented by Helen Mackenzie, Director of Nursing and Governance

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## Introduction

The Trust is committed to improving patient experience, using complaints and other forms of feedback to better understand the areas where we perform well and those areas where we need to do better.

This report details the complaints, Patient Advice and Liaison Service (PALS) and compliments received by the Trust during 2013/14. The Trust is also committed to ensuring that the national learning from reviews such as the Keogh Review, Francis Report and 'Hart' Report are embedded locally into the core values of our staff.

Key achievements from 2013/14:

- Over 2013/14, the majority of our patients have rated our services as good or better.
- Following the collaborative approach of joining the Complaints Office, Patient Advice and Liaison Service (PALS) and Patient and Public Involvement into a Patient Experience Team, communication has improved and processes continue to be reviewed and developed. The integration of these services has seen an impact at service level as well within the wider organisation as there has been a reduction in duplication for staff and an increase of awareness of the support and signposting that is available for patients and their carers.
- 2013/14 has seen service level reporting brought to the forefront of day to day patient experience. Introduction of an online Patient and Public Involvement form has seen an increase in the variety of existing activities already underway across both Community and Mental Health Services being reported, and a real sense of the 'you said, we did' changes that have been made as a direct result of the feedback from the people who use our services as well as those who support them.
- The introduction of service level reporting of locally resolved concerns brings a single process across Trust services. This makes it easier for staff to report where they have resolved concerns on the spot, and helps us to track themes across services. This will be developed further following feedback from our staff.
- Compliment reporting has seen a significant increase over 2013/14. There are a wide range of compliments now being reported for the first time and this information is being used alongside complaints to give a 'helicopter view' of the experience of our patients and their carers.
- Completion of the implementation of the internal patient survey programme means that services are collecting feedback that is both service specific and contains 'corporate' questions that can be compared across the organisation.
- Real time 'dashboards' have been created which give our staff access to the patient survey results for their wards and services to help make immediate service improvements based on feedback from our patients and their carers.
- The response times to formal complaints have improved significantly over the year to 64% resolved within 25 working days and 82% resolved within a timescale negotiated with the complainant at the end of March 2014. There have also been an increase in the number of



complainants who have written to us to thank us for the robust investigation into their complaint and we have received positive feedback from our patients and staff about the improved communication that forms our complaints process.

- The number of formal complaints that have been taken forward for investigation by the Parliamentary and Health Service Ombudsman is low. This is representative of the quality of the investigations that take place.

## **1. NHS Choices**

NHS Choices continues to be used as a mechanism for patients and their families to share their experience and give feedback on our services. It also offers information around lifestyle choices and acts as a Health Service Directory for the public. It is also being developed nationally as a tool to share information about the quality of services following CQC visits and through national initiatives such as the Friends and Family Test, so that potential patients are able to make a more informed choice when given the opportunity to choose where they receive treatment.

The Trust is continuing to give more bespoke responses to feedback; rather than a historical approach of signposting people through to our Complaints Office. Taking into account confidentiality, more tailored responses are posted by our Patient Advice and Liaison Service Manager, following a review of the experience and any immediate actions that can be put into place. Contact details are also given for a further discussion to take place should the person who placed the post want to discuss their experience in more detail, or should further detail be required by the Trust so that we can respond in more depth. We recognise that for an individual to take the time to post their experience it means they feel very strongly and we need to take these comments seriously.

There have been 27 experiences posted in 2013/14 in comparison with 12 during 2012/13. Whilst the majority of these has been about Prospect Park Hospital, 2013/14 has seen more positive experiences shared. A summary of the posts is included within the quarterly patient experience report along with any immediate action that has been taken. In addition, feedback about Prospect Park Hospital is shared at the Feedback Implementation Group by the Nurse Consultant.

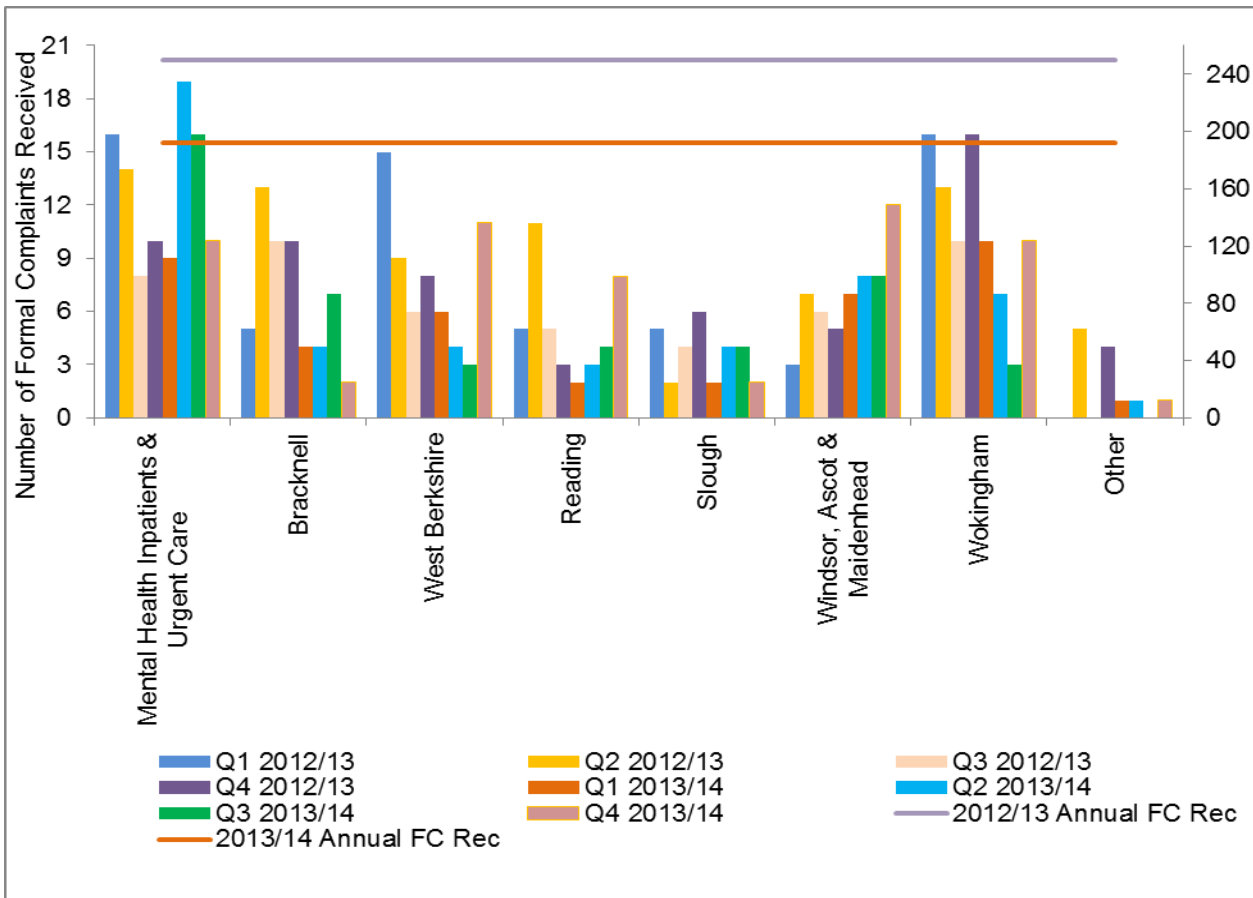
The Marketing and Communications Team are continuing to manually update the information held on the NHS Choices website; this is particularly important where there are services from different organisations sharing sites.

## **2. Formal complaints**

During 2013/14, Mental Health Inpatients and Urgent Care received the highest number of formal complaints; 54 out of the 192 received directly to the Trust (29%). Slough was the clinical locality with the lowest number of formal complaints received over the year; 12 out of 192 (6%). The Trust has seen a reduction in the number of formal complaints received in comparison with 250 in 2012/13. The Patient Experience Team has been promoting local resolution with staff and the complaints process has been revised to support staff to work with complainants more effectively.

Graph One shows the number of formal complaints over a rolling period from quarter one 2012/13.

Graph One: Number of Formal Complaints received since quarter one 2012/13



For reporting purposes, services which operate across the Trust are logged under one Locality, for example CAMHS (West Berkshire) and WestCall (Wokingham), and this should be taken into account when looking at the Locality information.

As the complaints process has adapted during 2013/14, Secondary Complaints have started to be monitored. These are complaints which the Trust has previously responded to and the complainant remains dissatisfied. As part of the complaints process, complainants are advised to return to the Trust in the first instance with their concerns and when local resolution has been exhausted, approach the Parliamentary and Health Service Ombudsman.

The Trust has commissioned the National Complainant Survey which is being undertaken by The Patients Association; a way that we are able to monitor the quality and effectiveness of our complaints process. A benchmarking report is due to be published at the end of quarter one 2014/15, which will compare our results against all Trusts taking part across the Country. As one of the first Community and Mental Health Trusts taking part, the information for Trust type comparison will be limited in the first report, however we recognise the importance of making sure that we actively seek feedback from people who have accessed the complaints process and identify areas we can improve. The survey also asks for demographic information about the complainant which will be useful to monitor from an Equality and Diversity perspective.

## 2.1 Action plans

The actions identified to improve the service we provide to our service users and their carers arising from complaints are discussed at the Locality Patient Safety and Quality Groups. Whilst learning from individual complaints is led by the Service, it is recognised that themes need to be recognised and addressed by Localities.

As part of the process of closing the formal complaint, a decision is made around whether the complaint is found to have been upheld (referred to as an outcome).

During 2013/14 there were 196 formal complaint responses made by the Trust; as the complaints process is ongoing, some of these were historical and were received prior to April 2013. In addition to these complaints there were; 14 not pursued by the complainant, 11 referred to another organisation, two not taken forward as there was no consent obtained from the patient, two referred to the Parliamentary and Health Service Ombudsman as they were out of time for a robust investigation (in line with the complaint regulations) and nine resolved locally by the service with the agreement of the complainant.

Table one shows the formal complaints resolved during 2013/14 by outcome.

*Table One: Formal Complaints resolved during 2013/14*

	Total	
Not Upheld	78	39.80%
Partially Upheld	83	42.35%
Upheld	35	17.86%
Total	196	

In comparison, during 2012/13 there were 178 formal complaint responses made by the Trust, with an additional 15 which were either withdrawn by the complainant or resolved locally with the service. This shows that whilst the number of formal complaints received has decreased, the level of activity within the Complaints Office has increased compared with the previous year.

The Trust has developed action planning within Datix (the electronic monitoring and reporting system). Being able to document actions arising from complaints in this way will ensure that they can be monitored and followed up effectively. As the Clinical Directors have access to Datix, it also means that they will be able to see the progress of these actions. A further advantage is that within Datix we are able to assign individual actions to staff members. As a result, the expectations and ownership of actions is clearer. This is being implemented during quarter one 2014/15.

Examples of actions made following complaints closed during 2013/14 and found to be upheld are:

- The parents of a young person being seen by the Reading CAMHS Team were happy with the care and treatment received however felt that the administrative systems and processes around appointments and assessments could be improved. As a result of this complaint, standard operating procedures (SOPs) are now in place for all clinical teams and pathways across the CAMHS Services. Service Managers are responsible for ensuring that these SOPs are included within the local inductions for all clinical and administrative staff.

- A complaint was received as a Health Visitor did not recognise Mongolian Blue Spots and raised a Safeguarding concern resulting in the family attending an Emergency Department for review. The parents of the child were concerned that they had now been placed onto a Safeguarding register inappropriately. The investigation into this complaint highlighted that all Health Visitors needed to be given assurance that they are able to use their professional judgement in the identification of Mongolian Blue Spots. This is to take place following robust training around the identification of skin markings which is to be organised centrally to ensure a consistent approach across the organisation. A review of staffing of the clinics has taken place to ensure that there is a Health Visitor available to advise at all health clinics. This complaint specifically highlighted that the presence of Mongolian Blue Spots is to be recorded at the earliest opportunity in the Personal Child Health Record and that this responsibility is shared by all health professionals who have contact with the child. Health Visitors need to work with partners to ensure that any skin markings are noted at birth / as soon as they are seen and Trust Safeguarding Lead and Heads of Service are to liaise with partner colleagues, particularly GPs and the midwifery service to ensure the recording of skin markings at the earliest opportunity.
- A father complained about the availability of a CAMHS inpatient bed for his daughter. This complaint was mainly a Commissioning issue; however the Trust took it forward to co-ordinate a response. NHS England actions were that - A directory of Tier 4 CAMHS services (this consists of specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated) has been circulated to the Area Teams - The ten Area Teams are completing a weekly Tier 4 capacity report - Area Teams have completed a template detailing Tier 4 capacity and concerns for review by the National Director of Specialised Services - The Wessex Team is to appoint a Case Manager with the role of supporting Tier 3 services (this includes specialist multi-disciplinary teams such as CAMHS Teams based in a local clinic). Central Southern Commissioning Support Unit (CSCSU) actions: - developing a two way Tier 4 pathway between Clinical Commissioning Groups and NHS England - CSCSU working with BHFT to develop a Tier 3.5 to enable young people to be cared for closer to home. Positive feedback was received in the complaint letter about the clinical care and effort to find a suitable placement by BHFT staff.
- A patient of 81 was seen at the Minor Injuries Unit at West Berkshire Community Hospital. The patient had a temporary plaster fitted and was told to attend the trauma unit of an Acute Trust for a specific appointment. When they arrived they were told that there was no appointment and should have gone to Thatcham. The patient subsequently paid for a taxi to Thatcham as they did not drive. An apology was given and the patient was reimbursed by the service for the unnecessary additional travel costs.
- The family of patient complained about the delay in arranging a Continuing Healthcare Assessment within Windsor, Ascot and Maidenhead. The investigation showed that the Care co-ordinator had not been as pro-active as they should have been, and there were additional delays from the Continuing Healthcare Office. This led to the assessment not taking place as quickly as anticipated by the patient's family. Further training for staff has been arranged to make this process more efficient in the future.
- A member of a user involvement group contacted the Trust because they were unhappy about the conduct of another participant at a group in Bracknell which they feel was not well managed by the Trust staff that were present. The staff have reflected on the group and agreed that they should have intervened sooner and the Trust apologised to the attendee. The staff have been reminded of the importance of ensuring that all of the

participants of groups are able to get their voice heard and of their role in overseeing this and any conflict that could arise.

- A patient contacted the Crisis Resolution/Home Treatment Team and stated that the person that they spoke with was not very helpful and they now feel that they cannot contact the service until the night team are on duty. As part of the investigation the recording of the telephone call was reviewed and identified that did not go as well as it should have. The complainant received an apology from the Trust and the member of staff is undertaking Customer Care training. The member of staff also wrote separately to the complainant to apologise for the way that the conversation went.
- There were delays in accessing the continence service for a patient discharged from an Acute Trust. The patient's family purchased continence pads during this period. The investigation showed that whilst the patient's health contributed to a delay in full assessment taking place, a further delay was caused by necessary equipment not being available. The Trust reimbursed the cost of the continence pads that were purchased by the family.
- Local Councillor contacted us on behalf of a constituent who felt he was dismissed by the doctor or health worker, who saw him as a compulsive liar and told him that nothing was wrong with his mental health. The Urgent Care service has now developed an information leaflet about how to access support in a mental health crisis. An apology was also given as the clinician sees that their comments could have been misinterpreted.
- A patient was unhappy in the treatment offered through our diabetic eye screening service. The investigation showed that we that we should have advised eye drops in the patient's case as they described.
- Complaint about the attitude of a Health Visitor in the Windsor, Ascot and Maidenhead Team. The outcome of the investigation was that when the lead professional leaves an open CAF case consideration, should be given to the multi-agency professional most suited to take on this role based on the level of contact with the service. Also that agency staff should not act as lead professionals for families who have an active CAF unless they have under gone specific training. A reminder was given to staff indicating that it is expected that when home visiting in the community it is good practice to inform families that visiting may fall between given times and where arrival is expected to be more than 30 minutes outside this the family should be contacted to confirm that this is still convenient.
- A patient was reported that they felt that the WestCall Doctor they spoke with thought that they were lying. An apology was given for the way that the WestCall Doctor asked about past medical information when ascertaining their history. The patient was advised to register with a local GP in order to gain regular support and pain management.
- The Head teacher of a school complained about the lack of provision for Speech and Language Therapy following a member of staff leaving the team. Bank staff were being recruited to provide cover at short notice and for absences of greater than one month, caseloads will be reallocated. Cancellation notifications will include information about any potential delay in the service provision and all students will have an up to date summary of their needs and the impact this is having on learning - any discussions between the Local Authority and SLT department around specific funding issues for children will be made

known to the school from the outset. A therapist has been recruited with the specific responsibility for the Secondary School Service.

- A patient attended the Minor Injuries Unit at West Berkshire Community Hospital and felt that the nurse breached confidentiality in front of her mother and was concerned that the nurse has no interpersonal skills. The staff nurse has learnt from this experience and changed her practice to ensure she asks questions about medication taken in a more appropriate way. She is grateful that this patient has brought it to her attention. There will be no changes to the questions asked at consultations as these are part of the standard questions expected for MIU to comply with NHS standards for Emergency Departments. All staff attended training in how to deal with sensitive situations and this will continue.
- A delay in the Paediatric Speech and Language Therapy Service following a member of staff leaving. The investigation recognised that there was an issue with staffing cover at that time.
- A complaint was received about the attitude of staff attending their home from the Urgent Care service. Staff members involved were reminded to be aware of voicing any religious views. Staff have also recently attended training regarding assessment and counselling skills. The members of staff have apologised and expressed regret that their choice of words and/or manner of speaking caused offence.
- A complaint was received about a WestCall Doctors attitude and the lack of taking medical history during a home visit. An appropriate plan of action was put in place by the GP and pain clinic to ensure Westcall are not called upon to give regular injections at night in the best interests of the patient.
- A patient that was unwell with flu-like symptoms contacted WestCall and was advised to see their own GP after the weekend. The patient died before seeing their GP. The Doctor involved undertook a study course in Respiratory medicine and the telephone triage was monitored and audited.
- A patient raised concerns about a historical mental health misdiagnosis dating back to 1985. Whilst we were unable to comment on the diagnosis, the investigation showed that finding the correct and appropriate placement did take some time; it was very important to locate the correct placement. It was established that the patient was inappropriately placed on a mental health ward and one of our Consultants made contact with the head injuries service to make sure the patient's medication was appropriate for his condition. A patient raised concerns about their discharge from Sorrell Ward. The investigation showed that the transfer arrangements for this patient were not of the expected standard on this occasion
- The family of a patient were unhappy about our process for sending draft documents from a Doctor without a watermark indicating the version. A process was put in place for this.
- A patient raised concerns about being discharged from an Acute Trust after their assessment by Urgent Care as they did not feel safe. The mental health nurses discussed the case with the A&E medical team to ensure appropriate handling and appropriate resting time before patients are discharged.
- One of our patient who had a stay at Wokingham Community Hospital reported that whilst they enjoyed the majority of their admission, there was a specific member of staff who

upset them. The investigation highlighted concerns with this individual and they were moved onto the day shift to be monitored and for further assessment of their skills.

- A patient who had very low potassium contacted WestCall and was given a prescription that could have had a significant adverse effect. Apology given. The Doctor involved gave assurance to the WestCall Medical Director that he has taken this important lesson seriously and this case was raised at their next appraisal assessment. Prescribing accuracy is of paramount importance in medicine and as such, the case was discussed to raise awareness and the implications at the WestCall clinical doctors' meeting.
- A patient who contacted the Urgent Care service reported that the person they spoke with was very unhelpful. The investigation showed that the call was not dealt with in a therapeutic or compassionate manner and this was managed by the line manager.
- The attitude of a member of staff within the District Nursing Team in Windsor, Ascot and Maidenhead was investigated and resulted in HR procedures being followed. We informed the complainant of this with a formal letter of apology.
- A patient reported inappropriate conversations taking place with a member of the District Nursing Team in Windsor, Ascot and Maidenhead about compensation claim with the NHS and money. This resulted in a HR investigation and formal apology.
- The family of a patient reported that they were acting out of character and that they were not informed following a fall on Bluebell Ward. The investigation showed that there had been a medication error which was being investigated separately and that Being Open principles had not been followed with informing the family.
- The family of a patient discharged from an Acute Hospital reported miscommunication and issues with the arrangements for care at home. This resulted in the patient not receiving planned visits towards the end of life. The investigation showed that there had been poor communication and confusion about the use of privately funded and NHS funded care.
- The father of a young person raised concerns about communication and access to crisis support at A&E. The investigation showed that there had been poor communication with the family while they were at the Acute Trust which led to a delay.
- The Health Visiting Team in Reading received a complaint from a family who were concerned that their young child was losing weight. The investigation showed that as a new mother, she was left without adequate support and re-assessment when struggling to feed her baby. This was remedied upon receipt of the complaint.
- We received two complaints from parents of patients who were unhappy about the maintenance of their children's wheelchairs from NRS (sub-contractor for wheelchair mobility service). Whilst our staff had acted appropriately and supported the family, there were issues with the NRS which were managed contractually through the Trust following feedback from our patients.
- In addition a patient was waiting a considerable length of time for a reconditioned wheelchair from NRS and whilst he had been given a chair in the interim; this needed to be pushed or could only make short trips due to the battery life. The investigation showed that NRS had delayed the replacement chair.

- We received a multi-agency complaint relating to the availability of CAMHS beds. The investigation showed that despite all [possibilities being explored at the time, the young person was placed in a place of safety for a period of time.

## **2.2 Response Rate**

Whilst the Complaint Regulations 2009 state that the timescales for complaint resolution are to be negotiated with the complainant, the Trust monitors performance internally against both a 25 working day timeframe and the renegotiated timescale. The Investigating Managers continue to make contact with complainants directly to renegotiate timescales for complaints where there has been a delay and these are recorded on the online complaints monitoring system.

The Trust has achieved the staggered internal improvement target of 80% response rate within 25 working days by quarter four 2013/14. There continues to be targeted work with services around making contact with complainants upon receipt of the complaint as part of the investigation process.

A revised internal response rate target of 65% resolved within 25 working days and 90% within negotiated timescale have been set for 2014/15.

Response rates by Locality are reviewed on a monthly basis; this enables the Trust to identify any specific areas which are having difficulties in undertaking prompt complaint investigations and to renegotiate timescales accordingly.

Communication with complainants at the earliest opportunity and throughout the complaints process is an effective way to ensure trust between the Investigating Manager and Complainant that their concern is being taken seriously, keeping the investigation on track and managing expectation. It is important to recognise that complainants should not be offered an extended deadline as part of the day to day formal complaint process and the Trust continues to aim for a resolution within 25 working days, unless this is not possible due to complexities of the complaint.

The Complaints Office will continue to work with the operational teams and listen to complainant feedback and reflect this as improvements to the complaints process. The Head of Service Engagement and Experience is meeting with the Clinical Directors at the beginning of 2014/15 to identify ways to further support them with their aspects of the Complaints Process. Complaints training takes place across the Trust on a bi-annual basis and positive feedback about the revised process and improved sense of ownership has been received.

## **2.3 Parliamentary and Health Service Ombudsman (PHSO)**

The role of the PHSO 'is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England'. In the majority of cases they will only pursue a case to investigation stage following confirmation from a Trust that attempts at local resolution has concluded.

During 2012/13, the PHSO announced that they were reviewing their processes and taking forward more complaints for investigation. The Trust has been working with their office by responding to requests for clinical records and complaint files as swiftly as possible. The Trust received three formal notifications of complaints being taken forward for investigation in 2013/14 (a decrease from eleven in 2012/13). The PHSO and the Trust have worked to resolve historical outstanding complaints.



The three complaints taken forward for investigation were:

There was a breakdown in communication and care on Ascot Ward, Wokingham Community Hospital. This was found to be upheld and a financial recommendation was made in addition to an apology and action plan.

The responsiveness of the Urgent Care out of hours service in our mental health service. This was found to be partly upheld as whilst the patient was known and to us not actively engaging with our service, we did not assess the risk as appropriately as we should have.

Access to and the assessment outcome of a paediatric Occupational Therapy Team contact has also been raised and this investigation is currently ongoing.

A number of historical complaint investigations that were received before April 2013 concluded during 2013/14. These were:

- Lack of communication and support with discharge from our Bracknell Community Mental Health Team. Complaint Upheld.
- Communication and care on Jasmine Ward, Prospect Park Hospital. Complaint Upheld.
- Multi-agency complaint prior to the Trust organisational transition relating to the care provided at a jointly commissioned care home. Complaint Upheld and financial recommendation made in addition to apology and action plan.
- The use of physical restraint, not meeting a patient's physical needs adequately and patient property concerns raised during an admission to Ward 10 in 2009. This complaint was Partially Upheld and the Trust offered an ex-gratia payment to the complainant due to the poor documentation held at the time of their admission which the Ombudsman's Office was in agreement with.
- Delay in accessing the Urgent Care Service out of hours and location of a place of safety (APOS). This complaint was Upheld and it was identified that further information was required to educate staff inside the Trust and those we work closely with on how to access the APOS appropriately.

In addition, there have been two historical cases which have been formally closed due to successfully local resolution with the Trust and not taken forward for further investigation. One was about financial support to pay for a residential placement following discharge from Oakwood Ward, Prospect Park Hospital and around access to Physiotherapy during admission. The other complaint was about communication and responsiveness of the Windsor, Ascot and Maidenhead CMHT.

The Patient Experience and Engagement Group are actively monitoring the action plans that arise from PHSO investigations on a quarterly basis, which acts as a forum to share practice and learning across the different specialities and geographical localities.

The PHSO Annual report is due to be published on 16 July 2014 and will show how we compare against other Trusts. This will give us information that we can use to benchmark ourselves and, if possible, triangulate against the satisfaction results from the complainant survey.

## 2.4 National Complaint Quality Updates

At the National Complaint Managers Conference held in February 2014, the Head of Service Engagement spoke with Chris Bostock, Policy Lead Citizen Voice and Insight at the Department of Health about the End of Life Complaint process amendment that was sent in July 2013 from Norman Lamb, Minister of State for Care and Support. It has subsequently been confirmed that if a Trust approached the Department of Health for an independent expert to support their local investigations into an end of life complaint, the Department of Health would work with the Association of Palliative Medicine to source one an appropriate person. The Trust will continue to identify and review end of life complaints (not limited to those on the Liverpool Care Pathway) on a regular basis and should escalate if an external assessor is deemed appropriate.

The Patient Engagement and Experience Group are continuing to monitor the action plan that arose from the Hart/Clwyd Report in October 2013 on Complaints Management and transparency.

## 3. The Friends and Family Test

The Friends and Family Test (FFT) continues to be collected across the Community Inpatient Wards and the Minor Injuries Unit (MIU). The Trust is using a 'postcard' method of collecting this feedback.

The Friends and Family Test is to be offered to 100% of patients, with a target response rate of 15%. During quarter one 2014/15, the Trust will explore the use of text messaging as the predominant method of asking this question for patients discharged from Mental Health Inpatient Wards. The formal guidance from NHS England is due to be published during quarter one 2014/15 for Mental Health Inpatients and Community Services.

*Table Two: Community Inpatients Results*

<b>Community Inpatients</b>	<b>% response rate</b>	<b>% Extremely &amp; likely</b>
April	58.86	95.7
May	75	94.44
June	74.58	95.45
July	71.53	76.53
August	79.41	88.89
September	77.87	92.63
October	68.60	96.39
November	73.10	95.28
December	72.81	90.36
January	81.10	92.23
February	68.50	95.4
March	61.42	89.74

Table Three: Minor Injuries Unit Results

Minor Injuries Unit	% response rate	% Extremely & likely
April	17.68	97.79
May	18.77	98.44
June	7.09	98.46
July	10.32	98.07
August	16.25	96.53
September	13.27	98.35
October	12.93	98.59
November	35.62	98.83
December	43.29	97.98
January	54.33	98.93
February	39.50	98.46
March	26.98	98.36

When interpreting the percentages, it is important to take the number of patients into consideration, particularly in Community Inpatients where the number of discharges is low in comparison with Acute Trusts.

The Minor Injuries Unit at West Berkshire Community Hospital have made significant improvements with the response rate whilst maintaining a high level of patient satisfaction; the increased response is due to a change in how MIU are managing the process. The MIU are going to be getting a television screen to share information messages, and there are plans to use this to develop an electronic 'You Said, We Did' board.

#### 4. Community Mental Health Survey

The national Community Mental Health Survey was undertaken between February and June 2013, based on a sample of service users who were seen between 1 July 2012 and 30 September 2012. This information is used to monitor and shape services and a local and national level, and the CQC Benchmarking report based on the results and published in September 2013 is a further way that the public are able to be given the information to make informed choices about the NHS.

The CQC report shows that the Trust scored consistently within the category of 'about the same' as most other Trusts (45/47 questions). We improved across 31 individual questions in the survey in comparison with the previous year and the CQC report did not highlight any areas of significant decrease in satisfaction.

The previous survey reported that we were the lowest performing Trust region and the Trust has been committed to continuing to improve and to demonstrate the improvements that have been made to our services since these patients gave their feedback.

An action plan was devised following the survey report which has been monitored through the Patient Experience and Engagement Group. This included improving information about the range of Pharmacy provision across mental health services and improving the patient perception of the Talking Therapy they receive from the Trust. In addition a project was to be repeated to write to patients open to an Adult CMHT informing them who their Care Co-ordinator/Lead Professional is,

enclosing a copy of their most up to date Care Plan as we received feedback from our patients that they do not always know who their Care Co-ordinator is.

## **5. Board Quality Visits**

Board Quality visits have continued to be undertaken in both inpatient wards and community healthcare settings across 2013/14. These visits demonstrate one of the ways that the Senior Leadership Team 'walk the floor' to speak with staff and patients, understand any service pressures, as well as what works well and any areas identified for improvement.

There have been 33 scheduled visits undertaken during 2013/14 in comparison with 37 visits in 2012/13. Feedback is shared as a written report with members of the Trust Board and a summary is included within the quarterly patient experience report.

## **6. 15 Steps**

2013/14 has been the second year of the 15 Steps rolling programme. The Professional Development Nurses have continued with a programme of visits to both inpatient and outpatient areas. Community services have also started to receive visits, including dental clinics and podiatry. These visits have been very successful and feedback from service leads has demonstrated the impact that this perspective gives to their service development and future patient engagement.

Following engagement with Health Visiting leads (who have participated in some of the visits), work has commenced on incorporating Health Visiting services into the 2014/15 15 Steps programme.

There have been 50 15 Steps visits during 2013/14, this is in comparison with 22 visits during the pilot phase of the programme in 2012/13.

Leadership has been identified as an area for improvement through the visits; during the visits this was inconsistent with some excellent experiences and some not so good as it was not clear who and how the service or ward was being led.

Consistent and clear signage across sites has been an issue and this has been followed up with our Estates and Facilities Team. It has also been recognised during the visits that a number of our services are working across a number of sites, in environments that were not originally built for that purpose. During the visits our Professional Development Nurses have stated that services are meeting this challenge well and delivering a high quality service.

An information governance risk was identified during one of the visits due to the location of a printer in the waiting room in one of our Physiotherapy departments and it was noted that car parking remains difficult for some people particularly those requiring disabled bays at both King Edward VII and Upton Hospital sites.

Identification of staff was not straightforward due to inconsistency of uniforms and lack of visibility of some name badges. There was a lack of posters/leaflets in languages other than English or information about how patients or visitors could request this. The environments were bright, clean and tidy, which linked to a general feeling of pride shown by staff in the areas where they work and the patient feedback collected during the 15 Steps programme continues to be generally positive across all the wards and departments visited with people keen to praise the care, treatment and staff.

## 7. PALS Contacts

The role of PALS is to offer a signposting service as well as to facilitate the resolution of concerns with services at the first stage of the complaints process. During 2013/14 PALS started to facilitate drop-in clinics at sites across Berkshire and this will continue into 2014/15.

There have been 1137 contacts with PALS during 2013/14. This is an increase of 175 contacts in comparison with 2012/13 (962 contacts) and 363 in 2011/12 (774 contacts).

An internal review of PALS will be undertaken over 2014/15. A web based PALS module of Datix is being used and this will be developed further to ensure that it meets the needs of PALS whilst linking in with the wider Complaints Process. The Department of Health have also announced a national review of PALS as whilst the service is recognised as a valuable part of the Health Service, the level and scope differ within organisations.

## 8. Compliments

Graph Two shows the number of compliments received since quarter one 2012/13 by Locality. Service level reporting of compliments enables the Trust to capture compliments other than the traditional thank you card and positive feedback about the reporting process has been fed back to the Patient Experience Team.

Graph Two: Number of compliments received since quarter one 2012/13.

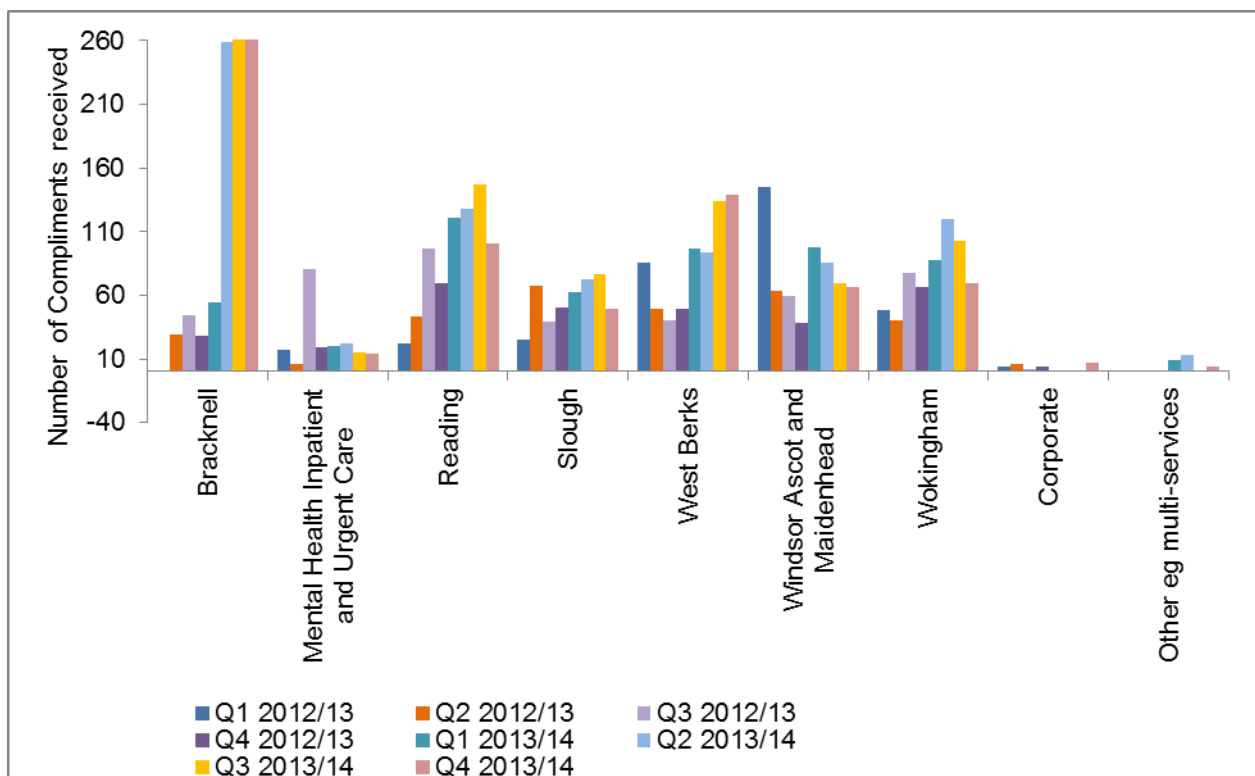


Table Four: Annual Compliment information

Locality	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Total
Bracknell	48	259	213	411	1060
Corporate	0	7	8	7	22
Mental Health Inpatient and Urgent Care	21	22	15	14	72
Non Applicable	3	3	0	0	6
Other	22	10	0	4	36
Reading	112	134	157	101	504
Slough	68	73	88	49	278
West Berks	103	100	180	139	522
Windsor Ascot and Maidenhead	111	87	87	66	351
Wokingham	96	120	125	69	410
Total	584	815	1002	860	3261

There have been were 3261 compliments reported by services during 2013/14. This is a significant increase in comparison with 2012/13 when 1,442 were received and 2011/12 when 691. The introduction of service level reporting of compliments through the online Datix system has encouraged our services to share the wider range of compliments that they receive such as flowers and thank you cards and means that we are able to show a more representative view of patient experience.

## 9. Patient and Public Involvement

We continue to work closely with Healthwatch organisations to gather feedback on the services we provide and ways we can improve this further. We hold a meeting every three months where we give an update on Patient Experience and Incidents, and invite Services that Healthwatch have asked for further information on.

The quarterly Patient Experience Report has been amended as a result of the feedback received from Healthwatch and they have also been offered the opportunity to give feedback on the Trust's Quality Account.

During quarter four 2013/14 we are started the process of developing a Carer Survey. We recognise the valuable role that Carers are in both the day to day lives of our patients as well as their recovery and by understanding if we are meeting the needs of carers as well as patients will enable us to give the best service possible.

Patient and Public Involvement (PPI) requirements for the year 2013-2014 have stayed the same as last year's CQUIN target. The target remains that over the year the chance to give feedback will be given to a minimum of 10% of service users for all services, of whom 20% will actually give feedback. 75% of those must rate the service they received as good or better.

Services are using a combination of devices and paper surveys as well as a mixture of surveying continually throughout the year, rotation of devices between localities and targeted times to survey.

The Patient Experience Survey/CRT Project is now successfully complete with only survey revisions and phase two services outstanding. There has been a considerable increase in the volume of responses over 2013/14 whilst sustaining a high percentage of good or better rating.

With the implementation now complete we are working with services to maintain their devices, surveys and increase response rates in some areas. We have developed a Maintenance Plan to start to refresh services surveys particularly those developed in the first phase of the project. The figures show a healthy number of responses with a continued increase, quarter on quarter, apart from a peak in quarter three which was due to a number of large snapshot surveys being carried out in that quarter.

At the end of quarter four the Trust had received feedback from **5,123** (248 of which are from LD therefore not included in total relevant good or better figures), although LD results are detailed below and we are working on appropriate questions so that LD figures can be included in future. Total feedback relevant to good or better rating has been received from **4,875** service users and of those that provided feedback **87%** reported the service they received as good or better, meaning both targets are met for quarter four. The majority of services are reporting a high percentage of good or better rating with only a few reporting below 75%. These will obviously need addressing as some are a noticeable decrease from quarter three.

The service performance against target information for quarter four shows that the majority of services have exceeded their target. There are a number of services that would not have been expected to reach their target as they were rolled out in the last phase of the project – Heart failure, Health Visiting, Psychotherapy and Complex Needs and Specialist Mental Health. There are also some services that should have reached their target. An exception is Dietetics who would have reached their target but in the last quarter their device was out of order resulting in the shortfall.

'You said, We Did' is still increasingly being submitted on the PPI Datix database. Examples of these can be seen later in this report.

The creation of real-time dashboards is now complete and has been rolled out to Clinical Directors, Locality Directors and Heads of Service.

### **Learning Disabilities Responses**

Currently we use a different set of questions for Learning Disabilities as requested by the service. 93% of patients with a Learning Disability who gave feedback said that they found their meeting with us helpful.

The questions and results for quarter four are detailed below:

#### *My meeting with you was helpful*

Out of 248 responses, 231 responded with 'A lot or A little'.  
208 A lot/23 A little/8 Not at all and 9 Question not answered.

#### *I would tell my friends that my meeting was helpful*

Out of 248 responses, 242 answered this question and of that 242, 224 responded 'A lot or A little'.  
189 A lot/35 A little/11 Not at all and 7 Question not answered.

This shows a good percentage of numbers collected as well as a good percent of service users responding positively. The NHS England 'Accessibility for All' work stream of the Friends and Family Test incorporates Learning Disabilities and this will be explored prior to national implementation during 2014/15.

### **MH Inpatients – Gender and Ethnic Groupings**

We were asked to provide some one off data for three Mental Health Inpatient wards – Bluebell Ward and Daisy Ward combined, Rose Ward and Ward 12. The raw data was analysed by the Clinical Governance Lead Nurse and the following information concluded:

'Don't knows' and answers that could not be attributed to a specific grouping (gender of ethnicity) when the person did not answer the question were excluded from the analysis.

*Overall the responses are positive and only slightly negative (or neutral) in:*

- *The overall rating of care - the 'Black background' and 'Other' groups rate lower.*
- *Recommending of the service - the 'Black background' and Mixed ethnicity rate lower.*

*In relation to gender break down, there does not appear to have been issues identified.*

From this information, the Locality has planned 'to work out the gaps' and a plan to work on these areas

## **10. The year ahead**

Over the past year, the patient experience team has continued to promote patient participation as an integral part of what we do as part of our day to day roles and has been supporting the wider Trust with systems and processes to enable this to be carried out effectively and efficiently.

The web based patient experience systems have continued to be developed based on experience and feedback.

Looking forward to 2014/15, our priorities are to:

- Maintain the current improvement in the response times to complaints and seek improvement in line with the target for 2014/15
- Launch the Patient Participation Strategy; setting priorities for engagement, co-producing policies and processes based on views of our patients and staff
- Continue to provide patient feedback in a meaning way and to learn from our concern, complaints and compliments to drive improvements
- Review the Patient Advice and Liaison Service; reviewing the scope of this vital service to ensure that it meets the needs of our communities in the most effective way, looking at the roles and location of the service and different ways of seeking feedback from the public



- Implement the Friends and Family Test; in line with national guidance and by using innovative forms of capturing this information, asking our patients if they would recommend our services to friends or family
- Implement the real time dashboards across the organisation as one of the ways for our services

## 11. You Said, We Did

Below are examples of evidence that patient feedback has impacted on the service that the Trust provides:

### You said...

Requests from **MH Inpatients** for ongoing help and support to reduce their smoking.

Requested more areas on the ward be made available for them to relax and socialise in.

A map of how to get to the **Community Dental Clinic** would be very helpful.

**MSK Physio** - The door at WBCH can't be opened from a wheelchair.

### ...We did

A weekly stop smoking clinic is now available on the ward, where patients can access up to 12 weeks of free counselling and products to help them reduce or stop smoking.

Sofas and comfortable chairs have been provided in the dining room in order to create a more relaxing space.

A map is now included in first appointment letter.

We now have approval for central funding to provide electrically operated door.

Information on **CMHT/Care Pathways** Services for patients who are hard of hearing.

The service will provide Reading services booklets and written literature to health promotion sessions.

'My memory has deteriorated since I started having **ECT**.'

The service now continues memory assessments after alternate treatments and compare to baseline.

Requests for information on food hand outs from **Hard to Reach and Homeless** patients.

We are working with St Mungo's to obtain a current list of food hand outs in Reading to provide a leaflet.

Children and young people from the Looked After Children (LAC) service in Slough didn't like their appointments being arranged solely with their carers. They wanted more input as to when the appointments happened.

As a result LAC are piloting a new process: If school age child the school nurse/LAC nurse will arrange the health assessment with the carer and then send a letter to the child to inform them of date and time.

If secondary school age the appointment will be arranged in the same way but they will obtain the young person's mobile number where possible and send text or letter to inform date and time.

Contact details of person carrying out the health assessment will be included in letter/text so that contact can be made if they wish to rearrange.

Patients requested a volunteer helpline on the ward in **MH Inpatients** in Reading.

A two pilot of a volunteer helpline will commence on 7<sup>th</sup> 2014 April and be facilitated by volunteers.

Waiting time is too long at the **Sexual Health** clinic and it is difficult to know when the clinics are open.

Increased specialist bookable clinics started in January 2014 and a new website launched with clinic times and availability of services.

Patients on **Older People's MH Wards** raised issues about the food.

The Ward Manager has met with Catering Manager and used in-patient community meeting feedback to inform of any changes that need to be made.

Attendees at **CMHT** service user group requested change of venue to see if this will maximise attendance.

The venue has been changed and attendance numbers are being monitored.

More activities on **Oakwood Ward** would be helpful to aid recovery.

The unit now has a full time Activity Co-ordinator as well as a part time Co-ordinator.

Poor feedback around the general perspective of the service provided by the **Slough Walk-in Health Centre**.

This has been discussed in staff meetings and also on informal individual basis to encourage changes in approach to patients. The appointment booking system has been changed to allow a more structured approach. The times of Practice Nurse Clinics have changed to include out of normal working hours.

There has also been a change in the way people are surveyed in order to get more balanced feedback.

'We would like a **CAMHS** leaflet designed for young people by young people and also a plan for a service user forum from a parental perspective.'

This is being developed via the group for young people in Maidenhead CAMHS and a forum is also being planned.

'It is easy to become confused on **Donnington and Highclere Wards** and hard to keep track of the time and date.'

We have been looking at ways to keep patients aware of what day of the week it is; date boards and up to date newspapers for example.

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Prospect Park Hospital

Honey End Lane, Tilehurst, Reading, RG30 4EJ

Tel: 01189605000

Date of Inspection: 25 October 2013

Date of Publication:  
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✘ Action needed
<b>Care and welfare of people who use services</b>	✘ Action needed
<b>Safeguarding people who use services from abuse</b>	✔ Met this standard
<b>Safety and suitability of premises</b>	✔ Met this standard
<b>Supporting workers</b>	✔ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✔ Met this standard

## Details about this location

Registered Provider	Berkshire Healthcare NHS Foundation Trust
Overview of the service	Prospect Park Hospital is part of Berkshire Healthcare NHS Trust. It has six wards which offer care and treatment to people living with various forms and degrees of mental illness.
Type of service	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

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### What people told us and what we found

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On this inspection 25 October 2013 we visited Sorrel Ward, one of the six wards on the Prospect Park Hospital site. Sorrel Ward is a psychiatric intensive care unit which offers a service to people who are acutely unwell and consequently detained under the Mental Health Act 1983. The ward provides a low stimulus environment for those people who have specific needs and associated risks that cannot be managed on other wards. The average duration of stay is 30 days but this can vary from a few hours to a year.

We found that people were not always helped to understand the care and treatment they were offered. We saw that there were few records kept to show that people had put forward their views or that their choices were explained to them.

We saw that care plans were not always designed to meet the needs of the individual. Staff members told us that the care planning system was very complex, we found that this was the case.

The hospital followed safeguarding policies and procedures to protect people from abuse.

The environment was safe, clean and well maintained.

Staff were well trained and supported to enable them to care for people. People told us, "the staff are okay."

The hospital listened to people's views on their daily living conditions and acted on them. There were, generally, ways of checking that the standard of care was maintained or improved.



You can see our judgements on the front page of this report.

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 12 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** × Action needed

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was not meeting this standard.

It was not clear if people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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People who used the service did not always understand the care and treatment choices available to them. People we spoke with did not always understand what was written in their plans of care and were not aware that they had the right to access their records. There were limited records with regard to staff discussions with people about their care and treatment. Plans of care did not contain any information to show what steps staff had taken to check that people understood what would happen to them during their stay on the ward.

Staff told us that they were mindful of including patients in decisions about their care and treatment. When asked how people were involved in developing their plans of care one staff member told us that they print out a copy of the care plan and discuss it with the patient on a regular basis. However, people's views were not recorded in their plans of care and there were no notes of any discussions or communications with people to show that these conversations had occurred.

People who used the service were not always given appropriate information and support regarding their care or treatment. There was a range of display boards throughout the corridor areas. Some information was out of date and the activities board was disorganised and underutilised.

People's diversity, values and human rights were not always respected. We looked at four care records which contained little individual information about how people's diverse needs were to be met. An example included one person whose plan of care simply noted their country of origin and first language. It did not note their language of preference (not their first language) or any actions to take to consider their culture, ethnicity or values.

Staff told us that issues of equality and diversity were well managed. Examples provided

included the use of interpreters and supporting attendance at religious celebrations. This was not reflected in plans of care or daily notes. We found that there were no interactions with community groups, no different language newspapers or other reading materials and no record of culturally appropriate food being obtained.

Training records showed that all staff had completed equality and diversity training. We saw an equality analysis template provided by the Trust as part of the admission, transfer and discharge policy. It noted several areas to be looked at, under race it noted that cultural traditions, food requirements communication styles and language should be considered. These considerations were not reflected in the care plans we looked at.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was not meeting this standard.

It was not clear that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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People's needs were assessed but it was not clear if care and treatment was planned and delivered in line with their care plan. We looked at four individual care records which were kept on computer. Records were variable in quality. Some were not detailed and they were not always person - centred. An example was that none of the four plans of care identified people's preferences and personal wishes. Part of the care plan included 'clients expectations and goals' but these were not completed. Plans of care included an admission check list, assessments, risk management and some areas of personalised care planning. Elements of the plans of care were generic and had not been altered to meet the needs of the individual. An example included a care plan which stated 'this plan is not relevant to this patient'.

Staff told us that the computer based care planning system was complex, cumbersome and time consuming. We saw that the entries in the system were often repeated, entered in a variety of places and not cross referenced. This meant that information could not be found quickly and some information could be easily overlooked because it was 'buried' in the system.

All changes on the ward were communicated to staff in a handover period between shifts. The ward did not record their shift handovers for the benefit of people who had been unable to attend, or been off duty.

Throughout the inspection we saw that staff were interacting positively with people. Examples included staff participating in activities with people and addressing them respectfully. Staff told us that the standard of care on the ward was good.

There were limited activities provided by the ward. The activities timetable noted activities five days a week but these did not always take place. There were plans in place to increase the half time hours of the ward Occupational Therapist to full time which would increase the opportunities for group and individual work. The ward had lost the part time hours of a psychologist. This had resulted in reduced group and one to one sessions with

patients.

It was not always clear if care and treatment had been planned and delivered in a way that was intended to ensure people's safety and welfare. People's mental and physical health needs were looked after by a doctor who worked on the ward on a full time basis. The provider may find it useful to note that it was not always clear why medication had been prescribed or what treatment an individual was receiving. An example was a person who had been on the ward for 11 days with no treatment. However, they had been prescribed medication. We were told by staff that the individual was being 'assessed' but it was not clear from plans of care what the assessment entailed and when/how it would be completed. Two qualified staff members were unable to describe the assessment process or explain why medication had been described.

We saw that a complex risk assessment and management system was in place. There were several elements to the system, including a risk summary. However, the system did not specifically describe risks, up-date them or note the action to take to minimise them. An example was people who were 'on leave' from the ward did not have an up-dated risk assessment for their change in location. There were no written records of how the risks were to be managed. A staff member told us that people had made verbal agreements about how they would be monitored by the ward.

Risks were rated on a seven point word scale numbered from very low to very high and observation levels were assessed on a scale which informed staff of the observation schedule necessary. The risk summaries we saw did not always 'match' the daily notes. An example was daily notes which described someone as '...pleasant and amenable' and a risk summary which said 'calmer but refusing to engage.....'. These entries were dated on the same day within a short time frame. There was no cross referencing from the risk summary to the daily notes or other areas of the care plans.

Seclusions which generally included restraints were clearly recorded. However, they were not always cross referenced to the daily notes. They did not include what staff did to manage the situation to try to reduce the necessity for restraint. An example was a record written in October which fully recorded the restraint and seclusion. However, we could not find any records of what happened prior to the seclusion. The only notes said, 'staff made an effort to distract' with no details given of how. This meant that there was no record of what the individual did or didn't respond to and/or what may have 'triggered' the event.

There were arrangements in place to deal with foreseeable emergencies. We saw resuscitation equipment and an emergency medication box provided for use in an emergency located in the office. We saw that the emergency equipment had been regularly checked and signed by staff. All staff were trained in emergency procedures and qualified staff were able to give emergency medication.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The four staff we spoke with demonstrated a good understanding of the potential for abuse and safeguarding issues in general. They were able to provide a clear account of what action they would take if they witnessed any abuse or suspected that abuse had taken place. The inter-agency policy and procedures for the safeguarding of adults was readily accessible to staff together with a range of relevant contact numbers. Most staff spoken with knew the names of the designated safeguarding leads for the trust.

The provider responded appropriately to any allegation of abuse. Staff we spoke with provided some examples of identified abuse and the response that had resulted. On one occasion a patient was suspected of being financially abused by a relative. This was reported and addressed appropriately. Another example involved a patient targeting and bullying another. This did not result in a formal safeguarding referral but was addressed through additional support and guidance to both patients in order to safeguard the victim. We saw that the ward had made a child protection referral to the appropriate local authority.

The trust had implemented a six day block training schedule for all staff covering a range of core training. Staff training records were provided following the visit and confirmed that safeguarding children and safeguarding adults were topics included in the core training. Staff had also received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that issues relating to the mental capacity of individuals was regularly discussed in ward rounds, this was not reflected in daily notes. Due to the nature of the care provided on Sorrel ward all patients were detained under the Mental Health Act 1983.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. All incidents of restraint including seclusion were recorded and monitored on the ward. Monthly returns were completed by the ward and a formal annual seclusion audit was undertaken by the trust.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained. The ward had been specifically designed for the purpose of assessing and treating patients who were in an acute phase of mental illness. The environment was ligature free in relation to bathroom fittings and door handles etc. There was a designated cleaner on the ward and it was seen in general to be clean and tidy throughout. People said, "the hospital is very clean".

The trust used an external maintenance contractor whose personnel were based on the hospital site. Maintenance visits were routinely made to the ward on an approximately weekly basis. The contractor was described as responsive when repairs were required. Any work that required specialist attention was out sourced without delay. Records for any requested repairs or maintenance issues were recorded mostly as email correspondence. An inventory of all equipment and furnishings was maintained.

There were a range of health and safety risk assessments and management plans in place. These covered areas such as COSHH (control of substances hazardous to health) risks to patients and staff, windows, adverse weather and spillages. There were comprehensive in-house checks of the fire safety system and fire safety equipment. This was supported by regular servicing of all fire equipment and the fire alarm by an external contractor. We saw internal audits of hazards that could lead to slips, trips and falls.

We were told that the ward manager regularly attended health and safety meetings which were external to the ward environment. Records seen confirmed that these meetings took place. The provider may wish to note that health and safety records and meeting minutes were not always easy to access. This could mean that evidence that checks have been undertaken could get mislaid or overlooked.

A range of internal checks and external servicing contracts were in place. Evidence we saw included, portable appliance checks, legionella testing and hazardous waste storage and removal.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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There were comprehensive systems in place within the service designed to support staff in their role. Examples included, regular ward round meetings which were held to discuss individual patient's needs. Team meetings were held approximately monthly. However, due to the nature of the demands of the ward and the needs of the patients these were not always well attended. The ward manager ensured that all staff had sight of the minutes so that important information was passed on. We saw meeting minutes which followed a set format and actions required of all staff. Staff spoken with told us that they felt well supported in their role and the manager was supportive, approachable and acted upon concerns or requests without delay. The manager told us that they were well supported by their line manager with whom they had regular meetings about the running of the ward.

Staff told us that the staff team as a whole were very supportive of each other. Communication was described as good between staff members and shifts. We observed a staff handover where incoming staff were updated about developments, concerns about or the progress of all patients on the ward. People told us "the nursing staff are okay. None of these staff are a problem to me, here".

Staff training was organised and monitored by the trust training department. A block training programme had been introduced which provided six intensive days of training covering a wide range of topics. These included safeguarding vulnerable adults, Mental Capacity Act, moving and handling, health and safety and the Mental Health Act 1983. Staff told us that training was readily available and updates were regularly held. The service maintained a staff training record which was provided following the visit. This recorded all training undertaken and highlighted where refresher training was due for individual staff members.

The ward used agency staff to cover shortfalls in staffing. Only agency staff familiar with the ward were used. They always received a comprehensive induction on to the ward. Agency staff we spoke with confirmed this and said that they were well supported by the qualified staff. They told us that despite not receiving formal supervision they were always asked how they were getting on during each shift.

Staff received appropriate professional development. Senior staff were allocated junior



staff to supervise. All senior staff were supervised by the ward manager. Supervision took the form of one to one meetings which according to the trust policy should have been held approximately every two months. We noted that staff told us that they received formal recorded supervision at various intervals ranging from three to six monthly. We were told that group clinical meetings had been introduced but generally had not been felt to be helpful. These meetings had not been held for some time. Despite the infrequency of formal supervision staff told us that they felt well supported and could approach senior staff at any time for guidance and advice. One junior staff member told us that the systems of guidance and support on the ward resulted in them feeling safe at all times.

The provider may wish to note that the ward was not following the Trust's policy in relation to supervision of staff. This could mean that support and performance issues were not addressed in a timely manner.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

### Reasons for our judgement

The hospital had a quality assurance system which operated at organisational and ward level. The ward manager audited aspects of treatment and care. Audits included weekly care plan audits, admission audits and Mental Health Act paperwork audits. A clinical governance nurse audited all aspects of the care given on the ward. The provider may find it useful to note that the care plan auditing system had not identified the omissions and shortfalls in the planning process.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The hospital had a method of collecting people's views on a weekly basis and prior to discharge. People completed a simple computerised question and answer survey, with help if necessary. We saw records of the questionnaire that covered two weeks in September 2013. Three people completed the questionnaire and rated the care as excellent or good. The provider may find it useful to note that it was not clear what action was taken, if necessary, as a result of the feedback from questionnaires.

Weekly 'community' meetings were held where people were encouraged to discuss any issues about their environment and daily life. We saw that actions had been taken as a result of people's views. These included more walks, repair of a TV, shorter smoking breaks and no music channels on the main TV in the day time.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We found that ward staff were supported by the ward doctor, on a daily basis.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw that accidents and incidents were recorded and were reported using a computerised system. The information was detailed and included actions taken to minimise recurrence. However, the provider may find it useful to note that these were not cross-referenced to individuals care plans, if necessary.

The provider took account of complaints and comments to improve the service. The hospital had a formal complaints procedure. The record of complaints showed that one

informal and three formal complaints had been received since January 2013. Complaints were appropriately investigated and the resolution was clearly recorded. It was clear from the nature of the complaints that people knew how to use the complaints procedure.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p><b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Respecting and involving people who use services</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not enable people to participate in making decisions about their care. They did not take due regard of people's diversity when providing their care and treatment.</p> <p>Reg.17 (1)(b),(c)(i) (ii) and (h)</p>
Regulated activities	Regulation
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p><b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Care and welfare of people who use services</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not always ensure the planning and delivery of care to meet people's individual needs and/or ensure their welfare and safety.</p> <p>Reg.9 1 (b) (i) and (ii)</p>

**This section is primarily information for the provider**

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.



## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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# Data is Unweighted

## National NHS Staff Survey 2013

This sheet contains questions relating to: Key Findings 1 - 28 and the Overall Engagement score

Note: In order to preserve anonymity of individual staff, where there were fewer than 11 responses to a question responses are not

	Response Rate		Key Finding 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver		Key Finding 2. Percentage of staff agreeing that their role makes a difference to patients		Key Finding 3. Work pressure felt by staff		Key Finding 4. Effective team working		Key Finding 5. Percentage of staff working extra hours		Key Finding 6. Percentage of staff receiving job-relevant training, learning or development in last 12 months	
	%	Base	%	Base	%	Base	Score	Base	Score	Base	%	Base	%	Base
ALL ORGANISATIONS	49	416,313	77	175,167	90	185,331	3.04	201,015	3.77	190,858	71	195,794	81	189,460
RWX Berkshire Healthcare NHS Foundation Trust	43	3,857	74	1,402	91	1,507	3.06	1,650	3.85	1,578	77	1,643	84	1,577

Key Finding 7. Percentage of staff appraised in last 12 months	Key Finding 8. Percentage of staff having well structured appraisals in last 12 months	Key Finding 9. Support from immediate managers	Key Finding 10. Percentage of staff receiving health and safety training in last 12 months	Key Finding 11. Percentage of staff suffering work related stress in last 12 months	Key Finding 12. Percentage of staff saying hand washing materials are always available	Key Finding 13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	Key Finding 14. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	Key Finding 15. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	Key Finding 16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	Key Finding 17. Percentage of staff experiencing physical violence from staff in last 12 months	Key Finding 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
% Base	% Base	Score Base	% Base	% Base	% Base	% Base	% Base	Score Base	% Base	% Base	% Base
84 197,645	39 194,390	3.69 200,013	74 199,249	38 197,775	56 200,380	29 199,620	90 61,022	3.51 198,456	15 198,971	3 197,112	28 197,837
81 1,614	40 1,595	3.81 1,645	73 1,643	43 1,641	51 1,641	26 1,644	92 423	3.65 1,584	10 1,639	2 1,633	25 1,608

Key Finding 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Key Finding 20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	Key Finding 21. Percentage of staff reporting good communication between senior management and staff	Key Finding 22. Percentage of staff able to contribute towards improvements at work	Key Finding 23. Staff job satisfaction		Key Finding 24. Staff recommendation of the trust as a place to work or receive treatment		Key Finding 25. Staff motivation at work		Key Finding 26. Percentage of staff having equality and diversity training in the last 12 months	Key Finding 27. Percentage believing that trust provides equal opportunities for career progression or promotion	Key Finding 28. Percentage of staff experiencing discrimination at work in the last 12 months	Overall Engagement Score								
				%	Base	Score	Base	Score	Base				Score	Base	Score	Base					
22	196,501	25	181,012	32	200,076	69	201,387	3.63	201,236	3.67	199,838	3.85	200,917	61	196,657	88	133,247	11	198,513	3.74	201,632
21	1,615	20	1,643	39	1,637	73	1,653	3.71	1,646	3.75	1,635	3.97	1,650	59	1,628	89	1,123	11	1,641	3.83	1,653

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# About Healthwatch Bracknell Forest

Healthwatch Bracknell Forest helps local people say what they think about health and social care services in Bracknell Forest. This helps health and social care services change the way they work for the better and makes sure new services are what people want and need.

Healthwatch Bracknell Forest provides information so people can make choices about their health and social care.

Healthwatch Bracknell Forest 'signposts' people to other organisations that can help them, including those that will support them to make a complaint about health and social care services.

## Members of the consortium

Healthwatch Bracknell Forest is run by a consortium of local community and voluntary sector organisations with a user-led ethos.



### Berkshire Autistic Society

Supporting all people affected by autism. As part of their work they run a daily help line.

### Deaf Positives

A deaf-led organisation providing advocacy, communication & training services.



### EBE<sup>2</sup>

A user-led group providing peer review of social care services for people with learning disabilities and autism.



**Just Advocacy**

A charity that provides independent advocacy for disabled or vulnerable adults.



**Kids**

A charity that provides services to disabled children, young people and their families.

**Rethink** Helping people affected by mental illness by challenging attitudes and changing lives.



**SEAP**

A charity specialising in mental health & NHS complaints advocacy.

**The Ark**

A user-led charity supporting people with disabilities, long-term health conditions and other marginalised groups.

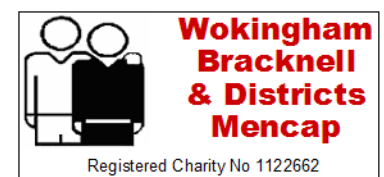


**Triple A**

A local voluntary organisation supporting people with dementia and their carers.

**Wokingham, Bracknell & Districts Mencap**

Providing support to people with learning disabilities, autism, their families and carers



## The Project Management Board and governance

The Project Management Board is made up of representatives from the organisations that make up the consortium. In April 2014 they were joined by two members of the public selected through a democratic election process. There is currently a vacancy for one member of the public.

The Ark Trust Ltd is the charitable company who gathered the consortium and powered the bid to the local authority. They are the organisation who holds the legal contract with Bracknell Forest Council to deliver Healthwatch Bracknell Forest and, ultimately, the legal compliance of that contract lies with the directors of The Ark Trust Ltd.



All activity within the scope and finances of the contract is governed by the Project Management Board. Healthwatch Bracknell Forest has its own policies and procedures which can be viewed on the website.

<http://www.healthwatchbracknellforest.co.uk/policies-and-procedures>

Project Management Board meetings are held monthly and all minutes are published on the Healthwatch Bracknell Forest website. One meeting per quarter is open to the public to attend. Staff from Healthwatch Bracknell Forest also attend to report and advise but do not have a vote in decision making. The lay member for Patient and Public Involvement for the Bracknell and Ascot Clinical Commissioning Group is also invited as an observer.

In its first year Healthwatch Bracknell Forest have been a real help to me in my role as Lay Member for Patient & Public Involvement. It's so good to see new faces appearing at health events and I look forward to even greater engagement as the public becomes more aware of their ability to positively influence Health & Social Care commissioning by getting more involved via Local Healthwatch. Great examples of their impact so far are the outcomes from their work with the Patient Experience Team at Heatherwood & Wexham Park Hospital, the invaluable input of patient views into the Urgent Care Centre project and in facilitating the Bracknell & Ascot Patient Assembly so that Surgery Patient Groups can work together. Strong foundations to build on in the coming year.

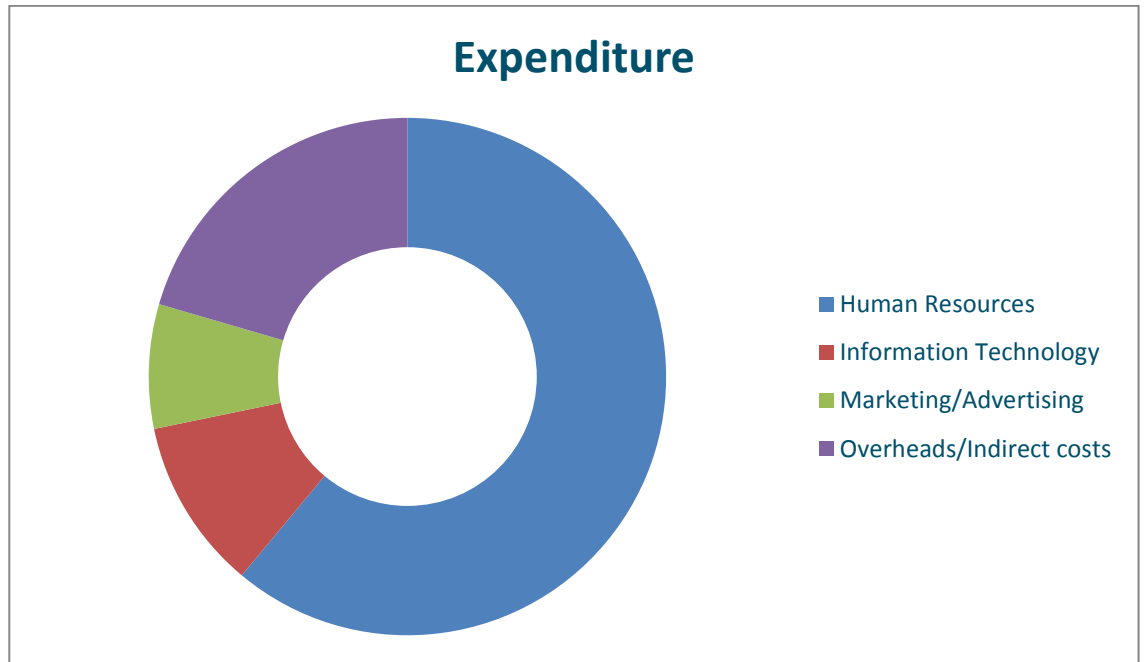
**Karen Maskell** Lay member for Patient and Public Involvement, B&ACCG

In the summer of 2014 we will be working with RAISE, a training and support organisation for the voluntary sector, to develop a Project Management Board Charter and identify training and development requirements for the board.

## Financial Information

Contract payment from Bracknell Forest Council  
For provision of Local Healthwatch 2013/2014

£103,022



### *Human Resources*

Staff salaries, consortium partner payments, volunteer expenses, training and development

### *Information Technology*

Standalone secure cloud based Customer Relationship Management system, website and social media development

### *Marketing/Advertising*

Leaflets and other promotional materials

### *Overheads/Indirect Costs*

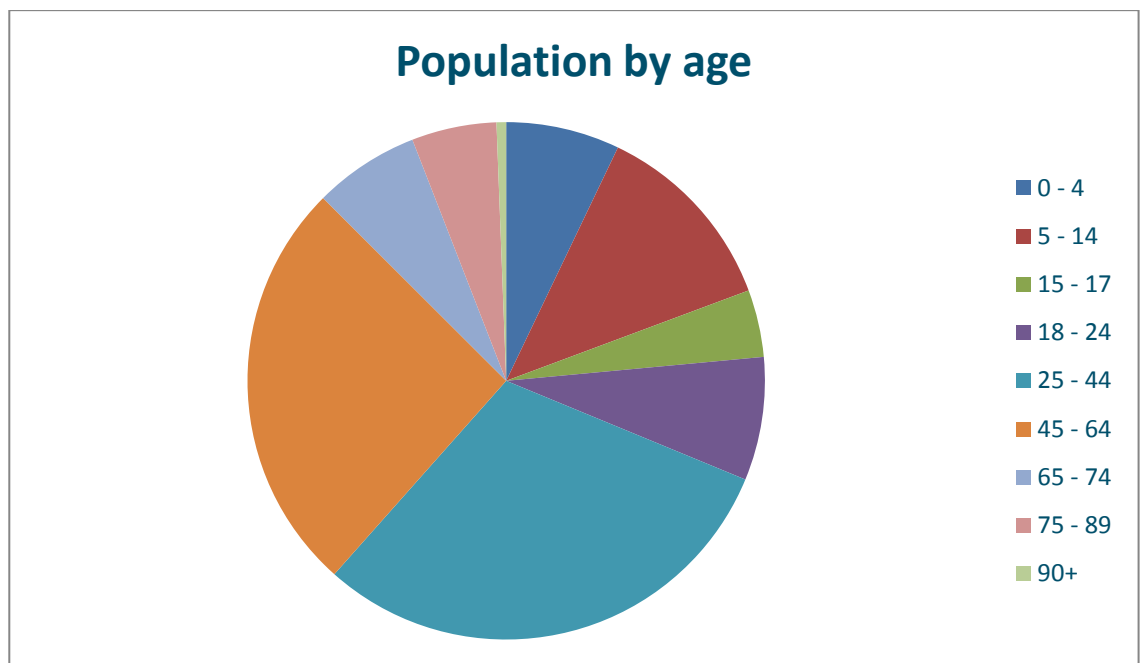
Rent costs, office costs, insurance and other indirect costs

Agreed contract payment from Bracknell Forest Council  
For provision of Local Healthwatch 2014/2015

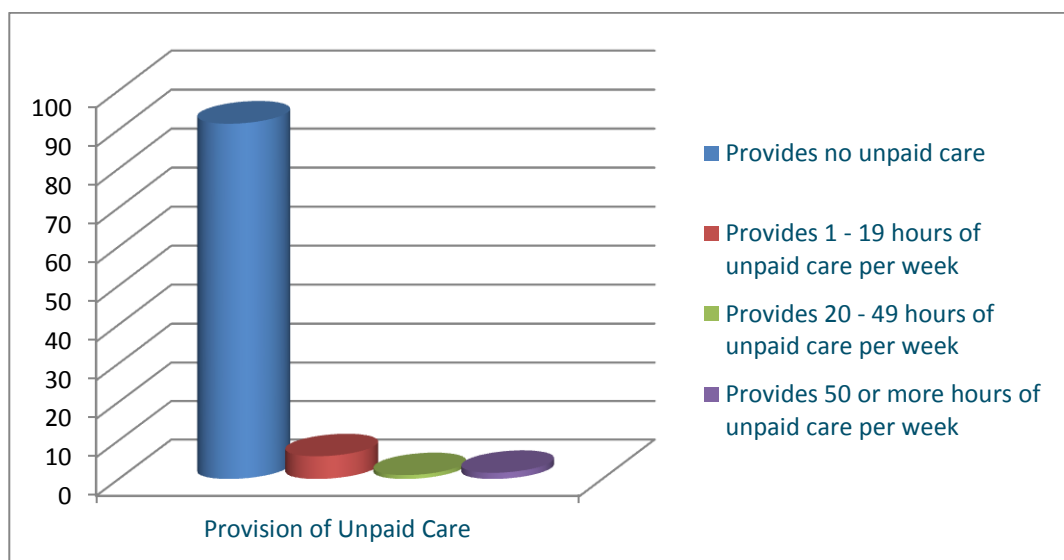
£97,880

# Our Community

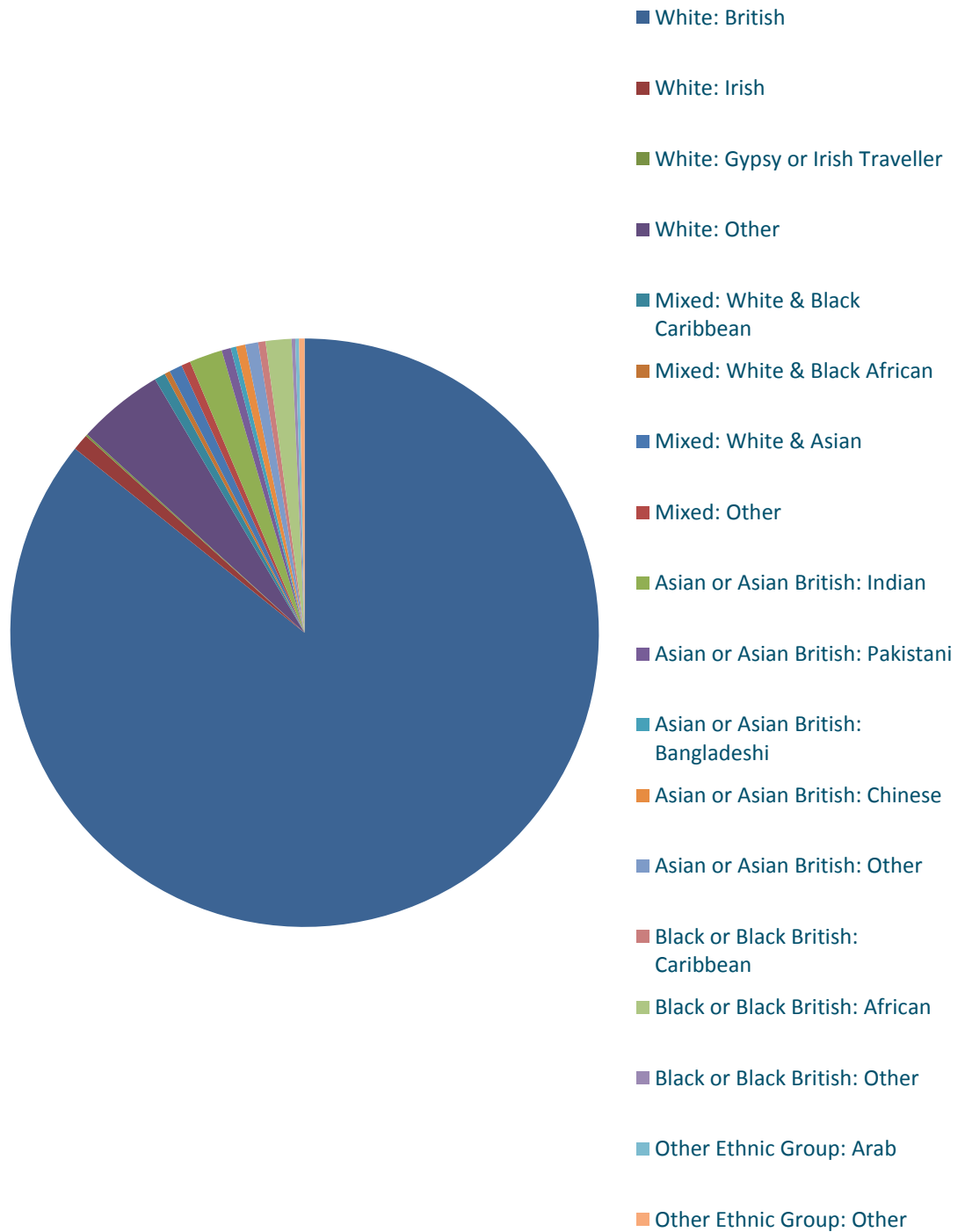
The borough of Bracknell Forest is one of six unitary authorities in the Royal County of Berkshire. Bracknell Forest is made up of 18 wards. From the data available from the 2011 Census it shows a population of 113,205. 49.6% of the population are male and 50.4% are female.



19.8% of households (9075) contain at least one person with a long-term health condition or disability.



## Population by ethnic group



In 93% of households, English is the main language

Over 600 community and voluntary sector groups offer services in the borough.



## Engagement with the local community

During the first six months of the contract, Healthwatch Bracknell Forest focussed on implementation and was not fully operational. However during this time staff attended a number of briefings to inform health and social care professionals of the service and started to establish themselves on relevant committees and boards.

The main reason for delivering Healthwatch Bracknell Forest as a consortium of local user-led organisations was it allowed those members of the community with disabilities to engage directly with Healthwatch Bracknell Forest; a gap in engagement identified in the Bracknell LINK legacy report. The consortium is able to co-opt other organisations, permanently or temporarily, if it identifies a gap in representation.

The Project Management Board also has three places for public members but until there was local awareness of Healthwatch Bracknell Forest, making a democratic selection process viable, a member of LINKs was co-opted onto the board. This member was selected to ensure continuity of representation on a major piece of commissioning by Bracknell & Ascot Clinical Commissioning Group around the new Urgent Care Centre facility.

From the start Healthwatch Bracknell Forest has had a social media presence using the Facebook and Twitter platforms. At the end of the first year Healthwatch Bracknell Forest had 101 likes on Facebook and 587 followers on Twitter. 376 tweets were posted in the year, 121 of these were retweeted and Healthwatch Bracknell Forest has been mentioned 168 times in other people's tweets.

There is limited national awareness of Healthwatch England and therefore little awareness locally. There is also some confusion locally as a local special interest pressure group has named themselves "People's Healthwatch". Initially Healthwatch Bracknell Forest planned to leaflet drop each local ward followed up by an awareness event, however the first event was only attended by three people and the cost in time and resources did not justify this. The Project Management Board agreed a more effective method of engagement, given the limited resources, would be to build on existing networks, participate in existing events and partner with other organisations. A diary of the events is posted on the Healthwatch Bracknell Forest website.

Since January 2014 Browse Aloud software has been integrated into the website meaning it is accessible to people who are unable to read and for who English is not their first language.



Between 1<sup>st</sup> October 2013 and 31st March 2014 33 community events have been attended. In addition we, along with our partners in the Local Authority and Public Health, planned and delivered “Self-Care Week” which resulted in over 800 interactions with members of the public.

As directed by the Department of Health, Healthwatch Bracknell Forest has sought to engage with the following groups specifically:

- People who are aged under 21  
*Consortium member Kids works with children and families, presentation to the Youth Council, children’s competition within self-care week.*
- People who are aged over 65  
*Consortium member Triple A work with older people, presentation to older people organisations*
- People who work or volunteer in the local health and social care economy  
*Presentations to professionals, launch of ‘Healthwatch Voices’ in March 2014 for community and voluntary sector organisations that are involved with health and social care*
- People of disadvantaged socio-economic status  
*Great Hollands ward is an “area of deprivation” and we have attended community engagement events there and developed a good working relationship with the local councillor who is very active in the community*

The following groups have been identified by Healthwatch Bracknell Forest and/or commissioners as needing specific engagement activities:

- People with disabilities and/or long-term health conditions  
*Members of the consortium represent and work with people with many different types of disabilities and long-term health conditions.*
- Working age males who are fit and well  
*Initial contact has been made with a local sports association and this work will be built on and developed in 2014/2015.*

Healthwatch Bracknell Forest does not have a formal membership. All residents are entitled to take part in democratically selecting public representatives on the Project Management Board. Anyone who lives in or uses services in the borough can provide us with feedback on services through our feedback forms which are given out at engagement events and through the website. The Project Management Board will be reviewing the format of these forms in 2014/2015 as they currently contain no equalities monitoring information.

In March 2014 Healthwatch Bracknell Forest hosted the new Patient Assembly; drawing together the Patient Reference Groups in the area. This will continue, with additional support, in 2014/2015.

Healthwatch Bracknell Forest operates from The Ark Trust Ltd.’s offices in central Bracknell so members of the public are able to drop in Monday-Friday.

## Our volunteers

As a consortium of community and voluntary organisations, the value of volunteers and their contribution to delivery of Healthwatch Bracknell Forest has been recognised and utilised since before the award of the contract. Initially these volunteers have been drawn from the consortium members' own organisations; assisting with the implementation phase.

Alongside the volunteer public members on the Project Management Board, three of the consortium organisations are represented on the board by volunteers.

Healthwatch Bracknell Forest recognises that volunteers vary in their availability due to other responsibilities such as work, caring or their own health needs. There are different volunteer roles within the organisation which reflect this. Healthwatch Bracknell Forest is committed to supporting volunteers who have previously found it difficult to become active citizens.

The four main volunteer roles are:

- Project Management Board member
- Community Champion  
*Promoting Healthwatch Bracknell Forest at community events*
- Enter and View representative
- Expert by Experience  
*A user of health or social care services that can represent the patients and public in commissioning and evaluation of services*

To date volunteers have provided over 800 hours of time to Healthwatch Bracknell Forest.

During 2013/2014 the area's community and voluntary sector organisation, Bracknell Forest Voluntary Action, has been undergoing a period of transition. Healthwatch Bracknell Forest has established a good working relationship with the new operational team and the two organisations will be working together more closely in 2014/2015. Healthwatch Bracknell Forest volunteer roles will be advertised through their volunteer bureau.

It's good knowing I am changing things in hospitals and other places to make it easier for other people with learning disabilities. It's helped my self-confidence too.

Louisa Jones, Expert by Experience Volunteer

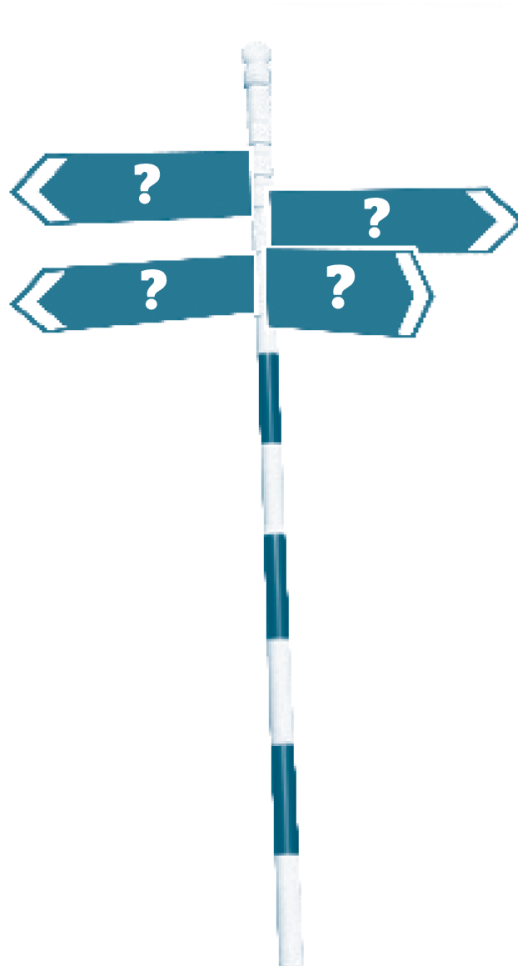


# Our Work

We believe that local people have:

- The right to essential services
- The right of access
- The right to a safe, dignified and quality service
- The right to information and education
- The right to choose
- The right to be listened to
- The right to be involved
- The right to live in a healthy environment

## Providing information and signposting to health and social care services



Healthwatch Bracknell Forest aims to provide people with as much information as possible, in the formats best suited to their needs, to enable them to make an informed choice about the health and social care services they access.

The Healthwatch Bracknell Forest website has links to NHS Choices, Care Quality Commission, Bracknell and Ascot Commissioning Group and information on how to make a complaint and complaints advocacy. The website currently does not have the ability to capture the amount of people who have used these information links however, this is a development we will look at in 2014/2015 to help us monitor our service.

Healthwatch Bracknell Forest staff are also able to utilise a database of over 2000 community and voluntary support organisations.

In addition to our online signposting, in our six months of operation we have provided information, advice and signposting to 38 individuals who have contacted us by telephone or email.

We have a large collection of information leaflets available to the public in our office.

An example of the type of questions received from members of the public.

“With the introduction of the new Urgent Care Centre in Bracknell will the process for out of hours change?”

Answer was emailed and the following response was received.....

“Thank you for providing the questions and answers, this is most helpful.”


## Enabling local people to monitor the standard of local services

Quality Accounts are annual reports about the quality of services by an NHS healthcare provider. The quality of services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided. The reports are available to the public. Healthwatch Bracknell Forest contributed to the following 2013/2014 Quality Accounts, incorporating the views and comments about services received from patients and members of the public.

- Berkshire Healthcare NHS Foundation Trust
- Frimley Park Hospital NHS Foundation Trust
- Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- West London Mental Health NHS Trust (In respect of Broadmoor Hospital)

Patient-led assessments of the care environment (PLACE) use information from patient assessors to report how well a hospital is performing in the areas of privacy and dignity, cleanliness, food and general building and grounds maintenance. Healthwatch Bracknell Forest has assisted in five assessments over 3 NHS trusts. This was especially important in Broadmoor Hospital (part of West London Mental Health NHS Trust) as patients in this secure in-patient hospital are not able to access all areas; we worked closely with the patient representatives and this will help in 2014/2015 when we start to deliver an outreach service within Broadmoor.

Healthwatch Bracknell Forest also contributed to Bracknell Forest Council's Local Account for 2013/2014



94% of the public think NHS and social care services could be improved

## Enter and View

Healthwatch Bracknell Forest has the statutory power to Enter and View health and social care services (excluding children's social care services) to observe the care setting and speak to the people receiving care to gather their experiences and their views on the care and treatment they are receiving.

The decision on when to utilise these statutory powers is detailed in the organisation's operational escalation guidelines. In 2013/2014 Healthwatch Bracknell Forest did not have enough evidence to support the use of Enter and View but we have received four invitations (from three providers) to access their service and service users, using out Enter and View processes.



Healthwatch Bracknell Forest have proactively engaged with the Trust to ensure that patients are put first in decision making. Representatives have visited both hospital sites and made recommendations for improvements in the Emergency Department, paediatrics and in relation to signage and outpatient letters. I look forward to continuing to work with them in the future.

**Claire Marshall, Associate Director of Patient Experience and Public Involvement, Heatherwood and Wexham Park Hospitals NHS Foundation Trust**



During the year, one referral was made to the Adult Safeguarding Team at Bracknell Forest Council.

## Making reports and recommendations

Copies of all reports, recommendations and responses from providers are available on our website.

Reports are generated after Enter and View visits (invited or otherwise). Recommendations can be made in these reports or in correspondence with providers after feedback received from members of the public.

Some of the changes made following our recommendations include:

- Heatherwood and Wexham Park Hospitals NHS Foundation Trust  
*Training for Streaming staff in A & E, clearer guidelines and additional ID badges purchased for A & E staff, provision of free drinking water, changes to the cleaning schedule of Children's A & E, proposed re-design of Teenage facilities within the Children's Ward, notices now in place regarding free Wi-Fi for patients and visitors. In addition to these pieces of work, Healthwatch Bracknell Forest has become an official way staff at the Trust can "whistle-blow" anonymously about concerns they may have.*
- Bracknell Forest Council  
*Improved the accessibility of advocacy information available on the council's website.*
- GPs  
*All GP surgeries committed to stop using 0844 numbers and revert to local numbers by June 2014*





Healthwatch Bracknell Forest highlighted an issue finding advocacy information on the Borough Council website. We were impressed with their proportional response: they identified a problem, asked if an improvement could be made and worked with us to co-produce a solution. As a result, links to advocacy support can be found in various areas of the website and we made improvements to the search function to make information easier to find."

"Following a question from a member of the public, HWBF did a piece of work with our commissioning officers to map the different comments and complaints systems across the health and social care economy. HWBF proved they could work well collaboratively and produced a tool that can deliver better outcomes for people to have their voices heard."

"Healthwatch Bracknell Forest was created with the heavy weight of expectation on it from the outset. We were pleased that a local organisation took up this challenge and so far we have been impressed that Healthwatch Bracknell Forest can learn from experience, is connecting with local and regional networks and is able to demonstrate a flexible approach to the ongoing challenge of health and social care reform



**Glyn Jones, Director of Adult Social Care, Health & Housing  
Bracknell Forest Council**

## The involvement of people in the Commissioning and Scrutiny of local services

Healthwatch Bracknell Forest has made strong links with the local commissioners of health and social care services. Our regular attendance at meetings gives us the opportunity to raise the issues and comments the people of Bracknell Forest give to us. We attend:

- East Berkshire Quality Committee  
*Meets monthly to review quality and performance data across the NHS Trusts. Healthwatch Bracknell Forest is a permanent member alongside representatives from the three East Berkshire Clinical Commissioning Groups*
- Health Overview & Scrutiny, Bracknell Forest Council  
*Healthwatch Bracknell Forest is an official observer with the right to speak*
- Community Partnership Forum, Bracknell & Ascot Clinical Commissioning Group (B&ACCG)  
*We also attend B&ACCG Governing Body as an observer and other working groups*
- East Berkshire Out of Hours Committee  
*Overview of the local Out of Hours service*
- Better Care Fund Board  
*Looking at how Bracknell Forest will implement the Better Care Fund. This is a strategic Board including partners from Public Health, B&ACCG and the Local Authority*
- Access Advisory Panel, Bracknell Forest Council  
*Looking at access to universal services and facilities in the Bracknell Forest area*
- Partnership Boards, Bracknell Forest Council  
*E.g. Learning Disability Partnership Board, Autism Partnership Board.*
- Urgent Care Centre Monitoring Board  
*Following Healthwatch Bracknell Forest's contribution to the tendering and selection of provider of this new facility, it now is a permanent member of the ongoing quality and contract monitoring board.*
- Prevention and Supported Self Care Board  
*With all health and local authority partners*

In addition to this regular patient and public representation, when specific services are to be designed and/or commissioned Healthwatch Bracknell Forest not only ensures the public's views are represented but, where possible, it will provide an Expert by Experience to take part in the whole process. Examples over the last year include: Sexual Health Services, Children and Adolescent Mental Health Services and the Urgent Care Centre.

## The Health and Wellbeing Board

Healthwatch Bracknell Forest is a full voting member of the Bracknell Forest Health and Wellbeing Board. It took its place on the board in April 2013. Healthwatch Bracknell Forest asks questions of the other members of the board based on the feedback from members of the public. It can also ask for items to be added to the agenda.

Healthwatch is an active member of the Health and Wellbeing Board and I look forward to working with them as they develop their identity and work plans.

*Cllr Dale Birch, Executive member for Adult Services, Health & Housing, Chair of Health and Wellbeing Board, Bracknell Forest*

## Sharing views and working with the Care Quality Commission, Healthwatch England and other local Healthwatch organisations

### Care Quality Commission

If we identify or are informed of significant concerns about a service we share this information with the Care Quality Commission. They have the power to enforce change and in some cases closure of services which do not meet the standards. Healthwatch Bracknell Forest did not escalate any concerns in 2013/2014.

After the restructure within the Care Quality Commission in 2014 we will be establishing good working relationships with all relevant inspectors.

Care Quality Commission reports of all local health and social care providers (including independent and private providers) are published on our website.

### Healthwatch England

Healthwatch England is our national body. We have attended national and regional Healthwatch England events and receive regular information from them including those about national issues that we may want to explore further on a local level. We also submit anonymised data to help Healthwatch England identify national trends along with the other 151 Local Healthwatch.

When we met with our regional development officer, we expressed our concerns about the low profile of Healthwatch England and the impact this has on the profile of Local Healthwatch and the fact that all of our regional meetings are held in Oxford which, due to travel time, means we are not always able to attend.

### Local Healthwatch

As well as the Thames Valley regional meetings co-ordinated by Healthwatch England, during the year the six Berkshire Healthwatch organisations have begun to work together in a more collaborative way to ensure there is minimal duplication of work and to apply economies of scale in marketing and promotion.

### Evaluation and looking forward to 2014/2015

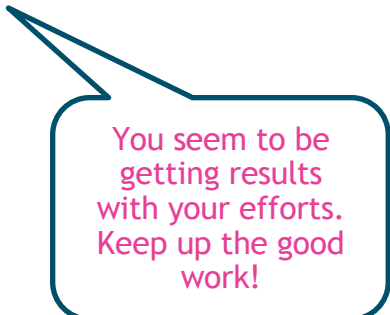


Fantastic...good at listening to people's opinion.

Healthwatch Bracknell Forest is constantly evaluating its service delivery. Over the last year we have listened to the feedback from members of the public and other stakeholders and have made changes including development of a service standard charter and an increase in senior staff to ensure continuity in strategic representation. After discussion with the commissioner of the service we will not be undergoing a formal 360 degree evaluation until October 2014, when the service will have been fully operational for a year.

Looking forward to 2014/2015 our work plan will continue to evolve around local commissioning work streams and feedback from the local community. We have identified these areas as a priority as we enter year two of Healthwatch Bracknell Forest:

- Establishing an outreach service at Broadmoor Hospital
- Supporting the Patient Assembly
- Volunteer recruitment
- Income generation



You seem to be getting results with your efforts. Keep up the good work!

### About this report

This report will be made available to people on the Healthwatch Bracknell Forest website and distributed to all contacts and via social media.

Hard copies will be available at our offices and on request.

Should you require the report in a different format please contact:

[enquiries@healthwatchbracknellforest.co.uk](mailto:enquiries@healthwatchbracknellforest.co.uk)

## The Healthwatch brand

Healthwatch Bracknell Forest are licenced to use the Healthwatch trademark (which covers the logo and the Healthwatch brand) as per our licence agreement with Healthwatch England and the Care Quality Commission





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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL  
2 OCTOBER 2014**

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**EXECUTIVE KEY AND NON-KEY DECISIONS RELATING TO HEALTH  
Assistant Chief Executive**

**1 PURPOSE OF REPORT**

- 1.1 This report presents scheduled Executive Key and Non-Key Decisions relating to Health for the Panel's consideration.

**2 RECOMMENDATION**

- 2.1 **That the Health Overview and Scrutiny Panel considers the scheduled Executive Key and Non-Key Decisions relating to Health appended to this report.**

**3 REASONS FOR RECOMMENDATION**

- 3.1 To invite the Panel to consider scheduled Executive Key and Non-Key Decisions.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

**5 SUPPORTING INFORMATION**

- 5.1 Consideration of Executive Key and Non-Key Decisions alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.
- 5.2 To achieve accountability and transparency of the decision making process, effective Overview and Scrutiny is essential. Overview and Scrutiny bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.
- 5.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

**6      ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

No advice was sought from the Borough Solicitor, the Borough Treasurer or Other Officers or sought in terms of Equalities Impact Assessment or Strategic Risk Management Issues. Such advice will be sought in respect of each Executive Forward Plan item prior to its consideration by the Executive.

**7      CONSULTATION**

None.

Background Papers

Local Government Act 2000

Contact for further information

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**ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY PANEL****EXECUTIVE WORK PROGRAMME**

<b>REFERENCE:</b>	I049270
<b>TITLE:</b>	Community Mental Health Support Services Contract Award
<b>PURPOSE OF REPORT:</b>	To approve the recommendation to award a contract for the Community Mental Health Support Services following a competitive tender.
<b>DECISION MAKER:</b>	Executive Member for Adult Services, Health and Housing
<b>DECISION DATE:</b>	24 Sep 2014
<b>FINANCIAL IMPACT:</b>	To be incorporated into the report
<b>CONSULTEES:</b>	Internal teams within Adult Social Care who are part of the project team, the current provider of the service, people using the current service and their carers.
<b>CONSULTATION METHOD:</b>	Meeting(s) with staff and people supported by the service

Unrestricted

<b>REFERENCE:</b>	I048610
<b>TITLE:</b>	Sexual Health Procurement
<b>PURPOSE OF REPORT:</b>	<p>Bracknell Forest is undertaking a procurement for Sexual Health services for several local authorities in Berkshire as per the joint agreement. This is the decision for who will be awarded the contract following the competitive tender process.</p> <p>All Wards in the Local Authorities of Reading, Wokingham, West Berkshire and Royal Borough of Windsor &amp; Maidenhead will have access to the services.</p>
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	16 Dec 2014
<b>FINANCIAL IMPACT:</b>	No financial implications for Bracknell Forest, but may be some for the other Local Authorities involved.
<b>CONSULTEES:</b>	Elected members in the 4 LAs PH consultants in the 4 LAs
<b>CONSULTATION METHOD:</b>	Each LA (incl. relevant elected members) have been fully briefed by the Director of Public Health prior to procurement. Each LA will have their representatives at each stage of the procurement and evaluation process. Each LA will have had the opportunity to comment on the recommendations made.

<b>REFERENCE:</b>	I049331
<b>TITLE:</b>	Autism Joint Commissioning Strategy
<b>PURPOSE OF REPORT:</b>	<p>In response to the revised National Autism Strategy (Think Autism), it is a duty for local areas to have a Joint Autism Commissioning Strategy for adults with Autism. The current local strategy comes into the end March 2015 and, therefore, a new strategy is required.</p> <p>The decision will be for the Executive to agree the proposed Commissioning Strategy.</p>
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	27 Jan 2015
<b>FINANCIAL IMPACT:</b>	Potential Financial Implications will be accommodated during the Council budget setting processes
<b>CONSULTEES:</b>	Providers, Carers, Mencap, Berkshire Autistic Society, individuals that use the service
<b>CONSULTATION METHOD:</b>	<p>Letter</p> <p>Meeting(s) with interested parties</p> <p>Presentation</p> <p>Public Meeting</p>

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