Bracknell Forest Council

NOTICE OF MEETING

Health Overview and Scrutiny Panel
Thursday 2 July 2015, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

Councillors G Birch, Hill, Mrs Mattick, Mrs McCracken, Phillips, Mrs Temperton, Thompson, Tullett and Virgo

cc: Substitute Members of the Panel

Councillors Allen, Mrs Angell, Brossard, Harrison and Peacey

Observer:

Mark Sanders, Healthwatch Bracknell Forest

Non-Voting Co-optee

Dr David Norman, Co-opted Representative

ALISON SANDERS
Director of Corporate Services

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Published: 22 June 2015

Health Overview and Scrutiny Panel
Thursday 2 July 2015, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

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AGENDA

Page No

Note - There will be a private meeting for members of the panel at 7.00pm in the Fourth Floor Meeting Room 1.

1. **Election of Chairman**

2. **Appointment of Vice-Chairman**

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

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

4. **Minutes and Matters Arising**

    To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 12 March 2015.

    1 - 8

5. **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.

6. **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.

7. **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.

8. **South Central Ambulance Service**

    To receive updates from the Chief Executive of the South Central Ambulance Service on the Trust's performance and future plans.

9. **Introductory Briefing and Service Plan 2015/16**

    The Director of Adult Social Care, Health and Housing will provide an introductory briefing in respect of the Department's role and functions in relation to health, which are described in the Service Plan. The Executive Member for Health has been invited to set out his priorities for health over the next four years.

10. **Departmental Performance**

    To consider parts of the Quarter 4 2014/15 (January to March 2015) 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.

11. **The Patients' Experience**

    To consider:

    a. The results of the Care Quality Commission's 2014/2015 survey of adult inpatients for Frimley Health, the Royal Berkshire and Heatherwood and Wexham Park Hospitals
    b. The current information from the NHS Choices website, for the NHS Foundation Trusts providing most NHS services to Bracknell Forest residents.

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

    To consider scheduled Executive Key and Non-Key decisions relating to health.

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

    To note the Bi-Annual Progress Report of the Assistant Chief Executive.

14. **2015/16 Work Programme**

    To consider the Panel's work programme for 2015/16.

15. **Date of Next Meeting**

    The next meeting of the Health Overview and Scrutiny Panel is scheduled to take place on 1 October 2015 at 7.30pm.

Agenda Item 4

**HEALTH OVERVIEW AND SCRUTINY PANEL
12 MARCH 2015
7.30 - 9.35 PM**

Bracknell
Forest
Council

Present:
Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Kensall, Mrs Phillips, Mrs Temperton and Thompson

Co-opted Member:
Dr David Norman

Executive Members:
Councillor Birch

Observer:
Mark Sanders, Healthwatch

Also Present:
Councillor Leake
Andrea Carr, Policy Officer (Overview and Scrutiny)
Zoë Johnstone, Chief Officer: Adults & Joint Commissioning
John Nawrockyi, Interim Director of Adult Social Care, Health and Housing
Jean O'Callaghan, Royal Berkshire NHS Foundation Trust

37. **Minutes and Matters Arising**

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 15 January 2015 be approved as a correct record and signed by the Chairman.

Matters Arising

- The Panel was advised that NHS England had recently given a presentation to the Health and Wellbeing Board concerning its responsibility for managing and commissioning the expansion of primary care. The chairman undertook to discuss the matter further outside the meeting
- The outstanding action from the previous meeting of the Panel concerning whether the labelling of prescribed drugs to show their cost will be applied to Bracknell and Ascot (in a manner similar to that occurring in West Berkshire) be pursued, by letter if necessary

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

There were no declarations of interest or any indications that Members would be participating under the party whip.

39. **Urgent Items of Business**

There were no urgent items of business.

40. **Public Participation**

There were no submissions under the Council's Public Participation Scheme for Overview and Scrutiny.

41. **Royal Berkshire NHS Foundation Trust**

The Chairman welcomed Jean O'Callaghan, Chief Executive of the Royal Berkshire NHS Foundation Trust to the meeting to speak about the performance of the Trust and the Bracknell Urgent Care Centre.

It was reported that the Trust's governance structures had been reviewed and a new risk management framework developed. The Board was now working to develop a long term strategy for the Trust.

Generally the Trust's performance was improving and mortality rates were below the national average. However, it had been found that the Eighteen Week Pathway Rules for monitoring waiting times were not being applied correctly and people were waiting for longer that they ought to have been. An error that had resulted in the review of over 40,000 cases to ensure that patients were correctly placed on the pathway. The correct reporting methodology was now being used and the Trust was compliant with two out of the three pathways monitored. Compliance with the third pathway was expected by the end of July.

With 94.89% of the patients attending accident and emergency during quarter 2 receiving treatment within the target times set, the Trust was one of the best performing in the Thames Valley for accident and emergency waiting times. However the target had been set at 95% and had consequently been missed. The size of the Accident and Emergency unit was such that it was currently not able to cope with the demands placed on it and the target had also been missed in Quarter 3 and was expected to be missed again in Quarter 4. To address this the Trust was exploring ways of expanding the footprint of their urgent care provision.

Other positive areas of note included:

- The opening of a new £10million surgical facility
- Positive returns from the staff survey particularly when compared to the staff survey out-turns from other Trusts
- The Royal Berkshire Trust was considered to be one of the best heart attack treatment centres in the Country
- Work was taking place with Reading University to develop a Physician's Assistant Role. This was a common role in North America where assistants provided a service that was approximately halfway between that of a nurse and a doctor
- Work was also taking place to address capacity issues in the provision of maternity and ophthalmology services.

The Trust's current financial position was considered to be challenging and it was expected that there would be a budget deficit of between £6.7 and £8million by the end of the current financial year. Further savings would have to be made in the next financial year and the situation would remain challenging. To address this the Board was working to identify where savings might be made through improving processes and service efficiencies as well as exploring alternative ways of delivering services and improved partnership working.

There had been an increase in the number of incidents being reported. This was not seen to be a negative because it meant that people were willing to report incidents and the data being collected was now more accurate. Feedback was finding that where incidents were reported they were well investigated and patient feedback on the outcomes was positive. To assist the reporting process a new electronic system had been introduced and staff were being trained to use it correctly.

Staff behaviour had been a known problem in previous years and the Trust was still getting too many complaints about staff attitude and rudeness. The Trust's Board monitored complaints and had a zero tolerance approach to dealing with unsatisfactory behaviour. Following staff feedback that the appraisal process was not as good as it might have been the process had been reviewed and updated and work to further improve the process was ongoing. Staff training had also been increased and the target to achieve an 85% participation rate had been met and subsequently increased to 90%.

The Care Quality Commission (CQC) and the Clinical Commissioning Group were monitoring action plans that had been put in place to ensure the Trust's compliance with identified problem areas. Performance against these action plans was regularly monitored by the Board and the latest overview progress report would be forwarded for information.

It was acknowledged that although the work of those within the Dementia Unit was praised by those using the service there had been complaints about the knowledge and awareness of staff who worked outside the unit particularly in relation to awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff training had been put in place to address this however the high turnover of staff meant that this was currently an ongoing concern.

Whilst the calculation of mortality rates was a complex process, the data had indicated a higher mortality rate at weekends and the Board had moved to improve out of hours consultant cover and work was taking place to examine how the hospital could be fully serviced seven days a week. In the Accident and Emergency Department a consultant was available twenty four hours a day seven days a week and there was senior coverage on the unit twenty four hours a day.

The volume of administrative tasks that staff had to do had increased over time and the Trust did work to ensure that staff were doing the right jobs.

It was acknowledged that the Working Time Directive had impacted on staff availability however working too many hours was not considered good practice when it came to patient care and the directive had reduced this.

Bracknell Urgent Care Centre, Brants Bridge

The Trust was committed to providing more services in the wider community and was working with the Clinical Commissioning Group to explore ways to further develop the offer available at the Bracknell Urgent Care Centre and to occupy the second floor of the building for example through the provision of an endoscopy service or a fracture clinic. However it was stressed that the Trust did have to cover its costs and a range of options would be considered when planning new services at the Centre.

The Panel expressed concern that when the service was re-commissioned in April there would be a significant rent increase. It was thought that an automatic rent increase had been incorporated into the contract for Brants Bridge however it was agreed that the matter would be clarified.

It was noted that there were anecdotal reports that the atrium at the Brants Bridge building suffered from temperature extremes. It was agreed that the matter would be explored and a solution developed. Garage lighting and the availability of refreshments were also raised as issues requiring attention.

The Panel thanked Jean O'Callaghan for her update.

42. **Joint Strategic Needs Assessment and the Health and Wellbeing Strategy**

The Panel received a report providing an update on the development of the Bracknell Forest Joint Strategic Needs Assessment (JSNA) and the work taking place to refresh the Joint Health and Wellbeing Strategy.

The Panel was informed that the Public Health Team had worked with both the Clinical Commissioning Group and other partner agencies to develop a comprehensive internet based JSNA that was both innovative and engaging with a monthly blog focussing on topical issues and an animated self care guide to provide advice on a range of common illnesses and conditions. Although the JSNA has been held up both locally and nationally as an example of good practice and has attracted a four fold increase in the number of visits made to the site over the past twelve months, the Public Health Team would continue to extend the scope of the site for example through the inclusion of new chapters relating to key topics including child sexual exploitation and female genital mutilation as well as exploring wider health limiting factors such as social exclusion.

The data provided in the JSNA would be used to inform the Joint Health and Well-Being Strategy which would set out areas of work that the Council, Clinical Commissioning Group and other partners would prioritise in relation to improving health and well-being in the Borough.

Work would take place over the coming months to map the activities taking place across the Borough to meet local needs and to identify any gaps. This information would then be used to ensure that the Strategy's priorities did not replicate the work already taking place elsewhere. When selecting priorities there would be a focus on where a proposed priority's impact would make the biggest difference to the health and wellbeing of the Borough's residents.

The Panel was informed that following a review the Health and Wellbeing Board had agreed to expand its membership to include acute hospital trusts, and other service providers including the voluntary sector, housing and the Police. The Board would also set up task and finish groups that would assume responsibility for the delivery of key work packages.

In the coming months, the Board would be developing its key priorities which would include provision of primary care services as well as a series of measurable objectives that would enable the Board to monitor its performance.   Although there would be no formal public consultation on the Board's proposed priorities, partners would be asked to consult widely with their stakeholder groups as work progressed.

The Panel noted the update.

43. **Departmental Performance**

The Panel received and noted the sections of the Adult Social Care, Health and Housing Department's Quarter 3 (October to December 2015) Quarterly Service report (QSR) relating to health.

The Panel was informed that the high number of people admitted to hospital over the Christmas and New Year period had placed a huge level of demand on all health services. The problem had been a national one and whilst the additional funding from the Government's Winter Pressures Fund had had some impact there were still capacity issues.

44. **Reprise of Past Panel Work**

The Panel received a report providing an overview of the Panel's activities over the past four years.

It was noted that a key piece of work for the Panel had been the scrutiny of the Francis Report arising from the review into the failings of the Mid-Staffordshire Hospital Trust and the subsequent analysis of the report's implications for both the Borough's health care providers and the Council's scrutiny function. The Panel's work had highlighted a number of areas for improvement which were being taken forward by local hospital trusts and this area would continue to be kept under review going forward.

The Chairman thanked Panel members for all their hard work during the past four years. Thanks were also expressed to the Executive Member for Adult Social Care, Health and Housing and all the officers for the work that they had done to support the Panel.

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

The Panel noted the forthcoming Executive Key and Non-key Decisions relating to health.

46. **Date of Next Meeting**

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 2 July 2015 at 7.30pm.

CHAIRMAN

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**ACTIONS TAKEN : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING
 12 MARCH 2015**

Minute Number	Action Required	Action Taken
37. Minutes and Matters Arising	Pursue the outstanding action from the previous meeting of the Health O&S Panel, by letter if necessary, concerning whether the labelling of prescribed drugs to show their cost will be applied in Bracknell & Ascot (similar to West Berkshire).	Letter received, concurring with Panel's views, and copied to members on 23.04.15
41. Royal Berkshire NHS Foundation Trust	- Provide an overview of the outcome of compliance actions monitored by the CQC. - Seek solutions to, and report back on progress on, issues at Brants Bridge Urgent Care Centre (rent increase, heating / air conditioning, tea bar availability, garage lighting and use of the 2nd floor).	- Received and circulated to members 18.03.15 - Response received from the Trust on 5.05.15. Panel Chairman decided no further action necessary

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Agenda Item 8

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
        2 JULY 2015**

SOUTH CENTRAL AMBULANCE SERVICE
Assistant Chief Executive

1   PURPOSE OF REPORT

1.1   This report invites the Health Overview and Scrutiny (O&S) Panel to receive updates on the South Central Ambulance Service NHS Foundation Trust's (SCAS) performance and future plans.

2   RECOMMENDATION

That the Health Overview and Scrutiny Panel:

2.1   Reviews the South Central Ambulance Service's performance and future plans.

3   **SUPPORTING INFORMATION**

3.1   The Health O&S Panel last met SCAS on 11 July 2013, with particular reference to out-of-hospital cardiac arrest survival rates, and Ambulance response times. The relevant extract from the minutes of that meeting are at Appendix 1.

3.2   The Chief Executive of SCAS has sent in the attached outline of key, current issues affecting the Trust (commencing at page 13 of the agenda).

3.3   Further background information is provided in:

- The most recent inspection report by the Care Quality Commission, of January 2015 (commencing at page 17 of the agenda); and
- The SCAS Operational Plan for 2015-16 (commencing at page 47 of the agenda).

ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable

Contact for further information

Richard Beaumont – 01344 352283
e-mail: richard.beaumont@bracknell-forest.gov.uk

**HEALTH OVERVIEW AND SCRUTINY PANEL
11 JULY 2013**

South Central Ambulance Service

The Panel received a report that updated them on the South Central Ambulance Service NHS Foundation Trust's performance on two issues that had been identified by the Panel as being of interest and concern. These two issues included out of hospital cardiac survival rates and ambulance response times.

The Chairman welcomed Steve West, from the South Central Ambulance Service (SCAS) to the meeting and stated that having visited the SCAS control room at Bicester he had been impressed with the state of the art facilities at their site.

Steve West made the following points:
• He stated that SCAS provided a 111 service now as well as the 999 emergency service. They were pleased to be delivering the 111 service and this entailed identifying the caller's clinical needs and then sending an appropriate responder for these identified needs. The integration of the two services had meant that they were able to respond more efficiently to callers.
• He stated that whilst last year they had not been delivering in terms of ambulance response times or cardiac arrest survival rates, this year SCAS was delivering above targets for both these issues. This had been achieved by moving their control room from Wokingham to Biscester where they were able to utilise state of the art facilities and technology to improve response times.
• He reported that activity had increased by 10% this year, the previous week had been the busiest week in the whole year and as a result performance had dipped however on the whole, performance had improved over the last year as the data showed.
• In relation to cardiac arrest survival, he recognised that SCAS needed to improve their capture of clinical data, this was being addressed and a tender process to tackle this was nearing completion. This would include moving away from their current paper based system in 2014.

The Chairman congratulated SCAS on their work to ensure great outcomes for patients.

In response to members' queries, Steve West made the following points:
• SCAS had widespread defibrillator schemes across the region and they worked with each partner differently to ensure that schemes were effective. He stated that there was potential to use pharmacies as sites where defibrillators could be accessed, however work had not yet progressed with working with pharmacies. It was noted that pharmacies provided an ideal location for defibrillators as they had the expertise, had long opening hours and were often based within parades of shops in housing estates.
• It was reported that in addition, having defibrillators attached to the outside of GP surgeries was also being explored. This programme involved the public being instructed to use the defibrillator either by the ambulance service or via instructions attached to the defibrillator. The Department of Health's vision was that defibrillators should be as widely available as fire extinguishers.
• It was reported that much work had gone into improving ambulance response times at SCAS, including hospital admissions and when targets were not met, fines were levied by Clinical Commissioning Groups. It was noted that these fines were compensated if ambulances were left to queue outside hospitals.

• He stated that in peak times, six ambulances would be deployed to Bracknell Forest. There were 26 ambulances in total for the entire SCAS region. This was a small number taking into consideration the area covered by the region.

The Chairman thanked Steve West for his presentation and update and the panel **RESOLVED** to make the following recommendation:
That the Panel congratulate the SCAS on ambulance response times and out of hospital cardiac arrest survival rates; both of which have improved since the previous year.

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BRACKNELL FOREST HOSC

CHIEF EXECUTIVE'S REPORT ON KEY SCAS ISSUES

BACKGROUND

1   The purpose of my report is to provide an outline of key, current issues affecting the Trust. There have been a number of national developments since the last meeting and particularly the General Election. I would be happy to discuss these at the meeting.

RESPONSE TIMES AND PERFORMANCE STANDARDS

Operational, clinical and financial performance 2014/15 outturn

2   I thought it would be helpful to set out some of the highlights of the previous year, in terms of overall Trust performance (which is how we are assessed by our regulators, Monitor):

- operational performance – we ended the year achieving both the red 1 (75.0%) and red 19 (95.5%) targets, with a very narrow failure on red 2 (74.5%), although we were the top performing Trust in the country on this measure

- NHS111 performance – we ended the year strongly in terms of performance on our NHS111 contracts. Performance was generally sustained after a challenging first quarter, the impact of which meant that we were slightly below target for the full year for call answer performance

- PTS – 2014/15 was a particularly demanding year for patient transport services, given the start of a new contract in Hampshire on 1 October 2014, and the focus it received during the Care Quality Commission (CQC) inspection. We will be striving to further improve performance in 2015/16 as well as be successful in our efforts to win new / retain existing business as part of the various contract procurement processes that are due to take place, beginning with the contract for Berkshire, Oxfordshire and Buckinghamshire

- clinical – we performed strongly throughout the year on a number of the national clinical indicators, including stroke care, ROSC, and cardiac arrest. There are areas where we can strengthen performance and action plans are in place to deliver this in 2015/16

- financial - we ended the year achieving a very small surplus (£51k) and a highly challenging cost improvement programme target (£6.7m). Our Monitor financial risk rating remained at level 4 throughout the year.

3   Overall, these are very creditable outcomes, and reflect enormously on the hard work and commitment of our staff. This was a challenging year, typified by high levels of demand for both 999 and 111, and as well as successfully implementing a major IT project (NHS Pathways) SCAS was also the subject of an extensive but successful CQC inspection.

<u>Operational, clinical and financial performance 2015/16 Quarter 1 to date</u>

4   In terms of quarter 1 performance to date, the position is as follows:

- 999 – all three national response time standards (red 1 = 75.7%, red 2 = 76.2%, and red 19 = 95.3%) are being achieved at overall SCAS level, for quarter 1 / year to date. There are variations in geographical performance, with performance generally stronger in the South than North. Activity levels are lower than the equivalent period last year, and our plan for this year, and this is causing some operational challenges in terms of optimising resource allocation

- NHS111 – we continue to achieve the various targets on all of our NHS111 contracts, including in respect of call answer and transfer to 999.

- finance – we made a deficit of £230k in the first month of the new financial year, largely due to the impact of reduced 999 activity and therefore reduced income. This trend has continued throughout May, and an update on current financial performance will be provided at the meeting

- clinical indicators – performance on the national clinical quality indicators continues to improve in terms of STEMI and stroke care. One particular area of focus is the stroke 60 target. This is measured by the percentage of patients who have suffered a stroke, as confirmed by the face to face carrying out of a Face Arm Speech Test (FAST) and who were potentially eligible for stroke thrombolysis (treatment with a clot-busting drug) and who arrived at a hyper acute stroke centre within 60 minutes of the original 999 call to treat them. The latest performance for us is 45% and work is being undertaken with the clinical networks across the system to review stroke care provision within the region

CLINICAL OUTCOMES, PATIENT SAFETY AND PATIENT EXPERIENCE

<u>Care Quality Commission (CQC) inspection</u>

5   We are making very good progress in implementing the actions plans that were developed following the CQC pilot inspection last year, and this is being monitored by the Board in public via the Quality and Patient Safety Report.

6   The Trust has commenced its preparation for a further inspection, expected later in 2015/16, drawing on the new guidance that has been issued by the CQC in the form of "*Guidance about Compliance: Essential standards of quality and safety*". The key changes to the inspection regime are:

- changes to the CQC's overall operating model
- introduction of the duty of candour
- introduction of the fit and proper person requirements
- introduction of the display of ratings
- introduction of a new enforcement policy and powers
- an indication that NHS111 services, which had not been previously inspected, will be part of any future inspections of ambulance providers that also provide NHS111

<u>Transition to NHS Pathways (NHSP) / iCAD Upgrade</u>

7   The main phase of the NHS Pathways implementation was formally completed at the end of September.

8   Phase 2 includes the required I/CAD and associated IT infrastructure upgrades. These were originally planned for mid April, but unfortunately during the switchover unexpected but significant technical problems were experienced. A decision was taken to safely rollback onto our existing ICAD system, allowing us to ensure patient safety could be maintained at optimal levels. There was no adverse impact on performance, and following a comprehensive review of what happened, and a planned programme of technical assurance checks, we are now looking at implementation during July.

<u>Electronic patient reporting (ePR) system</u>

9   The ePR system will bring a range of potential benefits, including enabling dynamic storage, analysis and clinical audit recovery of all emergency incidents attended by SCAS staff, and providing a platform for clinical decision support tools to improve the safety and quality of clinical care. Staff will also be able to access additional information about patients from other systems such as the Summary Care Record to help guide patients to the appropriate care pathway.

10   Good progress continues to be made in the rollout of ePR – roll out is now complete in Hampshire and Berkshire, is underway in Buckinghamshire, and is due to be completed in Oxfordshire by the end of July 2015.

11   Additionally, testing is underway to establish connectivity to the National Summary Care Record (SCR) – access should be established by end of August 2015.

12   We have had some extremely positive feedback from those staff using ePR.

COMMERCIAL NON EMERGENCY CONTRACTS

<u>Cambridgeshire and Peterborough 'Single Point of Contact' contract</u>

13   This is a contract with the 'NHS Led Consortia' *Uniting Care Partnership* (UCP) to provide an innovative, 'Single Point of Contact'. This will deliver an integrated and seamless care navigation service to support patients across Cambridgeshire and Peterborough, and will be complementary to our NHS111 business.

14   The service went live on 6 May, with a slight delay due to some technical issues. It has been well received so far, although call volumes are relatively low whilst the service begins to develop and awareness increases.

Other contracts

15   There are a number of contract procurement exercises either in the pipeline or due to commence imminently, and these include PTS in Berkshire, Oxfordshire and Buckinghamshire. We are due to submit our tender response to this procurement on 2 July.

16   We continue to provide the national pandemic flu service that we inherited from NHS Direct, and will do so until at least November whilst the service is being redesigned ahead of a contract procurement process.

WORKFORCE

Recruitment and retention

17   Recruitment and retention of staff remains a high priority, and we continue to work closely with Health Education Thames Valley and Health Education Wessex to influence longer term workforce planning for paramedic and other health care careers.

18   The Trust has a detailed Workforce Action Plan in place covering a range of recruitment and retention issues.

GOVERNANCE

Monitor Continuity of Services ratings

19   Monitor continue to regard SCAS as being in the group of Foundation Trusts classed as "low risk, light touch" in terms of regulatory standing and approach. Our ratings, subject to confirmation, remain as follows:

- Continuity of services (financial sustainability)   = 4/4
- Governance   = Green

Headquarters and telephony accommodation review

20   Continued expansion in the service and future predicted growth, particularly with regards to telephony services, has resulted in insufficient capacity within the current Bicester headquarters, and with a growing risk for Otterbourne.

21   I have therefore engaged the services of some specialist external consultants to consider the various options available, and the respective feasibility of each to provide sufficient and appropriate headquarter and telephony accommodation within the SCAS estate.

22   This review is progressing, and it is acknowledged that we will need to consider a range of short and medium term solutions.

Will Hancock, Chief Executive
June 2015

South Central Ambulance Service NHS FT

Quality Report

Unit 7-8 Talisman Business Centre
Talisman Road
Bicester
Oxon
OX26 6HR
Tel: 01869 365000
Website: www.southcentralambulance.nhs.uk/

Date of inspection visit: 8 – 12, 30 September and 1 October 2014
Date of publication: 14/01/2015

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Letter from the Chief Inspector of Hospitals

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed on 1 July 2006, after the merger of the Royal Berkshire Ambulance Service NHS Trust, the Hampshire Ambulance Service NHS Trust, the Oxfordshire Ambulance Service NHS Trust and part of the Two Shires Ambulance Service NHS Trust. It provides NHS ambulance services in Berkshire, Buckinghamshire, Hampshire and Oxfordshire in the South Central region. This area covers approximately 3,554 square miles with a residential population of over 4 million. On 1 March 2012, the trust achieved foundation trust status.

The trust provides an accident and emergency (A&E) service to respond to 999 calls, a 111 service for when medical help is needed fast but it is not a 999 emergency, patient transport services (PTS) and logistics and commercial services. There is also a Hazardous Area Response Team (HART) based in Hampshire. Services are delivered from the trust's main headquarters in Bicester, Oxfordshire, and a regional office in Otterbourne, Hampshire. Each of these sites includes an emergency

operations centre (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from where emergency vehicles are dispatched if needed. There was a PTS contact centre at each EOC.

Our inspection took place on 10 and 11 September 2014 with unannounced visits on 30 September and 1 October. We inspected the trust as part of our first wave of comprehensive ambulance inspections. We looked at three core services: access via emergency operations centres, patient transport services and emergency and urgent care. The 111 service provided by the trust was not inspected on this occasion. The logistical and commercial training services were also not inspected as these do not form part of the trust's registration with the Care Quality Commission (CQC).

The team of 48 included CQC inspectors and inspection managers, an analyst and inspection planners and a variety of specialists: The team of specialist was comprised of a consultant physician in intensive care, two nurses working in accident and emergency departments,

17

Summary of findings

four paramedic staff, one emergency care practitioner, a paramedic clinical supervisor and development manager, three managers with an operations role, a head of governance, a director of service delivery, two chief executives, a pharmacist, a safe guarding lead, two people with a role in an operations centres and three experts by experience.

We did not provide ratings for this trust because this inspection was part of our first wave of ambulance inspections to apply our methodology and develop our understanding of inspecting in this sector.

Key findings
Is the trust well led?

- The trust had a vision and clinical strategy to provide excellent, sustainable services, and to coordinate mobile responsive healthcare services so that people received the right care at the right time in the right place (including care that could be closer to home).
- Governance arrangements were clear and there was an integrated performance report to benchmark quality, operational and financial information. The trust had also identified its quality priorities and could demonstrate progress against these. However, much of the data on risk and quality was at a high level and some risk issues, such as safeguarding and significant delays in patient transport services (PTS), needed a better focus.
- Many areas had team meetings and monthly operational performance meetings to review quality and operational issues. These reported to the trust's Level 2 meetings (operational leadership level) and then senior management meetings. This structure needed to be replicated in all areas to consistently identify the action taken in response to risks and performance issues.
- The leadership team showed commitment, enthusiasm and passion to develop and continuously improve services. Most staff reported that the trust culture reflected an effective and responsive service rather than a target-driven organisation. Leadership at team level varied in terms of effectiveness and the trust needed to improve in this area to develop its strategic priorities.

- Public engagement took place through a variety of means, such as liaison work, use of social media and through its membership. Patient feedback through surveys, interviews and liaison work, was being used to improve the service.
- Staff were positive about working for the trust. They said it was a friendly and positive place to work but not without its challenges; namely, managing tight resources against an increasing demand for services. The NHS staff survey 2013 demonstrated that the trust was better than average for staff engagement when compared to other ambulance trust. Staff engagement was well developed, although staff indicated the need for more ongoing dialogue around service changes.
- The trust had a highly innovative culture and staff were encouraged to suggest new ideas to improve service delivery. This was seen as important against a background of tightening resources, but also essential to develop services in response to the needs of patients. There were many examples of service improvements developed by the trust and its staff.
- The trust demonstrated proactive and effective financial management to invest in new technology and service developments, and to ensure that services were sustainable. Cost improvement programmes were demonstrating savings and were monitored. Mitigating actions were identified to reduce the potential impact although the action taken in some of these areas needed to improve.

Key findings across the core services:

- Staff were caring and compassionate, and treated patients with dignity and respect.
- Staff were positive about the quality of care they provided for patients and were proud to work for the trust. There was low morale in places and the pressures faced by the trust were recognised. Staff however "lived" the values of the organisation: "Towards excellence – Saving lives and enabling you to get the care you need".
- Patients told us their experiences of care and treatment was good. They were positive about emergency ambulance response times but there were concerns about the punctuality of patient transport services.
- Incident reporting was increasing on the newly introduced reporting system. The trust was taking action following incidents, but there needed to be

Summary of findings

earlier and quicker investigation for some incidents. Learning was shared via clinical bulletins, the trust intranet, noticeboards and email. The trust had introduced SCAScade to improve organisational learning from when things go wrong. This included anonymous cases and reflective tools for staff to use on the trust intranet. However, staff in the EOC and PTS needed to be encouraged to use and take responsibility for reporting incidents and also required feedback and shared learning in their areas.

- Staff in the emergency and urgent care service had good knowledge of the Mental Capacity Act 2005, but staff in EOC and PTS needed to have better knowledge to ensure the best interest of patients.

- Safeguarded procedures were being used but needed to improve and the safeguarding lead had a limited capacity to deliver the safeguarding agenda across the organisation. Safeguarding champions in geographical areas were to be developed but this needed to be prioritised.

- Staff had good training opportunities and specialist training on dementia care, learning disabilities and mental health was being improved. Staff were supported with funding for further qualifications and professional development, However, some staff did not always have access to computer facilities to undertake training or the dedicated time to complete it, and attendance at mandatory and statutory training was low.

- Most complaints were responded to within the trust's target time of 25 days and action was being taken to improve services as a result. Complaints were analysed to identify themes and the trust aimed to share learning, for example, through teams and noticeboards. There was evidence of actions taken as a result of complaints in all services. However, staff told us they did not always get feedback on complaints or concerns raised.

- The trust understood its duties under the Civil Contingencies Act 2004 and all staff were aware of what to do in the event of a major incident. Staff had appropriate training, there was joint working with partner organisations (such as the fire service, police and military), and rehearsals were undertaken as part of preparation and planning exercises.

- The trust had worked with partner organisations including fire and rescue, police, and the environmental agency during the floods in the Thames

Valley area in early 2013. The Hazardous Area Response Team (HART) had worked throughout the region and specifically in Wraysbury, Berkshire, 24 hours a day over 4 days, to assist with the rescue and support operation.

Emergency Operation centres (EOC)

- Emergency 999 calls were triaged through NHS Pathways (which is a software system of clinical assessment for triaging telephone calls from the public based on the symptoms they report when they call). There was good compliance to prioritise and categorise calls for ambulance dispatch according to the clinical needs of patients. However, staff knowledge of appropriate dispatch times for mental health patients in crises under a Mental Health Act Section 136 and needing a place of safety, needed to improve.

- There were dedicated triage lines for GPs and healthcare professionals, and for patients who were critically unwell and needed the air ambulance (the Helicopter Emergency Medical Services, [HEMS]) or other specialist services, such as the Hazardous Area Response Team (HART).

- Safety procedures were followed but some needed to improve, such as incident reporting and raising safeguarding concerns, and some staff needed a better understanding of the Mental Capacity Act 2005.

- Staffing levels were a concern and staff worked long hours, sometimes without breaks. Action was being taken to manage peaks in demand but staff were not meeting target times to answer emergency calls.

- Overall, the trust had referral rates of 8% from NHS 111 to 999 services, and these were better than the service level agreement performance of 10% and one of the lowest in the country. Staff identified the need for further action on managing the demand created by the NHS 111 service, and the trust's long-term planning against the rising increase in demand for services was ongoing.

- The staff were supportive to patients who called in distress. They listened carefully, explained their actions and involved patients in their decisions.

- Clinical advisors were available to help staff and to support patients to manage their own health when appropriate. The clinical adviser also undertook welfare checks over the phone to ensure a patient's condition was not deteriorating while they were

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waiting for an ambulance. The trust was below the national average for 'hear and treat', which is the proportion of calls that are dealt with based on provision of telephone advice only. The re-contact rate within 24 hours of 'hear and treat' was higher than the national average in 2013-14 but had decreased this year and was below the national average in (April to July 2014).

- Engagement between the trust and the public and patients was being developed further.

- The trust had a clear strategy for the EOC to provide clinical coordination of care across a range of health and social care settings. However, most staff were not aware of this strategy in relation to their service. Governance arrangements needed to improve to support staff to share learning, raise concerns, manage risk and act on performance information. Staff worked well in their teams but some wanted better support from managers, particularly in the northern EOC.

Emergency and Urgent Care

- Front-line 999 services provided an emergency response to people with life threatening emergency or urgent conditions. Overall, during 2013/14, the trust was meeting national emergency response targets for 75% of calls to be responded to within 8 minutes. The national categories are for Red 1 calls (for patients who have suffered cardiac arrest or stopped breathing) and for Red 2 calls (for all other life threatening emergencies). Red 1 and Red 2 calls added together and are referred to as Category A calls. The category A target is to have a vehicle that could convey a patients to hospital arrive at the scene within 19 minutes for 95% of cases. This target was also met.

- The trust had the highest percentage of 'see and treat' in the country (that is, managing patients at the scene without the need for ambulance transfer to hospital). The re-contact rate within 24 hours of this treatment was higher than the national average in 2013-14 but was decreasing.

- The trust used a Resource Escalation Action Plan (REAP) as a way of forecasting performance and service delivery. There was moderate to high pressure on the service during our inspection and the trust was communicating effectively with hospitals to align conveyancing decisions against waiting times and the capacity to receive patients. This included having hospital ambulance liaison officers (HALOs) to support

the timely handover and safety of patients in A&E departments, and to monitor and respond to situations particularly at times of increased demand for services. There was effective planning and preparation for major incidents and the trust had worked effectively with partner organisations.

- The trust was monitoring long waiting times and had introduced measures to ensure that people were monitored while waiting and that high-priority calls took precedence. There was an impact however on people who may be in a healthcare setting but awaiting transfer to another hospital for acute care and for people at a distance from an ambulance station. The trust was taking action to reduce these waiting times and projects were planned in different areas.

- The service followed safety procedures overall, but needed to improve infection control practice and the management of medicines. Staff had a good understanding of the Mental Capacity Act 2005 and of safeguarding procedures although the timeliness of reporting concerns and referrals needed to improve. The performance of the external contractor to 'make ready' ambulances (that is, to prepare ambulances, for example, in terms of cleanliness and appropriate equipment) was monitored but the quality of their work required better supervision and monitoring. Ambulance crews had allocated time to check vehicles but told us they spent more time rechecking vehicles to ensure they were ready for use.

- The trust was affected by the national shortage of paramedics and there were a high number of vacancies. The allocation and skill mix of staff were appropriate but staff worked long hours and some reported stress and fatigue. There was a rising demand for services that was above predicted levels. The trust had introduced shift changes to help manage resources to meet demand in emergency services and new rotas were being introduced to further improve the work life balance of staff. The trust used private providers to ensure service cover and these providers were appropriately monitored.

- National evidence-based guidelines were used to assess and treat patients. Patients experiencing a heart attack did receive pain relief although this was not always the pain relief that was nationally recommended. Patients experiencing a heart attack were transported quickly to hospital. Patients that had

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Summary of findings

had a stroke had appropriate care but there could be delays in their transport to hospital. Some hospital staff identified the need for better pain relief for children in certain circumstances.

- The coordination of emergency care with hospitals and GPs was good overall, but needed to improve for heart and stroke care in Buckinghamshire and for mental health patients in crisis across the four counties. The trust was working with its partners and had action plans to improve care in these areas.
- The trust was ranked the best in the country for patients who had had a cardiac arrest and stopped breathing, who then after resuscitation, had a pulse/heartbeat on arrival to hospital. This is called return of spontaneous circulation (ROSC). The trust had improved its effectiveness of action taken when staff witnessed a cardiac arrest and was fourth best in the country this year (April to August 2014) a change from eighth best in 2013-14.
- The trust was ranked the best in the country for patients who had had a cardiac arrest and survived to be discharged from hospital.
- Staff explained treatment options to patients in a way that they, or their relatives, could understand. Patients, and relatives or carers, received good emotional support if they were in distress. There was support for vulnerable patients, such as those with a learning disability, bariatric patients and people whose first language was not English.
- Engagement between the trust and the public and patients was well developed through a variety of channels, such as social media, surveys, newsletters and liaison work.
- The trust had a clear vision and strategy for the service to provide mobile healthcare and to coordinate care in hospital, the community and people's homes. Staff were supportive of the strategy and worked well together in teams and with their managers. There were good governance arrangements to monitor performance and quality and to manage risks although more action was needed on ongoing risks.

Patient Transport Services

- Patient transport services (PTS) provided non-emergency transport for patients who attend, for example, outpatient clinics or day hospitals, or were discharged from hospital. Commissioners had identified eligibility criteria for the service and the trust was working with 12 clinical commissioning groups to monitor performance and compliance.
- Staff followed the eligibility criteria designed by commissioners and were also working to improve the signposting of people to other services if they did not meet the criteria.
- Procedures to ensure the safety of services needed to improve, specifically around incident reporting, equipment checks and safeguarding procedures. Most vehicles were visibly clean. 'Do not attempt cardio-pulmonary resuscitation' (DNA CPR) orders were understood and used appropriately, but staff had limited awareness of the Mental Capacity Act 2005.
- There were staffing vacancies and staff felt stretched, particularly in the dispatch team where this had an impact on the planning and scheduling of transport. The trust was using volunteers and private providers to cover driving shifts. There needed to be better governance arrangements for private providers and for driving and employment checks for volunteers.
- The trust had made significant changes to the IT system in the PTS on the day of our inspection. Anticipated resource and capacity risks needed to be better managed, for example, problems with the new IT system had caused a serious disruption to transport arrangements for many patients during our inspection
- Dispatch staff did not always have appropriate assessment information, from hospitals or patients or from their own records. Patients sometimes did not have an appropriate vehicle or equipment, and transport sometimes had to be reorganised. The system to plan journeys was manual and often reactive based on a lack of timely and coordinated information and this had caused delays to patient transport.
- The trust was not meeting performance targets and this was having an impact on patients' care and treatment. Patients were experiencing delayed and missed appointments for outpatient consultations and diagnostic scans, and renal dialysis, and some were choosing to curtail their treatment in order not to risk missing their transport home for fears of excessive delay. Some hospitals had reorganised clinics, for example, to finish early to accommodate the vagaries of the PTS. There were good examples of multi-

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Summary of findings

disciplinary working with GPs and health professionals in hospitals. The trust had been working with other providers to improve the coordination of care and some progress had been made.

- Patient surveys were regularly undertaken; these were positive about the service but identified delays. Patients we spoke with were positive about the care and compassion of staff. However, they were concerned that the service was not effective and that they were not given enough information about delays, missed appointments and the eligibility criteria.

- Many patients told us they had been distressed and anxious waiting for transport, but did not know whom to contact within the service. Call handlers were overwhelmed with calls about service delays and only half of all calls were answered.

- There was good support for vulnerable patients (for example, those with dementia or a learning disability), and carers and escorts could travel in the ambulances too. A policy for the transport of children needed to be developed.

- The trust had a clear strategy for the development of PTS to support safe non-emergency travel between people's homes and healthcare settings, but most staff were unaware of this strategy. Governance arrangements needed to improve in order to assess and manage risks. Although staff worked effectively in teams, many wanted the management and leadership of the service to improve and for the trust to prioritise PTS alongside the emergency 999 service.

We saw several areas of outstanding practice:

- We observed many examples where staff demonstrated outstanding care and compassion to patients despite sometimes working in very difficult and pressured environments. Staff "lived" the values of the trust "Towards excellence – Saving lives and enabling you to get the care you need".

- Representatives of the trust attended local youth organisation meetings, village fetes and school assemblies. The trust had developed a child-friendly first-aid book printed specially for schools and the wider local community.

- The trust provided an innovative learning resource to their frontline staff using the educational resource

centre and film centre at Bracknell. The staff were involved in making films which supported learning around new guidelines from the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

- The trust had introduced a lifesaving automatic external defibrillator (AED) locator mobile phone application. By using GPS, this app locates the nearest AED in the event of a cardiac arrest. In total, the app identified over 800 AEDs across four counties.

- A new initiative was the introduction of a 'Simbulance': a large command vehicle fully equipped with simulation learning activities. It was an innovative virtual classroom facility in that it gave ambulance staff the opportunity to experience realistic medical situations inside an ambulance saloon.

- Operation centres had direct access to electronic information held by community services, including GPs. This meant that the staff could access up-to-date information about patients (for example, details of their current medication).

- Trauma risk management (TRiM) was in place to provide confidential support to staff who may have been affected by traumatic incidents or conditions. Staff were assessed 3 days after a traumatic event and again after 28 days. Thirty-two TRiM practitioners gave peer support and advice, and there was also an external counselling service. The early intervention had both reduced sickness absence and improved the welfare of staff.

- The Helicopter Emergency Medical Services (HEMS) showed innovative practices and learning taken from combat zones. The team now had the equipment and skills to give blood transfusions and perform ultrasound and blood gas tests. In some circumstances, this bypassed or reduced the time a patient had to spend in the accident and emergency (A&E) department, and meant they could receive treatment immediately on arrival at the hospital. HEMS was also planning to introduce a night service, so it would operate 24 hours every day.

- The introduction of a midwife to the clinical support desk (CSD) in the Southern House emergency operation centre had improved the outcomes for expectant mothers and their new babies. The 24-hour labour line started as a pilot in May 2014. It gave women in labour access to advice and support,

Summary of findings

whereas the 'professional's line' enabled medical professionals to speak to a midwife 24/7 during a woman's labour and birth. The service had over 1,600 calls in the first eight weeks.

- The trust provided a service on Friday and Saturday nights in the city centres of Portsmouth (Safe Place) and Southampton (ICE Bus) to provide support, first aid and transfer to hospital if required for the public enjoying a night out. This had been set up in partnership with other organisations such as the Hampshire Police, the local council, volunteers and the local street pastors
- The trust had a clinical lead in mental health and learning disability. This role was unique among ambulance trusts. The lead had established a national mental health group for ambulance trusts, and worked with partner agencies such as the Royal College of Psychiatrists and the College of Policing. The introduction of mental health practitioners into the EOC was supporting operational practice and care to mental health patients.
- The trust had worked in partnership with Oxford Brookes University to provide staff with extra opportunities to develop their careers by becoming a paramedic, and to counter the national shortage of paramedics. A foundation degree course was to start in January 2015. The training covered an 18-month period and included in-hours training. The trust's investment had been significant in terms of the time taken to negotiate the resources and facilities for the programme and the release of staff from work duties.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the trust must ensure that:

- Staff uptake of statutory and mandatory training meets trust targets
- Staff in EOC and PTS understand the Mental Capacity Act 2005
- All EOC and PTS staff receive safeguarding training to the required level so that they are able to recognise signs of abuse and ensure there are robust arrangement in place for staff to report concerns within the agreed timescale.
- Emergency call takers answer calls, and the emergency medical dispatchers dispatch an ambulance within target times

In addition the trust should ensure that:

- Procedures for incident reporting continue to improve and staff in EOC and PTS have appropriate training and are able to report incidents directly. There must be timely investigation of incidents, staff must receive feedback and learning must be shared.
- The risks around IT vulnerability in the EOC and PTS are appropriately managed.
- Infection control practices are followed and ambulance stations (resource centres) and vehicles are effectively cleaned and deep cleaned.
- There are suitable arrangements to ensure that equipment is regularly checked and fit for purpose.
- Staff are aware of the appropriate steps to take to reduce the risks to patients left unattended in PTS ambulances because of staff working alone.
- Appropriate equipment is available in all areas for the transport of children in PTS and this continues to be rolled out for emergency transport.
- Volunteer drivers in PTS have the appropriate safety and employment checks before working within the service.
- The trust to continue to work with partners and ensure the planning and scheduling of PTS improve to prevent delays and missed appointments, and to reduce the impact on the clinical care, treatment and welfare of patients.
- The governance and security arrangements for the management of controlled drugs need to be improved in Hampshire.
- Recruitment of staff in all areas continues and there are specific staff retention plans in response to identified reasons as to why staff leave.
- Staff in PTS receive appropriate training on dementia care, learning disabilities and all staff continue to received training in mental health conditions.
- Anticipated resource and capacity risks in PTS continue to be appropriately identified, assessed and managed.
- Pain relief continues to be appropriately administered for patients with ST segment elevation myocardial infarction (STEMI) and pain relief for children is effectively monitored.
- Continue to work with acute trusts to review protocols for the non- critical transfer of hospital patients.

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Summary of findings

- There is better coordination of care between providers, in particular for cardiac and stroke services in Buckinghamshire and mental health services.
- Complaints are responded to within the trust's target of 25 days. All staff in EOC and PTS receive feedback from complaints and learning is shared.
- Operations staff in PTS are appropriately resourced to be able to answer telephone calls.
- Patients (or people acting on their behalf) using the PTS are made of aware of how to complain or send compliments about the service.
- Staff in PTS have regular supervision and the trust should raise awareness amongst staff about the professional and career development opportunities within the trust.
- The formal structure of team meetings is in place for all staff groups and staff are given the opportunity to attend, share information and raise issues or concerns.

- Staff have a better understanding of the trust's vision and strategy as it applies to their service in EOC and PTS and staff communication continues around service changes and development.
- Leadership in the northern EOC and PTS supports staff and action is taken to improve staff morale where this is low.
- Staff in PTS receive feedback from the completed patient satisfaction surveys.
- There are better governance arrangements within EOC and PTS to share information with staff, so that staff can raise concerns and risks are appropriately identified, assessed and managed.
- There are better governance arrangements for private providers in PTS and make ready services.

Professor Sir Mike Richards
Chief Inspector of Hospitals

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Summary of findings

Background to South Central Ambulance Service NHS FT

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed on 1 July 2006, after the merger of the Royal Berkshire Ambulance Service NHS Trust, the Hampshire Ambulance Service NHS Trust, the Oxfordshire Ambulance Service NHS Trust and part of the Two Shires Ambulance Service NHS Trust. It provides NHS ambulance services in Berkshire, Buckinghamshire, Hampshire and Oxfordshire in the South Central region. This area covers approximately 3,554 square miles with a residential population of over 4 million. On 1 March 2012, the trust achieved foundation trust status.

The trust provides an accident and emergency (A&E) service to respond to 999 calls, a 111 service for when medical help is needed fast but it is not a 999 emergency, patient transport services (PTS) and logistics and commercial services. There is also a Hazardous Area Response Team (HART) based in Hampshire. Services are delivered from the trust's main headquarters in Bicester, Oxfordshire, and a regional office in Otterbourne, Hampshire. Each of these sites includes an emergency operations centre (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from where emergency vehicles are dispatched if needed.

The trust currently owns or leases 27 ambulance stations (resource centres), two HQ/operation centres plus additional standby points, aerial sites and support buildings, as well as 312 front-line ambulances spread across Berkshire (Berkshire consists of the following unitary authorities: West Berkshire, Reading, Wokingham, Bracknell Forest, Windsor and Maidenhead, and Slough), Buckinghamshire, Hampshire and Oxfordshire. South Central Ambulance Service NHS Foundation Trust operates a fleet of front-line emergency ambulances, a fleet of rapid response vehicles and supports the operation of two air ambulance helicopters.

The inspection included the emergency service and PTS. The 111 service provided by the trust was not inspected on this occasion. The logistical and commercial training services were also not inspected as these do not form part of the trust's registration with the Care Quality Commission (CQC).

Our inspection team

Our inspection team was led by:

Chair: Leslie Hamilton, Consultant Cardiac Surgeon, The Newcastle upon Tyne Hospitals NHS Foundation Trust

Head of Hospital Inspections: Joyce Frederick, Care Quality Commission

The team of 48 included CQC inspectors and inspection managers, an analyst and inspection planners and a variety of specialists: The team of specialist was comprised of a consultant physician in intensive care, two nurses working in accident and emergency departments, four paramedic staff, one emergency care practitioner, a paramedic clinical supervisor and development manager, three managers with an operations role, a head of governance, a director of service delivery, two chief executives, a pharmacist, a safe guarding lead, two people with a role in an operations centre and three experts by experience

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

• Is it safe?

• Is it effective?

Summary of findings

- Is it caring?

- Is it responsive to people's needs?

- Is it well-led?

The inspection took place on 10 and 11 September 2014 with unannounced visits on 30 September and 1 October.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the South Central Ambulance Service. These included local clinical commissioning groups (CCGs); local quality surveillance groups; the health regulator, Monitor; NHS England; Health Education England (HEE); College of Emergency Medicine; General Dental Council; General Medical Council; Health & Safety Executive; Health and Care Professions Council; Nursing and Midwifery Council; National Peer Review Programme; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Public Health England; the medical royal colleges; local authorities, local NHS Complaints Advocacy Service; local Healthwatch groups; and local health overview and scrutiny committees. We also reviewed information collected by Speak Out who hosted a listening event.

During our inspection, we spoke with a range of staff in the organisation including call handlers, dispatchers, paramedics, ambulance technicians, emergency care assistants, emergency care practitioners, community first responders, patient transport services (PTS) staff, the lead

pharmacist, the safeguarding lead, the infection prevention and control lead, the mental health lead, operational managers, emergency operation centre managers, resilience staff and staff at director level.

We visited 10 ambulance stations, the northern and southern EOC (where we listened in to calls and observed dispatchers for the emergency service and PTS. We also visited 10 acute hospitals and one community hospital: John Radcliffe, Oxford; Churchill, Oxford; Wexham Park, Slough; Bicester Community, Bicester; Stoke Mandeville, Aylesbury; Wycombe; Royal Berkshire, Reading; Milton Keynes; Southampton General; Basingstoke and North Hampshire, Basingstoke; Queen Alexander, Portsmouth. At these hospitals, we observed the interaction between ambulance staff and hospital staff in the accident and emergency (A&E) areas, direct admission wards, outpatient areas and discharge lounges. We noted how people were being cared for and spoke with patients using the emergency ambulance service and PTS. We spoke with staff from the hospitals we visited about the ambulance service. We rode and observed on three emergency ambulances and two patient transport vehicles.

We would like to thank all staff, patients and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment provided by the South Central Ambulance Service.

Facts and data about this trust

South Central Ambulance Service NHS Foundation Trust: Key facts and data

1. Context

- Service covers - Berkshire, Buckinghamshire, Hampshire, Oxfordshire and Milton Keynes and the resident population approximately £4million (Significant rural areas).
- Health Summary: Health of population generally better than England average; Deprivation is lower than average; life expectancy is higher than the England average.

- The services has 40 sites; 27 ambulance stations; 489 vehicles of which 312 are frontline ambulances; and supports the operation of two Air Ambulance helicopters.
- The services covers 10 acute hospital sites, 2 Major Trauma Centres, 7 specialist site, 5 mental health trusts.
- Staff: 3,000.
- Community First Responders: 946
- Co-responders: 359
- The total income for the service was £162,4million in 2013/14 (£118m spent on emergency services)
- Cost improvement challenge £6.2m (2013/14): Trust achieved this target.

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Summary of findings

2. Activity

- Calls to 999: 416,000 (2013/14)
- Calls to 111: 873,000 (2013/14)
- Patient Transport service Journeys: 678,000 (2013/14)

3. Safe

- **National Reporting and Learning System (NRLS reporting):** Between April 2013 and March 2014, 15 serious incidents were reported by the trust. No Never Events. Summer 2013 had significantly more incidents reported to NRLS than any other four month period.
- **Staff survey**: Worse than average for three questions relating to % of staff witnessing potentially harmful errors, reporting of errors and near misses and availability of hand washing materials.
- **Staff survey**: Better than average for % of staff felt satisfied with the quality of work and patient care they are able to deliver
- **Central Alert System:** Worse than expected for acknowledging with 2 days; similar to expected for completion according to deadline.

4. Effective

DH ambulance quality indicators

- **Better than expected:** proportion of suspected Stroke patients who receive an appropriate care bundle.
- **Similar to expected:**
  - STEMI patients being transferred to centre capable of delivering PPCI and receive angioplasty within 150 minutes of the call.
  - Ambulance calls closed with advice (where clinical appropriate)
  - Ambulance calls managed without transport to A&E (where clinically appropriate)
- **Tending towards worse than expected:**
  - Re-contact rate <24 hours following discharge of care by telephone
  - Re-contact rate <24 hours following discharge of care at the scene
- **Much worse than expected:**
- Proportion of STEMI patients receiving appropriate care bundles.

Ambulance clinical performance indicators (comparison between trusts) 2013/14*

- ROSC at time of arrival at hospital (Overall) (%) : **Rank 1 (best of all 11 ambulance trusts)**
- ROSC at time of arrival at hospital (Utstein Comparator Group *) (%) **Rank 8**
- Cardiac - survival to discharge - overall survival rate (%): **Rank 1**
- Cardiac - survival to discharge –(Utstein comparator group *) survival rate (%): **Rank 1**
- % of patients suffering a STEMI who are directly transferred to a centre capable of delivering PPCI and receive angioplasty within 150 minutes of call. **Rank 6**
- % of patients suffering a STEMI who receive an appropriate care bundle. **Rank 11 (worse)**
- % of FAST positive stroke patients who arrive at a stroke unit within 60 minutes of call. **Rank 11**
- % of suspected stroke patients who receive an appropriate care bundle. **Rank 3**

Category Red calls (2103/14; April to June 2014)

- **Emergency response**
- Red 1: 75% of calls within 8 minutes - Target met overall
- Red 2: 75% of calls within 8 minutes - Target met overall

- **Vehicle capable of transporting a patient at the scene**

Category A calls (Red 1 and Red 2) - 95% in 19 minutes - Target met overall.

5. Caring

Hear and Treat survey 2013/14 national NHS survey programme.

25 questions on call handling, clinical advice, outcome and overall service.

- 23 questions - same as average
- 1 question - Best trust in explaining why an ambulance would not be sent
- 1 question - Worst trust in not mentioning the caller would receive a call back

6. Responsive

- **Conveyancing:** Above England average for emergency calls – proportion of incidents managed without the need for transport to A&E

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- **Telephone Advice:** Below the England average for emergency calls dealt with by telephone advice only.

7. Well led

- **NHSLA Risk Management Standard**. Level 1 achieved October 2012 (worse than expected)
- **Department of Health, Information Governance Toolkit -** attained either levels 2 (similar to expected) or level 3 (better than expected) on the indicators when compared to other trusts. .
- **Complaints:** 86% of complaints are being resolved within 25 days against a target of 95%.

- **NHS Staff Survey (2013).** The trust scored significantly better than average on 63 out of 91 questions; the trust was similar to average for 25 questions; the trust was rated as worse than average on 3 of the 91 questions.

8. CQC inspection history

- Four inspections had taken place at the trust since its registration in April 2010.

Compliant at last inspection in October 2013.

Summary of findings

Our judgements about each of our five key questions

	Rating

Are services at this trust safe?

Patients were appropriately triaged for emergency services and there were welfare checks for patients when an ambulance might be delayed. The use of special notes ensured that patient's receive safe and appropriate care. These detailed clinical information for patients with complex needs or risk information if there was a safety concern. Patient records were maintained to a high standard and patients were appropriately identified and escalated for treatment if their condition deteriorated. 'Do not attempt cardio-pulmonary resuscitation' (DNA CPR) orders were used appropriately and staff had training and understanding about end of life care across all services.

Vehicles were well maintained and serviced, and most were visibly clean. Infection control procedures were followed but needed to improve in a few areas. Appropriate equipment was available and well maintained and this was standardised across the trust. Some automated external defibrillators (AEDs), for use in patient transport services (PTS), needed to be more accessible or regularly checked. Medicines were appropriately stored and tagged for ease of use in an emergency and PTS crews were able to administer oxygen when this was required. There needed to be better arrangements to check the safe storage of medicines in some areas. Driving standards were monitored and action taken was taken to improve performance.

Safeguarding procedures were followed but the timeliness of reporting and documentation needed to improve. Incident reporting was improving following the introduction of a new electronic reporting system and learning was effectively shared in emergency services, although this needed to improve in EOC and PTS. Staff in EOC and PTS needed a better understanding of the Mental Capacity Act 2005, and of dementia care and all staff wanted to improve their knowledge of mental health conditions. The trust had introduced mental health practitioners into the EOC and was working with local mental health trusts to better coordinate and support care patient care.

The trust had a high number of staff vacancies and was feeling the impact of a national shortage of paramedics. Staff worked agreed roster patterns, but many worked long hours, some without breaks, and those in emergency services were reporting stress and fatigue. There was a rising demand for services that was above predicted levels. The trust had introduced shift changes to help manage resources to meet demand in emergency services and rotas

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were being introduced to further improve the work life balance of staff. There was moderate to high pressure on the service during our inspection and the trust was communicating effectively with hospitals to align conveyancing decisions against waiting times and the capacity to receive patients. Planning and preparation to respond to a major incident were effective, and done in conjunction with partner organisations.

Are services at this trust effective?

The trust used national evidenced-based guidelines to prioritise and categorise emergency calls based on the clinical needs of patients. The service needed to improve for mental health patients in crisis and/or in need of place of safety (Section 136 of the Mental Health Act 1983). The answering of emergency calls was not within the trust target of 5 seconds and the trust had average time of 40 seconds. Rapid response vehicles (RRVs) or ambulance crews were dispatched in just over 1 minute, but this was above the trust targets of 30 and 60 seconds, respectively. Overall, national response times for emergency and urgent care were being met and most treatment and care was meeting national standards. Patients who had had a heart attack received pain relief, although not always the pain relief that was nationally recommended. This was improving following a campaign by the trust to reiterate and train staff to use the appropriate pain relief. Patients who had a heart attack did have a timely arrival at hospital. Those who had had a stroke had appropriate care, but there were delays in their arrival at hospital. The trust had good outcomes overall for the survival of patients who had had a cardiac arrest, but needed to improve the effectiveness of action taken when staff witnessed a cardiac arrest.

The trust was below average for the number of 'hear and treat' calls, which is the proportion of calls dealt with based on telephone advice only; but it had the highest percentage (the best in the country) for treating patients without the need for transport to hospital ('see and treat'). Re-contact rates following these interventions were higher than national average in 2013-14 but was now below national average for 'hear and treat' this year (April to July 2014) and was decreasing for 'see and treat'.

Emergency care for A&E and maternity services was well coordinated with the acute hospitals across Oxfordshire, Buckinghamshire, Berkshire and Hampshire, and there was effective multidisciplinary working with acute hospitals, community organisations and GP teams. There was also coordination of care along specialist pathways, for example, for critical care, and the care

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of children with diabetes. However, care pathways for cardiac and stroke patients in Buckinghamshire and for mental health patients across the county needed better coordination. The trust had action plans to improve the coordination of care in these areas.

The service followed eligibility criteria from clinical commissioning groups to ensure patients were appropriate for patient transport services (PTS). National clinical guidelines were used in the event of any patient needing urgent medical care. Overall, the service was not meeting performance criteria and many patients experienced delayed or missed appointments; this in turn had an impact on the timeliness (and length) of outpatient consultations, diagnostic scans and renal dialysis treatment. The service needed to be better coordinated with hospitals, but staff worked well in multidisciplinary teams to share information with GPs, hospital and community staff.

Not all staff had dedicated time to complete training and consequently, the uptake of some mandatory and statutory training was low. Staff could apply for funding to support their continuing professional development and career aspirations. The trust had worked in partnership with Oxford Brookes University to provide staff with extra opportunities to develop their careers by becoming a paramedic, and to counter the national shortage of paramedics. A foundation degree course was to start in January 2015. The training covered an 18-month period and included in-hours training. The trust's investment had been significant in terms of the time taken to negotiate the resources and facilities for the programme and the release of staff from work duties. There was access to specialist training, which included learning disabilities, dementia care, end of life care, infection control and mental health awareness. However, staff in PTS and EOC needed a better knowledge of the Mental Capacity Act 2005, and of dementia care and mental health conditions.

Are services at this trust caring?

Staff were caring and compassionate when delivering services, and they treated patients with dignity and respect. Patients were involved in discussion about their treatment and care, including why they may not need to be taken to hospital. Staff listened carefully to what patients said, and they explained procedures and treatments in a way that the patients, or their relatives or carers, could understand. In patient transport services (PTS), patients needed more information about whom to contact in the event of a delayed or missed appointment.

Patients spoke positively about the kindness of staff. The staff were extremely sensitive, supportive and reassuring to vulnerable patients. Patients, their relatives and others received emotional

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support when experiencing distressing events, including when someone had died. Patients were supported to manage their own health by using non-emergency services when it was appropriate to do so.

Are services at this trust responsive?

Emergency calls were allocated and triaged to appropriate patient pathways. These could be an ambulance, a GP appointment, or care in their own home or another community setting. Patients who were critically unwell and needed the air ambulance or specialist services had a separate triage process. GPs and staff in community hospitals had a direct line to call. The trust was monitoring long waiting times and had introduced measures to ensure that people were monitored while waiting and that high-priority calls took precedence. There was an impact however on people who may be in a healthcare setting but awaiting transfer to another hospital for acute care, and for people at a distance from a resource centre. The trust was taking action on these issues

Patient transport services (PTS) provided non-emergency transport for patients who attended hospital outpatient clinics, or who were admitted to or discharged from hospital. The services across Oxfordshire, Buckinghamshire, Berkshire and Hampshire had different eligibility criteria from clinical commissioning groups. The trust was compiling a directory of services to signpost people appropriately if they did not meet the criteria. There needed to be a policy for transporting children in PTS.

There was support for people who could not speak English, or who had hearing difficulties or speech impairment, to access the 999 emergency call services. Information was available to meet the needs of patients who had a complex or chronic clinical condition. The trust had begun to analyse the needs of frequent callers to better coordinate services with GPs and other healthcare professionals to manage demand. There was support for bariatric patients and those with a learning disability or dementia. Ambulance staff had less training and experience to deal effectively with people with a mental health condition. Care pathways to coordinate responsive services for people in crisis were not well developed. People whose first language was not English were supported with advice and language aids where available in the ambulance.

The trust was not meeting 'pick up' and 'drop off' times for PTS and patients did not know where to send complaints or compliments. Complaints, when received, were handled appropriately but the

Summary of findings

investigation and response sometimes took longer than the trust target time of 25 days. There was evidence of action as a result of complaints, but some staff had not received feedback and learning was not consistently shared.

Are services at this trust well-led?

The trust had a vision and clinical strategy to provide excellent, sustainable services. These included coordinating mobile responsive healthcare services so that people received the right care at the right time and in the right place; this could be care closer to home. Governance arrangements were clear and there was an integrated performance report to benchmark quality, operational and financial information. The trust identified quality priorities and could demonstrate progress. However, much of the data on risk and quality was at a high level and some risk issues, such as safeguarding and significant delays in PTS, needed a better focus. The leadership team of the service showed commitment, enthusiasm and passion to develop and continuously improve services. Most staff reported that the trust culture reflected an effective and responsive service rather than a target-driven organisation. Leadership at team level varied and the trust needed to improve this area to develop its strategic priorities.

Public engagement took place through a variety of means, such as liaison work, use of social media and trust membership. Patient feedback through surveys, interviews and liaison work, was being used to improve the service. Staff were positive about working for the trust. They said it was a friendly and positive place to work but not without its challenges: namely, managing tight resources against an increasing demand for services. Staff engagement was well developed although staff indicated the need for more ongoing dialogue about service changes. The trust had a highly innovative culture and staff were encouraged to suggest new ideas to improve service delivery. This was seen as important against a background of tightening resources, but also essential to develop services in response to the needs of patients. There were many examples of service improvements developed by the trust and the staff. The trust could demonstrate proactive and effective financial management to invest in new technology and service developments, and to ensure the sustainability of services. Cost improvement programmes were demonstrating savings and were monitored. Mitigating actions were identified to reduce the potential impact but the action taken on some of these needed to improve.

Vision and strategy for this service

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- The trust had a five-year strategy that would develop the service into more than a traditional one providing transport. The strategy intended for the trust to lead on the coordination of mobile healthcare services that would ensure that people would receive the right care at the right time and in the right place. The service would aim to guide patients around emergency and urgent care services, and improve the range and availability of services offered in each local area. This would include clinical assessment, signposting people to appropriate services, treating them in their own homes and, locally, improving pre-hospital care and taking people to an appropriate healthcare setting.
- The trust had identified the key challenges to improving patient care and supporting local systems to manage the rise in demand, within the context of tightening finances and increased competition. The strategy was developed in February 2014 and was quality driven. There were clear objectives that were regularly reviewed.
- Current developments to improve services included
  - better monitoring and refinement of staff rotas to more accurately and flexibly align capacity with overall demand;
  - implementing the electronic patient records system to personalise care and link 'special notes' (which detailed clinical information for patients with complex needs or risk information if there was a safety concern)from GPs and other health professionals to the electronic records;
  - modernising PTS with a single virtual computer-aided dispatch system, scheduling and electronic communication with road staff;
  - establishing a team to analyse the needs of frequent callers;
  - and implementing a tool to accurately predict emergencies in each dispatch area, based on modelling historical data and adding in factors such as weather or unforeseen events.
- The trusts' organisational values for 2014/15 aimed at delivering high performance through teamwork, innovation, professionalism (setting high standards) and caring. Its vision was encompassed in the strapline "Towards excellence – Saving lives and enabling you to get the care you need".
- Most staff we spoke with were not aware of the trust's overall vision and strategy but were aware of changes that were happening in their services, and all staff were aware of the values of the organisation. Some staff knew that there was information on the intranet that they could access. Staff in PTS, however had the least knowledge,
- Most staff were aware of, and showed, that they 'lived' the values of the organisation.

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Summary of findings

Governance, risk management and quality measurement

- The trust governance structure was managed through the quality and safety committee, which reported to the board on clinical effectiveness , patient safety and patient experience. There were sub- committees to manage specific areas of governance, such as medicines management or serious incidents requiring investigation.

- The trust used internal quality indicators, mandated quality metrics and external reports, such as the Francis Inquiry, the Berwick Report and the Keogh review on Urgent care, to develop its strategy and quality account. An action plan had been produced. It focused on three priority areas based on clinical quality, patient safety and patient experience.

- The trust quality account 2013/14 showed a focus on priority areas around clinical quality, patient safety and patient experience. Improvements were noted for most areas, with work ongoing to achieve compliance where priorities had not been met (that is, promoting a patient safety culture and using the care bundle for patients who had had a heart attack).

- Many areas had team meetings and monthly operational performance meetings to review quality and operational issues. These reported to the trust's Level 2 meetings (operational leadership level) and then senior management meetings. This structure was not replicated in all areas and documented minutes of discussion and actions from these meetings did not consistently identify the action taken in response to risks and performance issues.

- Quality, operational and financial data was monitored through an integrated performance report. This included information on areas that could be benchmarked with other ambulance services and performance against national targets. The report was being developed so that the trust could focus on localities and use a predictive model of risk based on local information. It was not always clear what specific action was being taken in an area identified as a risk but not included as an indicator for example, under safeguarding or significant delays in PTS.

- The corporate risk register included clinical, organisational and financial risks, and used likelihood and severity criteria for risks to develop a rating score. There were mitigating actions and controls. The register identified high-level risks for an ambulance trust and contributed to the board's assurance framework, which was used as a strategic predictive tool. Some risks, however, based on the trust's actual delivery of services (such as safeguarding issues, medicines management, incident reporting or infection control issues) had not been identified or assessed.

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- The trust worked in a complex environment and there was an array of data collected. Action was being taken to ensure that the data was being centralised for use, but data was not always used effectively when it was collected.
- Contracts were monitored effectively for private providers in emergency care but this was inconsistent in PTS and some security and employment checks had not been done for volunteers.
- The trust monitored progress against the trust's strategy and quality account every two months and a risks summit was held once a year to review progress. The board assurance framework was monitored at every board meeting.

Leadership of service

- The trust leadership was relatively stable. The Chief Executive and key directors had been in post for a number of years. The Director of Patient Care joined the trust in June 2013 and the Chief Operating Officer in July 2013. There was a new non-executive director in January 2014.
- The leadership team showed commitment, enthusiasm and passion to develop services. They were rising to the challenge of continuous quality improvement alongside a rising demand for services and tightening budgets and resources. Governors of the trust were invited to sit on specific groups (for example, the patient experience and clinical review groups). The board and governors had had strategy sessions so that the board could obtain the views of governors about the strategic direction of the trust. The trust undertook annual effectiveness reviews to ensure that the governors were delivering their statutory duties
- Leaders were supported to develop their roles, for example, the Medical Director told us that he was taking part in a national leadership training programme and non-executive directors told us they were supported with specific learning and development opportunities to fulfil their role. The governors told us they were well supported by the trust leadership and had received relevant training to fulfil their roles.
- The trust had a team structure to make 'leadership' visible and clear at locality level, and to lead the service changes identified in the strategy. There had been three leadership days in the trust to support team leaders, area managers and operational leads.
- The NHS Staff Survey 2013 identified that the trust was similar to other trusts for the percentage of staff reporting good communication between senior management and staff. It was understood that the diverse nature and spread of the workforce

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made visibility difficult. Staff reported that they knew who their team leaders were; they also knew the senior management team and the leadership team of the trust although. Many staff said the Chief Executive was visible.

- The leadership team was clear about the strategic direction of the trust, but messages were being diluted through the operational tiers of the organisation. Staff were not always aware of the reasons for some changes, or the opportunities available to them as employees. When the reasons were clearer (such as when resources were diverted to meet demand), staff asked for engagement and communication to be more of a dialogue, rather than messages sent down from the top.

- Team leaders were supported with specific training and development opportunities. The trust acknowledged that there was variation in the leadership skills of some team leaders. This was particularly evident in PTS where many team leaders needed more support. The capacity of leaders to deal with specific areas (safeguarding, medicines management and infection control) also varied.

- The trust had a clinical lead in mental health and learning disability. This role was unique among ambulance trusts. The lead had established a national mental health group for ambulance trusts, and worked with partner agencies such as the Royal College of Psychiatrists and the College of Policing.

Culture within the service

- We held focus groups for staff but these were not well attended. We spent time seeking out staff on duty, so as to be able to talk to as many as possible. Some staff reflected that they were too busy to attend the focus groups; others were unaware that they were being held. A few told us that it might have been more helpful to have held them in non-trust locations.

- Most staff were very positive about the service they provided. They wore their uniforms with pride, acknowledging that their service was held in high esteem by the public. Many were concerned about the challenges of meeting the rising demand for services, and the impact these were having on their working hours, terms and conditions, and roles. Staff indicated, and we observed, that morale was low in some areas. However, many were positive and resilient because of the critical nature of the service they provided. They 'lived' their values, which was "Towards excellence – Saving lives and enabling you to get the care you need".

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- The trust had identified a number of services to support staff, for example, a confidential counselling service and trauma risk management [TRiM] service to support staff that had dealt with a distressing or traumatic incident, and to assess their need for further intervention.

- The leadership team was clear that the service it provided was not target driven but about the effectiveness of response. Many staff at all levels identified that the culture was driven first by quality, which was not sacrificed for targets or finance. There was some concern, however, about the pressure to meet targets in the northern operations centres.

- Staff had a sense of collective responsibility and were focused on care pathways for patients. As an organisation, however, there was a north/south divide in management culture with staff reporting more support and understanding from managers in the south, particularly in the emergency control centres. There was also a distinct difference within PTS, where staff considered they were the 'Cinderella' service of the trust.

- The trust did a staff survey in 2013/14 using the Manchester Patient Safety Framework (MaPSaf). This is a system where an organisation can have its current patient safety culture evaluated by its employees, and responses are categorised along a scale from 'pathological' (such as blame and denial of risk) to 'generative', where there is anticipation, response and learning from risk. The trust was still analysing this information. Most staff told us they would raise concerns about patient safety, but many also commented that they did not have formal opportunities (such as in regular team meetings) to do this.

- As an ambulance trust, there was a wealth of stakeholders from commissioners, acute hospitals, local authorities and local Healthwatch groups. These stakeholders identified that the trust was an open and transparent organisation, worked well in partnership and was increasingly responsive to concerns. It was acknowledged that the trust managed difficult circumstances well.

Staff engagement

- The leadership team undertook walkarounds to engage with staff and promote the culture of safety. The team discussed issues with staff and did environmental checks. Areas for action were reported to the trust's quality and safety committee for monitoring. Operational and clinical leads undertook walkarounds focusing on environmental standards and health and safety.

- The trust had produced two documents with the input and direction of staff. These were called 'Room for Improvement'

and 'What SCAS Does Well'. The documents identified where the trust needed to improve, and the innovation and improvement work undertaken by the staff and leadership team over the past year. The documents were produced in preparation of the Care Quality Commission inspection, but the process and outcome had proved popular with staff and the trust intended to continue to produce them.

- The trust was above average in 14 (50%) of the 28 questions in the NHS Staff Survey 2013. It was in the top 20% of trusts for staff engagement overall and for questions on support from immediate managers; appraisal; lower levels of physical violence from staff; and bullying and abuse from the public. It was in the bottom 20% of trusts for the availability of hand-washing materials; job training; reporting errors, near misses and incidents; effective teamworking; and equal opportunities to career progression. The trust scores had deteriorated compared to 2012 on work related stress, equal opportunities to progress, staff appraisal and motivation at work. Trust scores had improved compared to 2012 on equality and diversity training and health and safety training.

- The trust used a variety of means to support good staff communication (for example, the Chief Executive's blogs, newsletters, screens at control centres and electronic communications). Many staff told us communication was good considering the logistical difficulties. However, the reliance on electronic communication was a concern for those who had little access to computers.

- All policies and procedures were signed off with the joint consultative committee and staff groups, and the trust had good relationships with its staff. Staff told us that there had been effective engagement around key changes, such as those to shifts and rotas, and working unsociable hours, and the decision that the new emergency care assistant should work alongside paramedics rather than technicians. However, as the changes had progressed and their impact was clearer, the staff wanted ongoing engagement and dialogue on these issues.

- The team structure was valued by staff. They identified that it was improving effective teamworking, and that clinical mentoring was now embedded within teams.

- The trust required a vehicle capacity of 135% to take account of repairs and maintenance, but it was running at 128%. It was replacing 32 dual crew ambulances in 2014, 22 were replaced routinely (which happened every 7 years); 4 were replaced due to an increase in demand; 6 were replacing damaged vehicles. Sixty-three new PTS vehicles were to be purchased as part of the new contract for the PTS in Hampshire starting on 1 October

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2014. Staff were engaged in the procurement, selection and layout of vehicles, as well as the selection of equipment, through the equipment and vehicle working group and the recently established vehicle planning and procurement group.

- There was an annual award ceremony called the 'AMBIES'. Staff had the opportunity to nominate individuals who showed dedication and commitment in their work every day. There was a judging panel and staff were considered against the core values of the organisation, which were professionalism, caring and compassion, teamwork, innovation, taking responsibility, a 'can do' attitude and demonstrating pride. The AMBIES covered all staff groups although there was no defined category for staff working in PTS

Public engagement

- The trust board heard patients' stories and concerns at alternate board meetings. These helped the board to identify where changes could be made to improve services.
- The Chief Executive was the chair of the trust's patient experience group and the governors of the trust identified that they had a major public engagement role and lead on these issues. The trust had over 12,000 foundation trust members gathered through a sustained campaign to increase support and awareness about the trust.
- The trust had increased its number of community first responders and co-responders (with medical students, fire services personnel, the military and the police), recognising that it needed to maintain the level of services (and increase exposure to patients) through co-production. The trust had approximately 946 community first responders and 349 co-responders and was working towards 10 to 15,000 people based on the 'Seattle Model', in which everyone was trained in cardio-pulmonary resuscitation as a community.
- The trust had identified effective public engagement as an important way to improve patient care and had undertaken a number of initiatives and public education work. These included roadshows, patient forums and meetings with local community groups; health events with private companies; a 'Name the Bear' competition in schools to improve children's awareness of 999; a fall prevention scheme in residential homes and day centres; and educational talks to secondary schools, colleges and universities. Twitter and other social media were also used.
- The trust provided a service on Friday and Saturday nights in the city centres of Portsmouth (Safe Place) and Southampton (ICE Bus). This offered support, first aid and transfer to hospital

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(if needed) for the public enjoying a night out. The service had been set up in partnership with other organisations, such as the Hampshire Police, the local councils, volunteers and local street pastors.

- The trust had started a campaign to minimise the misuse of 999. To directly combat hoax and inappropriate calls, it was asking members of the public to only call 999 for emergencies and life-threatening situations. The campaign provided information and a hard-hitting video to the public that illustrated how lives can be put at risk when 999 is called inappropriately.
- Patient feedback through surveys, interviews and liaison work, was being used to improve the service. The PTS in particular undertook regular surveys and there were good examples to demonstrate service improvement in response to concerns. For example, the new fleet of vehicles and renal patient's project to improve drop off and pick up times.

Innovation, improvement and sustainability

- The trust had a highly innovative culture and staff were encouraged to suggest new ideas to improve service delivery. This was seen as important against a background of tightening resources, but also essential to develop services in response to the needs of patients. There were many examples of service improvements developed by the trust and the staff.
- The trust had produced a report on its innovation in the past year or so. This was called 'What We Do Well' and gave many examples of where its action and those of its staff had improved services. This included the automatic external defibrillator (AED) locator mobile phone application, a trauma triage tool, the 24-hour labour line and blood transfusions on the air ambulance.
- The trust had analysed the factors that affected its clinical, operational and financial sustainability, such as recruitment, reconfiguration of acute services, a growth in demand for services and competition from other providers. Mitigating actions were introduced and monitored.
- The trust, as a foundation trust, is regulated by Monitor. As part of its regulatory regime, Monitor assigns risk ratings to each foundation trust. In 2013/14, the trust had a four-risk rating (no evidence of concerns) for continuity of service, and a green-risk rating (no evidence of concerns) for governance. Its annual business plans were rated amber/green.
- The trust could demonstrate proactive and effective financial management to invest in new technology and service developments, and ensure the sustainability of services.

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Budgets were pre-planned and resources identified on a monthly basis. Data was being used to identify where resources may need to be diverted, for example, to areas of low performance.

- The trust identified that any financial surplus should be used to bolster performance, and that being a foundation trust and providing a quality service had helped it to win tenders. There was a large exit fee if contracts were lost, so the trust was working to maintain and increase the number of contracts won for services. A surplus of £0.5 million in 2012/13 had been used to improve quality. The trust had also secured a £7 million capital loan over 5 years to secure its financial position and make the necessary investments. In 2013/14, the trust had invested in its development and change programme, which included investment in IT, the electronic patient record system and a university programme to train future paramedics.

- The trust was financially stable in its current configuration. It had a surplus of £1.5 million in 2013/14 and a year end cash balance of £8.3 million, which it used to pay off £1 million of the capital loan.

- The trust was investing to improve effectiveness (for example, with private providers to improve response times due to the shortage of paramedics, by supporting 30 university paramedic places and by replacing the vehicle fleet with high-quality vehicles that would last longer). Some investments were still being rolled out but were produced some inequalities in the interim (for example, staff in the south had protected learning time but this had yet to happen in the north).

- The trust had cost improvement programme targets of £6.2 million in 2013/14 and these were achieved. Quality impact assessments were undertaken, and the Director of Patient Care and the Medical Director approved planned projects to ensure that there was no detrimental impact on quality. The trust had forecasted a £0.5 million surplus this year. Each cost improvement programme was monitored in an integrated performance report and given a risk rating according to its potential impact on service quality and delivery; mitigating actions were identified to reduce the potential impact but the action taken on some of these needed to improve. For example, arrangements for deep clean had changed from 8 to 12 weeks but some vehicles were not being cleaned at 12 weeks; and in PTS there was recruitment of band 2 assistants instead of band 3 but monitoring of complaints and incidents needed to improve.

Responsibilities under the Civil Contingencies Act 2004

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Summary of findings

- The ambulance service was classified as a Category 1 responder under the Civil Contingencies Act 2004. **Category 1 responders** are the organisations at the core of an emergency response. The trust would need to assess the risk of emergencies occurring and use this to inform contingency planning. The service had arrangements in place to inform the public about civil protection matters and to warn, inform and advise the public in the event of an emergency.

- The trust had a command and control policy whereby a bronze, silver or gold command structure would carry out an authoritative command in the event of a major incident or emergency as described in Civil Contingencies Act 2004. Senior staff were aware of the categories of response (bronze, silver or gold) and the actions entailed within this in the event of a major incident.

- The trust is a member of local resilience forums (LRFs) across South Central area. Within the Thames Valley region, for example, the LRF is chaired by Thames Valley Police. There are a series of working groups that deliver the LRF's strategic goals and discharge the duties specified in the Act.

- The trust had worked with the Joint Emergency Service Interoperability Programme (JESIP). This was a partnership set up to improve the ways in which police, fire and ambulance services worked together at major and complex incidents. Staff received joint training with these other services at varying levels, depending on their role within the trust.

- The trust participated in emergency plans and rehearsals in 2014 relating to a Chemical, Biological, Radioactivity and Nuclear (CBRN) incident scenario.

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Outstanding practice and areas for improvement

Outstanding practice

- We observed many examples where staff demonstrated outstanding care and compassion to patients despite sometimes working in very difficult and pressured environments. Staff "lived" the values of the trust "Towards excellence – Saving lives and enabling you to get the care you need".
- Representatives of the trust attended local youth organisation meetings, village fetes and school assemblies. The trust had developed a child-friendly first-aid book printed specially for schools and the wider local community.
- The trust provided an innovative learning resource to their frontline staff using the educational resource centre and film centre at Bracknell. The staff were involved in making films which supported learning around new guidelines from the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).
- The trust had introduced a lifesaving automatic external defibrillator (AED) locator mobile phone application. By using GPS, this app locates the nearest AED in the event of a cardiac arrest. In total, the app identified over 800 AEDs across four counties.
- A new initiative was the introduction of a 'Simbulance': a large command vehicle fully equipped with simulation learning activities. It was an innovative virtual classroom facility in that it gave ambulance staff the opportunity to experience realistic medical situations inside an ambulance saloon.
- Operation centres had direct access to electronic information held by community services, including GPs. This meant that the staff could access up-to-date information about patients (for example, details of their current medication).
- Trauma risk management (TRiM) was in place to provide confidential support to staff who may have been affected by traumatic incidents or conditions. Staff were assessed 3 days after a traumatic event and again after 28 days. Thirty-two TRiM practitioners gave peer support and advice, and there was also an external counselling service. The early intervention had both reduced sickness absence and improved the welfare of staff.
- The Helicopter Emergency Medical Services (HEMS) showed innovative practices and learning taken from combat zones. The team now had the equipment and skills to give blood transfusions and perform ultrasound and blood gas tests. In some circumstances, this bypassed or reduced the time a patient had to spend in the accident and emergency (A&E) department, and meant they could receive treatment immediately on arrival at the hospital. HEMS was also planning to introduce a night service, so it would operate 24 hours every day.
- The introduction of a midwife to the clinical support desk (CSD) in the Southern House emergency operation centre had improved the outcomes for expectant mothers and their new babies. The 24-hour labour line started as a pilot in May 2014. It gave women in labour access to advice and support, whereas the 'professional's line' enabled medical professionals to speak to a midwife 24/7 during a woman's labour and birth. The service had over 1,600 calls in the first eight weeks.
- The trust provided a service on Friday and Saturday nights in the city centres of Portsmouth (Safe Place) and Southampton (ICE Bus) to provide support, first aid and transfer to hospital if required for the public enjoying a night out. This had been set up in partnership with other organisations such as the Hampshire Police, the local council, volunteers and the local street pastors
- The trust had a clinical lead in mental health and learning disability. This role was unique among ambulance trusts. The lead had established a national mental health group for ambulance trusts, and worked with partner agencies such as the Royal College of Psychiatrists and the College of Policing. The introduction of mental health practitioners into the EOC was supporting operational practice and care to mental health patients.
- The trust had worked in partnership with Oxford Brookes University to provide staff with extra opportunities to develop their careers by becoming a paramedic, and to counter the national shortage of paramedics. A foundation degree course was to start in January 2015. The training covered an 18-month

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Outstanding practice and areas for improvement

period and included in-hours training. The trust's investment had been significant in terms of the time taken to negotiate the resources and facilities for the programme and the release of staff from work duties.

Areas for improvement

Action the trust MUST take to improve
The trust must ensure that:

- Staff uptake of statutory and mandatory training meets trust targets.
- Staff in EOC and PTS understand the Mental Capacity Act 2005.
- All EOC and PTS staff receive safeguarding training to the required level so that they are able to recognise signs of abuse and ensure there are robust arrangement in place for staff to report concerns within the agreed timescale.
- Emergency call takers answer calls, and the emergency medical dispatchers dispatch an ambulance within target times.

Action the location SHOULD take to improve

The trust should ensure that:

- Procedures for incident reporting continue to improve and staff in EOC and PTS have appropriate training and are able to report incidents directly. There must be timely investigation of incidents, staff must receive feedback and learning must be shared.
- The risks around IT vulnerability in the EOC and PTS are appropriately managed.
- Infection control practices are followed and ambulance stations (resource centres) and vehicles are effectively cleaned and deep cleaned.
- There are suitable arrangements to ensure that equipment is regularly checked and fit for purpose.
- Staff are aware of the appropriate steps to take to reduce the risks to patients left unattended in PTS ambulances because of staff working alone.
- Appropriate equipment is available in all areas for the transport of children in PTS and this continues to be rolled out for emergency transport.
- Volunteer drivers in PTS have the appropriate safety and employment checks before working within the service.

- The trust to continue to work with partners and ensure the planning and scheduling of PTS improve to prevent delays and missed appointments, and to reduce the impact on the clinical care, treatment and welfare of patients.
- The governance and security arrangements for the management of controlled drugs need to be improved in Hampshire.
- Recruitment of staff in all areas continues and there are specific staff retention plans in response to identified reasons as to why staff leave.
- Staff in PTS receive appropriate training on dementia care, learning disabilities and all staff continue to received training in mental health conditions.
- Anticipated resource and capacity risks in PTS continue to be appropriately identified, assessed and managed.
- Pain relief continues to be appropriately administered for patients with ST segment elevation myocardial infarction (STEMI) and pain relief for children is effectively monitored.
- Continue to work with acute trusts to review protocols for the non- critical transfer of hospital patients.
- There is better coordination of care between providers, in particular for cardiac and stroke services in Buckinghamshire and mental health services.
- Complaints are responded to within the trust's target of 25 days. All staff in EOC and PTS receive feedback from complaints and learning is shared.
- Operations staff in PTS are appropriately resourced to be able to answer telephone calls.
- Patients (or people acting on their behalf) using the PTS are made of aware of how to complain or send compliments about the service.
- Staff in PTS have regular supervision and the trust should raise awareness amongst staff about the professional and career development opportunities within the trust.

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Outstanding practice and areas for improvement

- The formal structure of team meetings is in place for all staff groups and staff are given the opportunity to attend, share information and raise issues or concerns.
- Staff have a better understanding of the trust's vision and strategy as it applies to their service in EOC and PTS and staff communication continues around service changes and development.
- Leadership in the northern EOC and PTS supports staff and action is taken to improve staff morale where this is low.

- Staff in PTS receive feedback from the completed patient satisfaction surveys.
- There are better governance arrangements within EOC and PTS to share information with staff, so that staff can raise concerns and risks are appropriately identified, assessed and managed.
- There are better governance arrangements for private providers in PTS and make ready services.

South Central Ambulance Service NHS

NHS Foundation Trust

SCAS OPERATIONAL PLAN 2015-16

Executive summary

SCAS is much more than a traditional ambulance service. It is also a clinical assessment and sign-posting service for people who are ill, injured or concerned about their health.

We are continually striving to offer the right care, first time for each individual patient. This strategic goal is well aligned with both the new models of care in the NHS Five Year Forward View and the emerging service models in our local systems of care.

The key challenges facing SCAS are to improve the quality and effectiveness of patient care, and to support local systems in managing rising demand. These improvements must be achieved in the context of tightening finances, increased commercial competition and a scarce supply of staff.

This plan sets out how SCAS will rise to these challenges and progress towards our vision.

SCAS role	Focus for 2015-16
To enable you to identify and access the care you need	To develop our assessment, signposting and advice services
	To explore ways to share our infrastructure with partner agencies, to facilitate coordinated care across systems
To save lives and improve outcomes	To invest in new roles and career development, in order to secure a sustainable workforce and respond to local needs
To enable you to stay safely in your own home or community	To enhance our 24/7 mobile healthcare service
	To work with our partners to redesign local systems of care, building on the models proposed in the NHS Forward View
To ensure you can travel safely between home and care settings	To modernise our patient transport and logistics services
	To offer enhanced services to support people returning home
To support efficient and effective flow around systems of care	To transform our analytical capability and capacity
	To offer a 'helicopter view'
To secure our competitive position as provider of choice	To transform our cost base
	To ensure full compliance with all contractual and regulatory standards

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2. Progress against delivery of the strategy
3. Quality priorities
4. Operational plan
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6. Board declaration for sustainability and resilience

Establishing the strategic context

1.1 | Service performance in 2014-15

1.1.1 Emergency 999 Service

We have achieved most contractual standards and maintained good performance against other indicators.

During the year, our focus has been on overcoming the challenges faced against emergency (red) response time targets. We achieved both the Red 1 and Red 19 targets for the year, and narrowly missed Red 2, which was impacted by demand surges and resource shortages. SCAS missed both red standards in quarter 3, due to demand surges during the winter. We recovered our emergency response times during quarter 4, and have entered 2015-16 with both Red 1 and Red 2 and Red 19 performance standards being met.

Next year, we are refining our approach to Red performance. We are refreshing our tools to forecast and position emergency resources, with the goal of ensuring resilient and sustainable performance throughout the year. As well as addressing gaps in our own performance, this approach also involves working with stakeholders to resolve challenges in the wider system.

1.1.2 NHS111 Service

SCAS's objective for for NHS111 services in 2014-15 was to maintain national and contractual standards, despite fluctuations in demand.

We have achieved contractual standards. Again, we struggled to flex our resources in time to accommodate the surges in demand over the winter. Performance over the year has been good.

We moved to a single telephony platform and introduced virtual working during 2014-15. This should help to ensure resilient and sustainable performance in the future.

1.1.3 Patient Transport Service

SCAS has a range of Patient Transport Service (PTS) contracts, with each contract having its own unique set of performance indicators. These are typically based around:

- The timeliness of collection and delivery of patients to and from their appointments for treatment.
- The length of time any individual patient spends on a vehicle, en route to and from their appointment.
- Specific metrics related to the treatment of certain patient groups, for example renal patients who are very regular users of the service, where the timeliness of collection and delivery to treatment centre is critical.
- Performance standards related to the operation of our coordination centres, which include the timeliness of call answering and the recontact timescales for those callers who leave voice-mail messages.

Performance across each of our PTS contracts is generally good, with local variations influencing our ability to meet specific measures from time to time. Drivers influencing variations included:

- Comprehensive and long term road works in some areas, which have made the planning and delivery of some services difficult without signifiacant additional resources.
- Contract activity volumes significanlty more than anticipated at any given time.
- Call centre volumes significantly higher than plan, where the options of online alternatives have not been utilised.

1.2	**External environment**

There have been no changes to the external environment which significantly change our strategic direction. Developments in the last year, both locally and nationally, have reiterated the need for SCAS to achieve its strategic goals.

However, it is now recognised that there is a national shortage of paramedics. Inevitably, this impacts on various areas such as recruitment and the operational model.

NHS Five Year Forward View [1]

The Forward View describes three models of care for local systems to design and implement to meet the needs of their communities. SCAS has a pivotal role in the successful delivery of any of these models. We are working with commissioners and partners to assess the most appropriate model and to agree next steps in each local system.

There are several themes running through the Forward View, all of which SCAS embrace and we will incorporate into our developments in the coming year.

New commissioning standards for NHS111 services

NHS England published new commissioning standards for NHS111 services in June 2014. These new standards will require us to make some adjustments for any new contracts, but the changes are in line with the SCAS's strategic direction of travel.

1.3	**Local Commissioning**

We are working closely with local commissioners and partners to understand the challenges facing each system:

- To manage the underlying growth and recent spikes in demand for unscheduled care
- To integrate services and pathways across health and social care boundaries
- To reduce hospital admissions and length of stay, for both patients and financial reasons
- To provide more 24/7 services, with a focus on improving the 'out of hours' provision

Our strategy is designed to support local systems of care in responding to these challenges. In line with our commissioners' thinking, we consider that SCAS has a pivotal role in:

- Enabling people to identify and access the care that they need first time
- Enabling more people to stay safely in their own home or community
- Ensuring people travel safely between home and care settings
- Supporting efficient and effective patient flow around systems of care

SCAS also faces the following specific issues:

- Tenders for Berkshire, Oxfordshire and Buckinghamshire PTS, with the risk of losing these to private competition, and potential exit costs from these businesses.

- Financial difficulties within local CCGs and Acute Trusts.

- Significant cost pressures from a tightening in the ambulance resource market, with other organisations attracting Paramedics to them for more pay and better working hours.

- Loss of non-recurring benefit relating to the NHSD successor body and property disposals.

- Re-procurement of NHS111 services.

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[1] *NHS Five Year Forward View, published in October 2014*

1.4	Government and Regulatory Policy

As yet, there are no significant changes to government or regulatory policy which have a significant impact on SCAS strategic direction or operational plans for 2015-16.

Revised ambulance response standards

The NHS is piloting new ambulance response standards. SCAS is watching these pilots closely in order to understand the challenges, opportunities and implications if the changes are implemented nationally.

Care Quality Commission

SCAS was a pilot site for inspection against the new Care Quality Commission (CQC) regulation standards and ratings. Therefore, we have had the opportunity to work with the CQC in developing inspection processes going forward.

1.5	Strategic direction

The strategic context has evolved during 2014-15. The changes have reiterated, and if anything hastened, the need for SCAS to achieve its strategic vision. We have reviewed and refreshed our strategy informally throughout the year.

As part of the 2015 annual planning review, the Executive, Board and Governors have all reviewed the strategic context and recommitted to the strategic direction set in 2014.

2   Progress in delivering the strategy

2.1   Response to the 'Five Year Forward View'

SCAS has a pivotal role in the successful delivery of each service model set out in the Forward View. We are working with commissioners and partners to assess the most appropriate model for each local system and to agree next steps.

- **Multi-speciality Community Provider**
  a group of GPs running community hospitals and employing a range of specialists in community, hospital, mental health and social care

- **Acute and Primary Care System**
  an integrated primary and secondary care provider, similar to the Accountable Care Organisation model that is developing in some other countries

- **Urgent and Emergency Care Network**
  other types of integration to support smaller hospitals, enable midwifery led services, improve the care of the frail elderly within their own homes

Our local systems are likely to adopt different models and, therefore, we have designed a future service model that will work with all of these concurrently.

Future service model

ACCESS	TRIAGE	ASSESSMENT	PATHWAY

PUBLIC

999 call

111 call

On-line / NHS Choices

MANAGED CARE

Proactive welfare calls

Tele-monitoring

Panic button

PROFESSIONALS

Health or social care service referral

Healthcare professional urgent transport request

Healthcare professional routine transport request

CLINICAL ASSESSMENT

NHS Pathways tool

Clinical assessment on basis of pre-populated data on NHS Choices

CLINICAL REVIEW

Scenario reviewed against pre-agreed plans. Refer for NHSP clinical assessment if scenario not covered.

NO ASSESSMENT

Inter-service referral

Algorithm for HCP transport booking

COORDINATION CENTRE

Clinical Advisor

Paediatric Advisor

Social Care Advisor

Managed Care Coordinator

Mental Health Practitioner

Frail Elderly Practitioner

End of Life Practitioner

Maternity Line

Pharmacy Advisor

Other specialties

AT HOME / SCENE

Emergency response

Paramedic/Nurse visit

Urgent Care Specialist Paramedic/Nurse visit

NO ASSESSMENT

EMERGENCY CONVEYANCE

Specialist Unit

Emergency Department

Transfer to relevant Crisis Team

REFER / BOOK

Integrated Care Team visit

GP appointment booked

Direct referral to specialist

Dental appointment

Social Services

Transport (ambulance / car)

Volunteer

Family or neighbour

SIGNPOST

Advice on how to access relevant service

Information via email or text

RESOLVE

Treat on scene

Self care advice

Health information

There are also several themes running through the Forward View, all of which SCAS embraces, and we will incorporate into our developments in the coming year.

- **Health themes**
  We need to support work to address the challenges of rising obesity, smoking, alcohol, dementia, mental health, cancer and child health.

- **Prevention and support**
  We need to assist people in self-care and support carers.

- **Workforce**
  Our staff are health ambassadors, and we need to support their health and well-being.

- **Health technology**
  We need to collectively raise our game. In the next year, we will work to enable mobile clinicians to view both the Directory of Service and Summary Care Records.

- **Integration**
  We need to help break down the existing boundaries between health and social care, mental and physical health, generalist and specialist services, primary and secondary care, voluntary and statutory services.

- **Levers for change**
  The key levers for these changes are commissioning, Health and Well-being Boards, Better Care Funds and the development of personal budgets.

- **Research and innovation**

We need to support research and innovation, and our helicopter view strategy is key to this.

2.2	**Translation of our strategy into goals**

We have already achieved significant progress against our highly ambitious strategic plan. Here are notes on progress against some of the key goals in our transformation programme.

2.2.1 Coordination Centres

Enabling you to identify and access the care you need

Achieved so far
- Moved NHS111 and 999 onto a virtual telephony platform
- Implemented a common assessment tool (NHS Pathways) for 999 and NHS111
- Increased the proportion of calls resolved by telephone advice or referral
- Set up system for routinely collecting NHS numbers
- Enabled clinicians in NHS111 and 999 to view Summary Care Records

In progress
- Improving capacity planning and scheduling for NHS111 services
- Launching a coordination hub for community care (Cambridgeshire & Peterborough)
- Improving access to mental health advice and expertise through partnerships
- Upgrading our technical platform (including iCAD upgrade)
- Introducing health information advisors (pilot scheme)
- Piloting home-working as a way of securing access to a wider range of clinicians and flexible resource, using our virtual telephony platform

Plans for 2015-16
- To align the leadership of 999, NHS111 and other services in the coordination centres
- To address our current and future estates capacity requirements
- To redesign our NHS111 service to ensure full compliance with new specification, including consideration of infrastructure to increase connectivity across care systems
- To enable clinicians to view the care plan component of Summary Care Records
- To assess feasibility of other developments in strategy, including tele-monitoring, Skype, proactive calls, digital applications, access to social care services, etc.

2.2.2 Mobile healthcare

Saving lives – and enabling you to stay safely in your own community

Achieved so far
- Introduced electronic patient records (rolled out across 50% SCAS, remainder in 2015)
- Developed partnerships with GPs and community teams to facilitate timely assessment of people in their own homes
- Redesigned the service for urgent transport requests from health care professionals (implementation underway)
- Redesigned vehicle workshops and fleet processes

In progress
- Introducing Specialist Urgent Care Paramedics and Nurses
- Exploring use of senior clinicians in mobile teams to provide clinical advice to the coordination centres, using our virtual telephony platform
- Reviewing our fleet strategy
- Exploring partnership working with community providers

Plans for 2015-16
- To focus on improving the pathways, processes, practices and clinical leadership required to support more people in their own homes
- To enable mobile teams to view the Directory of Services and Summary Care Records
- To work with local systems to implement the service models in the NHS Forward View

- To assess the feasibility of mobile screening and diagnostics

2.2.3 Patient transport and logistics

Ensuring you can travel safely between home and care settings

Achieved so far
- Moved onto virtual telephony platform
- Implemented single technical platform across commercial services
- Mobilised new Hampshire PTS contract (phase 1)
- Developed new service offers (such as re-enablement after discharge)
- Increased role of volunteers in service offered by SCAS

In progress
- Mobilising new Milton Keynes PTS contract (with extended hours)
- Responding to areas of improvement identified by CQC
- Realising benefits of single technical platform (such as dynamic scheduling)

Plans for 2015-16
- To mobilise new Hampshire PTS contract (phase 2)
- To continue to bid for new business as opportunities arise

2.2.4 Helicopter view

Supporting efficient and effective flow around systems of care

Achieved so far
- Analysed internal and external data sources
- Designed global data model concept
- Installed and configured more resilient informatics infrastructure
- Assessed business reporting requirements
- Set up data links with electronic patient records
- Prioritised development of reports and analysis (ongoing process)

In progress
- Building data warehouse
- Creating datasets for services across SCAS
- Developing improved performance reports and analysis as per prioritisation

Plans for 2015-16
- To enhance analytical capability and capacity
- To improve data quality
- To improve and expand access of the reporting tool (QlikView)
- To introduce planning simulation tool

2.3 Managing successful delivery of change

SCAS has adopted a portfolio management approach to the design, prioritisation and delivery of the transformation programme required to deliver our strategy.

The Service Development Team operates as an internal consultancy, offering project, programme, improvement and redesign skills, and flexes in size, in order to deliver the change initiatives prioritised by the Executive Transformation Board to deliver our strategy.

Leaders of the various teams involved in change meet as a Project Advisory Board. This group reviews the business case, plans and resource requirements of each change. It also makes recommendations to the Transformation Board about inter-dependencies between change initiatives, project phasing and the prioritisation of specialist change resources.

Risks are managed and identified within each project. Major risks are escalated to the Transformation Board and, if appropriate, incorporated into the Corporate Risk Register.

We routinely review our change management against best practice models, to highlight areas for

improvement on this basis. Our focus for the next year will be to ensure more rigorous business cases and tighter management of benefits. We will also work to support the organisation to focus on continuous improvement and innovation, as well as bigger planned change programmes.

2.4	**Summary of productivity, efficiency and cost improvement programmes**

Transforming our cost base is a critical component of our five-year strategic plan, and the key initiatives to improve productivity, efficiency, cost and income in 2015-16 are outlined below.

2.4.1 Coordination Centres

- To realise the benefits of virtual working, so that capacity across both centres can be better matched with overall demand, especially during periods of peak demand
- To align the leadership and to create a cohort of staff working across both services, will enable SCAS to better accommodate peaks in demand
- To address the shortage of trainer and training room capacity, in order to support timely recruitment of staff as required

2.4.2 Mobile Healthcare

- To expand the recruitment and training facilities, so that more paramedics can be employed and reduce reliance on private providers (reducing cost and increasing resilience)
- To continue to expand the volunteer and co-responder schemes, in order to improve our responsiveness in an efficient and effective manner
- To enable mobile clinicians to view the Directory of Services whilst on scene, in order to support more appropriate see and treat (rather than defaulting to emergency conveyance)
- To reduce the cost of the urgent service in response to healthcare professional transport requests through lower staff skill set and lower vehicle specification.
- To improve sickness absence reporting and management, in order to reduce the reliance on private providers
- To improve management, and increase use, of bank staff
- To bring third-party fleet maintenance in house
- To improve consumables management through introduction of comprehensive stores management systems and procedures

2.4.3 Patient Transport

To realise the benefits of the new functionality and capabilities introduced in 2014-15:

- To leverage significant fuel savings from our new fleet (70/100 have already been delivered)
- To reduce fleet costs (in particular maintenance and excess lease payments associated with former ageing fleet)
- To equip the entire PTS fleet with the GPS tracking, and activate the Dynamic Dispatch functionality of the revised CAD system, in order to deliver operational efficiencies through the new real-time tracking and dispatch capability.
- To reduce private resources required to deliver the service, as a result of more efficient scheduling, driven by the new dynamic dispatch capability.
- To recruit an extended team of volunteers, who will provide portering services at hospital locations to allow SCAS staff to arrive and depart locations more expeditiously.
- To renegotiate private provider subcontract arrangements on more favourable terms, with a secure forward view of new contracts in Hampshire and Milton Keynes
- To use the extended hours in new contracts to improve the utilisation of vehicles

2.4.5 Workforce and scheduling

- To reduce attrition of front line and clinical co-ordination centre staff through staff development and the introduction of career pathways, thereby reducing recruitment costs and retaining experienced staff
- To revise rosters so that staffing levels are flexed in line with demand fluctuations
- To create a central capacity planning and staff scheduling function, in order to make further improvements to align resources with fluctuating demand
- To continue to introduce on-line processes (such as timesheets) so that manual processes can be eliminated and tighten management of overtime claims
- To introduce return to practice programmes, military conversion courses and overseas recruitment to reduce dependency on private provider staff.

3   Quality priorities

3.1   **National and local commissioning priorities**

The priorities for our various Clinical Commissioning Groups are broadly similar:

- To manage the underlying growth and recent spikes in demand for unscheduled care
- To integrate services and pathways across health and social care boundaries
- To reduce hospital admissions and length of stay, for both patients and financial reasons
- To provide more 24/7 services, with a focus on improving the 'out of hours' provision.

3.2   **Quality goals**

The proposed priorities for quality improvements in 2015-16 are outlined in the sections below.

These priorities will be confirmed and detailed in the Quality Accounts. They cover all of our services and reflect the national contract requirements: to create quality initiatives that are consistent, where measurement of outcomes can be detailed and changes implemented to ensure improved experience, safety and outcomes for patients.

Our quality priorities have been developed from the clinical risk themes emerging through the year. They have also been informed by the corporate risk register, integrated performance report, committees' upward reports, investigations and education programmes. A wide range of stakeholders have been engaged in reviewing these themes and identifying our quality priorities.

3.2.1   Patient safety

- To implement the pathway for sepsis care, and then to review its effectiveness and outcomes
- To ensure staff receive appropriate training in making safeguarding referrals across all services, in order to ensure the protection of vulnerable adults and children
- To ensure that staff receive appropriate training to gain the understanding and confidence to use the Mental Capacity Act.
- To scrutinise incidents involving medicine administration errors, in order to identify key themes and cascade aggregated learning outcomes on a Trust wide basis

3.2.2   Clinical effectiveness

- To report on the percentage of patients with stroke and heart attacks who receive an appropriate care bundle (this is a mandated indicator)
- To improve on the proportion of patients receiving an emergency ambulance response within 8 minutes and 19 minutes (again, this is a mandated indicator)
- To review the reasons for delays in patient transport which lead to service users missing appointments, and then to implement changes required to prevent future occurrences

3.2.3   Patient experience

- To analyse themes from incidents, claims, feedback, SIRI's, compliments and concerns, and to ensure aggregated learning is routinely and effectively cascaded throughout the organisation
- To increase awareness of dementia within the trust and to improve both the standards of care and the experience of patients and carers, by training for both road- and telephone-based staff
- To improve the process for handling healthcare profession feedback in the NHS111 service, in order to ensure learning and service improvements are identified and actioned.

3.2   **Outline of existing quality concerns**

The Care Quality Commission undertook a pilot inspection of SCAS in Autumn 2014 and reported its findings in January 2015.

As it was a pilot SCAS was not given a rating as part of this inspection but the report identified areas of outstanding and good practice. A number of improvements were detailed and an action plan has been agreed to address all areas of improvement that were identified. The key points that SCAS must address are:

- Statutory and mandatory training
- Staff understanding of the Mental Capacity Act 2005 in EOC[2] and PTS
- Safeguarding training and reporting arrangements
- Call answer and dispatch response times for emergency calls

A governance review of PTS was undertaken, aligned to the new service delivery model and a governance lead appointed. A transformation project is now underway to address training and quality schedule requirements.

3.3	**Key quality risks**

The key uncertainties are:

If SCAS cannot recruit, develop and retain enough clinicians, for either the Clinical Coordination Centres or the Mobile Teams, there is a risk that we cannot provide resilient and sustainable services or take forward our quality priorities.

Mitigations

Work is underway to design a new service model, create the associated workforce strategy, expand our recruitment and training functions, and to improve career progression opportunities.

We already use community first responders for appropriate incidents, and we are exploring other ways for volunteers, military personnel and other emergency services to support our clinicians.

If there is not a sufficient range of 24/7 and accessible care pathways to meet patients' needs, this risks having a detrimental impact on SCAS's scope to direct patients to the most appropriate care, with the associated risk of increased conveyance rates to emergency departments.

SCAS is working closely with commissioners and partner agencies to ensure that there is a comprehensive and accessible range of pathways available in each local systems of care, helping to highlight any service gaps and identify solutions.

SCAS is also working with commissioners to ensure that the local Directory of Services provides accurate and up-to-date information about the services that are already available.

If any reconfiguration of acute services results in long journeys to emergency departments or specialist units, this risks having a detrimental impact on clinical outcomes for patients with life-threatening conditions and associated reduction in SCAS outcome performance.

SCAS is working closely with commissioners and acute providers in any service redesign activities.

If GPs and other health providers develop multiple different systems to communicate electronically and share patient records, SCAS may struggle to implement an efficient and effective system.

SCAS is implementing electronic patient records, and engaging with local systems to gain access to summary care records. We are also working with partner agencies to understand any specific local issues.

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[2] Emergency Operations Centres for 999 calls (EOC)

4   Operational plans

4.1   Workforce

We have staff who can assess patient needs, work autonomously and are willing to work across a 24/7 period. Such individuals are in scarce supply nationally and much sought-after locally, as they are extremely valuable to a wide range of providers.

Our workforce plans must ensure that individuals who have (or have the potential to develop) these skills apply to work for SCAS, and then choose to stay with us. We aim to be the employer of choice, enabling staff to develop professionally and maintain their health and well-being.

Our plans include the following new roles and development opportunities:

Enabling you to identify and access the care you need
- To introduce telephone access to Mental Health Practitioners, through partnership schemes
- To introduce Health Information Advisors
- To explore similar partnerships for specialist advice in mental health, paediatrics or social care
- To incorporate coordination roles for community services into our NHS111 teams

Saving lives
- To develop Specialist Critical Care Paramedic / Nurse roles, to assess and care for people who have suffered major trauma in the pre-hospital setting (this is an adaptation of ECP role)
- To expand our recruitment and training capacity, particularly to expand our Paramedic numbers and secure the workforce required to meet emergency demand.

Enabling you to stay safely in your own community
- To create Specialist Urgent Care Paramedics / Nurses will assess and treat people in their own homes or care homes
- To work in partnership with other local providers to create attractive rotational posts
- To develop partnerships with local GPs to ensure timely visits for people in their own homes

Ensuring you can travel safely between home and care settings
- To continue to implement a new service model for urgent transport requests from healthcare professionals, including the creation of dedicated dispatch and transport roles

Supporting effective patient flow around systems of care
- To engage voluntary and third sector partners to enhance our service offer, including portering for patients transported to hospital and support for vulnerable people after discharge

Offering a helicopter view
- To enhance our analytical capability and capacity, including the recruitment of extra analysts

4.2   Estates

We have commissioned a review of our Coordination Centres and Headquarters estates requirements. We will review options and agree any changes in 2015-16.

We need to expand our training capacity, both for our Mobile Healthcare Teams and Clinical Coordination Centres. This will also be taken forward in 2015-16.

4.3   Information Technology

We will continue to roll out electronic patient records and upgrade our vital signs monitoring equipment across the Trust.

We will discuss options with the national radio programme team and agree a way forward for SCAS

in relation to the requirements for a digital integrated control communications system.

We will upgrade our emergency computer aided dispatch system to iCAD version 9.3.

We will explore the potential for alternative systems (such as Adastra) to improve our connectivity with partner systems in order to facilitate more efficient booking and referral of patients.

We will also explore the requirements and potential of the Intelligent Patient Data system linked to NHS111 services.

In addition, we will explore options to analyse gaps in the Directory of Services identified when the optimal pathway is not available following clinical assessment, either on the telephone or at scene.

4.4	Key risks

The key uncertainties are:

If demand for unscheduled care grows above commissioner plans, there is a risk that there is insufficient capacity across systems of care. This could have a detrimental impact on SCAS operational performance if the public use 999 and 111 as an alternative option, especially if SCAS does not have sufficient resources in place or there is insufficient capacity in other services to respond to the excess demand.

If competitive tendering results in the loss of services in some areas, SCAS would have reduced scope to make optimal use of the resources in that area or to take advantage of economies of scale. This is most likely to have a detrimental impact in rural drive zones, where there is already a single resource and utilisation rates are already low.

If SCAS cannot recruit, develop and retain enough clinicians, for either the Clinical Coordination Centres of the mobile healthcare teams, there is a risk that we cannot fulfil our operational commitments.

There is competition to recruit and retain skilled clinical staff, both in our Clinical Coordination Centres and for our mobile workforce. Without sufficient clinicians, SCAS is at risk of having to convey more patients to emergency departments instead of assessing clinical needs and directing

Mitigations

A key aspect of SCAS's strategy is an increase in analytical capability and capacity, so that we can make use of the wealth of data that we have available regarding demand trends and service gaps. The intention is to use this analysis to gain a better understanding of our own performance and also to offer a 'helicopter view' of the local systems of care.

SCAS will assess and signpost patients to the right care, first time to meet individual needs. This will help to prevent any increase in demand from having an onward impact on Emergency Departments unless appropriate.

We will continue to engage with the public and undertake 'misuse campaigns' in attempt to encourage people not to use emergency services inappropriately, and therefore minimise the risk of any increase in inappropriate demand.

SCAS is actively working to build its bidding capability and capacity to increase the chance of winning and renewing contracts.

The strategic plan is also to broaden the range of services offered, so that the risks associated with the loss of any single contract are minimised.

Work is underway to design a new service model, create the associated workforce strategy, expand our recruitment and training functions, and to improve career progression opportunities.

SCAS has a workforce strategy and development plan to ensure that we have the clinical workforce required.

them to the 'right care, first time'.

5 Financial context for 2015-16

Despite several years of austerity and large cost reduction programmes, the financial outlook is one of more of the same and no relaxation of the squeeze in government spending. There will therefore be a continuing tough stance on public sector pay, but with expectations of increases in private sector pay above the level of inflation, but with increasing pay expectations for ambulance staff.

The NHS environment is impacted by the election, with slight overall increases in Clinical Commissioning Group (CCG) budgets after the impact of the Better Care and Transformation Fund.

SCAS also faces the following specific issues:

- Significant cost pressures from a tightening in the ambulance resource market, with other organisations attracting paramedics to them for more pay and better working hours.

- Tenders for Oxfordshire and Bucks PTS, Berkshire PTS, with the risk of losing these to private competition, and potential exit costs from these businesses.

- Financial difficulties within local CCGs and Acute Trusts.

- Loss of non-recurring benefit relating to the NHS Direct successor body and property disposals.

The more straightforward cost improvements have now been completed within SCAS. Therefore, further improvements are increasingly challenging, and require both transformational change and continued good execution of projects.

Last year, the Board set out its strategy, and is continuing to develop the following five areas:

- Developing our telephone assessment and signposting role
- Enabling you to stay safe in your community
- Offering a helicopter view of local health systems
- Expanding our geographical footprint
- Transforming our cost base

As well as continuing to work towards the 2014-19 Strategic Plan, we must also:

- Focus on delivery of our revised cost saving plans, and transforming our cost base.

- A key area over recent years has been our ability to bid for additional non-recurrent funding relating to projects and winter. The focus on this will continue particularly in support of the transformation projects, aiming to access funds for workforce and IT transformation.

- Being perceived as an organisation willing to find and support solutions to problems for the NHS as a whole, and improving our margin as a result.

6   Board declarations for sustainability and resilience

6.1   Sustainability

Clinical

The organisation is clinically sustainable. Nevertheless, it has identified areas for improvement and development within its strategy. Actions to mitigate these risks were outlined in section 3.

Operational

The organisation is operationally sustainable. However, it has identified scope to offer more streamlined services to patients, help to address issues facing the wider care systems, and to be more efficient in terms of operational delivery. The strategy has been developed accordingly.

Financial

The Trust is financially sustainable. Whilst the financial pressures increase, and the surplus has reduced, it has a large cash balance which will provide a cushion in the event of adverse financial movements.

6.2   Resilience

Clinical

The organisation is clinically resilient. However, it has identified scope to improve our clinical resilience through a more resilient and sustainable workforce. Please see section 4.1.

Operational

SCAS has a track record of providing resilient operational services and has performed well against emergency response standards in the last year. Demand exceeded our predictions (and those of other organisations) during quarter 3, when we missed both emergency (red) response time standards.

Next year, we will reinforce our resilience in operational services. We are refreshing our tools to forecast and position emergency resources, with the goal of ensuring resilient and sustainable response times throughout the year. As well as addressing gaps in our own performance, this approach involves working with stakeholders to resolve challenges within the wider system.

Financial

The Trust has financial resilience, particularly as a result of its sound cash position and track record of delivery of cost savings.

Bracknell Forest Council

ADULT SOCIAL CARE, HEALTH & HOUSING

SERVICE PLAN

April - September 2015

Executive Member:
Councillor Dale Birch

Interim Director:
John Nawrockyi

May 2015

Contents:

Section 1: Services included in this plan

INTRODUCTION

The overall aims of the Department are to promote independence, wellbeing, social inclusion and maximum choice in service provision across Adult Social Care (ASC), Housing and Public Health. There is increasingly a shift away from simply responding to need by offering health or social care services to promoting health and wellbeing. This is reflected across the new provisions of the Care Act 2014, such as in the relationship between prevention and housing services.

The promotion of integration with other personal services, particularly with partners in the NHS, offers seamless care episodes and care pathways for people who have needs for both medical intervention and social care.

There is an increasing focus on the prevention of ill-health or social care dependency by much earlier intervention with information, advice and lower level services, often within community services such as leisure, transport, education, and through support for housing and employment.

Increasingly members of the Department are working in partnership across the Council, with the voluntary sector and with both public and commercial partners to deliver improved outcomes for people in Bracknell Forest.

Promoting the safeguarding of adults who are or may become vulnerable or at risk remains a key priority. This is achieved through working with partners under the overall oversight of the Safeguarding Adults Board, and also through raising public awareness of key issues.

Within ASC and Public Health, needs assessments and public health approaches are used to support the development of preventive services and to inform the Health and Wellbeing Board in its development of joint health and wellbeing strategies for the Borough.

ADULT SOCIAL CARE

Service Wide

Personalisation

Everything the Department does is within the context of personalised approaches. This approach reflects the fact that every individual is unique, with highly individual experiences, preferences and opportunities. This uniqueness must be recognised and reflected in each person's support plan, which is developed with the individual and any chosen representatives.

In support of this approach, the Department continues to work to develop a wider range of options for people to select from, and this includes the use of a pre-paid card as a way of delivering a Direct Payment.

Older People & Long Term Conditions

Community Response & Reablement (CR&R)

CR&R Front Desk is the main point of contact into the Department for older people and people with long term conditions.

The service acts as the single point of contact for people living in Bracknell who need help and advice in order to support them in the community. The CR&R Team assess and work with people who are in poor health or are suffering from a long term condition with the primary aim of helping people to maximise their independence so that they can be supported to live in their own homes and make choices about how they live their lives.

Alongside OP&LTC, the service responds to the needs of the local community.

The service also works with three local hospitals: Heatherwood and Wexham Park, Royal Berkshire and Frimley Park. The aim is to facilitate timely discharge from hospital back into the community and to prevent hospital admissions. Directly provided services include community based and residential based reablement care. The service operates 7 days per week and 24 hours a day and will respond to urgent crises within 2 hours.

Drug and Alcohol Action Team (DAAT)

The DAAT is responsible for ensuring that people in Bracknell Forest can access drug and alcohol services and for commissioning services in line with the national Drug Strategy and related guidance. The DAAT also responsible for co-ordinating activity between local authority Departments and partner agencies to ensure that people who misuse drugs and alcohol receive the best possible care and support.

The DAAT is also responsible for ensuring that young people, their families and friends can access advice, information and support as required. The DAAT provides the Local Screening Assessment and Referral Service for anyone wishing to access the local services. The DAAT undertakes performance management in respect of the commissioned services to ensure that the requirements are met for both national and locally agreed targets.

Emergency Duty Service (EDS)

EDS provides a statutory emergency 'out of hours' service for adults and children across all the six unitary authorities of Berkshire, with responsibility for social care and homelessness crises. The EDS Team provides advice and information, signposting to other agencies, support via telephone and safety and welfare home visits.

The service deals with urgent referrals, which cannot wait until the next working day and includes safeguarding of children and vulnerable adults enquiries, Mental Health Act assessments and advice on mental capacity issues, Community Care assessments, homelessness and appropriate adults.

Older People and People with Long Term Conditions (OP&LTC)

Services provided by the OP&LTC Team include long-term case management, through social work/care management, and occupational therapy, together with a review and monitoring function. Heathlands Residential Care Home for people with dementia is a 40 bed unit registered with the Care Quality Commission and there is a Day Centre operating on the same site. Also the administration of the Blue Badge scheme and the lead for DFGs, Assistive Technology, Carers Services, Sensory Services and Continuing Health Care (CHC) fall within the remit of the OP&LTC Team's responsibilities.

For people with dementia, Heathlands offers a wide range of specialist dementia services, including specialist day-care from early to late, 7 days of the week 365 days of the year, together with a carer's drop-in service, overnight respite and residential care for people with complex dementia support needs.

For people with a long term condition, the OP&LTC Team supports people to assess their needs and to develop a personalised support plan providing professional support and guidance. Occupational therapists work with individuals to use assistive technology along with aids and adaptations, in order to maximise independence and enable people to remain in their own homes and communities. There is an over 75's prevention and well-being service.

Sensory Needs are now directly provided within the OP&LTC Team. There is a specialist occupational therapist and occupational therapy assistant available, both of whom are able to use basic British Sign Language. Visual impairment assessments, dual-sensory loss and visual rehabilitation are commissioned through a range of preferred specialist providers and the OP&LTC Team works closely with BADHOGS (hearing loss) and the Macular Society (visual loss) to ensure that services are meeting local needs.

At the same time, the Sensory Service Clinic in Bridgewell offers a local resource to fast track assessment and equipment.

The service offers a range of support for carers through a contract with Berkshire Carers Service. There is a dedicated carer's support worker based in the OP&LTC Team.

People recovering from a stroke are supported by a dedicated worker in the OP&LTC Team employed by the Stroke Association.

The Business Support Team manage Blue Badge applications as well as supporting the Falls and Sensory Needs Clinics, supporting the Over 75's Assessments, data-cleansing and managing the supply chain for OP&LTC and CR&R.

The OP&LTC Team are working in partnership with Bracknell Forest Homes to ensure that the extra care housing facility in Clement House is able to offer 24/7 support for people. The OP&LTC Team is providing support for the transition into Clement House for eligible people.

Disabled Facilities Grants (DFG)
Assessment for adaptations to properties to meet the needs of disabled people rests initially with the Department's Occupational Therapists (OTs). The OTs in the OP&LTC Team work with individuals to draw up a specification of works that will meet the needs identified during the assessment. The OTs also work closely with the grant's officer and technical officer from the DFG Support Team based within Environmental Health to progress the grant. The grant's officer must be satisfied that the relevant works are "necessary and appropriate" to meet the needs of the disabled person. The OT signs off the works at the end of the grant to confirm that the works have met the individual's needs.

Adults & Joint Commissioning
People with Autism (Autistic Spectrum Disorders)
Over the last year there has been a continued increase in demand for support from people with Autism. The Autism Team has grown and now supports over eighty people.

The Autism Team supports adults with a primary diagnosis of autism and their carers. The team is made up of three practitioners; one full time and two part time supported by a part time Team Leader. One of the workers focuses on young people approaching adulthood. Services include emotional support, information and support with benefits and voluntary groups, and personal, practical and social care support to maintain independence. The Autism Team also provides support with daily living skills, education and employment, help with arranging long-term support and accommodation and advice on travelling independently and using public transport.

The Autism Team also works closely with other organisations and agencies. They have a close working relationship with the Berkshire Healthcare Foundation Trust (BHFT) Assessment Team for diagnostic pathway and have taken part in joint training and conferences. They have worked with other local agencies to organise training courses for those they support and their carers.

People with Learning Disabilities

Community Team for People with Learning Disabilities (CTPLD), which is comprised of staff from Bracknell Forest Council (BFC) and BHFT, supports people with a learning disability. In addition to supporting individuals through assessing their needs and supporting people to develop personalised support arrangements, the Autism Team provides professional support and guidance. Ongoing support is commissioned from a range of independent sector providers.

Healthcare provided includes Physiotherapy, Occupational Therapy, Nursing, Psychology, Psychiatry, Dietetics and Speech and Language Therapy

Learning disability provider services organise and provide a range of activities and services for people in the community. These include respite for families, through the provision of overnight and daytime breaks, support for individuals to gain employment and support for people to access a range of mainstream leisure services.

Working with people, their families, advocates and partner organisations, the learning disabilities service will continue to respond to needs and wishes reflected in the new Joint Learning Disability Commissioning Strategy so that a full range of support is available to individuals and carers.

People with Mental Health problems
The Community Mental Health Team (CMHT) and Community Mental Health Team for Older Adults (CMHT OA) are both integrated teams which are comprised of NHS and ASC staff, and provide support to people living in Bracknell Forest with severe and enduring mental illness including dementia. The teams provide the following range of services.

The Care Pathways Team at CMHT is the local multi-disciplinary and multi-agency team providing assessments and services for people who may need secondary mental health services.

Individuals who present with first onset of psychosis are supported within the Enhanced Care Pathway. They are provided with intensive support in order to facilitate recovery

The Front Desk Team review people coming through to Common Point of Entry for allocation, ensuring that an individual's social needs have been assessed and addressed.

Approved Mental Health Professionals (AMHP) are trained to implement coercive elements of the Mental Health Act 1983, as amended by the Mental Health Act 2007, in conjunction with medical practitioners. They perform a pivotal role in assessing and deciding whether there are grounds to detain mentally disordered people, who meet the statutory criteria, without their consent

The Urgent Care Team visits patients in their own homes 24 hours a day, every day of the year. This service is for people who are very unwell, including those who might otherwise need hospital admission

A Mother and Baby service is provided by practitioners with a specialist interest and knowledge in post-natal psychosis. They co-ordinate community and in-patient care

STaR (Support, Time and Recovery) workers provide support for people to promote recovery and social inclusion based on individual needs
The Dementia Advisor works with people who have had a recent diagnosis of dementia and their families; the aim is to provide advice and information to keep people independent for as long as possible

A small team of support workers is based at Glenfield House, providing practical support to individuals in their own homes, in accordance with agreed support plans to meet assessed needs

Joint Commissioning
The role of the Joint Commissioning Team is to assist in the modernisation of the Department to deliver the aims of ASC, NHS and Public Health Outcomes Frameworks (PHOF) in order to enable people to be as independent and healthy as possible and to have choice and control over their own lives.

There are three functions within the Joint Commissioning Team. Firstly, the Strategic Joint Commissioning Team works with Heads of Service and operational managers to support the development and implementation of Joint Commissioning Plans. Secondly, the Contracts Team deals with all procurement and contractual issues for ASC and Bracknell Forest Public Health, from agreements with providers for individual support arrangements to tendering for major contracts. Thirdly, the Brokerage Team arranges the domiciliary support packages for OP&LTC as agreed through the personalised planning process.

Safeguarding Adults
The Local Authority is the lead agency for Adult Safeguarding in Bracknell Forest, and Adult Social Care, Health & Housing (ASCH&H) takes responsibility for that lead.
The Department provides both a strategic lead in the prevention of abuse, and leads on operational responses when there are concerns that an adult with care and support needs may be subject to abuse.

Although the Council has the lead, Adult Safeguarding is the responsibility of all agencies involved in supporting adults with care and support needs, including statutory agencies such as the NHS and the Police and non-statutory agencies such as providers of support. Responses to individual safeguarding referrals are provided by the relevant community team e.g. OP&LTC Team, CTPLD, CMHT, CMHT OA and the Autism Team. The Bracknell Forest Safeguarding Adults Partnership Board is now a statutory Board with strategic oversight of adult safeguarding work and developments within Bracknell Forest.

The Adult Safeguarding Team supports providers to improve practice where necessary and also supports operational staff and relevant provider organisations in the implementation of the Mental Capacity Act, including the Deprivation of Liberty Safeguards (DoLS).

HOUSING
The Housing service develops the Council's strategy to support the development of a vibrant and effective housing market in Bracknell Forest. The Housing Strategy identifies where it is necessary to intervene to address market failure in the delivery of housing to meet the needs of the population of Bracknell Forest. This involves working with a variety of stakeholders in the local housing market as well as managing the provision of programmes and schemes developed or funded by the Council. The housing service supports and enables affordable housing development by registered social landlords.

The Housing service provides the statutory housing advice and homelessness services. Advice is provided to households to help them keep their home if they are threatened with losing it in any way. Advice is also provided on housing options such as renting privately, renting affordable housing and also buying a home. If households are threatened with homelessness, the housing division will try and help them keep their home or find another suitable home. If that is not possible, they will be provided with emergency temporary accommodation whilst it is established whether they should be offered a permanent home.

The Housing service purchases housing related support for vulnerable households to help them keep their home. This will include help with running a home where someone is not capable of doing so as well as help to find a suitable home.

The service also manages BFC my choice, the choice based letting scheme which provides access to affordable housing in Bracknell Forest. The Council advertises affordable housing that becomes available for letting and manages the applications and bids from households who want to be considered for affordable housing.

It is the responsibility of the Housing service to administer the housing benefit and Council Tax reduction benefit schemes to provide financial support for low income households. As well as assessing applications for the benefit schemes, the benefit service manages discretionary housing payments for households facing financial hardship in relation to their housing costs. The service provides crisis grants for households where their health and safety is threatened due to lack of finances and home emergency grants where certain households are setting up home for the first time.

Forestcare provides a lifeline monitoring service to vulnerable households. The service operates 365 days a year 24 hours a day to provide peace of mind and safety to vulnerable households in Bracknell Forest and the surrounding areas. Forestcare also provides a commercial service to corporate clients such as call monitoring and lone worker monitoring.

PUBLIC HEALTH
The Public Health Team is responsible for leading on collaborative efforts to monitor, protect and improve the health and well-being of the local population.

Public Health work begins with the effective assessment of health and well-being across the population. The findings of this work are collated within the Joint Strategic Needs Assessment (JSNA) together with recommendations in relation to service provision and development.

On the basis of needs assessment work, the Public Health Team commissions services aimed at health improvement. These services include the NHS Health Check programme, sexual health services, weight management programmes, mental wellbeing initiatives and stop smoking support.

Also on the basis of needs assessment work, the Public Health team provides advice to NHS colleagues on the areas in which they are responsible for commissioning. This 'core offer' of commissioning support includes reviewing evidence on treatment effectiveness and analysing data on outcomes or performance.

Finally, the Public Health Team is responsible for health protection. Health protection work aims to prevent or reduce the harm caused by communicable diseases and environmental hazards such as chemicals or radiation. Public Health Teams in local government work in collaboration with Public Health England and other agencies to prevent threats arising and ensure appropriate responses when health protection issues come to light.

The Public Health Team take a collaborative approach to its work, most notably in relation to its partnership with the Berkshire wide 'Shared' Public Health Team. Other close working relationships are with NHS commissioners and other Council Departments.

PUBLIC HEALTH BERKSHIRE
Public Health Berkshire is hosted by Bracknell Forest Council, with each Unitary Authority having their own Public Health Team. The Director of Public Health leads this team and her responsibilities are to:

- Be the strategic and principal advisor on public health matters to the six Berkshire unitary authorities
- Lead and manage a core public health team within Bracknell Forest Council
- Assist with localised health improvement programmes
- Be central to the detailed planning and implementation of new public health services in each of the six unitary authorities

PERFORMANCE & RESOURCES

The Performance & Resources division provides the framework to support the work of the rest of the Department, and also provides a key quality assurance role supporting operational staff. The section has direct links with colleagues in Corporate Services. The key functions carried out by the different teams are as follows:

Business Intelligence

The Business Intelligence Team have a key role in working with other teams across the Department to ensure that all of the ways in which people are supported are recorded accurately and reported in a timely and robust way to DMT, other internal stakeholders and central government agencies. Performance activity tells an important story about the strengths in Bracknell Forest and the Business Intelligence Team ensure that all of the work that is done by people across the Department is evidenced in the figures used internally for management information, externally to people within the community and to submit statutory returns. The team provide regular newsletters to ensure that all stakeholders are aware of key developments in performance that affect their work.

Finance

The Finance Team provide financial support to the ASCH&H divisions through involving DMT and budget managers in planning and understanding their budgets revenue & capital budgets and assisting them in monitoring them through the year and providing financial support for new & ongoing projects. The Finance Team also monitor and report activities such as debt, placements, grants and emerging issues and invoicing providers and calculating charges to individuals for services provided, as well as reconciling and monitoring direct payments made to individuals.

In addition to this, the service also links directly to people who receive support via the following activities.

Undertaking financial assessments of everyone receiving social care support to work out the level of contribution they are required to make to the costs of their support, and in addition providing welfare benefits advice to these people.

Through the appointeeship and deputyship role, support is provided to manage the financial affairs of vulnerable people who lack the capacity to manage their financial affairs themselves

Human Resources

Human Resources provide advice and guidance on employment policy and practice within the Department together with support to managers across ASCH&H in all Employee Relations matters which include absence management, capability, discipline and grievance. Support is also provided for recruitment, change management and exit.

IT

The IT Team lead and manage the strategic development and operation of the business systems that support the work of the Department. They support the Department by

managing day to day issues arising from calls logged through the Help Desk and where Departmental projects involve IT systems the IT Team play an active role in either participating or project managing the projects through to implementation and post system live.

The IT Team also supports the development of the Department's internal and external website pages, linked portal to the LAS system and supports the Departments BORIS publishers. This ensures information is both up to date and appropriate and meets corporate standards.

DEPARTMENT WIDE
Compliments and Complaints
The Department always aims to resolve complaints at the earliest possible opportunity. The way in which complaints are responded to is different dependent upon whether the complaint is about Housing or about ASC.

For complaints about Housing and Public Health, the corporate complaints procedure is used. This has four stages, which range from putting things right straight away to a panel being set up to review the complaint and recommend a solution. Further details on the corporate complaints procedure can be found at the link below:

http://www.bracknell-forest.gov.uk/comments-compliments-and-complaints-booklet.pdf

In ASC, there is a single approach to dealing with complaints. Where it is not possible to resolve a complaint straight away, the complainant is contacted to inform them what steps are being taken to investigate their complaint. When the outcome of the complaint is known, the complainant is contacted with the results of the investigation, and informed of any learning that has resulted from the complaint. Further details can be found at the link below:

http://www.bracknell-forest.uk/complaintsprocedure

On the rare occasions where the Department is unable to resolve a complaint, it may be referred to the Local Government Ombudsman for a decision.

The distribution of complaints in 2014-15 appears on page 22. ASC also produce an Annual Complaints Report which is published on the Council website. The 2013-14 annual report can be found at the link below:

http://www.bracknell-forest.gov.uk/adultsocialcareannualcomplaintsreport2013to2014.pdf

Section 2: Where we are now

INTRODUCTION

This looks at where different services currently are and their particular focus for the year ahead.

For ASC, a particular local context continues to be one of demographic changes with rising numbers of older people, and increasing diversity. This, together with increasing numbers of disabled people reaching adulthood, places additional demands on adult services. By 2021, the number of people aged 65 and over in Bracknell Forest is projected to rise to 19,400 people from a current population of 15,557 (ONS Mid-Year 2013 estimates). In the ONS Mid-Year 2013 estimates, the number of people aged 65 and over has increased from the ONS Mid-Year 2011 estimates by 1,290 people, a period of just two years.

A priority for the Autism team is working to promote autism awareness through training for employers, health practitioners and the local community. Trying to ensure that reasonable measures have been taken to enable people with autism to access all local facilities is of the utmost importance.

In Housing, over the last year there has been a 68% increase in the number of households the Council has a homeless duty towards, compared to a 25% increase in the previous year. In addition there has been an increase in the number of households who have approached the Council for help to manage their income in the face of the welfare reforms and in particular the help provided by the Council's new social fund. There is every reason to believe this direction of travel will continue.

The above factors will increase the demand for support from the Department.

ADULT SOCIAL CARE
Service Wide
Care Act
The Care Act has remained, and will continue to be, a major focus. The first phase of reforms comes into effect on 1st April 2015, and there has been both a national and a local communications campaign. This has included sending leaflets to everyone currently receiving support, or known to the Council as a carer, articles in Town & Country, and meetings with voluntary organisations.

Consultation on the second phase of the reforms, alongside detailed draft guidance, in respect of Funding Reforms and a new Appeals System, commenced at the beginning of February, running until the end of March. The Council has responded to that consultation, and plans for implementation of this phase are well underway.

Personalisation
In response to the personalisation agenda, the Department has worked with other Departments in the Council, and the full range of providers of specialist services and community services to commission or develop a wider range of opportunities for people. People now have a wide choice of providers of registered care, domiciliary care, and opportunities for leisure and social activity many of which are 'mainstream'. The Department now only directly provides a limited range of specialist support.

Workforce Strategy
The adult workforce strategy continues to concentrate on the workforce changes required to support the personalisation agenda, and implement the Care Act, and programme of work associated with the Better Care Fund. The work is identifying the different skills and

knowledge required of staff at different stages in a person's contact with ASCH&H, and what actions need to be taken to ensure that the Department can respond in a timely and efficient way. The consultation is underway, having started on 27th March 2015.

Annual Report for ASC
Each year, ASC produce an annual report for the residents of Bracknell Forest, sometimes referred to as the Local Account.   The report includes what ASC said it would do across the year, what was important, how well things were done and what difference they made to people's lives.

A copy of the 2013-14 report can be seen here:
http://www.bracknell-forest.gov.uk/localaccount2013to2014

In writing this report, it was important to consult those who know about the issues affecting the local community. The views of a range of partnership groups were consulted in compiling this year's report.

The Department also undertook three short video podcasts which show three important areas of work within ASC which are personalisation, dementia friendly communities and prevention and early intervention; these can be viewed on the Council's website here:
http://www.bracknell-forest.gov.uk/localaccount2013to2014

A credit-card sized summary of the annual report was produced and distributed widely across the community.

Older People & Long Term Conditions
Community Response & Reablement (CR&R)
The service continues to seek opportunities to work in an integrated way with partners. The district nursing team are now helping determine the priority of people's treatments based on their condition. This ensures that their nursing needs are integrated into their rehabilitation and support plan.

Also an integrated Falls Prevention programme is now provided. This is a nurse-led assessment clinic supported by a geriatrician, operated by BHFT and BFC, with in-house Occupational Therapy and Physiotherapy, and access thereafter to a 6 week exercise programme. There is a locally accessible Rapid Assessment Community Clinic if an urgent response is required.

In order to ensure the safe treatment of people using the registered services, a revised assessment and admissions process has been developed supported by a care dependency tool to ensure the service can respond to presenting needs of individuals referred. This helps to enable staff to meet the needs of people appropriately now and in the future as their needs become increasingly complex.

Drug and Alcohol Action team (DAAT)
The DAAT is one of 8 nationally selected pilot areas to adopt a new approach to commissioning and delivery of substance misuse services. Payment by Results (PbR) focuses on recovery, improved health and wellbeing and reducing offending. A local evaluation has been undertaken and has shown improvements in performance.

The number of people misusing mephedrone seeking support continues to be monitored. There has been a slight reduction in the number of referrals compared to previous years but the level of referrals and subsequent support provided for this group of people remains higher than the national average.

The current contract for adult services ends on 30th September 2015 and work is underway to look at options in respect of future service provision.

The Children Young People and Learning Overview and Scrutiny Panel have established a working group with a focus on young people who misuse substances and the impact of parental substance misuse. A report from the working group will be presented to the panel in March 2015 and any recommendations will be implemented during 2015/16.

Emergency Duty Services (EDS)
The EDS Joint Agreement is due to be renewed by June 2015. The EDS Team commenced consultation with the 6 unitary authorities and 12 Directorates on the 1st November 2014. Due to recent changes in legislation there will be the need for the business to comply with these statutory requirements. To enable a full review of the service to be carried out, the current joint agreement has been extended to December 2015.

After analysing the statistical data, EDS has seen an increase in both child safeguarding referrals and mental health act assessment requests. There have also been numerous changes to legislation in the last three years which have created statutory obligations to the service which does not reflect the current Joint Agreement or Service Specification, the result is that the current staffing levels at EDS cannot respond in a timely manner and as effective way as we would wish.

Older People and People with Long Term Conditions (OP&LTC)
The OP&LTC Team have been working in partnership with the Bracknell & Ascot Clinical Commissioning Group (CCG) in developing an integrated care team approach for people with long term conditions.

The intervention of the multi-disciplinary team identifies people with complex health and social care needs and creates individual plans aimed at improving their health and well-being, promoting independence and self-management of their condition. This approach enables people to remain and reduces the need for them to go into hospital.

The team are working in partnership with the voluntary sector, to support a Sensory Needs Clinic at Bridgewell. People with sight and/or hearing loss can now be assessed and then try out a wide variety of equipment and Telecare that can be used in their own home providing them with choice and control, and greater independence.

The application of a Blue Badge is supported by an assessment by a physiotherapist to clarify eligibility. If someone is ineligible, they are given advice on how to re-apply should their mobility decrease following their assessment.

Disabled Facilities Grants (DFG)
Working in partnership, OT Practice have been involved in supporting DFGs where appropriate and this has speeded up the process and streamlined throughput. Bracknell Forest's OT team within the OP&LTC team continue to manage complex intense cases.

OT managers are working with two of the three acute trusts to encourage them to involve community services earlier in the discharge process and to adopt a shared approach to risk assessments in order to identify those people who would benefit most from a DFG.

The DFG funding for 2015/16 is included in the Better Care Fund, although this will be received by the council directly from the Department of Communities and Local Government.

Adults & Joint Commissioning
People with Autism

A range of opportunities have been developed for people with Autism in the community. Being Me is a course run by Berkshire Autistic Society, the purpose of which is to help people with Autism to understand their condition, and manage it better. A further course, called 'Social Eyes', is designed to support people with social interaction and communication.

Some people with Autism and their carers also took part in a project called "Rucksack" which, through the use of computer generated art, supported them to understand the impact of autism on their relationships. There is also a "drop in" service available, through Berkshire Autistic Society, called Helping Hands.

The Autism Team continued to receive specialist training to help them better support people with Autism in Bracknell.

The Joint Commissioning Strategy for People with Autism was approved by the Executive at the end of January 2015 and is now awaiting design approval from the Autism Partnership Board, prior to publication. The strategy will be available on the Council's website www.bracknell-forest.gov.uk from June 2015.

As part of developing the strategy, people with Autism and their families were asked what information and support they need to live the lives that they wish. This local information and the national priorities identified in 'Think Autism' have determined the local priorities set out in the strategy.

The action plan is still in draft format and is to be considered at the next Autism Partnership Board in May 2015.

People with Learning Disabilities
People with learning disabilities and their families were asked what information and support they need to live life in the way they want. Their responses have been used to develop the new Learning Disability Joint Commissioning Strategy which will provide the support to respond to their needs.

The outcome of the project into the quality of care being provided to people in residential care or acute/hospital placements was very positive. As a result, a revised approach to assessing and reviewing people has been developed, and is now being used to inform practice across all teams.

People with Mental Health problems
Community Mental Health Services are delivered in partnership with Berkshire Healthcare Foundation Trust (BHFT).

There is a proposed development of 6 extra flats at Glenfield House in partnership with Bracknell Forest Homes for medium term accommodation, respite and emergency accommodation for homeless people.

The group for people with bipolar illness continues to run every week and is open to those people who have this diagnosis.

The badminton and football groups are well attended every week by people who use CMHT services. The football group has been entered into the BOBI (Berkshire, Oxfordshire and Buckinghamshire Inclusive) League which is run by the Berkshire and Buckinghamshire Football Association.

The team also provides Cognitive Stimulation Therapy for people with dementia. The courses are 14 weeks long and there are 6 to 8 courses a year. The courses provide people with strategies to help them to cope with their memory problems.

Once or twice a year (dependent on demand), the team's psychologist provides a Cognitive Behaviour Therapy course for carers to give them strategies to enable them to identify and cope with the stresses of caring for the person with dementia. This is also provided on a one to one basis.

Joint Commissioning

In 2014-15, the Joint Commissioning Team updated and contributed to a range of projects such as the Dementia Directory, the "Helping You to Stay Independent" Guide, the ASC Annual Report and associated podcasts, and information for the Council's website. All this ensures that people have timely access to information about the wide range of support available in the community.

Other areas of work were undertaken by the team bringing substantial benefits to the organisation and local people. The examples below capture some of the highlights.

- The roll-out of the Objective Consultation Portal across the Department led to a co-ordinated approach to consultation activity

- Activities that took place in "Self-Care Week" raised awareness of prevention, self-care and self-management of long-term conditions. Information was also given to people about accessing the appropriate services for their health needs e.g. when to go to the Urgent Care Centre or Accident and Emergency at the hospitals

- Training was delivered to local employees e.g. shop workers, to raise awareness of dementia and how to positively interact with people with dementia in the community

- Feedback from people who attended the course was positive with many people saying they would share their learning with colleagues

- The Information and Advice strategy, Carers Strategy, Prevention and Self-Care Strategy, Joint Health and Wellbeing Strategy and the Intermediate Care strategy were developed through a joint approach with partners

Procurement exercises were also undertaken including the completion of a tender for the borough's first Extra Care Housing scheme in partnership with Bracknell Forest Homes, for which Optalis were successful. This will bring additional choice to the housing market for older people with support needs. For Mental Health services commissioned by the Council, there was a significant change from a service model to a PbR, paid against the Recovery STaR model to ensure that people's outcomes are improved.

Looking forward to 2015-16, the Joint Commissioning Team will be undertaking projects in support of the implementation of the Care Act and the delivery of the Better Care Fund programme.

The team will also be supporting the development of the Advocacy Strategy and the Sensory Needs Strategy. This will include the implementation of the Action Plans.

Other focus areas for 2015-16 include the delivery of a joint prevention programme with Public Health and Bracknell and Ascot CCG designed to help people keep healthy and to better manage ill health. The team will also be working with the Dementia Alliance Action

co-ordinator to ensure that Bracknell Forest becomes more dementia friendly. Other work includes developing a web version of Stats.Share, and supporting the Older People's Partnership Board Digital Inclusion Project.

Safeguarding Adults

The Adult Safeguarding Team supports the operational community teams in responding to concerns related to older people, people with long term conditions, people with a learning disability, autistic spectrum disorder or mental health problems including people with dementia. There are robust procedures in place to ensure that safeguarding concerns are assessed in line with national best practice and in line with the person's wishes (where they are able to make them known).

Since the Supreme Court judgement in March 2014, the Department has undertaken a review of its DoLS service. The review has resulted in additional Best Interest Assessor posts being created to manage the increased demand.

HOUSING

The local housing market in Bracknell Forest in common with the rest of the country is experiencing high demand for rented accommodation. Households on low or modest incomes are finding it hard to compete in the market for private rented accommodation due to the increased demand. The consequence of this is that over the last year there has been a significant increase in the number of households that the Council has accepted a statutory homeless duty towards and provided temporary accommodation pending offer of a long term home as it was not possible to prevent them becoming homeless. The lack of suitable temporary accommodation has meant that an increasing number of households have been housed on an emergency basis in non-self-contained accommodation.

The Government's Universal credit will be rolled out for single people in Bracknell Forest in the next year. This new welfare payment will amalgamate either out of work or in work benefit payments and pay them direct to the customer correcting payments in real time.

The housing and benefit service has been redesigned to provide a service which maximises customers income and independence. System thinking methodology has been used to redesign the service. Officers use knowledge of housing and benefits to help customers resolve their problems in a holistic way. The redesigned service operates through seven key operating principles.

There is a need to better target housing related support for households. Funded by the supporting people programme, services for older people and homeless households are procured to enable households to stay in their homes if that is what they choose. In addition, work continues to support the development of the accommodation strategy for older people.

Forestcare continues to grow the business in a competitive market. The range of services offered by Forestcare is being extended and improved over the next year via the procurement of new technology.

As such there are three over-arching challenges that face the service in 2015-16. Firstly, the need to maximise household incomes, linking with employment and welfare advice. Secondly, the need to maximise housing choice and options including the procurement of additional temporary accommodation for the most vulnerable households and thirdly, the need to redesign services to meet customers changing demands and expectations

PUBLIC HEALTH

In 2015-16, the Public Health Team will continue to develop its understanding of local health and well-being, and in doing so, further improve the Joint Strategic Needs Assessment

(JSNA) as a solid basis of its own commissioning and that of others. As in 2014/15, the JSNA will continue to be informed by the Public Health Survey in which a representative sample of residents are asked to provide information on their health, health related lifestyles and use of health care services. In addition, the Public Health Team will publish a comprehensive needs assessment in relation to drug and alcohol services in 2015/16.

Public Health will build on the significant success of local health improvement services. 2014/15 saw significant improvements in NHS Health Checks, smoking cessation and weight management services. New developments will include targeted programmes for those with specific health improvement needs (e.g.: people with mental health conditions) as well as entirely new initiatives such as community based falls prevention.

In relation to commissioning support, the Public Health Team has already met regularly with local NHS commissioners to help establish joint priorities for 2015/16. This has involved ensuring that preventative services match well and compliment treatment services in way that enables residents experience a seamless pathway when seeking support.

Finally, the Public Health Team will continue to play its part in the wider health protections system. Key priorities will be precautionary work in relation to Ebola as well as efforts to increase uptake of screening and immunisation programmes.

PERFORMANCE & RESOURCES
Business Intelligence
New statutory returns for ASC which were introduced in 2014-15 will continue in 2015-16, so reporting needs to remain robust and accurate to meet this challenge. The bedding down of a new data warehouse, introduced in 2014-15 will be a major focus for the Business Intelligence Team.

The Business Intelligence Team will continue to work closely with all services to ensure that key performance data is captured at the appropriate points in people's pathways. Performance Newsletters published throughout the year will ensure that system users are reminded of key developments and their impact.

The Health and Wellbeing Board has approved a review of the board, including plans to develop a dashboard of indicators based on the revised Health and Wellbeing Strategy. The strategy is to be presented to the Board meeting in September.

Finance
The main focus during the year alongside the usual budget monitoring, financial assessments and system reconciliations has been on preparing for the Care Act and the Better Care Fund. The Finance Team have also implemented a risk based approach to the audit of Direct Payment accounts.

In 2015/16, the Finance Team will implement those elements for the Care Act that come into effect from 1 April 2015, including deferred payments, changes to charging for residential placements and additional support for self-funders. Work will also include preparing for further Care Act changes that come into effect from 1 April 2016, including the cap on contributions and the resultant requirement for care accounts. The Finance Team will also develop financial reporting as part of the Better Care Fund to ensure that the needs of the Council and the CCG are met, and to support the establishment of robust governance arrangements.

Human Resources (HR)
The HR Team provide subject matter expertise to managers on a wide range of issues from Organisational Change to Employee Relations issues such as discipline, grievance and

absence management. HR also plays a key role in supplying data to the Government's National Minimum Data Set (NMDS) with a view to gaining valuable funding for training and development in ASC.

In addition, HR provides support to managers to recruit to vacant roles in all disciplines within ASCH&H.

IT
During 2015–16, the IT Team will be concentrating on ensuring the Department's case management system and reporting infrastructure are fit for purpose to meet the government's timescales for the Care Act. This will include matching NHS numbers against the core case management records and providing electronic access to the person receiving social care support through a new portal.

DEPARTMENT BUDGET 2015-16
The gross Departmental budget is £83.69 million in 2014/15. This is gross of Public Health Grant, Housing Benefit Subsidy, Client Contributions to Care Packages and other Fees and Charges. In 2014/15 it is proposed our budget will be spent on the following activities:

Budgeted Gross Expenditure 2015/16

Total Budget: £83.69m

- Care Management, £6,163,179
- Housing Advice & Homelessness, £6,163,179
- Housing Related Support Services, £6,163,179
- Lifelines, £929,697
- Nursing & Residential Care, £13,664,505
- Other Adult Social Care & Health Services, £7,019,632
- Personal Budgets, £15,813,977
- Public Health, £3,068,534
- Rent Allowances & Rebates, £35,252,511
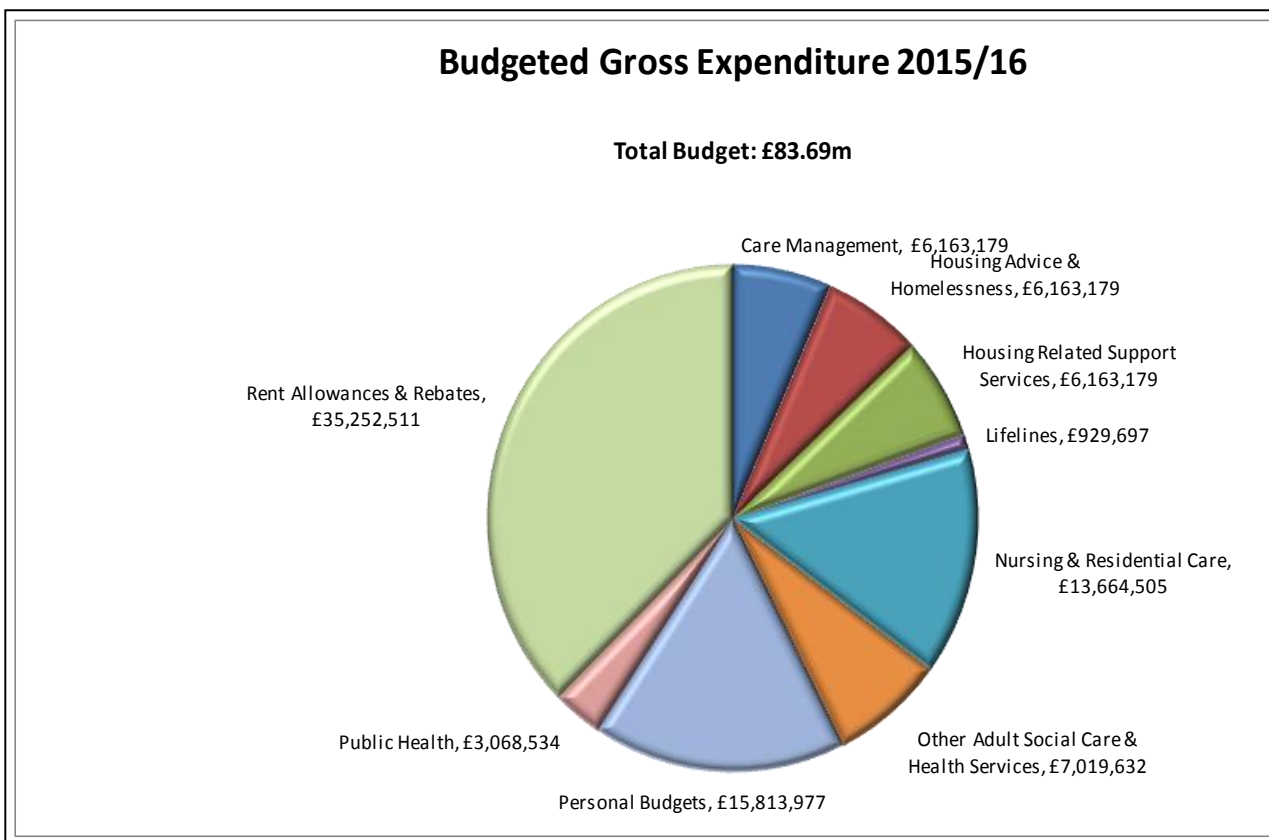
PEOPLE'S EXPERIENCES

Compliments and Complaints
ASCH&H produce two reports each year (one for ASC and one for housing) showing compliments and complaints received in the year. The information below summarises the complaints activity contained in these reports.

Compliments and Complaints received about ASC services in 2014-15
A total of 67 compliments were received in the year about ASC services, compared to 138 compliments in the previous year.

There were a total of 21 complaints received about ASC services, compared to 19 complaints in the previous year.

Of the complaints received in 2014-15, 5 were upheld, 7 were partially upheld and 9 were not upheld. This compares to the previous year where 2 complaints were upheld, 6 complaints were partially upheld and 11 were not upheld.

Of the 21 complaints, 6 were about services to older people and people with long term conditions, 4 were about services to people with a learning disability, 4 were about community response and reablement services, 3 were about mental services to older adults, 2 were about autism services, 1 was about brokerage services and 1 was about finance services.

In terms of nature of the ASC complaints, 14 were about standard of service, 4 were about access to services, 1 was about finance, 1 was about communications and 1 was about other issues.

Compliments and Complaints received about Housing services in 2014-15
A total of 63 compliments were received in the year about Housing services, compared to 42 compliments in the previous year.

There were a total of 43 complaints received about Housing services in 2014-15 compared to 49 complaints in the previous year. Of these, 4 were upheld, 16 were partially upheld and 23 were not upheld.

Of the 43 complaints, 27 were about Housing Options services, 9 were about Welfare Benefits services and 7 were about Forestcare services.

In terms of nature of the Housing complaints, 16 were about Standard of Service, 13 were about Disputed Decisions, 7 were about the Quality of Advice, 6 were about Behaviour of Staff and 1 was about Quality of Accommodation.

In terms of the stages of the 43 complaints, 19 complaints were at stage 1, 22 complaints were at stage 2, 4 complaints were at stage 3 and 1 complaint was referred to the Local Government Ombudsman. This number will not total 43 as some complaints will progress through more than one stage.

No complaints were received in 2014-15 about Public Health services.

People's Expectations
Customer satisfaction surveys are not undertaken on an annual basis for all services. The following information reflects the latest available information.

Forestcare Annual Customer Survey 2014
The Forestcare survey in 2014 achieved a response rate of 37%. The results were analysed and the findings were as follows:

- 100% of respondents said they were happy with the Forestcare service.
- 98% thought it was good value for money.
- 100% found the Forestcare Team polite and helpful.
- 98% reported they were happy with the response when used in an emergency
- 100% said that they were happy with the response to faults where there was a fault
- 100% said that they found the sensors helpful

- Only 15% said that they thought that a postal service would work
- 81% said it would be helpful if there was an automated test.

ASC Survey 2013-14
The ASC survey is undertaken each year and the results of the survey for 2014-15 are not yet available. Therefore the results of the 2013-14 survey are still current. The 2013-14 survey was undertaken in January 2014 with the results shown below.

The views of local residents are sought each year in a survey on behalf of the Department of Health, where people are asked a range of questions about issues affecting their health, wellbeing and other factors. There are six national indicators which are derived from the survey. Survey forms were sent to 1,567 people and a response rate of 47% was achieved which was an increase on last year, where the response rate was 44%. Key findings were as follows including comparisons with previous surveys where available:

- The quality of life indicator (national indicator 1A) scored 18.8, an increase from the previous year when the score was 18.7.
- 75.9% of people said they had either as much control as they wanted or adequate control over their daily life (national indicator 1B) compared with 76.2% in the previous year.
- 64.8% of people were either extremely satisfied or very satisfied with the care and support services they receive (national indicator 3A) compared with 64.5% in the previous year. For people with a learning disability this was 73.2% versus 76.5% in the previous year.
- 76.5% of people found that it was either very easy or fairly easy to find information and advice about support, services or benefits (national indicator 3D) compared with 78.1% the year before.
- 63.4% of people felt as safe as they want (national indicator 4A) compared with 65.9% in the previous year.
- 83.8% of people said that care and support services made them feel safe (national indicator 4B) compared with 82% in the previous year.
- 90.7% of people said that care and support services helped them to have a better quality of life compared with 91.2% in the previous year.

ASC Carers Survey 2012-13
The Carers Survey is conducted every 2 years and so the 2012-13 Carers Survey results are still current. Although there was a pilot Carers Survey conducted for the 2009-10 performance year, the questions were worded differently, so a comparison has not been made. The next carers' survey will be undertaken in 2014-15 and the 2016-17 Service Plan will compare the 2014-15 survey results with those from 2012-13.

Surveys were sent to 719 carers and there was a response rate of 53.8%. There are four national indicators which are derived from the carers' survey. The results from 2012-13's carers' survey have been compared with the pilot carers' survey that Bracknell Forest carried out in 2009-10, which was the last time the carers survey was carried out.

- The overall quality of life indicator for carers (national indicator 1D) was reported as a score of 8.5 out of a possible score 12.
- 50.3% of carers were satisfied with the care and support they receive (national indicator 3B).
- 78.8% of carers felt included/consulted in cared for discussions (national indicator 3C).
- 76.4% of carers found it easy to find information about support services or benefits (national indicator 3D).

- 91.5% of carers said that they had as much control over their daily life as they wanted.
- 89.4% of carers had no worries about their personal safety.
- 91.4% of carers found that the information they received was helpful.

Section 3: Service Delivery

All indicators which are reported through the Department's Quarterly Service Report are as follows.

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
Adult Social Care & Health Indicators				
All Sections Indicators				
OF1a	Social Care Related Quality of Life (Annual)	18.8	Data not available as not in Public Domain	Sustain 2014-15 performance
OF1b	Proportion of People who use services who have control over their daily life (Annual)	75.9%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF1c.1	Percentage of people receiving self-directed support (Annual)	98%	Data not available as not in Public Domain	This indicator will have 2 parts in 15/16 – a) cared for b) carers. Targets will be reviewed when a baseline is established
OF1c.2	Percentage of people receiving Direct payments (Annual)	N/A	Data not available as not in Public Domain	N/A
OF1d	Carer – reported quality of life (Biennial)	8.5	Data not available as not in Public Domain	Biennial – Not required 15/16
OF2a.1	Permanent admissions to residential or nursing care per 100,000 18-64 population (Quarterly)	Q1 1.7 Q2 3.4 Q3 5.1 Q4 6.8 (5 admissions)	Q1 2.7 Q2 2.7 Q3 2.7 Q4 4.1 (3 admissions)	Q1 – 1.7 Q2 – 3.4 Q3 – 5.1 Q4 - 6.8 (5 admissions)
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	Q1 160.8 Q2 321.7 Q3 482.5 Q4 643.4 (96 admissions)	Q1 113.9 Q2 234.6 Q3 288.2 Q4 465 (71 admissions)	Q1 – 149.2 Q2 – 298.4 Q3 – 596.8 Q4 – 447.6 (98 admissions)
OF2d	The outcomes of short term service: sequel to service	Awaiting Govt. definition	Data not available as part of new returns for 2014-15	Target will be developed once baseline known
OF3a	Overall satisfaction of people who use services with their care and support (Annual)	64.8%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF3b	Overall satisfaction of carers with social services (Every two years)	50.4%	Data not available as not in Public Domain	Biennial – Not required 15/16
OF3c	The proportion of carers who report that they have been included or consulted in discussion about the person they care for (Every two years)	78.7%	Data not available as not in Public Domain	Biennial – Not required 15/16

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
OF3d.1	Proportion of people who use services who find it easy to find information about services (Annual)	76.5%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF3d.2	Proportion of carers who find it easy to find information about services (Every two years)	76.5%	Data not available as not in Public Domain	Biennial – Not required 15/16
OF3e	Improving people's experience of integrated care	New for 2014/15	Data not available as not in Public Domain	Target will be developed once baseline known
OF4a	The proportion of people who use services who feel safe (Annual)	63.4%	Data not available as not in Public Domain	Sustain 2014-15 performance
OF4b	The proportion of people who use services who say that those services have made them feel safe and secure (Annual)	83.8%	Data not available as not in Public Domain	Sustain 2014-15 performance
L172	Timeliness of Financial Assessments (Quarterly)	95% each quarter	Q1 97.0% Q2 97.4% Q3 97.4% Q4 97.84%	95% within 5 days
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	Q1 9.3% Q2 15.6% Q3 24.8% Q4 37.0%	Q1 11.8% Q2 20.3% Q3 31.1% Q4 43.8%	Q1 – 10% Q2 – 20% Q3 – 30% Q4 – 40%
L199	Average time taken to answer Emergency Duty Service calls less than 40 seconds (Quarterly)	<40 seconds each quarter	30 seconds	Review when data available
L213	Satisfaction rates for calls to Emergency Duty Service (Biennial)	90%	Data not available	Review when data available
L214	Total number of bed delays - Delayed transfers of care from hospital per 100,000 population (Quarterly)	Q1 1,005.3 Q2 666.5 Q3 644.3 Q4 615.4	Q1 1,005.3 Q2 658.7 Q3 1,038.6 Q4 1,156.2	Q1 – 593.5 Q2 – 571.5 Q3 – 549.5 Q4 – 521.3
Community Mental Health Team Indicators				
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	13% each quarter	Q1 15.1% Q2 15.1% Q3 14.8% Q4 N/A	Review when Q4 data available
OF1h	Adults receiving secondary mental health services in settled accommodation (Quarterly)	84% each quarter	Q1 83% Q2 83% Q3 81.1% Q4 N/A	Review when Q4 data available
Community Response and Reablement Indicators				
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Annual)	81.3%	82.7%	81.3%
OF2c.1	Delayed transfers of care from hospital: all delays per 100,000 population (Quarterly)	8 each quarter	Q1 9.3 Q2 7.5 Q3 8.6 Q4 8.6	8 each quarter

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
OF2c.2	Delayed transfers of care from hospital: attributable to social care per 100,000 population (Quarterly)	5 each quarter	Q1 4.9 Q2 3.4 Q3 3.1 Q4 3.7	5 each quarter
L135.1	Average contact time for Enhanced Intermediate Care (Quarterly)	95% each quarter	Q1 92.3% Q2 94.8% Q3 95.8% Q4 97.3%	95% each quarter
L135.2	Waiting times for OT assessments (Quarterly)	90% each quarter	Q1 99.4% Q2 98.1% Q3 98.6% Q4 99.1%	Target is being reviewed
Community Team for People with Learning Disabilities Indicators				
OF1e	Adults with learning disabilities in employment (Quarterly)	15% each quarter	Q1 15.8% Q2 16.6% Q3 15.6% Q4 15.3%	15% each quarter
OF1g	Adults with learning disabilities in settled accommodation (Quarterly)	85% each quarter	Q1 87.8% Q2 87.9% Q3 88.1% Q4 88.1%	85% each quarter
Public Health Indicators				
L215	Delivery rate of NHS Health checks (Quarterly)	400 each quarter	Q1 702 Q2 1,041 Q3 937 Q4 1,261	400 each quarter
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	Q1 159 Q2 159 Q3 159 Q4 246	Q1 150 Q2 133 Q3 323 Q4 N/A	Q1 159 Q2 159 Q3 159 Q4 246
L217	Smoking quit success rate (Quarterly)	60% each quarter	Q1 65.2% Q2 62.4% Q3 77.5% Q4 N/A	60% each quarter
L218	Completion rate of specialist weight management treatment programme (Quarterly)	50 each quarter	Q1 66 Q2 69 Q3 N/A Q4 N/A	50 each quarter
Housing Indicators				
Housing Options Indicators				
NI155	Number of affordable homes delivered (gross) (Quarterly & Annual)	Q1 9 Q2 4 Q3 51 Q4 86	Q1 9 Q2 5 Q3 34 Q4 76	Q1 – 0 Q2 – 0 Q3 – 6 Q4 – 10 Year total 16
L178	Number of household nights in B&B across the quarter (Quarterly)	1,650 each quarter	Q1 1,851 Q2 2,119 Q3 1,811 Q4 1,601	1,650
L179	The percentage of homeless or potentially homeless customers who the Council helped to keep their home or find another one (Quarterly)	90% each quarter	Q1 83.33% Q2 90.24% Q3 89.29% Q4 78.26%	85% each quarter
Forestcare Indicators				

Ind Ref	Short Description (Grey shading shows key indicators)	2014/15 Target	2014/15 Actual	2015/16 Target
L030	Number of lifelines installed (Quarterly)	130 each quarter	Q1 149 Q2 159 Q3 214 Q4 255	200 each quarter
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.5%	Q1 97.06% Q2 97.63% Q3 97.59% Q4 98.90%	97.5%
L180	Time taken in working days for Forestcare customers to receive the service from enquiry to installation (Quarterly)	12 each quarter	Q1 8 Q2 6 Q3 5 Q4 4	10 each quarter
Benefits Indicators				
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	97% each quarter	Q1 98.9% Q2 98.6% Q3 98.5% Q4 95.5%	98% each quarter
NI 181	Days taken to process HB new claims and change events (Quarterly)	10 each quarter	Q1 6 Q2 7 Q3 9 Q4 4	9 each quarter

Section 4: Medium Term Objectives and Key Actions

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 4: Support our younger residents to maximise their potential				
4.1	Provide accessible, safe and practical early intervention and support services for vulnerable children and young people in the Borough.			
	Supported by the following sub-actions			
4.1.9	Extend the principles of the Symbol project to identify and develop links across services for vulnerable adults who are also parents	31/03/16	Head of Learning Disabilities	MTO 4

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
4.3	Increase opportunities for young people in our youth clubs and community based schemes.			
	Supported by the following sub-actions			
4.3.4	Work with Thames Valley Housing to finalise plans for a residential development to underpin the modernisation of the Youth Service programme to develop a new Town Centre Youth hub	31/03/16	Chief Officer: Housing	MTO 1

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
4.7	Communicate with partners to ensure that health, safety and wellbeing priorities for children and young people are identified, and are included in partner plans and strategies where relevant and appropriate.			
	Supported by the following sub-actions			
4.7.3	Enhance the emotional health and wellbeing of children and young people at tier 2 in partnership with schools and other providers	31/03/16	Consultant in Public Health	MTO 4

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 6	**Support Opportunities for Health and Wellbeing**			
6.2	Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough.			
	Supported by the following sub-actions			
6.2.1	Implement the review of the Health & Wellbeing Board	30/09/15	Director: Adult Social Care & Housing	Health & Wellbeing Board
6.2.2	Increase liaison with NHS England to further develop GP and primary care services in the borough	31/03/16	Director: Adult Social Care & Housing	Joint Health and Wellbeing Strategy
6.2.4	Work with partners to improve Child and Adolescent Mental Health Services (CAMHS) provision	31/03/16	Locality Manager for Mental Health / Consultant in Public Health	MTO 6

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
6.3	Continue to support the development of a local Healthwatch to provide local patients with a voice.			
	Supported by the following sub-actions			
6.3.1	Conduct regular reviews against the agreed contractual outcomes for local Healthwatch	31/03/16	Chief Officer: Older People & Long Term Conditions	Joint Commissioning Strategies

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
6.8	Support health & wellbeing through Public Health.			
	Supported by the following sub-actions			
6.8.1	Conduct a comprehensive programme aimed at improving self-care across the population, including development of a web-based self-care guide and a new programme for those with pre-diabetes	31/03/16	Consultant in Public Health	JSNA
6.8.2	Maximise the uptake of key health improvement programmes across the population, including health checks, smoking cessation and weight management	Quarterly reviews in Jul, Oct, Jan, Apr	Consultant in Public Health	JSNA
6.8.3	Deliver a range of programmes aimed at improving well-being among local older people, including a Community Falls Prevention Programme, a Strength & Balance Programme and Befriending Services	Quarterly reviews in Jul, Oct, Jan, Apr	Consultant in Public Health	JSNA
6.8.4	Carry out specific and collaborative assessments of the services including a full needs assessment in relation to drugs and alcohol	31/03/16	Consultant in Public Health	JSNA

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
6.9	Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.			
	Supported by the following sub-actions			
6.9.1	Provide drug and alcohol misuse awareness raising to new employees and existing staff	31/03/16	Head of DAAT	Staff Induction Plans
6.9.3	Consider the findings from the DAAT Young People's Service Review to plan future service provision	31/03/16	Head of DAAT	Young People's Service Review
6.9.4	Consider the recommendations arising from the Children Young People & Learning Overview & Scrutiny Panel (O&S) working group	31/03/16	Head of DAAT	Children Young People & Learning Overview & Scrutiny Panel Working Group

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
6.9.5	Undertake a cost comparison analysis of the current DAAT service	31/03/16	Head of DAAT	
6.9.6	Monitor the number of older people being referred to treatment for alcohol misuse	31/09/15	Head of DAAT	

6.10	Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.			
	Supported by the following sub-actions			
6.10.1	Work with the CCG to implement the Better Care Fund Plan	31/03/16	Director: Adult Social Care Health & Housing	Joint Health & Wellbeing Strategy / JSNA
6.10.2	Work in partnership with the CCG and Bracknell Healthcare Foundation Trust (BHFT) to build on an integrated service for adults with long term conditions	31/03/16	Chief Officer: Older People & Long Term Conditions	Joint Health & Wellbeing Strategy / JSNA
6.10.3	Work with the Acute Trust and review the out of hours intermediate care services so that delays for people in hospital awaiting social care are minimised	31/03/16	Chief Officer: Older People & Long Term Conditions	Better Care Fund Programme
6.10.4	Further develop the integrated care teams with the CCG and BHFT to support people with complex needs	31/03/16	Chief Officer: Older People & Long Term Conditions	MTO 6

6.11	Ensure that IT systems continue to be developed to improve the quality of people's lives and support and assist in business decisions.			
	Supported by the following sub-actions			
6.11.1	Ensure electronic batch matching on the NHS number is completed for a person's social care record	30/06/16	IT Manager	Better Care Fund Programme

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 7	Support our older and vulnerable residents			
7.1	Secure preventative and early intervention measures to ensure residents have the maximum choices to allow them to live longer in their own homes.			
	Supported by the following sub-actions			
7.1.1	Review the range and nature of support services provided by Forestcare for vulnerable people	31/03/16	Chief Officer: Housing	Older Person's Accommodation and Support Services Strategy

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.1.2	Refresh the "Helping you to stay independent" Guide	31/03/16	Head of Joint Commissioning	Helping You to Stay Independent Guide
7.1.3	Review implemented winter pressures plans	31/08/15	Head of Community Response & Reablement	Winter Pressures
7.1.4	Deliver a self-care programme raising awareness of self-care and self-management of long-term conditions and managing the use of A& E services	31/03/16	Head of Joint Commissioning	Self-care Programme / Better Care Fund Programme

7.4	Continue to modernise support and include new ways of enabling the delivery of that support.			
	Supported by the following sub-actions			
7.4.1	Introduce the Spectrum Star to people supported by the Autistic Spectrum Disorder (ASD) team and the agencies who support them	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Autism
7.4.2	Introduce a new review package for people with ASD and Learning Disabilities (LD) that incorporates an updated Direct Payments review and Service review	30/06/15	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Autism
7.4.3	Introduce the Life Star to the people supported by the LD team and the agencies that support them	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Learning Disabilities
7.4.4	Develop and publish the Sensory Needs Strategy	31/03/16	Head of Joint Commissioning	Sensory Needs Strategy
7.4.5	Refresh the Advocacy strategy and commissioned services subject to evaluation of the impact of the Care Act	31/03/16	Head of Joint Commissioning	Advocacy Strategy
7.4.6	Aim to promote Healthy Lifestyles for people including reducing incidents of smoking amongst people supported by the Community Mental Health Team (CMHT)	31/03/16	Locality Manager for Mental Health	Healthy Lifestyles
7.4.7	Establish a Dementia Action Alliance to promote dementia friendly communities	31/03/16	Head of Joint Commissioning	Dementia Action Alliance

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.5	Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care.			
	Supported by the following sub-actions			
7.5.1	Undertake a review of the operational services supporting Clement House extra care scheme	30/10/15	Head of LTC & CHC	Clement House extra care scheme / Older Person's Accommodation and Support Services Strategy

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.6	With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.			
	Supported by the following sub-actions			
7.6.1	Embed statutory safeguarding requirements within operational practice	31/03/16	Head of Adult Safeguarding	Safeguarding Development Board's plan
7.6.2	Lead the Bracknell Forest Safeguarding Adults Partnership Boards development plan taking into account the board's statutory footing	31/03/16	Head of Adult Safeguarding	Safeguarding Development Board's plan

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.7	Target financial support to vulnerable households.			
	Supported by the following sub-actions			
7.7.1	Review the Council's support to households in light of the claimant commitment / universal credit implementation	31/03/16	Chief Officer: Housing	MTO 7
7.7.2	Retender supporting people contracts to provide housing related support to vulnerable people	31/03/16	Chief Officer: Housing	MTO 7
7.7.3	Review Social Fund and Discretionary Housing Payment policy to target support to the most vulnerable people	30/11/15	Chief Officer: Housing	MTO 7
7.7.4	Review local council tax benefit scheme to ensure it provides an affordable scheme for the Council and customers	31/12/15	Chief Officer: Housing	MTO 7
7.7.5	Continue redesign of the housing and benefit service to maximise household income and independence	31/03/16	Chief Officer: Housing	MTO 7

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.8	Support vulnerable people through continued provision of out of hours services.			
	Supported by the following sub-actions			

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
7.8.1	Consult on the Emergency Duty Service (EDS) Joint Review	30/06/15	Head of EDS	EDS Joint Review

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 10	Encourage the provision of a range of appropriate housing			
10.1	Ensure a supply of affordable homes.			
	Supported by the following sub-actions			
10.1.8	Review DFG process in order to meet the requirements of the Better Care Fund	31/03/16	Chief Officer: Older People & Long Term Conditions	Better Care Fund Programme
10.1.9	Produce Housing Strategy	30/11/15	Chief Officer: Housing	Housing Strategy
10.1.10	Produce Homeless Strategy	30/11/15	Chief Officer: Housing	Homeless Strategy
10.1.11	Secure additional temporary accommodation for homeless households	31/03/16	Chief Officer: Housing	MTO 10
10.1.14	Support Housing and Planning for the off-site provision of affordable homes from the TRL site in Bracknell Town Centre	31/03/16	Chief Officer: Housing	MTO 10
10.1.15	Investigate establishing a Local Housing Company	30/09/15	Chief Officer: Housing	MTO 10

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
MTO 11	Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money			
11.1	Ensure services use resources efficiently and ICT and other technologies to drive down costs.			
	Supported by the following sub-actions			
11.1.4	Ensure IT systems are ready for any statutory and legislative changes	31/03/16	IT Manager	Statutory Returns / Adult Social Care Outcomes Framework
11.1.7	Introduce arrangements to record care accounts so that the Council can track self-funder progress towards the care 'cap' of £72,000	30/10/15	Senior Departmental Accountant	Care Act

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
11.2	Ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.			
	Supported by the following sub-actions			

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
11.2.8	Deliver a workforce that is fit for purpose under the new legislation of the Care Act 2014	30/10/15	Head of HR	Care Act

11.7	Work with partners and engage with local communities in shaping services.			
	Supported by the following sub-actions			
11.7.2	Continue to support the voluntary sector through the provision of core grants	31/03/16	Chief Officer: Older People & Long Term Conditions / Chief Officer: Adults & Joint Commissioning	Commissioning Strategy for Older People
11.7.7	Work in partnership with the Elevate Project through Breakthrough Employment Service in order to support young people with additional needs into employment	31/03/16	Head of Learning Disabilities	Joint Commissioning Strategy for Adults with Learning Disabilities
11.7.9	Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services to achieve them	31/03/16	Chief Officer: Older People & Long Term Conditions	Urgent Care Boards
11.7.10	Work with partners to implement Carers Commissioning Strategy, ensuring impact of Care Act is incorporated into the delivery plan	31/03/16	Chief Officer: Older People & Long Term Conditions	Carers Joint Commissioning Strategy

Bracknell
Forest
Council

QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q4 2014 -15
January – March 2015

Portfolio holder:

Councillor Dale Birch

Interim Director: John Nawrockyi

Contents

Section 1: Director's Commentary

There was significant activity in quarter 4 with both ongoing projects and decisions made by the Executive occupying the Department.

The Care Act has remained, and will continue to be, a major focus. The first phase of reforms comes into effect on 1st April 2015, and there has been both a national and a local communications campaign. This has included sending leaflets to everyone currently receiving support, or known to the Council as a carer, articles in Town & Country, and meetings with voluntary organisations.

Consultation on the second phase of the reforms, alongside detailed draft guidance, in respect of Funding Reforms and a new Appeals System, commenced at the beginning of February, running until the end of March. The Council has responded to that consultation.

The Better Care Fund (BCF) programme has been given final approval, and work is progressing on most of the projects. There is a slight hold-up on the integrated respiratory service, as one partner Clinical Commissioning Group (CCG) has withdrawn from the project, so the business case is being revised for approval by the CCG Governing Body.

The workforce team has revised business processes, taking into account the new requirements of the Care Act, and the principles determined through the Rapid Improvement Event work carried out last year. This has all been communicated with staff in regular updates, and the proposed new roles and team organisation is the subject of consultation starting on March 20th. The teams affected are the Older People & Long Term Conditions (OP&LTC) team and Community Response & Reablement (CR&R) team, with some implications for the Community Mental Health Team for Older Adults (CMHT OA).

A successful Sensory Needs Conference held on 6th March launched a 12 week consultation, to find out people's views on how services should be developed. The first sessions focused on the Care Act, and the remaining sessions included people with sensory loss sharing their own personal experiences and how they lived their lives. The outcome of the consultation will feed into a new Joint Commissioning Strategy for People with Sensory Needs 2015-2020.

The Emergency Duty Services (EDS) held a Stakeholders Review in March and the result of the review is that a new model of operation will be required to meet statutory changes along with an increase in referrals.

The Executive approved the Joint Commissioning Strategy for Carers which will ensure that the strategic direction for supporting people in an unpaid caring role continues to reflect the needs and wishes of people concerned.

In Housing, the last quarter of 2014/15 heralds the completion of a number of schemes to provide affordable housing for vulnerable people. The completion of Clement House which has been part funded by the Council will deliver 65 units of extra care housing for vulnerable older people and enable the next stage of the Older Person Accommodation and Support Services Strategy to be implemented. The development at Rainforest Walk by Sovereign Housing Association will provide 8 affordable rent flats, 2 of which are fully wheelchair

accessible. The Council will acquire a site in the town centre so as to set in train the next stage of delivering affordable housing.

The focus for Public Health in quarter 4 was on preparing for the launch of two key health improvement services. The first of these is new the Online Counselling Service aimed at addressing mental well-being among young people. This initiative will provide an additional level of evidence-based support for young people experiencing a range of issues, including bullying, self-harm or mental health difficulties. The service will be linked into the other local systems such as the Child and Adolescent Mental Health Services (CAHMS), expanding the range of referral options open to local health professionals and teachers. The second service developed during quarter 4 is aimed more at older residents, and specifically, at reducing the risk of a serious fall. The 'Falls Free 4 Life' programme will enable anyone who feels they (or someone they know) is at risk of a fall. In addition to a full risk assessment, the initiative will provide access to everything from Strength and Balance classes to handyman services aimed at eliminating any falls hazards in the home.

Delivery against actions in the Service Plan is looking strong. Of 64 actions, 60 have been completed as at the end of the quarter (Blue), 1 action is delayed (Red), and 3 actions are no longer applicable (NA) due to changes in circumstances.

The 1 delayed action (Red) is as follows:
10.1.11 Arrange the disposal of Downside for affordable housing
The Housing and Communities Agency has commissioned an independent valuation of the land in question. The valuation advice differs from the Council's position and there will now be a negotiation to reach a settlement.

The 3 actions no longer applicable (NA) are as follows:
6.9.3 Monitor the number of adults and young people entering treatment who misuse mephedrone and go on to successfully complete treatment.
The National Drug Treatment database has been taken offline so it is no longer possible to report against this action.

6.11.4 Extend the use of Electronic Monitoring for support provided to individuals outside their home.
A review of a pilot study in another authority has highlighted that fundamental changes are required to business and IT processes before this can be taken forward.

10.1.4 Promote and develop flexible Home Improvement Loan Schemes.
This task has been assigned to the Environment Culture & Communities Department.

There are 2 indicators in quarter 4 with a current status of Red as follows:
NI155 Number of affordable homes delivered (gross)
15 completions have slipped into 2015/16 because of difficulties with getting works started on site.

L179   The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one
The increase in unsuccessful homeless preventions is mainly due to the lack of private rented sector accommodation in the Borough (a national picture).

As is typical in quarter 4, there are some indicators where data is not yet available. This is the case with 7 indicators.

There is a statutory complaints process for Adult Social Care, part of which compliments are also recorded, which culminates in an Annual Report. Therefore numbers of complaints and compliments are recorded, and reported, separately for Adult Social Care and for Housing, with Housing complaints dealt with via the Corporate Complaints process. In addition, there is a separate statutory process for Public Health complaints.

In quarter 4, Adult Social Care services received 4 complaints of which 1 was partially upheld, 1 was not upheld and 2 were ongoing within timescales. This compares to the previous quarter where 8 complaints were received of which 2 were partially upheld, 4 were not upheld and 2 were ongoing within timescales. In addition, there was 1 complaint referred to the Local Government Ombudsman which was dealt with using Corporate Procedures. Currently, this is ongoing. There were 18 compliments received, which compares to 15 compliments received in the previous quarter.

In Housing services, there were 9 new complaints received at stage 2, and 3 received at stage 3. Of the stage 2 complaints, 1 was upheld, 5 were partially upheld and 3 were not upheld. Of the stage 3 complaints, 1 was partially upheld and 2 were not upheld. This compares to the previous quarter where there were 4 new complaints received at stage 2, and 1 received at stage 3. Of the stage 2 complaints, 3 were partially upheld and 1 was not upheld. The stage 3 complaint was partially upheld.

No complaints have yet been made in respect of Public Health services.

Section 2: Department Indicator Performance

Note: The 'Current status' column compares the data for quarter 4 against the target set for quarter 4. The final column in the table compares the quarter 4 performance for 2014/15 against the quarter 4 performance for 2013/14. See key below the table for details.

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
ASCHH All Sections – Quarterly						
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	31.1%	40.4%	37.0%	G	↗
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.7	2.7	6.8	G	↗
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	308.50	392.10	643.50	G	↗
L172	Timeliness of financial assessments (Quarterly)	97.69%	97.84%	95.00%	G	⇒
L199	Average time to answer Emergency Duty Service calls (Quarterly)	Previous data not available	30	40	G	
L213	Satisfaction rates for calls to Emergency Duty Service (Biennial)	Previous data not available	Data not available as this is every other year	90%		
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	1,038.6	488.0	615.4	G	
OF1a	Social Care Related Quality of Life (Annually)	18.8	Data not available as not in the public domain	Sustain 13/14 performance		
OF1b	Proportion of people who use services who have control over their daily life (Adult Social Care Survey)	75.9	Data not available as not in the public domain	Sustain 13/14 performance		
OF1c.1	Proportion of social care clients receiving Self Directed Support (Quarterly)[1]	99.9%	99.9%	98%	G	
OF1c.2	Proportion of social care clients receiving Direct Payments (Quarterly)[1]	23.0%	22.7%	No target set		
OF1d	Carer reported quality of life (Biennially)	N/A	Data not available as not in the public domain	No target set		
OF3a	Overall satisfaction of people who use the service with their care and support (Adult Social Care Survey)	N/A	Data not available as not in the	No target set		

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
	(Annually)		public domain			
OF3b	Overall satisfaction of carers with social services (Adult Social Care Survey) (Biennially)	N/A	Data not available as not in public domain	No target set		
OF3c	Proportion of carers who have been included or consulted in discussion about the person they care for (Biennially)	N/A	Data not available as not in public domain	Sustain 13/14 performance		
OF3d.1	Proportion of people who use services who find it easy to find information about services (Annually)	N/A	Data not available as not in public domain	No target set		
OF3d.2	Proportion of carers who find it easy to find information about services (Annually)	N/A	Data not available as not in public domain	No target set		
OF4a	Proportion of people who use services who feel safe (Adult Social Care Survey) (Annually)	N/A	Data not available as not in public domain	Sustain 13/14 performance		
OF4b	Proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) (Annually)	N/A	Data not available as not in public domain	Sustain 13/14 performance		
Community Mental Health Team – Quarterly						
OF1f	Proportion of adults in contact with secondary mental health services in paid employment (Quarterly)	14.8%	Not available as there are concerns about the validity of the current Information Centre data	13.0%		
OF1h	Proportion of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	81.1%	Not available as there are concerns about the validity of the current Information Centre data	84.0%		
Community Response and Reablement – Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	8.5	8.6	8.0	A	↘
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	3.2	3.7	5.0	G	↘
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	96.40	97.10	95.00	G	⇒
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact	98.8%	98.9%	90.0%	G	↗

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
	(Quarterly)					
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Annually)	85.1%	75.8%	81.3%	A	↘
OF2d	Outcome of short-term services: sequel to service	Previous data not available	Data not available as part of new returns for 2014-15	Target will be set once 2015-16 benchmarking data is available		

Community Team for People with Learning Difficulties - Quarterly

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
OF1e	Adults with learning disabilities in paid employment (Quarterly)	15.6%	15.3%	15.0%	G	↘
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	88.1%	88.1%	85.0%	G	⇒

Housing - Benefits – Quarterly

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	9.0	4.0	10.0	G	↗
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	98.5%	95.5%	97.0%	G	⇒
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	6	Q4 data not available due to a change in front desk systems and processes	10		
L032	Number of benefits prosecutions and sanctions per 1000 caseload (Annually)	66	45	25	G	↘

Housing - Forestcare – Quarterly

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
L030	Number of lifelines installed (Quarterly)	214	255	130	G	↗
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.59%	98.90%	97.50%	G	⇒
L180	Time taken for ForestCare customers to receive the service from enquiry to installation (Quarterly)	5	4	12	G	↗

Housing - Options – Quarterly

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
NI155	Number of affordable homes delivered (gross) (Quarterly)	34	76	86	R	↘
L178	Number of household nights in B&B across the quarter (Quarterly)	1,811	1,601	1,650	G	↘

Ind Ref	Short Description	Previous Figure Q3 2014/15	Current figure Q4 2014/15	Current Target	Current Status	Comparison with same period in previous year
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	89.29%	78.26%	90.00%	R	↘
Public Health – Quarterly						
L215	Delivery of NHS Health Checks (Quarterly)	937	1,261	400	G	↘
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	323	Q4 data not available due to the timelag in reporting data	246		
L217	Smoking quit success rate (Quarterly)	77.5%	Q4 data not available due to the timelag in reporting data	60.0%		
L218	Completion rate of specialist weight management treatment programme (Quarterly)	56	Q4 data not available due to the timelag in reporting data	50		
L219	Purchase and dissemination of flu vaccination vouchers to people in priority groups	168	Q4 data not available due to the timelag in reporting data	80		

[1] The definition of this indicator has changed in 2014-15

Traffic Lights		Comparison with same period in previous year	
Compares current performance to target		Identifies direction of travel compared to same point in previous quarter	
G	Achieved target or within 5% of target	↗	Performance has improved
A	Between 5% and 10% away from target	⇨	Performance sustained
R	More than 10% away from target	↘	Performance has declined

Section 3: Complaints and compliments

Compliments Received

33 compliments were received by the Department during the quarter.

Adult Social Care Compliments
18 compliments were received in Adult Social Care, as follows:

Team receiving compliment	Number of compliments
Community Response & Reablement services	8
Emergency Duty services	2
Drug and Alcohol Action services	5
Learning Disabilities services	3

All 18 compliments were regarding the standard of service provided.

Housing Compliments
15 compliments were received in Housing as follows:

Team receiving compliment	Number of compliments
Forestcare	11
Housing Strategy & Housing Options	1
Housing service	3

All 15 compliments were regarding the standard of service provided.

Complaints Received

There were a total of 17 complaints received in the Department during the quarter.

Adult Social Care Complaints
4 complaints were received this quarter about Adult Social Care services.

Stage	New complaints activity in quarter 4	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	4	22	8 were not upheld, 5 were upheld, 7 were partially upheld and 2 were ongoing.
Local Government Ombudsman	0	0	-

In addition, there was 1 complaint referred to the Local Government Ombudsman which was dealt with using Corporate Procedures. Currently, this is ongoing.

Adult Social Care - nature of complaints/ actions taken/ learning from complaints:
The nature of the 4 complaints received in quarter 4 was as follows:

Nature of complaint	Number of complaints
Standard of service received	3
Finance services	1

The Corporate Procedures complaint was about standard of service received.

There are regular meetings within Adult Social Care to ensure learning from complaints is disseminated and acted on. The data is collated as the year progresses and is reported annually within the Complaints Report for Adult Social Care.

Housing Complaints

12 complaints were received in quarter 4 about the Housing service.

Stage	New complaints activity in quarter 4	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	9	17	10 partially upheld 6 not upheld 1 Upheld
New Stage 3	3	4	2 partially upheld 2 not upheld
Local Government Ombudsman	0	1	1 not upheld

Housing - nature of complaints/ actions taken/ lessons learnt:

Over 40% of the complaints made against the Housing service in the quarter were not upheld. However, the fact that customers felt the need and motivation to make a complaint is a cause for concern. The reason for the higher number of complaints is due to customers' expectations of a service beyond that which the Council are able to provide in terms of accommodation and housing options. In addition some complaints pointed to a need for further customer care training around officers' understanding and awareness of the customer's position.

Section 4: People

Staffing Levels

	Establishment Posts	**Staffing Full Time**	**Staffing Part Time**	**Total Posts FTE**	**Vacant Posts**	**Vacancy Rate**
DMT / PAs	13	11	2	12	0	0
Older People & Long Term Conditions	177	83	94	115.14	19	9.69
Adults & Joint Commissioning	97	65	32	82	28	22.4
Performance & Resources	31	21	10	26.32	0	0
Housing	64	46	18	54.97	1	1.53
Public Health Shared	9	5	4	6.5	0	0
Public Health Local	4	4	0	4	0	0
Department Totals	**395**	**235**	**160**	**300.93**	**48**	**10.81**

Staff Turnover

For the quarter ending	31 March 2015	2.51%
For the last four quarters	1 April 2014 – 31 March 2015	11.30%

Total voluntary turnover for Bracknell Forest Council, 2013/14:   12.64%
Average UK voluntary turnover 2013:   12.5%
Average Local Government England voluntary turnover 2013:   12.0%

(Source: XPertHR Staff Turnover Rates and Cost Survey 2014 and LGA Workforce Survey 2012/13)

Comments:
Staff Turnover has decreased this quarter from 2.96% to 2.51% due to fewer voluntary leavers.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 4 average per employee	2014/15 annual average per employee
DMT / PAs	13	6	0.46	6.19
Older People & Long Term Conditions	177	544	3.07	11.22
Adults & Joint Commissioning	97	216	2.23	7.35
Performance & Resources	31	28.5	0.92	3.52
Housing	64	73	1.14	5.90
Public Health Shared	9	8.5	0.94	3.44
Public Health Local	4	6	1.5	3.75
Department Totals (Q4)	**395**	**882**	**2.23**	
Actual Totals (15/16)	**395**	**3,311.5**		**8.38**

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 13/14	5.50 days
All local government employers 2013	8.0 days
All South East Employers 2013	6.9 days

(Source: Chartered Institute of Personnel and Development Absence Management survey 2014)

N.B. 20 working days or more is classed as Long Term Sick.

Comments:
Older People and Long Term Conditions:
There are 4 instances of Long Term Sickness. Of these, one has now returned to work. One case is being considered for Ill Health Retirement and the two remaining cases are being monitored by Occupational Health. This represents 40% of the total sickness.

Adults & Joint Commissioning:
There are 2 instances of Long Term Sickness during quarter 4. Of these, one has returned to work. One case is being monitored by OH. This represents 26% of the total sickness.

Section 5: Progress against Medium Term Objectives and Key Actions

Progress has been monitored against the sub-actions supporting the Key Actions contained in the Adult Social Care, Health and Housing Service Plan for 2014-15. This contains 64 actions detailed actions in support of 6 Medium Term Objectives. Annex A provides detailed information on progress against each of these actions.

Overall 60 actions were completed at the end of quarter 4 (), while 1 action was delayed (). 3 actions are no longer applicable () due to changes in circumstances. The action that is delayed () is:

Ref	Action		Progress
10.1.11	Arrange the disposal of Downside for affordable housing		The Homes and Communities Agency has commissioned independent valuation of the land in question. The valuation advice differs from the Council's position and there will now be a negotiation to reach a settlement.

Section 6: Money

Revenue Budget

The cash budget for the department is £32.401 million, and a breakdown of this is shown in Annex B (Financial Information). The forecast outturn in the latest budget monitoring is £31.939 million, an underspend of £0.464 million.

The current forecast is based on current commitments plus any known changes that will arise prior to the year end. The significant risks that may impact on this reported position are outlined below:

- **Housing Benefit Overpayments.** Work on reviewing the methodology for calculating the Housing Benefit Overpayment bad debt provision has identified queries over the reconciliation between the Housing Benefits System (Northgate) and the ledger. Work is ongoing and we are not yet able to quantify any impact.
- **Better Care Fund (BCF).** In 2014/15 the Council is working with the CCG on a number of projects as a precursor to full implementation of the BCF from 1 April 2015. The budget for these projects is managed by the Health and Wellbeing Board and includes a budgeted contingency of £819,000 for use in future years. This contingency is likely to be transferred to the Council under Section 256 of the NHS Act to support health related social care expenditure, thereby increasing the Council's surplus for the year. The surplus would be placed in an Earmarked Reserve for use by the BCF in future years.
- **Ordinary Residence Claim.** A London Council is claiming that an adult social care recipient, for whom they are currently meeting the care costs, should be paid for by Bracknell Forest Council under the rules for "ordinary residence". The costs of the recipient are estimated at approximately £2,000 per week. The Council is challenging the claim.
- **Deprivation of Liberty Safeguards (DoLS).** There is an expected pressure on the budget from the statutory requirement to perform DoLS assessments. Although this pressure has not yet materialised this financial year it is expected to do so early next financial year.

Capital Budget

The approved capital budget for the department is £4.5 million and is projected to spend £3.1 million by the year end. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B.

Section 7: Forward Look

ADULT SOCIAL CARE
Service Wide
Carers
The Department will be looking at new and innovative ways to support carers by stimulating voluntary groups and services to meet local needs.

Collaborative Care for Older Citizens programme (with Public Health)
The local NHS, social care and Public Health teams will work with people to design a new way of providing care to older people. This initiative will bring together a range of NHS and social care partners, as well as local residents and community groups, in an effort to build a more coherent, better integrated and more effective system for improving the health of older people. A key focus is on prevention, and one contribution of the Public Health team will be to establish a comprehensive database of 'what works' when it comes to older people's health and well-being.

Older People & Long Term Conditions
Community Response & Reablement
In the next quarter, a review of the effectiveness of winter pressure plans will commence to inform the development of resilience plans for next winter.

Drug & Alcohol Action Team
The team will be taking part in a number of focus groups with Public Health England regarding increasing access and understanding around Mutual Aid groups nationally. The tendering process for substance misuse services will also commence and 2 sessions of mindfulness training will be delivered to staff.

Emergency Duty Service (EDS)
In the summer of 2015, EDS will host an 'Volunteer Appropriate Adult Showcase' which will be a whole day event with Police Custody staff, Youth Offending Service staff, National Appropriate Adult Network, solicitors and current Appropriate Adult volunteers in attendance, to encourage more volunteers to the service and provide the public with an understanding of the role of the Appropriate Adult.

Older People & Long Term Conditions (OP&LTC)
The Integrated Care teams working in the clusters will benefit from the involvement of a Senior Occupational Therapist providing better outcomes for people with long term conditions.

Sensory Needs
A review is underway examining more innovative ways to deliver a better range of services. Feedback from the consultation on the strategy will inform ways that the sensory team can work to deliver better outcomes.

Adults & Joint Commissioning

Learning Disabilities

The Community Team for People with Learning Disabilities (CTPLD) will work with the Housing Options team to identify housing needs of people coming from Children's to Adults services. Community groups will be running for people with a learning disability to enhance their skills and knowledge around health and well-being in partnership with Public Health. A working group will be formed to ensure that awareness is raised for Learning Disability Awareness Week.

Autistic Spectrum Disorders

The Community Team for People with Autistic Spectrum Disorders (CTPASD also known as the Autism team) will work with the housing options team to identify housing needs of people approaching adulthood. Community groups will be running for people with autism to enhance their skills and knowledge around health and well-being in partnership with Public Health. A working group will ensure that awareness is raised and information will be shared about World Autism Day.

Joint Commissioning

Stats.Share, the Council-wide statistics database, will be published online for use by partners and the public. A leaflet to "myth-bust" the causes of dementia and to stress the benefits of early diagnosis will be sent to all households in the borough. The refreshed "Helping You Stay Independent Guide" will be distributed to information points in the borough and will be available online.

Mental Health

In the next quarter, the Community Team for Mental Health (CMHT) will recruit to a new post 'Contract Support Liaison Worker', to work in a liaison role across Adult Mental Health and Rethink to support people with enduring mental illness in their recovery journey and support with the step down approach to discharge.

Dementia

One-off project money received will be used to fund the post of Dementia Service Development Co-Ordinator. This role will focus on the local Bracknell Forest Council Dementia Strategy and implement action plans within the strategy. The Dementia Action Alliance continues to provide Dementia Friends Information Sessions.

Safeguarding

The Department's operational model for responding to adult safeguarding concerns will be reviewed to ensure it meets current and future demand.

Deprivation of Liberty Safeguards (DoLS)

Following a recruitment campaign, the department has been able to appoint a Best Interest Assessor who will undertake DoLS assessments. Unfortunately the department was not able to recruit to the other additional post. A further recruitment drive will take place in quarter 1.

Performance & Resources

IT

The live Adults Social Care Management system was upgraded on March 20th in readiness for Phase 1 of the Care Act.   The IT Team will continue to work with the supplier on the development of the LiquidLogic Adult System (LAS) Portal.

The electronic matching of the NHS Number between the NHS spine and LAS will commence and the IT Team will work with Corporate IT on the replacement of the LAS and Controcc servers.

HR

HR will continue to support managers in all Employment Relations issues and in Organisational Change Management as necessary. Corporately, the team will be working toward the implementation of the new HR and Payroll system in August 2015 with a gradual migration set to begin in April 2015.

Business Intelligence

The Business Intelligence team will focus on validation and submission of the statutory annual returns due in quarter 1. Testing of the LiquidLogic data warehouse will continue.

Finance

The finance team's focus for the next quarter will be on closure of the 2015/16 accounts, including review of the Housing Benefits reconciliation between Agresso and Northgate.
A suite of financial indicators is also under development to monitor the impact of the Care Act from 1 April 2015, and in Deputyship, we have recently moved to online banking so the focus will be on ensuring this change yields benefits in the timeliness of our bank reconciliations.

PUBLIC HEALTH

In quarter 1, Public Health will focus on ensuring a solid start to the new services that got under way at the end of 2014/15 including the Falls Prevention ('Falls Free 4 Life') Programme and the Online Counselling Service for Young People (www.kooth.com).

In relation to both services, the aim will be to increase awareness of these services via social media and attendance at events. The team will also ensure that the systems for monitoring the performance of these services are working well, providing a comprehensive picture of the impact they are having.

Communications will also be a central focus for longer standing health improvement services such as smoking cessation, health checks and weight management. These services have collectively brought the Public Health team four national award nominations and it is important to take advantage of this good news in way that raises more awareness of services and assures people of their quality.

HOUSING

Housing Strategy & Housing Options

Work will begin on the upgrade of the Abritas choice based letting IT system. The upgraded system provides enhanced services for customers but also will allow the inclusion of new national policy changes such as the right to move. This is a requirement for Council's to provide a small percentage of allocations each year to households who wish to move into Bracknell Forest to take up confirmed employment offers. As the Council has a year residency requirement before a household can join the housing register this in one way in which households outside the borough could access affordable housing. As it is a national legislative requirement the council has no choice in implementation.

Work will begin on developing the Council's local housing company. The intention is that the Company will be able to purchase properties to provide accommodation for households who the council has a statutory obligation to provide accommodation for.

5 temporary to permanent properties are scheduled to be purchased in quarter 1. These properties will provide accommodation to homeless households thus reducing the need to procure bed and breakfast accommodation but at the same time generating an income that will support the financing costs of the Local Housing Company or net income for the Council.

Benefits

Work will take place in the next quarter to conclude the certification of the subsidy to be claimed for housing benefit in 2014/15. The estimated subsidy claim is £33 million. Considerable work is required by auditors so that they can provide assurance to the Department of Works and Pensions (DWP) that housing benefit has been paid in line with the national scheme requirements and thus the Council can claim subsidy to match the housing benefit payments it has made.

The DWP has confirmed that Universal Credit will go live in Bracknell Forest for new single claimants in September 2015. The Universal credit will not include housing costs element when it goes live. The Council has already begun work with DWP colleagues to prepare for the introduction. This includes mapping locations where internet access exists in the borough for claimants to make claims. The Council will enter into a partnership agreement with the DWP to provide advice and budgeting support for claimants which in turn will provide additional funding for the Council.

It is intended to introduce attachment of earnings orders to recover housing benefit overpayments where a customer is no longer in receipt of housing benefit. Where housing benefit is still in payment the overpayment is recovered directly from the housing benefit. Where benefit is not in payment customers are invoiced and repayment plan agreed. If the plans are not adhered to then legal action for recovery is taken. Instead of the latter case securing attachment to earnings directly from the employer without the need to go to court is a more efficient process. This is a relatively new power offered to local authorities.

Forestcare

The last element of the PNC 7 lifeline monitoring system upgrade will be implemented in the next quarter. Once this is in place it is intended to pilot the use of tablet computers to allow officers to upgrade customer information on the monitoring system in the field rather than double handling information.

Annex A: Progress on Key Actions

Sub-Action	Due Date	Owner	Status	Comments
MTO 1: Re-generate Bracknell Town Centre				
1.9 Implement an Accommodation Strategy to rationalise the number of buildings used by the Council.				
1.9.12 Implement flexible and mobile working principles across all town centre offices	31/03/2015	ASCHH	B	Completed. This has now been implemented in Adult Social Care, Health & Housing
1.9.7 Relocate ASCHH to final positions in Time Square	31/03/2015	ASCHH	B	Completed. Teams have now been relocated to their final locations within Time Square.
MTO 4: Support our younger residents to maximise their potential				
Sub-Action	**Due Date**	**Owner**	**Status**	**Comments**
4.3 Increase opportunities for young people in our youth clubs and community based schemes.				
4.3.6 Work with Thames Valley Housing to develop proposals for the Coopers Hill site to facilitate the provision of a new youth club	30/09/2014	ASCHH	B	Completed. The Executive meeting on the 31 March 2015 will be asked to consider the in principle redevelopment of the site subject to viability both in terms of revenue to run the services in the new youth arts centre and also the capital cost of redevelopment
MTO 6: Support Opportunities for Health and Wellbeing				
Sub-Action	**Due Date**	**Owner**	**Status**	**Comments**
6.2 Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough.				
6.2.1 Develop clarity in the respective roles of partners within the Health and Wellbeing Board	30/09/2014	ASCHH	B	Completed. The Health and Wellbeing Board in March proposed additional membership of Frimley Health, Berkshire Healthcare Foundation Trust, Royal Berkshire Healthcare Foundation Trust, Involve and the Bracknell Care Association. Two working groups were agreed for Primary Care and Child and Adolescent Mental Health Services to give initial feedback to the June meeting
6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice.				
6.3.1 Monitor local Healthwatch and conduct regular reviews against the agreed contractual outcomes	31/03/2015	ASCHH	B	Completed. Regular monitoring meetings have been, and continue to be, held.
6.8 Support health and wellbeing through Public Health.				
6.8.1 Conduct a comprehensive programme aimed at improving self-	31/03/2015	ASCHH	B	Completed. Quarter 4 has seen the development of a new, set of

Sub-Action	Due Date	Owner	Status	Comments
care across the population, including completion of a new set of web-based self care resources in collaboration with clinical leads and community groups				resources on Falls Prevention (including a new website) developed as part of the newly commissioned service. There is also a new web-based resource aimed reducing alcohol related harm. Promotion of the main Joint Strategic Needs Assessment self-care guide continues via social media. Updates in partnership with local clinical leads have taken place
6.8.2 Maximise the take-up of key health improvement programmes across the population. These will include health checks, smoking cessation and weight management	31/03/2015	ASCHH	B	Completed. All services have continued to improve. The focus on Health Checks has continued in primary care with additional checks for school staff and an outreach campaign in various community settings will generate 330 checks in quarter 4 alone. The alcohol harm reduction campaign was again successful and has resulted in Bracknell Forest Council being nominated for a national award. This makes a total of 4 national award nominations for the Health Improvement work of the Public Health team in 2014/15
6.8.3 Deliver a range of programmes aimed at improving mental health in the local population, including: at least one mental health first aid course delivered per quarter; a report that 'maps' assessed social isolation and loneliness across the borough that can be used as the basis for targeted outreach work	30/06/2014	ASCHH	B	Completed. The Befriending Service funding has been extended and refocused on linking people back up to their local community. The aim of addressing social isolation has been incorporated into the new Falls Prevention Programme. Maps of social isolation levels have been completed.
6.8.4 Carry out specific and collaborative assessments of the services including a full consultation exercise and review of Public Health services for children	31/03/2015	ASCHH	B	Completed. A new provider was successfully identified and commissioned to deliver the online mental health support for young people and the service got underway near the end of quarter 4
6.8.5 Improve Public Health work on health intelligence and insight including: a quarterly review of the Joint Strategic Needs Assessment with the addition of at least five new or updated chapters per quarter; annual delivery of the Public Health survey with a sample of 1,800 residents; annual review and reissue of CCG and Ward profiles; quarterly bulletin on key Public Health Intelligence issues; annual review of report detailing key commissioning implications of local health data	30/11/2014	ASCHH	B	Completed. Data analysis from the 2015 Public Health Survey has been completed and a full report has been written. A plan for dissemination has been drawn up and the data is already being used to inform commissioning and programme delivery

Sub-Action	Due Date	Owner	Status	Comments
6.8.6 Produce an annual report mapping uptake and attitudes to MMR and Flu immunisation take-up	31/03/2015	ASCHH	B	Completed. Data on uptake in key priority groups has been compiled and a report completed

6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.

Sub-Action	Due Date	Owner	Status	Comments
6.9.1 Evaluate the effectiveness of the Payment by Results project by monitoring successful delivery of outcomes, and using findings to inform future commissioning plans	31/03/2015	ASCHH	B	Completed. The evaluation report was presented to Corporate Management Team in September and has been agreed. The report concluded that Payment by Results has been a success in Bracknell Forest and that there have been significant improvements in performance
6.9.2 Train social care staff to be able to identify problematic drinking and deliver brief alcohol interventions to people using social care services and refer people into specialist services as required	31/03/2015	ASCHH	B	Action completed ahead of schedule
6.9.3 Monitor the number of adults and young people entering treatment who misuse mephedrone and go on to successfully complete treatment	31/03/2015	ASCHH	NA	Action no longer appropriate. The National Drug Treatment database has been taken offline so it is no longer possible to report against this action

6.10 Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.

Sub-Action	Due Date	Owner	Status	Comments
6.10.1 Work with the CCG, Public Health and other Council Departments to improve health outcomes for residents through relevant strategies and plans	31/03/2015	ASCHH	B	Completed. An online counselling service was introduced by Public Health, with £60K match-funded by the CCG. On 31st March 2015, the Executive approved extension of the Intermediate Care s75 with Berkshire Healthcare Foundation Trust and the plans for re-location of the Bridgewell service. A successful conference was held to launch the Sensory Needs Strategy Consultation
6.10.2 Work with the CCG to help shape current and future service provision through Better Care Fund plans.	31/03/2015	ASCHH	B	Completed. BCF Programme Board convened in March. Initial meeting with the CCG held to look at further opportunities for developing integrated approaches to commissioning and delivery
6.10.3 Work in partnership with the Bracknell and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to build on an integrated service for adults with long term conditions to improve health and reduce unplanned acute admissions.	31/03/2015	ASCHH	B	Completed
6.10.4 Work with the Acute Trust in order to deliver 7 day working so that delays for people in hospital awaiting social care are minimised.	31/03/2015	ASCHH	B	Completed

Sub-Action	Due Date	Owner	Status	Comments
6.10.5 Review out of hours intermediate care cover and develop a process whereby this cover will assist in 7 day working.	31/03/2015	ASCHH	B	Completed. Recruitment has been successful to support 7 day working
6.10.6 Ensure the development of Better Care Plans are undertaken to meet key timescales and local needs	31/12/2014	ASCHH	B	Completed. Better Care Plans were re-submitted in November and received full Department of Health approval on 22nd December

6.11 Ensure that IT systems continue to be developed to improve the quality of people's lives and support and assist in business decisions

Sub-Action	Due Date	Owner	Status	Comments
6.11.1 Investigate the feasibility of developing and implementing self-service performance reports to support managers so that they can make more informed decisions	31/12/2014	ASCHH	B	Completed. The SAP dashboard in Business Objects enables reports to be emailed to people
6.11.2 Implement the changes to the Electronic Social Care Record identified as required to make the system fit for purpose as the alternative to re-tendering	31/03/2015	ASCHH	B	Quarter 4 tasks complete. Other aspects of project are on-going. To date 15 tasks closed, 6 on hold and 7 in progress
6.11.3 Develop a reporting and monitoring methodology to report on the actions within the BCF	31/03/2015	ASCHH	B	Completed. LAS and Controcc scheduled for go live 20th March to reflect Care Act Phase 1. Further upgrades scheduled for June and November in readiness for the Care Act Phase 2. LAS portal tasks in progress with portal under development by the supplier. Data Warehouse now live and all Business Objects training completed. Electronic matching of the NHS number from the NHS spine to LAS has started with the review of pre-requisites
6.11.4 Extend the use of Electronic Monitoring for support provided to individuals outside their home	31/03/2015	ASCHH	NA	Action no longer required. A review of a pilot study in another authority has highlighted that fundamental changes are required to business and IT processes before this can be taken forward

MTO 7: Support our older and vulnerable residents

Sub-Action	Due Date	Owner	Status	Comments

7.1 Secure preventative and early intervention measures to ensure residents have the maximum choices to allow them to live longer in their own homes.

Sub-Action	Due Date	Owner	Status	Comments
7.1.1 Develop a plan for implementation of the Care Bill	31/10/2014	ASCHH	B	Completed. Implementation of the Care Act is underway and the department will be ready to meet its requirements from 1 April 2015
7.1.10 Review of Governance processes to ensure that intermediate care services are safe and correspond to best practice	31/03/2015	ASCHH	B	Completed. The review is now finished with actions being undertaken to cement necessary governance arrangements
7.1.2 Review the range and nature of support services provided by	31/03/2015	ASCHH	B	Completed. PNC7 lifeline monitoring system has been implemented. There

Sub-Action	Due Date	Owner	Status	Comments
Forestcare for vulnerable people by redesigning the service				is one module of the new system still to be fully implemented
7.1.3 Develop a specification and tender for the extra care required for 65 households at Clement House	31/03/2015	ASCHH	B	Completed. Optalis have been successful in securing the contract for the peace of mind service. A project manager has been identified to work with Bracknell Forest Homes and the people decanting from Barnett Court into the scheme. This will ensure that people's care & support needs are transferred with them when the scheme opens on 1st May
7.1.4 Work with the Acute Sector, voluntary sector and provider colleagues for appropriate and timely discharge from hospital which includes early supported discharge.	31/03/2015	ASCHH	B	Completed. Fully implemented local system resilience plans supporting winter pressures whilst continuing to attend Urgent Care Boards and operational groups
7.1.5 Refresh the "Helping you to stay independent" Guide maintaining a focus on people who fund their own support and giving people information within a form to enable them to stay independent for as long as possible	31/01/2015	ASCHH	B	Completed. The Helping You Stay Independent Guide for 2015 has been refreshed in partnership with Bracknell & Ascot CCG and approved
7.1.6 Refresh the Carers' Strategy to ensure that services and support for carers reflects their needs.	31/12/2014	ASCHH	B	Completed. The Carers Commissioning Strategy 2015-2020 will be published in quarter 1 following which an action plan will be developed
7.1.7 Implement the revised Quality Assurance Framework with all providers to ensure robust monitoring of commissioned services to improve the quality of support for people	30/09/2014	ASCHH	B	Completed. The pilot has now been completed and implementation is underway
7.1.8 Evaluate and review local mental health services including Common Point of Entry, looking at strengths and risks and areas for development in order to ensure that the Mental Health needs of the local population are being met	31/10/2014	ASCHH	B	Completed. An action plan is being developed from the report to agree priorities
7.1.9 Promote dementia friendly communities that understand how to help people living with dementia, to improve the support and understanding for individuals in the local community	28/02/2015	ASCHH	B	Completed. Contract signed and a member of staff now in post as the Dementia Action Alliance Coordinator
7.4 Continue to modernise support and include new ways of enabling the delivery of that support.				
7.4.1 Work in partnership with health & voluntary sector to further develop and expand support for carers in need who are not known to ASCHH	31/03/2015	ASCHH	B	Completed. The Care Act recognises the needs of carers and to respond to that, it is being ensured that Personal Budgets for carers are developed together with a comprehensive range of care and support. Carers will be attending a workshop at the end of

Sub-Action	Due Date	Owner	Status	Comments
				April to feedback on the Carers Strategy
7.4.2 Provide support and training through a range of partners to enable carers to return to paid or voluntary work	31/03/2015	ASCHH	B	Completed. Work has continued on networking both locally and nationally to ensure that we can meet the needs of carers going forward with the Care Act implications and updating our systems and processes to better reflect carers' needs. Training and support for carers continues to enable them to maintain their caring role
7.4.3 Re-tender the current 'Rethink' contract to modernise support service provision	31/03/2015	ASCHH	B	Action completed ahead of schedule. Rethink have been successful in winning the tender, the service transition is in progress, and the new service started in December 2014
7.4.4 Develop solutions within the Controcc finance system that allow people to use their support hours in a more flexible way	31/01/2015	ASCHH	B	Completed. The intermittent Care Package Line Item module, which is the suggested solution from Controcc, is now live. This will require further testing before we can confirm it meets the requirements of flexible care hours
7.4.5 Implement the new Learning Disability strategy, and develop an action plan	31/03/2015	ASCHH	B	Completed. The action plan has been agreed for the strategy and the first updates have been delivered to the Learning Disability Partnership Board
7.4.6 Implement the new Learning Disability Joint Commissioning Strategy which will include: meeting the Winterbourne requirements; further develop housing options for people with learning disabilities; review the Rapid Response pilot	31/03/2015	ASCHH	B	Completed. All 7 properties have now been purchased and the final person will be moving into their accommodation next month.
7.4.7 Develop a new Joint Autism Commissioning Strategy in response to new national requirements	31/03/2015	ASCHH	B	Completed. The Joint Autism Commissioning Strategy was approved by the Executive on 27 January 2015.

7.5 Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care.

Sub-Action	Due Date	Owner	Status	Comments
7.5.1 Support development of Clement house extra care scheme and develop proposals for additional extra care housing provision for older people	31/03/2015	ASCHH	B	Completed. Clement House extra care scheme reached practical completion on 26 March 2015.
7.5.2 Undertake a procurement process for provision of medical support at the Bridgewell Centre	31/12/2014	ASCHH	B	Completed. The Joint Commissioning Strategy has now been drafted and is going through the Council ratification protocols.

7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.

Sub-Action	Due Date	Owner	Status	Comments
7.6.1 Work with statutory partners to identify which model of Multi-Agency Safeguarding Hub (MASH) would best meet local needs so that local residents are further safeguarded	31/03/2015	ASCHH	B	Completed. Following further discussion, it has been identified that a Multi-Agency Safeguarding Hub (MASH) is not required at this time for Bracknell Forest. However,

Sub-Action	Due Date	Owner	Status	Comments
against abuse				discussions are ongoing to ensure that partnership working between statutory agencies is robust.
7.6.2 Undertake a review of the Bracknell Forest Safeguarding Adults Board in light of the changes proposed in the Care Bill so that the Council meets it's statutory requirements	31/03/2015	ASCHH	B	Completed. The Board had a peer challenge in quarter 3 which identified areas of strength for the Board. The review also highlighted areas where the Board could further develop. As a result of the review, the Board has agreed in principle to have an independent chair and dedicated board management support to enable it to meet its new statutory duties.

7.7 Target financial support to vulnerable households.

Sub-Action	Due Date	Owner	Status	Comments
7.7.1 Review the Council's support to households in the light of the claimant commitment	31/03/2015	ASCHH	B	Completed. Meetings are ongoing with the DWP and interested local agencies leading up to the implementation of Universal credit for new single person claimants in September 2015.
7.7.2 Establish the homes that should be exempt from the housing element provision of Universal credit	30/06/2014	ASCHH	B	Completed. There were new regulations to work to from June which caused a delay. Work is ongoing to determine the exempt properties.

7.8 Support vulnerable people through continued provision of out of hours services

Sub-Action	Due Date	Owner	Status	Comments
7.8.1 Monitor the number of out of hours Adult Safeguarding, Child Protection and Mental Health Act assessments to identify any trends and to make sure that there are sufficient resources	31/03/2015	ASCHH	B	Completed. The Steering Group Review of EDS received positive feedback on the new service structure. Once developed, a draft Joint Agreement, Service Specification & Costings will be sent to the Unitary Authorities & requests made by Bracknell Forest Council contracts for feedback.

MTO 10: Encourage the provision of a range of appropriate housing

Sub-Action	Due Date	Owner	Status	Comments

10.1 Ensure a supply of affordable homes.

Sub-Action	Due Date	Owner	Status	Comments
10.1.11 Arrange the disposal of Downside for affordable housing	30/09/2014	ASCHH	R	Delayed. The Homes and Communities Agency has commissioned an independent valuation of the land in question. The valuation advice differs from the Council's position and there will now be a negotiation to reach a settlement.
10.1.12 Review the opportunities to invest the remainder of the Council's stock transfer receipt to maximise return and affordable housing	31/03/2015	ASCHH	B	Completed. The Executive meeting on the 31 March 2015 will be asked to consider establishing a local housing company.
10.1.13 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre	31/03/2015	ASCHH	B	Completed. A suitable location has been identified.

Sub-Action	Due Date	Owner	Status	Comments
10.1.2 Review the provision of the Disabled Facilities Grant	31/12/2014	ASCHH	B	Completed.
10.1.4 Promote and develop flexible Home Improvement Loan Schemes	31/03/2015	ASCHH	NA	Action no longer appropriate. This task has been assigned to the Environment Culture and Communities Department.
10.1.9 Complete work with Thames Valley Housing Authority on development of affordable homes on the Adastron/ Byways site	31/03/2015	ASCHH	B	Completed. The section 106 has been agreed and completion of the site purchase by Thames Valley Housing Association is awaited but expected to take place by the 31 March 2015.
10.2 Support people who wish to buy their own home.				
10.2.2 Review the financial support that it provided to households to help them buy a home, including the homebuy scheme	31/03/2015	ASCHH	B	Completed. Council continues to promote the home ownership options within available resources.

MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money

Sub-Action	Due Date	Owner	Status	Comments
11.1 ensure services use resources efficiently and ICT and other technologies to drive down costs.				
11.1.6 Ensure IT systems are ready for any statutory and legislative changes due during 2014/15 and for the start of 2015/16	31/03/2015	ASCHH	B	LAS and Controcc scheduled for go live 20th March to reflect Care Act Phase 1. Further upgrades scheduled for June and November in readiness for the Care Act Phase 2. LAS portal tasks in progress with portal under development by the supplier. Data Warehouse now live and all Business Objects training completed. Electronic matching of the NHS number from the NHS spine to LAS has started with the review of pre-requisites.
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.				
11.2.10 Ensure the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice	31/03/2015	ASCHH	B	Completed. The Introduction to Drugs and Alcohol training had 16 attendees of which 3 were from Bracknell. The Drug and Alcohol Level 2 training had 6 attendees of whom 1 was from Bracknell. The Dual Diagnosis training had 8 attendees of which two were from 2 Bracknell.
11.2.6 Implement the Pay and Workforce Strategy Action Plan	31/03/2015	ASCHH	B	Action completed ahead of schedule
11.5 develop appropriate and cost effective ways of accessing council services				
11.5.3 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2015	ASCHH	B	Completed. Services are continually reviewed in line with system thinking methodology.
11.7 work with partners and engage with local communities in shaping services.				

Sub-Action	Due Date	Owner	Status	Comments
11.7.10 Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services to achieve them	31/03/2015	ASCHH	B	Completed
11.7.11 Work with BHFT to establish a nursing service within the Duty Team in order to ensure that people receive a more comprehensive health and social care assessment.	31/03/2015	ASCHH	B	Completed. The incorporation of a nurse into the duty team has contributed to the effective prioritisation of people's needs.
11.7.12 Ensure the development and implementation of new reporting from IAS responds to the Zero Based Review changes and other management needs brought about by the changes	31/10/2014	ASCHH	B	Completed.
11.7.4 Continue to support the voluntary sector through the provision of core grants, to develop its' capacity	31/03/2015	ASCHH	B	Completed and monitored on a quarterly basis.
11.8 implement a programme of economies to reduce expenditure				
11.8.6 Develop departmental proposals to help the Council produce balanced budget in 2015/16	30/11/2014	ASCHH	B	Completed. Budget proposals for public consultation have been agreed with the Executive.

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - February 2015									
	Original Cash Budget	Virements & Budget C/fwds	Note	Current aproved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This month	Note
	£000	£000		£000	%	£000	£000	£000	
Director	(93)	(151)		(244)	279%	(310)	(66)	(33)	1
	(93)	(151)	1	(244)	279%	(310)	(66)	(33)	
Adults and Commissioning									
Mental Health	1,628	107		1,735	87%	1,922	186	(123)	2
Support with Memory Cognition	2,339	(65)		2,274	128%	3,476	1,202	17	3
Learning Disability	12,795	(4)		12,791	71%	11,959	(833)	(79)	4
Specialist Strategy	239	9		248	90%	275	27	0	
Joint Commissioning	573	5		578	93%	550	(28)	0	
Internal Services	1,118	(233)		885	85%	854	(31)	(18)	5
	18,692	(181)	2	18,511	81%	19,036	523	(203)	
Housing									
Housing Options	311	(4)		307	216%	312	5	0	
Strategy & Enabling	267	(1)		266	105%	223	(43)	0	
Housing Management Services	(35)	(1)		(36)	112%	(58)	(22)	0	
Forestcare	14	3		17	145%	112	95	(16)	6
Supporting People	993	30		1,023	70%	1,023	0	0	
Housing Benefits Payments	103	0		103	-3,110%	103	0	0	
Housing Benefits Administration	199	4		203	34%	224	21	0	
Other	(48)	0		(48)	-19%	12	60	0	
	1,804	31		1,835	-79%	1,951	116	(16)	
Older People and Long Term Conditions									
Physical Support	7,601	(3)		7,598	73%	6,490	(1,108)	(67)	7
Internal Services	1,118	0		1,118	103%	1,341	223	26	8
Community Response and Reablement - Pooled Budget	1,678	205		1,883	68%	1,883	0	0	
Emergency Duty Team	39	13		52	446%	49	(3)	0	
Drugs Action Team	63	3		66	-855%	0	(66)	0	
	10,499	218	3	10,717	72%	9,763	-954	(41)	
Performance and Resources									
Information Technology Team	283	(8)		275	95%	316	41	0	
Property	123	(7)		116	51%	75	(41)	0	
Performance	224	6		230	84%	221	(9)	0	
Finance Team	547	126		673	14%	604	(69)	0	
Human Resources Team	186	1		187	77%	182	(5)	0	
	1,363	118	4	1,481	51%	1,398	(83)	0	
Public Health									
Bracknell Forest Local Team	(25)	126		101	1,701%	101	0	0	
	(25)	126		101	1,701%	101	0	0	
TOTAL ASCHH	32,240	161		32,401	61%	31,939	(464)	(293)	
Memorandum item:									
Devolved Staffing Budget				13,726	96%	13,714	(12)	(115)	
Non Cash Budgets									
Capital Charges	432	0		432	0%	432	0	0	
FRS17 Adjustments	728	0		728	0%	728	0	0	
Recharges	2,567	0		2,567	0%	2,567	0	0	
	3,727	0		3,727		3,727	0	0	

Capital Monitoring 2014/15 as at 28 February 2015

Cost Centre	Cost Centre Description	2013/14 Brought Forward* £000's	2014/15 Budget £000's	Virements Awaiting Approval £000's	Total Virements £000's	Approved Budget £000's	Cash Budget 2014/15 £000's	Exp to Date £000's	Current Comm'nts £000's	Estimated Outturn 2014/15 £000's	Carry Forward 2015/16 £000's	(Under)/Over Spend £000's	Current Status of Project / Notes
Housing													
YP260	Enabling More Affordable Housing	82	92		0	174	100	0	100	100	74	0	East Lodge (£100k) to be completed Feb and Santa Catalina (£72k) to be completed Oct 2015
YP261	Help to Buy a Home (Cash Incentive Scheme)	473	300	-173	-173	600	540	180	360	540	60	0	6 cases @ £60k each have been accepted (£360k). 3 of which have gone through, 2 will be completed this f/y but 1 will now slip to 2015/16. A budget virement is to be completed moving £173k from this cost centre to YP262. The remaining £240k will be used to raise the deposit needed for Amber House
YP262	Enabling More Affordable Homes (Temp to Perm)	168	600	173	173	831	783	606	177	783	48	0	Purchased 3 properties; all of which have been completed. Another property will be purchased this financial year (£177k) and the remaining £48k will be c/f to 2015/16.
YP304	Mortgages for Low Cost Home Ownership Properties	61	300		0	361	138	72	66	138	213	0	Only 1 of the 3 original applications will be accepted, £72k, and £66k will be used to raise the deposit needed for Amber House. The remainder will be either c/f to Temp to Perm in 15/16 or returned to corporate
YP316	BFC My Home Buy	410	400		0	810	378	178	200	378	432	0	2 properties have been completed. £200k will be used to raise the deposit need for Amber House. The remainder will be carry forward to 2015/16
YP440	Clement House	0	672		0	672	672	-3	395	392	0	280	£392k will be spent this f/y; completion date Mar 2015. £280k will not be used and can be returned to corporate
YP441	Rainforest Walk Scheme	0	50		0	50	50	0	50	50	0	0	Will be completed at the end of January 2015; all budget will be spent
Total Housing		**1,175**	**2,314**	**0**	**0**	**3,488**	**2,661**	**1,034**	**1,347**	**2,381**	**827**	**280**	
Adult Social Care & Health													
YS430	Social Care	10	0		0	10	10	10	10	10	0	0	£10k to be transferred from YS529 on capital works for the Bridgewell Centre. This cost centre is now spent
YS527	Social Care Reform Grant	0	0		0	0	0	0	0	0	0	0	Cost Centre is Closed
YS528	Care Housing Grant	16	0		0	16	15	0	0	15	0	0	To develop extra care housing; budget will be spent this financial year
YS529	Community Capacity Grant	480	199		0	659	585	502	83	585	74	0	Spend to date consists of: £53k on capital bids for external organisations, a further £17k on expenditure for Bridgewell and Heathlands and £6k for equipment in meeting room. A bid has been made for £455k in regards to accommodation for people with ASD - An offer of £160k has been accepted on a 1 bed flat and £290k on a 3 bed house. There will be stamp duty and adaptions to be paid for. Further costs agreed is £3k for computers (Breakthrough) and a further £10k on laptops and docking stations. The remainder will be carried forward to 2015/16
YH126	Improving Info for Social Care (Capital Gr)	65	0		0	65	26	26	0	26	39	0	This money relates to integrating the Social Services and Health IT Systems. The remainder will be carried forward to 2015/16
YS418	ASC IT Systems Replacement	310	0		0	310	40	33	40	40	270	0	The full budget, less £40k - which will be spent this year, will be carried forward to 2015/16 when the IT requirements of the Care Bill should become clear.
Total Adult Social Care & Health		**881**	**199**	**0**	**0**	**1,080**	**676**	**571**	**133**	**676**	**383**	**0**	
Total ASCH&H		**2,056**	**2,513**	**0**	**0**	**4,648**	**3,338**	**1,606**	**1,480**	**3,057**	**1,211**	**280**	

Agenda Item 11

TO: HEALTH OVERVIEW AND SCRUTINY PANEL
2 JULY 2015

THE PATIENTS' EXPERIENCE
Assistant Chief Executive

1 PURPOSE OF REPORT

1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to review: the latest inpatient survey results for the three hospitals providing most acute services to Bracknell Forest residents, also the current information from the NHS Choices website, for the NHS Foundation Trusts providing most secondary NHS services to Bracknell Forest residents.

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

2.1 Considers the results of the adult inpatient surveys for Frimley Health, Heatherwood & Wexham Park, and Royal Berkshire hospitals, attached.

2.2 Considers the NHS Choices information concerning the nearby NHS Trusts, at Appendix 1.

2.3 Determines whether to make any further enquiries based on the surveys and NHS Choices information.

3 SUPPORTING INFORMATION

3.1 The Health O&S Panel has previously decided to obtain direct knowledge of the service user's perspective of public services, through a regular flow of relevant and timely information about the quality of NHS services provided to Bracknell Forest residents. This is to include inpatient survey results and the NHS Choices information.

NHS Choices Website

3.2 NHS Choices (www.nhs.uk) is the UK's biggest health website. It provides a comprehensive health information service, including more than 20,000 regularly updated articles. There are also hundreds of thousands of entries in more than 50 directories that can be used to find, choose and compare health services in England.

The site draws together the knowledge and expertise of:

- NHS Evidence, formerly the National Library for Health

- the Health and Social Care Information Centre (HSCIC)

- the Care Quality Commission (CQC)

- many other health and social care organisations

ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable

Contact for further information

Richard Beaumont – 01344 352283
e-mail: richard.beaumont@bracknell-forest.gov.uk

Appendix 1

	NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality

Frimley Park Hospital

☐ Add to shortlist

Tel: 01276 604604
Portsmouth Road
Camberley
Surrey
GU16 7UJ
1.1 miles away | Get directions
P ♿ 🦻

NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
★★★★½ 234 ratings **Rate it yourself**	☆ Outstanding **Visit CQC profile**	✅ Among the best with a value of 89%	✅ Among the best	✅ Among the best	OK As expected in hospital and up to 30 days after discharge (0.9311)	OK 88.8% Within the middle range

Heatherwood Hospital

☐ Add to shortlist

London Road
Ascot
Berkshire
SL5 8AA
2.2 miles away | Get directions

NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
★★★★★ 2 ratings **Rate it yourself**	● No rating **Visit CQC profile**	✅ Among the best with a value of 89%	✅ Among the best	n/a No relevant data available	OK As expected in hospital and up to 30 days after discharge (0.9311)	n/a Data not available

	NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
King Edward Vii Hospital							☐ Add to shortlist
St. Leonards Road Windsor Berkshire SL4 3DP 7.0 miles away | **Get directions**	★★★⯪☆ 3 ratings **Rate it yourself**	**n/a** Data not available	✓ Among the best with a value of 89%	✓ Among the best	**n/a** No relevant data available	OK As expected in hospital and up to 30 days after discharge	**n/a** Data not available
Prospect Park Hospital							☐ Add to shortlist
Tel: 0118 960 5000 Honey End Lane Tilehurst Reading Berkshire RG30 4EJ 12.3 miles away | **Get directions**	★★⯪☆☆ 26 ratings **Rate it yourself**	**n/a** Data not available	OK Within expected range with a value of 71%	**n/a** No relevant data available	**n/a** No relevant data available	**n/a** Not available for independent or specialist hospitals	OK 99.2% Within the middle range

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	NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality

Royal Berkshire Hospital ☐ Add to shortlist

	NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
Tel: 0118 322 5111 London Road Craven Road Reading Berkshire RG1 5AN **10.0 miles away | Get directions** P & ♿	★★★★☆ 264 ratings **Rate it yourself**	🟠 Requires Improvement **Visit CQC profile**	OK Within expected range with a value of 72%	❗ among the worst	OK As expected	OK As expected in hospital and up to 30 days after discharge (1.0371)	❗ 83.3% Among the worst

St Mark's Hospital ☐ Add to shortlist

	NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
Tel: 01628 632012 St Mark's Road Maidenhead Berkshire Berkshire SL6 6DU **1.0 miles away | Get directions** P & ♿	★★★½☆ 13 ratings **Rate it yourself**	n/a Data not available	OK Within expected range with a value of 71%	n/a No relevant data available	n/a No relevant data available	n/a Not available for independent or specialist hospitals	OK 95.2% Within the middle range

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	NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
Wexham Park Hospital							Add to shortlist
Tel: 01753 633000 Wexham Slough Berkshire SL2 4HL **11.2 miles away | Get directions**	★★★½☆ 15 ratings **Rate it yourself**	**n/a** Data not available	✓ Among the best with a value of 89%	✓ Among the best	**n/a** No relevant data available	OK As expected in hospital and up to 30 days after discharge (0.9311)	**n/a** Data not available

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Explanatory Notes

NHS Choices User Ratings

The proportion of the people who rated this hospital on NHS Choices who would recommend the organisation's services to a friend.

Care Quality Commission Inspection Ratings

As the independent regulator for health and adult social care in England, CQC check whether services are meeting their national standards of quality and safety.

Recommended by Staff

This measure shows whether staff agreed that if a friend or relative needed treatment they would be happy with the standard of care provided by the trust. The results are taken from the most recent national NHS staff survey.

Open and Honest Reporting

This is a new indicator that combines several other indicators to give an overall picture of whether the hospital has a good patient safety incident reporting culture.

Infection and cleanliness

This is a new combined (composite) indicator that describes how well the organisation is performing on preventing infections and cleaning. It is constructed from the existing data displayed on NHS Choices regarding the number of C. difficile and MRSA infections and patients' views on the cleanliness of wards.

Mortality Rate

Whether the rate of deaths for an NHS Trust is better or worse than expected for the Trust based on the type of cases treated. The adjusted mortality ratio reflects deaths in hospital and within 30 days of discharge.

Food: Choice and Quality

This indicator shows the results of the 2014 Patient-Led Assessments of the Care Environment, and shows a combined score for choice and quality of food.

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CareQuality Commission The independent regulator of health and social care in England
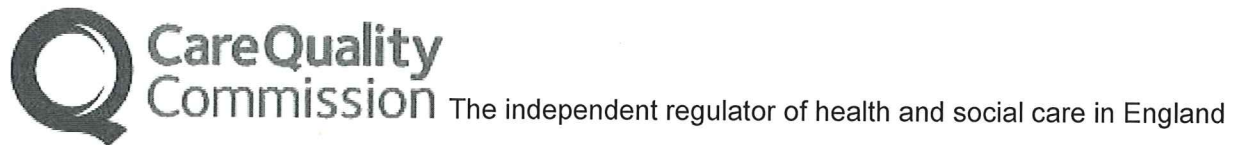
- Home
- Providers
- Frimley Health NHS Foundation Trust

Provider: Frimley Health NHS Foundation Trust Outstanding

Overview
Inspection Summary
Reports
Services
Registration Info
Surveys
Contact

All surveys [http://www.cqc.org.uk/provider/RDU/surveys]

Inpatient

21 May 2015

This survey looked at the experiences of over 59,000 people who were admitted to an NHS hospital in 2014.

Between September 2014 and January 2015, a questionnaire was sent to 850 recent inpatients at each trust.

Responses were received from 441 patients at Frimley Health NHS Foundation Trust.

Patient survey

Patient responseFor each question in the survey, people's responses are converted into scores, where the best possible score is 10/10
Compared with other trusts Each trust received a rating of Better, About the same or Worse on how it performs for each question, compared with most other trusts.

The emergency/A&E department (answered by emergency patients only)

8.8/10
About the same

135

Information
for being given enough **information** on their condition and treatment in A&E
8.5/10

About the same

Privacy
for being given enough **privacy** when being examined or treated in A&E
9.2/10

Better

Waiting lists and planned admissions (answered by those referred to hospital)

9.1/10
About the same

Waiting to be admitted
for feeling that they **waited the right amount** of time on the waiting list to be admitted
8.4/10

About the same

Changes to admission dates
for **not** having their **admission date changed** by the hospital
9.6/10

Better

Transitions between services
that the specialist they saw in hospital had been given all the necessary information about their condition or illness
from the person who referred them
9.3/10

About the same

Waiting to get to a bed on a ward

8.3/10
About the same

Waiting to get to a bed on a ward
for feeling they did **not** have to **wait a long time** to get to a bed on a ward, following their arrival at the hospital
8.3/10

About the same

The hospital and ward

8.6/10
About the same

136

Single sex accommodation
for **not** having to **share a sleeping area**, such as a room or bay, with patients of the **opposite sex**
9.4/10

About the same

Single sex bathrooms
for **not** having to **share a bathroom or shower area** with patients of the **opposite sex**
8.7/10

About the same

Noise from other patients
for **not** being bothered by **noise at night from other patients**
5.9/10

About the same

Noise from staff
for **not** being bothered by **noise at night from hospital staff**
7.9/10

About the same

Cleanliness of rooms or wards
for describing the **hospital room or wards as clean**
9.5/10

Better

Cleanliness of toilets and bathrooms
for describing the **toilets and bathrooms as clean**
9.1/10

About the same

Safety
for **not feeling threatened** by other patients or visitors during their hospital stay
9.7/10

About the same

Availability of hand-wash gels
for **hand-wash gels** being available for patients and visitors to use
9.7/10

About the same

Quality of food
for describing the hospital **food** as **good**
6.8/10

Better

Choice of food
for having been offered a **choice of food**
9.1/10

About the same

137

Help with eating
for being given **enough help** from staff to **eat their meals**, if they needed this
8.4/10

Better

Doctors

8.7/10
About the same

Answers to questions
for doctors **answering questions** in a way they could understand
8.4/10

About the same

Confidence and trust
for having **confidence and trust in the doctors** treating them
9.1/10

About the same

Acknowledging patients
for **doctors not talking in front of them**, as if they weren't there
8.6/10

About the same

Nurses

8.7/10
About the same

Answers to questions
for nurses **answering questions** in a way they could understand
8.6/10

About the same

Confidence and trust
for having **confidence and trust in the nurses** treating them
9.2/10

About the same

Acknowledging patients
for nurses **not talking in front of them**, as if they weren't there
8.9/10

About the same

Enough nurses
for feeling that there were **enough nurses on duty** to care for them

138

8.4/10

Better

Care and treatment

8.1/10
About the same

Avoiding confusion
For **not** being told one thing by a member of staff and something quite different by another
8.4/10

About the same

Involvement in decisions
for being **involved** as much as they wanted to be in decisions about their care and treatment
7.8/10

About the same

Confidence in decisions
for having **confidence** in decisions made about their condition or treatment
8.7/10

About the same

Information
for being given enough **information** on their condition and treatment
8.1/10

About the same

Talking about worries and fears
for finding someone on the hospital staff **to talk to about any worries and fears**, if needed
5.8/10

About the same

Emotional Support
for receiving **enough emotional support**, from hospital staff, if needed
7.7/10

About the same

Privacy for discussions
for being given **enough privacy** when **discussing their condition or treatment**
8.8/10

About the same

Privacy for examinations
for being given **enough privacy** when being **examined or treated**
9.7/10

Better

139

Pain control
that hospital staff did all they could to **help control their pain**, if they were ever in pain
8.7/10

Better

Getting help
for the **call button** being responded to **quickly**, when used
6.8/10

Better

Operations and procedures (answered by patients who had an operation or procedure)

8.8/10
About the same

Explanation of risks and benefits
before the operation or procedure, being given an explanation that they could understand about the **risks and benefits**
9.3/10

About the same

Explanation of operation
before the operation or procedure, being given an explanation of **what would happen**
8.8/10

About the same

Answers to questions
before the operation or procedure, having **any questions answered** in a way they could understand
9.2/10

Better

Expectation after the operation
for being told how they could **expect to feel** after the operation or procedure
7.6/10

About the same

Information
for receiving an explanation they could understand from the anaesthetist or another member of staff about **how they would be put to sleep or their pain controlled**
9.5/10

Better

After the operation
for being **told how the operation or procedure had gone** in a way they could understand
8.2/10

About the same

Leaving hospital

140

7.5/10

About the same

Involvement in decisions
for being **involved in decisions** about their discharge from hospital, if they wanted to be
7.4/10

About the same

Notice of discharge
for being given enough notice about when they were going to be discharged
7.5/10

About the same

Delays to discharge
for **not being delayed** on the day they were discharged from hospital
6.0/10

About the same

Length of Delay to discharge
for **not** being **delayed** for a long time
7.4/10

About the same

Advice after discharge
for being given **written or printed information** about what they should or should not do after leaving hospital
7.6/10

About the same

Purpose of medicines
for having the **purpose** of medicines **explained** to them in a way they could understand (those given medicines to take home)
8.8/10

About the same

Medication side effects
for being **told about medication side effects** to watch out for (those given medicines to take home)
5.4/10

About the same

Taking medication
for being told **how to take** medication in a way they could understand (those given medicines to take home)
8.9/10

About the same

Information about medicines
for being given **clear written or printed information** about medicines (those given medicines to take home)
8.6/10

About the same

141

Danger signals
for being **told about any danger signals** to watch for after going home
6.2/10

About the same

Home and family situation
for feeling staff considered their family and home situation when planning their discharge
7.7/10

About the same

Information for family or friends
for **information being given** to family or friends, about **how to help care for them** if needed
6.1/10

About the same

Contact
for being told **who to contact** if worried about their condition or treatment after leaving hospital
8.7/10

Better

Equipment and adaptions in the home
for hospital staff discussing if any equipment, or home adaptions were needed when leaving hospital, if this was necessary
8.3/10

About the same

Health and social care services
for hospital staff discussing if any further health or social care services were needed when leaving hospital, if this was necessary
8.5/10

About the same

Overall views of care and services

6.0/10
About the same

Respect and dignity
for being treated with **respect and dignity**
9.3/10

About the same

Care from staff
for feeling that they were **well looked after** by hospital staff
9.2/10

Better

Patients' views
during their hospital stay, being **asked to give their views** about the quality of care

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2.4/10

About the same

Information about complaints
for seeing, or being given, any information explaining how to complain to the hospital about care received
3.1/10

About the same

Overall experience

8.7/10
Better

Overall view of inpatient services
for feeling that overall they had a **good experience**
8.7/10

Better

About these scores

Most questions are grouped under the section in which they appear in the questionnaire.

We asked people to answer questions about different aspects of their care and treatment. Based on their responses, we gave each NHS trust a score out of 10 for each question (the higher the score the better). Each trust also received a rating of 'Better', 'About the same' or 'Worse'.

Better: the trust is better for that particular question compared to most other trusts that took part in the survey.
About the same: the trust is performing about the same for that particular question as most other trusts that took part in the survey.
Worse: the trust did not perform as well for that particular question compared to most other trusts that took part in the survey.

Where there is no section score ('overall score unavailable'), this is because one or more questions are missing from that section ('not applicable'). This means that no section score can be given, because a trust had less questions contributing to the score than other trusts. Questions have been omitted if a service does not apply to a trust (for example, if they do not have an A&E Department), or where the number of answers we received was too low (we do not present the results to questions answered by less than 30 respondents). Please still click on the '+' sign to expand the section and see the results of the questions that were included.

We do not provide a single overall rating for each NHS Trust. This would be misleading as the survey assesses a number of different aspects of people's experiences (such as doctors, nurses, on the ward etc) and trust performance varies across these different aspects.

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The structure of the questionnaire also means that there are a different number of questions in each section. This means that it is not possible to compare trusts overall. It is better to look at the trusts in your area and see how they perform across the aspects that are most important to you.

If you're the provider:

About your profile
Put this information on your website
Download ratings poster

Similar providers in this area...

North Hampshire Urgent Care Limited
In Surrey, GU16 7UJ
Cedar Clinic Limited
In Surrey, GU16 7HT
Coach House Dental Practice Limited
In Surrey, GU16 7HT

Help and guidance...

You can find out more about our information and the quality of care on the pages below.

About providers
[http://www.cqc.org.uk/providers]
Other useful websites for choosing health services [http://www.cqc.org.uk/content/other-useful-websites-choosing-care]
More about using the information we provide [http://www.cqc.org.uk/content/more-about-using-information-we-provide]
State of Care report
[http://www.cqc.org.uk/content/state-care-201213-0]

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Care Quality Commission The independent regulator of health and social care in England
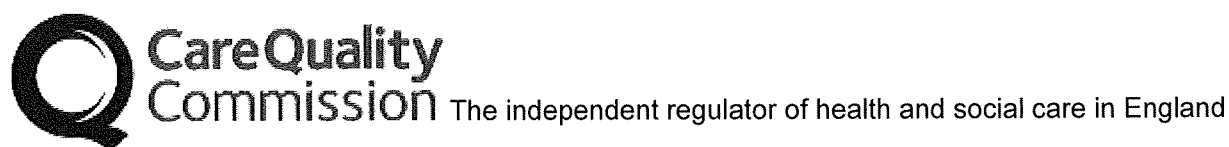
- Home
- Providers
- Heatherwood and Wexham Park Hospitals NHS Foundation Trust

Archived provider: Heatherwood and Wexham Park Hospitals NHS Foundation Trust
Inadequate

Action is being taken against this provider. Find out more

CQC has warned Heatherwood and Wexham Park Hospitals NHS Foundation Trust that they must make improvements within a given timescale at Wexham Park Hospital. Read more here [http://www.cqc.org.uk/content/cqc-warns-heatherwood-and-wexham-park-hospitals-nhs-foundation -trust-it-has-failed-protect].

We have recommended Heatherwood and Wexham Park Hospitals NHS Foundation Trust should be placed into special measures. Find out more [http://www.cqc.org.uk/media/chief-inspector- hospitals-recommends-heatherwood-and-wexham-park-hospitals-nhs-foundation-trus].

Overview
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Services
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Contact

All surveys [http://www.cqc.org.uk/provider/RD7/surveys]

Inpatient

21 May 2015

This survey looked at the experiences of over 59,000 people who were admitted to an NHS hospital in 2014.

Between September 2014 and January 2015, a questionnaire was sent to 850 recent inpatients at each trust.

Responses were received from 355 patients at Heatherwood and Wexham Park Hospitals NHS Foundation Trust.

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Patient survey

Patient response ⓘ
Compared with other trusts ⓘ

The emergency/A&E department (answered by emergency patients only)

8.2/10
About the same

Information
for being given enough **information** on their condition and treatment in A&E
7.9/10

About the same

Privacy
for being given enough **privacy** when being examined or treated in A&E
8.5/10

About the same

Waiting lists and planned admissions (answered by those referred to hospital)

8.7/10
About the same

Waiting to be admitted
for feeling that they **waited the right amount** of time on the waiting list to be admitted
8.3/10

About the same

Changes to admission dates
for **not** having their **admission date changed** by the hospital
8.9/10

About the same

Transitions between services
that the specialist they saw in hospital had been given all the necessary information about their condition or illness from the person who referred them
8.9/10

About the same

Waiting to get to a bed on a ward

7.1/10
About the same

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Waiting to get to a bed on a ward
for feeling they did **not** have to **wait a long time** to get to a bed on a ward, following their arrival at the hospital
7.1/10

About the same

The hospital and ward

7.9/10
About the same

Single sex accommodation
for **not** having to **share a sleeping area**, such as a room or bay, with patients of the **opposite sex**
8.6/10

Worse

Single sex bathrooms
for **not** having to **share a bathroom or shower area** with patients of the **opposite sex**
8.8/10

About the same

Noise from other patients
for **not** being bothered by **noise at night from other patients**
5.6/10

About the same

Noise from staff
for **not** being bothered by **noise at night from hospital staff**
7.8/10

About the same

Cleanliness of rooms or wards
for describing the **hospital room or wards as clean**
8.7/10

About the same

Cleanliness of toilets and bathrooms
for describing the **toilets and bathrooms as clean**
8.2/10

About the same

Safety
for **not feeling threatened** by other patients or visitors during their hospital stay
9.5/10

About the same

Availability of hand-wash gels
for **hand-wash gels** being available for patients and visitors to use
9.7/10

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About the same

Quality of food
for describing the hospital **food** as **good**
4.4/10

Worse

Choice of food
for having been offered a **choice of food**
8.9/10

About the same

Help with eating
for being given **enough help** from staff to **eat their meals**, if they needed this
6.6/10

About the same

Doctors

8.0/10
About the same

Answers to questions
for doctors **answering questions** in a way they could understand
7.7/10

About the same

Confidence and trust
for having **confidence and trust in the doctors** treating them
8.4/10

About the same

Acknowledging patients
for **doctors not talking in front of them**, as if they weren't there
8.0/10

About the same

Nurses

8.1/10
About the same

Answers to questions
for nurses **answering questions** in a way they could understand
7.9/10

About the same

148

Confidence and trust
for having **confidence and trust in the nurses** treating them
8.6/10

About the same

Acknowledging patients
for nurses **not talking in front of them**, as if they weren't there
8.6/10

About the same

Enough nurses
for feeling that there were **enough nurses on duty** to care for them
7.4/10

About the same

Care and treatment

7.4/10
About the same

Avoiding confusion
For **not** being told one thing by a member of staff and something quite different by another
7.8/10

About the same

Involvement in decisions
for being **involved** as much as they wanted to be in decisions about their care and treatment
6.8/10

About the same

Confidence in decisions
for having **confidence** in decisions made about their condition or treatment
7.8/10

About the same

Information
for being given enough **information** on their condition and treatment
7.4/10

About the same

Talking about worries and fears
for finding someone on the hospital staff **to talk to about any worries and fears**, if needed
5.2/10

About the same

Emotional Support
for receiving **enough emotional support**, from hospital staff, if needed
6.7/10

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About the same

Privacy for discussions
for being given **enough privacy** when **discussing their condition or treatment**
8.4/10

About the same

Privacy for examinations
for being given **enough privacy** when being **examined or treated**
9.5/10

About the same

Pain control
that hospital staff did all they could to **help control their pain**, if they were ever in pain
7.8/10

About the same

Getting help
for the **call button** being responded to **quickly**, when used
6.2/10

About the same

Operations and procedures (answered by patients who had an operation or procedure)

8.2/10
About the same

Explanation of risks and benefits
before the operation or procedure, being given an explanation that they could understand about the **risks and benefits**
8.8/10

About the same

Explanation of operation
before the operation or procedure, being given an explanation of **what would happen**
8.4/10

About the same

Answers to questions
before the operation or procedure, having **any questions answered** in a way they could understand
8.6/10

About the same

Expectation after the operation
for being told how they could **expect to feel** after the operation or procedure
7.2/10

About the same

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Information
for receiving an explanation they could understand from the anaesthetist or another member of staff about **how they would be put to sleep or their pain controlled**
8.7/10

About the same

After the operation
for being **told how the operation or procedure had gone** in a way they could understand
7.8/10

About the same

Leaving hospital

6.8/10
About the same

Involvement in decisions
for being **involved in decisions** about their discharge from hospital, if they wanted to be
6.5/10

About the same

Notice of discharge
for being given enough notice about when they were going to be discharged
6.7/10

About the same

Delays to discharge
for **not being delayed** on the day they were discharged from hospital
5.0/10

Worse

Length of Delay to discharge
for **not** being **delayed** for a long time
6.5/10

Worse

Advice after discharge
for being given **written or printed information** about what they should or should not do after leaving hospital
7.0/10

About the same

Purpose of medicines
for having the **purpose** of medicines **explained** to them in a way they could understand (those given medicines to take home)
8.1/10

About the same

Medication side effects
for being **told about medication side effects** to watch out for (those given medicines to take home)

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4.5/10

About the same

Taking medication
for being told **how to take** medication in a way they could understand (those given medicines to take home)
7.8/10

About the same

Information about medicines
for being given **clear written or printed information** about medicines (those given medicines to take home)
8.0/10

About the same

Danger signals
for being **told about any danger signals** to watch for after going home
5.3/10

About the same

Home and family situation
for feeling staff considered their family and home situation when planning their discharge
6.5/10

About the same

Information for family or friends
for **information being given** to family or friends, about **how to help care for them** if needed
6.3/10

About the same

Contact
for being told **who to contact** if worried about their condition or treatment after leaving hospital
7.2/10

About the same

Equipment and adaptions in the home
for hospital staff discussing if any equipment, or home adaptions were needed when leaving hospital, if this was necessary
7.7/10

About the same

Health and social care services
for hospital staff discussing if any further health or social care services were needed when leaving hospital, if this was necessary
8.4/10

About the same

Overall views of care and services

   5.6/10

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About the same

Respect and dignity
for being treated with respect and dignity
8.6/10

About the same

Care from staff
for feeling that they were **well looked after** by hospital staff
8.5/10

About the same

Patients' views
during their hospital stay, being **asked to give their views** about the quality of care
2.3/10

About the same

Information about complaints
for seeing, or being given, any information explaining how to complain to the hospital about care received
3.0/10

About the same

Overall experience

7.8/10
About the same

Overall view of inpatient services
for feeling that overall they had a **good experience**
7.8/10

About the same

About these scores

Most questions are grouped under the section in which they appear in the questionnaire.

We asked people to answer questions about different aspects of their care and treatment. Based on their responses, we gave each NHS trust a score out of 10 for each question (the higher the score the better). Each trust also received a rating of 'Better', 'About the same' or 'Worse'.

Better: the trust is better for that particular question compared to most other trusts that took part in the survey.
About the same: the trust is performing about the same for that particular question as most other trusts that took part in the survey.
Worse: the trust did not perform as well for that particular question compared to most other trusts that took part in the survey.

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Where there is no section score ('overall score unavailable'), this is because one or more questions are missing from that section ('not applicable'). This means that no section score can be given, because a trust had less questions contributing to the score than other trusts. Questions have been omitted if a service does not apply to a trust (for example, if they do not have an A&E Department), or where the number of answers we received was too low (we do not present the results to questions answered by less than 30 respondents). Please still click on the '+' sign to expand the section and see the results of the questions that were included.

We do not provide a single overall rating for each NHS Trust. This would be misleading as the survey assesses a number of different aspects of people's experiences (such as doctors, nurses, on the ward etc) and trust performance varies across these different aspects.

The structure of the questionnaire also means that there are a different number of questions in each section. This means that it is not possible to compare trusts overall. It is better to look at the trusts in your area and see how they perform across the aspects that are most important to you.

If you're the provider:

About your profile
Put this information on your website
Download ratings poster

Similar providers in this area...

No matching facilities found.

Help and guidance...

You can find out more about our information and the quality of care on the pages below.

About providers [http://www.cqc.org.uk/providers]
Other useful websites for choosing health services [http://www.cqc.org.uk/content/other-useful-websites-choosing-care]
More about using the information we provide [http://www.cqc.org.uk/content/more-about-using-information-we-provide]
State of Care report [http://www.cqc.org.uk/content/state-care-201213-0]

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Annex 3

CareQuality Commission The independent regulator of health and social care in England
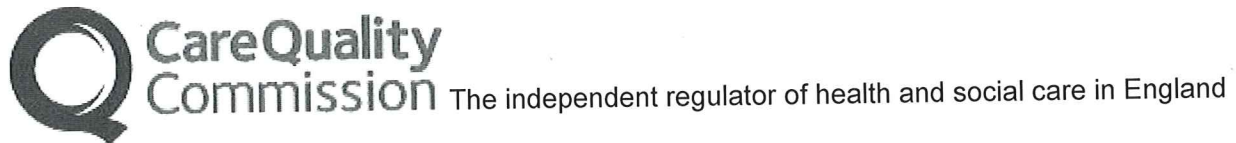
- Home
- Providers
- Royal Berkshire NHS Foundation Trust

Provider: Royal Berkshire NHS Foundation Trust Requires improvement

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All surveys [http://www.cqc.org.uk/provider/RHW/surveys]

Inpatient

21 May 2015

This survey looked at the experiences of over 59,000 people who were admitted to an NHS hospital in 2014.

Between September 2014 and January 2015, a questionnaire was sent to 850 recent inpatients at each trust.

Responses were received from 404 patients at Royal Berkshire NHS Foundation Trust.

Patient survey

Patient responseFor each question in the survey, people's responses are converted into scores, where the best possible score is 10/10
Compared with other trusts Each trust received a rating of Better, About the same or Worse on how it performs for each question, compared with most other trusts.

The emergency/A&E department (answered by emergency patients only)

8.6/10
About the same

155

Information

for being given enough **information** on their condition and treatment in A&E
8.4/10

About the same

Privacy

for being given enough **privacy** when being examined or treated in A&E
8.8/10

About the same

Waiting lists and planned admissions (answered by those referred to hospital)

8.9/10
About the same

Waiting to be admitted

for feeling that they **waited the right amount** of time on the waiting list to be admitted
8.4/10

About the same

Changes to admission dates

for **not** having their **admission date changed** by the hospital
9.2/10

About the same

Transitions between services

that the specialist they saw in hospital had been given all the necessary information about their condition or illness
from the person who referred them
9.0/10

About the same

Waiting to get to a bed on a ward

7.7/10
About the same

Waiting to get to a bed on a ward

for feeling they did **not** have to **wait a long time** to get to a bed on a ward, following their arrival at the hospital
7.7/10

About the same

The hospital and ward

8.1/10
About the same

156

Single sex accommodation
for **not** having to **share a sleeping area**, such as a room or bay, with patients of the **opposite sex**
8.6/10

Worse

Single sex bathrooms
for **not** having to **share a bathroom or shower area** with patients of the **opposite sex**
7.8/10

About the same

Noise from other patients
for **not** being bothered by **noise at night from other patients**
5.6/10

About the same

Noise from staff
for **not** being bothered by **noise at night from hospital staff**
7.7/10

About the same

Cleanliness of rooms or wards
for describing the **hospital room or wards as clean**
8.9/10

About the same

Cleanliness of toilets and bathrooms
for describing the **toilets and bathrooms as clean**
8.4/10

About the same

Safety
for **not feeling threatened** by other patients or visitors during their hospital stay
9.7/10

About the same

Availability of hand-wash gels
for **hand-wash gels** being available for patients and visitors to use
9.7/10

About the same

Quality of food
for describing the hospital **food as good**
5.7/10

About the same

Choice of food
for having been offered a **choice of food**
9.0/10

About the same

157

Help with eating
for being given **enough help** from staff to **eat their meals**, if they needed this
7.6/10

About the same

Doctors

8.5/10
About the same

Answers to questions
for doctors **answering questions** in a way they could understand
8.2/10

About the same

Confidence and trust
for having **confidence and trust in the doctors** treating them
8.8/10

About the same

Acknowledging patients
for **doctors not talking in front of them**, as if they weren't there
8.5/10

About the same

Nurses

8.6/10
About the same

Answers to questions
for nurses **answering questions** in a way they could understand
8.3/10

About the same

Confidence and trust
for having **confidence and trust in the nurses** treating them
8.9/10

About the same

Acknowledging patients
for nurses **not talking in front of them**, as if they weren't there
8.9/10

About the same

Enough nurses
for feeling that there were **enough nurses on duty** to care for them

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8.1/10

About the same

Care and treatment

7.8/10
About the same

Avoiding confusion
For **not** being told one thing by a member of staff and something quite different by another
7.8/10

About the same

Involvement in decisions
for being **involved** as much as they wanted to be in decisions about their care and treatment
7.4/10

About the same

Confidence in decisions
for having **confidence** in decisions made about their condition or treatment
8.3/10

About the same

Information
for being given enough **information** on their condition and treatment
7.9/10

About the same

Talking about worries and fears
for finding someone on the hospital staff **to talk to about any worries and fears**, if needed
5.9/10

About the same

Emotional Support
for receiving **enough emotional support**, from hospital staff, if needed
7.4/10

About the same

Privacy for discussions
for being given **enough privacy** when **discussing their condition or treatment**
8.6/10

About the same

Privacy for examinations
for being given **enough privacy** when being **examined or treated**
9.5/10

About the same

159

Pain control
that hospital staff did all they could to **help control their pain**, if they were ever in pain
8.6/10

About the same

Getting help
for the **call button** being responded to **quickly**, when used
6.3/10

About the same

Operations and procedures (answered by patients who had an operation or procedure)

8.5/10
About the same

Explanation of risks and benefits
before the operation or procedure, being given an explanation that they could understand about the **risks and benefits**
9.1/10

About the same

Explanation of operation
before the operation or procedure, being given an explanation of **what would happen**
8.7/10

About the same

Answers to questions
before the operation or procedure, having **any questions answered** in a way they could understand
8.7/10

About the same

Expectation after the operation
for being told how they could **expect to feel** after the operation or procedure
7.3/10

About the same

Information
for receiving an explanation they could understand from the anaesthetist or another member of staff about **how they would be put to sleep or their pain controlled**
9.0/10

About the same

After the operation
for being **told how the operation or procedure had gone** in a way they could understand
7.9/10

About the same

Leaving hospital

160

7.3/10

About the same

Involvement in decisions

for being **involved in decisions** about their discharge from hospital, if they wanted to be

7.0/10

About the same

Notice of discharge

for being given enough notice about when they were going to be discharged

7.0/10

About the same

Delays to discharge

for **not being delayed** on the day they were discharged from hospital

5.7/10

About the same

Length of Delay to discharge

for **not** being **delayed** for a long time

7.0/10

About the same

Advice after discharge

for being given **written or printed information** about what they should or should not do after leaving hospital

7.7/10

Better

Purpose of medicines

for having the **purpose** of medicines **explained** to them in a way they could understand (those given medicines to take home)

8.4/10

About the same

Medication side effects

for being **told about medication side effects** to watch out for (those given medicines to take home)

4.9/10

About the same

Taking medication

for being told **how to take** medication in a way they could understand (those given medicines to take home)

8.2/10

About the same

Information about medicines

for being given **clear written or printed information** about medicines (those given medicines to take home)

8.2/10

About the same

161

Danger signals
for being **told about any danger signals** to watch for after going home
6.0/10

About the same

Home and family situation
for feeling staff considered their family and home situation when planning their discharge
7.2/10

About the same

Information for family or friends
for **information being given** to family or friends, about **how to help care for them** if needed
6.8/10

About the same

Contact
for being told **who to contact** if worried about their condition or treatment after leaving hospital
8.2/10

About the same

Equipment and adaptions in the home
for hospital staff discussing if any equipment, or home adaptions were needed when leaving hospital, if this was necessary
8.4/10

About the same

Health and social care services
for hospital staff discussing if any further health or social care services were needed when leaving hospital, if this was necessary
8.6/10

About the same

Overall views of care and services

5.9/10
About the same

Respect and dignity
for being treated with **respect and dignity**
9.0/10

About the same

Care from staff
for feeling that they were **well looked after** by hospital staff
8.9/10

About the same

Patients' views
during their hospital stay, being **asked to give their views** about the quality of care

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2.6/10

About the same

Information about complaints
for seeing, or being given, any information explaining how to complain to the hospital about care received
3.3/10

About the same

Overall experience

8.0/10
About the same

Overall view of inpatient services
for feeling that overall they had a **good experience**
8.0/10

About the same

About these scores

Most questions are grouped under the section in which they appear in the questionnaire.

We asked people to answer questions about different aspects of their care and treatment. Based on their responses, we gave each NHS trust a score out of 10 for each question (the higher the score the better). Each trust also received a rating of 'Better', 'About the same' or 'Worse'.

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If you're the provider:

About your profile
Put this information on your website
Download ratings poster

Similar providers in this area...

Dr Lionel Dean
In Berkshire, RG1 5BS
Melrose Surgery - Dr Fab Williams & Partner
In Berkshire, RG1 5BS
Mr Andrew Stephen Tierney
In Berkshire, RG1 5AS

Help and guidance...

You can find out more about our information and the quality of care on the pages below.

About providers
[http://www.cqc.org.uk/providers]
Other useful websites for choosing health services [http://www.cqc.org.uk/content/other-useful-websites-choosing-care]
More about using the information we provide [http://www.cqc.org.uk/content/more-about-using-information-we-provide]
State of Care report
[http://www.cqc.org.uk/content/state-care-201213-0]

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TO: **HEALTH OVERVIEW &SCRUTINY PANEL**
2 JULY 2015

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

1   PURPOSE OF REPORT

1.1   This report presents scheduled Executive Key and Non-Key Decisions relating to health issues for the Health Overview & Scrutiny 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 issues 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

Richard Beaumont – 01344 352283
e-mail: richard.beaumont@bracknell-forest.gov.uk

OVERVIEW & SCRUTINY COMMISSION

EXECUTIVE WORK PROGRAMME

REFERENCE:	I054365
TITLE:	Child Healthy Lifestyle and Weight Management Service (Let's Get Going)
PURPOSE OF REPORT:	It is the intention of the Public Health Team to go out to tender for a Child Healthy Lifestyle and Weight Management Service (Let's Get Going) for 4 Local Authorities (Slough, Wokingham, West Berkshire and Reading) as the present contract is coming to an end on 31st August 2015. All Wards in Slough; Wokingham; West Berkshire and Reading.
DECISION MAKER:	Executive Member for Adult Services, Health and Housing
DECISION DATE:	6 Jul 2015
FINANCIAL IMPACT:	Within existing budget for 2015/16
CONSULTEES:	Stakeholders for each Local Authority (4)
CONSULTATION METHOD:	Single stage procurement due to the value of the contract, therefore there will be an Invitation to Tender (ITT) to include Entry Level questions.

REFERENCE:	I052372
TITLE:	Implementation of the Care Act
PURPOSE OF REPORT:	To approve the approach to implementing the next phases of the Care Act.
DECISION MAKER:	Executive
DECISION DATE:	21 Jul 2015
FINANCIAL IMPACT:	No direct financial impact as a result of the approach.
CONSULTEES:	Professional partners
CONSULTATION METHOD:	Through discussion at meetings and comments on draft papers.

REFERENCE:	I051912
TITLE:	Safeguarding Adults Annual Report
PURPOSE OF REPORT:	To endorse the Annual Report in relation to Safeguarding Adults within the Borough.
DECISION MAKER:	Executive
DECISION DATE:	21 Jul 2015
FINANCIAL IMPACT:	No financial implications
CONSULTEES:	Bracknell Forest Safeguarding Adults Partnership Board
CONSULTATION METHOD:	Meeting(s) with interested parties

REFERENCE:	I054237
TITLE:	Bracknell Forest Sensory Needs Strategy
PURPOSE OF REPORT:	The Bracknell Forest Sensory Needs Strategy sets out the needs of people with sensory needs living in Bracknell Forest and identifies priorities for support. This Strategy covers 2015 – 2020.
DECISION MAKER:	Executive
DECISION DATE:	26 Jan 2016
FINANCIAL IMPACT:	Within existing budget
CONSULTEES:	People who have sensory needs (including people who are Blind, have Low Vision, are Deaf, Hard of Hearing, Deafblind or have Dual Sensory Needs). People who care for people with Sensory Needs. Voluntary organisations supporting people with Sensory Needs. Practitioners supporting people with Sensory Needs.
CONSULTATION METHOD:	Public Sensory Needs Conference Presentations at local related voluntary groups Consultation questionnaire available on website, in Braille, emailed, paper-copy and to be completed over the phone. Feedback received in British Sign Language – translated and transcribed.

Agenda Item 13

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
2 JULY 2015**

OVERVIEW AND SCRUTINY PROGRESS REPORT
Assistant Chief Executive

1   PURPOSE OF REPORT

1.1   This report highlights Overview and Scrutiny (O&S) activity during the period December 2014 to May 2015.

2   RECOMMENDATION

2.1   **To note Overview and Scrutiny activity and developments over the period December 2014 to May 2015, set out in section 5 to 6, and Appendices 1 and 2.**

3   REASONS FOR RECOMMENDATION

3.1   The Chief Executive has asked for a six monthly report on O&S activity to be submitted to the Corporate Management Team and to O&S Members.

4   ALTERNATIVE OPTIONS CONSIDERED

4.1   None.

5   SUPPORTING INFORMATION

Overview and Scrutiny Structure and Membership

5.1   At their annual meetings on 27 May 2015, Council and the O&S Commission respectively appointed members to the Commission and to the O&S Panels. Action continues to be taken periodically on the long-running vacancies for representatives of the Catholic Diocese and the Church of England on the O&S Commission and the Children, Young People and Learning O&S Panel.

Overview and Scrutiny Work Programme and Working Groups

5.2   The programme for 2014-15 was completed largely as planned, and a routine report has been submitted to each O&S Commission meeting, monitoring progress against the O&S Work Programme, using traffic light indicators, and with particular reference to the Commission's own Working Groups. Activity and output levels during the period were slightly lower than usual owing to the local government elections in 2015 and staff sickness absence.

5.3   The table at Appendix 1 sets out the current status of the O&S Working Groups, along with the list of completed reviews since 2010. At Council on 29 April, the Leader thanked the Commission's Working Group which reviewed Business Rates for a very positive review.

<u>Overview and Scrutiny Commission</u>

5.4 The O&S Commission met on 29 January, 19 March and 27 May (Annual meeting). The main items included:

- Considering the Council's draft budget proposals for 2015/16.
- Adopting the report of the Overview and Scrutiny Commission's Working Group which reviewed Business Rates and discretionary relief. The Executive has since issued a positive response to the report's recommendations.
- Considering the results of the 2014 Residents' survey.
- Reviewing the quarterly performance reports for the Corporate Services Department, the Chief Executive's Office and the Council as a whole.
- Receiving an update on the work of the Economic and Skills Development Partnership and progress in implementing the Economic Development Strategy.
- Reviewing corporate decision items on the Executive Forward Plan.
- Considering the O&S Work Programme for 2015/16.
- Electing a Chairman, appointing a Vice Chairman, and appointing the O&S Panels.

5.5 The O&S Commission's next planned meeting is on 9 July. The main item is anticipated to be the customary annual meeting with representatives of the Community Safety Partnership and Thames Valley Police, with a focus on the 2014/15 annual crime figures and the priorities of the Community Safety Partnership.

<u>Environment, Culture and Communities O&S Panel</u>

5.6 Meetings of the Panel were held on 13 January and 17 March, 2015. During the meetings the Panel considered and commented on:

- Quarterly Service Reports (QSRs) for the relevant quarters.
- Bracknell Forest Borough Local Plan Updates.
- 2015/16 Draft Budget Proposals.
- Results of the Trial Recycling Scheme.
- Review of the Commercial Sponsorship Trial.
- Residents' Survey results.
- 2013/14 Schools Annual Environmental Management Report.
- South East Street Works Permit Scheme.
- Executive Response to the Cultural Services Offering O&S Report.
- O&S Work Programme 2015/16.
- O&S Progress Report.
- Scheduled Executive key and non-key decisions.

5.7 A review of Cultural Services, in the context of pressure on public finance, with particular reference to libraries and assistance for South Hill Park, was completed by a working group of the Panel and the Executive's favourable response to the report was received (see Appendix 1).

5.8 The Commercial Sponsorship Member Reference Group was reconvened to review the commercial sponsorship trial and recommended that the Panel endorse the Director's decision to undertake a full procurement in order to implement a permanent commercial sponsorship contract (see Appendix 1).

5.9 Actions arising from Panel meetings have resulted in the circulation to Panel Members of the amount of charges associated with Street Work Permits/Licences/Over-runs, details of what upheld complaints related to, whether the fines associated with the enforcement of the Residents Parking Scheme covered the cost of operating the scheme, and the number of schools with solar panels and whether they were leading to a reduction in electricity consumption and costs. The Panel requested that: the timings of the Intelligent Transport

System at the Twin Bridges roundabout be reviewed to improve traffic flow; the number of people injured or killed in road traffic accidents in the preceding 12 months be included in future QSRs; the Children, Young People and Learning Department consider introducing an initiative to tackle littering around school grounds; and consideration be given to the next Residents' Survey including a question to raise awareness of Bracknell Forest services by asking respondents whether they are aware of the difference between the Borough Council and local town and parish councils and the services which each provided.

<ins>Health O&S Panel</ins>

5.10 The Panel met on 15 January and 12 March 2015. The main items considered at those meetings included:

- Meeting representatives of Bracknell Forest General Practitioners and NHS England to consider: the latest GP Patient survey results; the Care Quality Commission's 'Intelligent Monitoring' ratings for Bracknell Forest GP practices; and national concerns regarding the capacity of GP Practices and the ease of obtaining GP appointments.
- A progress update on the work of the Bracknell Forest Health and Wellbeing Board.
- Reviewing the Council's budget proposals for health in 2015/16, and plans for future years.
- Considering items for inclusion in the Panel's work programme for 2015/16.
- The bi-annual progress report of O&S.
- Meeting the new Chief Executive of the Royal Berkshire NHS Foundation Trust, concerning the Trust's performance and role as landlord of the Bracknell Urgent Care Centre.
- Updates on the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
- Reviewing the quarterly service reports of the Adult Social Care, Health and Housing department, relating to health.
- Considering scheduled Executive Key and Non-Key Decisions relating to Health.

5.11 The Panel's next meeting is on 2 July 2015.

<ins>Joint East Berkshire with Buckinghamshire Health O&S Committee</ins>

5.12 This Committee, formed jointly with Slough Borough Council, the Royal Borough of Windsor & Maidenhead, and Buckinghamshire County Council has remained suspended, the last meeting having been held in March 2013. The O&S Commission had previously decided to end the Council's involvement in the Joint Committee, unless there is a need to respond to a statutory consultation affecting health services in East Berkshire.

<ins>Children, Young People and Learning O&S Panel</ins>

5.13 Meetings of the Panel took place on 12 January and 4 March, 2015. During the meetings the Panel considered and commented on:

- The minutes of meetings of the Corporate Parenting Advisory Panel.
- Quarterly Service Reports for the relevant quarters, giving particular attention to matters including outcomes of Ofsted school inspections, headteacher recruitment, 'A' level results, 'closing the gap' in attainment and child sexual exploitation.
- 2015/16 Draft Budget Proposals.
- Annual Report of the Local Safeguarding Children Board 2013/14.
- Annual Report on the statutory roles and responsibilities of the Director and Lead Member for Children's Social Care 2013/14.
- Annual Report of Children's Social Care Complaints 2013/14.
- Virtual Schools Annual Report 2013/14.

- The implications of the Children and Families Act 2014.
- School Places Plan 2014/19.
- Use of the Pupil Premium grant.
- Working Group Update Report.
- O&S Work Programme 2015/16.
- O&S Progress Report.
- Scheduled Executive key and non-key decisions.

5.14   At its meeting on 4 March 2015 the Panel agreed the report of the review of substance misuse involving children and young people undertaken by one of its working groups and is awaiting the Executive's response (see Appendix 1).

5.15   Activities between Panel meetings included circulation to Members of the Admission Arrangements 2016/17, Education Transport Policies, reasons for declined complaints and headteacher recruitment figures. The Panel requested that Bracknell and Wokingham College's examination results be included in future statistics.

Adult Social Care and Housing O&S Panel

5.16   The Panel met on 20 January and 24 March, 2015. The main items discussed and considered at the meetings were:

- 2015/16 Draft Budget Proposals.
- Quarterly Service Reports for the relevant quarters.
- Care Quality Commission State of Care Annual Report 2013/14.
- Homeless Strategy.
- Joint Commissioning Strategy for Adults with Autism 2015/20.
- Feedback from the Carers' Strategy consultation.
- Joint Commissioning Strategy for People in an Unpaid Caring Role.
- Care Act 2014 update.
- The Executive's response to the Council's Role in Regulated Adult Social Care Services O&S report.
- O&S Work Programme 2015/16.
- O&S Progress Report
- Scheduled Executive key and non-key decisions.

5.17   The Panel received a favourable response from the Executive to the report by its working group reviewing the Council's role with regard to care governance and managing safeguarding in regulated Adult Social Care Services (see Appendix 1). The Panel requested that the Chairman and Executive Member write jointly to the Royal Berkshire Fire and Rescue Service in connection with recommendation 6.1 of the report regarding the concerns associated with the regularly practiced plan for the emergency evacuation of care / nursing home premises with a view to securing the introduction of a more practical emergency response procedure reflecting residents' disabilities and conditions as far as possible within safety requirements.

5.18   Members were advised of the number of representations received in response to the consultation associated with the Joint Commissioning Strategy for Adults with Autism as an action arising from a Panel meeting.

Other Overview and Scrutiny Issues

5.19   The annual report of O&S for 2014-15 was adopted by Council at its meeting on 29 April.

5.20   Various O&S training events have taken place and are being planned to help Members in their O&S role. This included a welcome session and an induction training event for newly elected Members in May 2015. The Commission and Panels are to receive briefings on

issues of departmental interest in their respective areas. The specialised Health O&S training which was piloted in 2014 is to be run for the Health O&S Panel. Training on O&S Chairmanship is to be arranged, as is a Budget scrutiny training event later in 2015.

5.21   Responses to the feedback questionnaires on the quality of O&S reviews are summarised in Appendix 2, showing a high average score of 2.7 (90%).

5.22   Quarterly review and agenda setting meetings between O&S Chairmen, Vice-Chairmen, Executive Members and Directors are taking place regularly for the Panels (every two months for the O&S Commission).

6   DEVELOPMENTS IN OVERVIEW AND SCRUTINY

6.1   There were no notable developments in O&S nationally in the period covered by this report. The only notable development in O&S locally was the change to the Constitution arising from the Department of Health's guidance relating to *The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013*. The Governance and Audit Committee, and subsequently Council at its meeting on 25 February, agreed to amend the Constitution such that the power to refer to the Secretary of State concerns over consultations regarding substantial development or variation in health services should be reserved for Council decision.

6.2   The O&S Commission Chairman and the O&S Officers attended the Centre for Public Scrutiny's annual conference in June.

7   ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Statutory Scrutiny Officer

7.1   The monitoring of this function is carried out by the Statutory Scrutiny Officer on a quarterly basis. Good progress was been made on the agreed programme of work by Overview and Scrutiny for 2014/15. Scrutiny Panels have continued to focus on areas of importance to local residents, and the quality of the work done continues to be high.

Borough Solicitor

7.2   The contents of this report are noted.

Borough Treasurer

7.3   There are no additional financial implications arising from the recommendations in this report.

Equalities Impact Assessment

7.4   Not applicable. The report does not contain any recommendations impacting on equalities issues.

Strategic Risk Management Issues

7.5   Not applicable. The report does not contain any recommendations impacting on strategic risk management issues.

Workforce Implications

7.6   Not applicable. The report does not contain any new recommendations impacting on workforce implications.

   Other Officers

7.7   Directors and lead officers are consulted on the scope of each O&S review before its commencement, and on draft O&S reports before publication.

8   CONSULTATION

   Principal Groups Consulted

8.1   None.

   Method of Consultation

8.2   Not applicable.

   Representations Received

8.3   None.

Background Papers

Minutes and papers of meetings of the Overview and Scrutiny Commission and Panels.

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Doc. Ref

CXO\Overview and Scrutiny\2015-16\progress reports

OVERVIEW AND SCRUTINY CURRENT WORKING GROUPS – 2015/16
Position at 27 May 2015

Overview and Scrutiny Commission								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Business Rates	Angell (Lead), Heydon, Leake and Virgo	Alan Nash	Richard Beaumont	√	Completed.	√	√	The Commission will consider the Executive response on 9 July 2015.

Health Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Francis Report on NHS Mid Staffordshire Hospital	Mrs McCracken (Lead), Mrs Angell, Angell, Baily, Kensall, Mrs Temperton, and Virgo	Glyn Jones	Richard Beaumont	√	Completed	√	√	The agreed changes to O&S practices are partly implemented.

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Environment, Culture and Communities Overview and Scrutiny Panel

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Cultural Services Offering	Finnie (Lead) Brossard, Ms Brown, Gbadebo and Thompson	Mark Devon	Richard Beaumont	√	Completed	√	√	The Executive response was considered by the Panel on 13 January 2015.
Commercial Sponsorship Member Reference Group	Finnie (Lead) Brossard, Dudley, Gbadebo, Leake and Ward	Vincent Paliczka	Andrea Carr	√	Completed	√	N/A	The Panel agreed the recommendat-ion to procure a permanent commercial sponsorship contract.

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Children, Young People and Learning Overview and Scrutiny Panel

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Substance Misuse Involving Children and Young People	Mrs Birch (Lead), Mrs Temperton, Mr Briscoe & Mrs Wellsteed (PGRs) & Miss Richardson (Teacher rep.)	Jillian Hunt	Andrea Carr	√	Completed.	√	Under preparation.	The Panel will receive the Executive response at its meeting on 30 September 2015.

Adult Social Care and Housing Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
The Council's Role in Regulated Adult Social Care Services	Harrison (Lead), Mrs McCracken, Mrs Temperton and Thompson	Zoë Johnstone	Andrea Carr	√	Completed	√	√	The Executive response, accepting 3 of 4 recommendat-ions, was considered by the Panel on 20 January 2015.

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Completed Reviews (Since 2010)

Date Completed	Title
January 2010	Medium Term Objectives 2010/11
January 2010	Review of the Bracknell Healthspace (publication withheld to 2011)
January 2010	14-19 Years Education Provision
April 2010	Overview and Scrutiny Annual Report 2009/10
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)
July 2010	The Council's Response to the Severe Winter Weather
July 2010	Preparedness for Public Health Emergencies
October 2010	Safeguarding Vulnerable Adults in the context of Personalisation
October 2010	Review of Partnership Scrutiny
December 2010	Hospital Car Parking Charges
January 2011	Safeguarding Children and Young People
March 2011	Review of the Bracknell Healthspace (Addendum)
April 2011	Overview and Scrutiny Annual Report 2010/11
June 2011	Office Accommodation Strategy
June 2011	Plans for Sustaining Economic Prosperity
July 2011	Review of Highway Maintenance (Interim report)
September 2011	Performance Management Framework
September 2011	Review of the Council's Medium Term Objectives
October 2011	Plans for Neighbourhood Engagement
October 2011	Regulation of Investigatory Powers
October 2011	Site Allocations Development Plan Document
January 2012	Common Assessment Framework
February 2012	Information and Communications Technology Strategy
April 2012	NHS Trusts Quality Accounts 2011/12 (letters submitted to five Trusts)

Date Completed	Title
April 2012	Overview and Scrutiny Annual Report 2011/12
June 2012 & April 2015	Commercial Sponsorship
July 2012	Communications Strategy
November 2012	Proposed Reductions to Concessionary Fares Support and Public Transport Subsidies
November 2012	Modernisation of Older People's Services
January 2013	Preparations for the Community Infrastructure Levy
February 2013	Substance Misuse
February 2013	'Shaping the Future' of Health Services in East Berkshire
April 2013	Overview and Scrutiny Annual Report 2012/13
April 2013	NHS Trusts Quality Accounts 2011/12 (letters submitted to three Trusts)
July 2013	School Governance
September 2013	Delegated Authorities
October 2013	Bracknell Forest Bus Strategy
January 2014	Applying the Lessons of the Francis Report to Health Overview and Scrutiny
April 2014	Overview and Scrutiny Annual Report 2013/14
June 2014	Review of School Places
September 2014	Review of Cultural Services
October 2014	The Council's Role in Regulated Adult Social Care Services
February 2015	Business Rates and Discretionary Relief
April 2015	Substance Misuse Involving Children and Young People
April 2015	Overview and Scrutiny Annual Report 2014/15

Results of Feedback Questionnaires on Overview and Scrutiny Reports

Note – Departmental Link officers on each major Overview and Scrutiny review are asked to score the key aspects of each substantive review on a scale of 0 (Unsatisfactory) to 3 (Excellent).

	Average score for previous 23 Reviews[1]
PLANNING Were you given sufficient notice of the review?	**2.9**
Were your comments invited on the scope of the review, and was the purpose of the review explained to you?	**2.9**
CONDUCT OF REVIEW Was the review carried out in a professional and objective manner with minimum disruption?	**2.8**
Was there adequate communication between O&S and the department throughout?	**2.8**
Did the review get to the heart of the issue?	**2.6**
REPORTING Did you have an opportunity to comment on the draft report?	**2.8**
Did the report give a clear and fair presentation of the facts?	**2.6**
Were the recommendations relevant and practical?	**2.5**
How useful was this review in terms of improving the Council's performance?	**2.5**
Overall average score	**2.7 (90%)**

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[1] Road Traffic Casualties, Review of the Local Area Agreement, Support for Carers, Street Cleaning, Services for Adults with Learning Disabilities, English as an Additional Language in Schools, Children's Centres and Extended Services, Waste and Recycling, Older People's Strategy, Review of Housing and Council Tax Benefits Improvement Plan, 14-19 Education, Preparedness for Public Health Emergencies, Safeguarding Children, Safeguarding Adults, the Common Assessment Framework, Modernisation of Older People's Services, Community Infrastructure Levy, School Governance, Delegated Authorities, Applying the Lessons of the Francis Report, School Places, Cultural Services, and Business Rates.

Unrestricted

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
        2 JULY 2015**

2015/16 WORK PROGRAMME

1   PURPOSE OF REPORT

1.1   This report invites the Health Overview and Scrutiny (O&S) Panel to consider and agree its Work Programme for 2015/16.

2   RECOMMENDATION

2.1   That the Panel considers and agrees its work programme for 2015/16, seeking the approval of the O&S Commission to any changes from the currently agreed programme.

3   REASONS FOR RECOMMENDATION

3.1   To meet the requirements of the Constitution and to plan the Panel's work for 2015/16.

4   ALTERNATIVE OPTIONS CONSIDERED

4.1   None.

5   SUPPORTING INFORMATION

5.1   The Panel's currently approved 2015/16 Work Programme is attached at Appendix 1. The Constitution requires that there shall be a work programme for O&S, the development and management of which is the responsibility of the O&S Commission.

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

6.1   Not applicable.

Background Papers

None.

Contact for further information

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<div align="right">**APPENDIX 1**</div>

<div align="center">**2015/16 Overview and Scrutiny Work Programme**</div>

The proposed work programme for O&S in 2015/16 is shown on the following pages. The programme is aimed at maintaining a strategic and co-ordinated work programme based on major areas of Council and partner organisations' activity. The review topics take account of what is likely to be timely, relevant, and to add value. The programme incorporates the routine, on-going work of O&S and the completion of reviews currently underway.

The O&S Commission has consulted the O&S Panels, the Council's Corporate Management Team and the Executive on the work programme, as required by the Council's Constitution.

The work programme will necessarily be subject to continual refinement and updating. The 'future possible reviews' are those which are unlikely to be resourced until 2016/17 or later.

HEALTH OVERVIEW AND SCRUTINY PANEL	
1.	**Monitoring the performance of the Local NHS Organisations and the Adult Social Care, Health and Housing Department in relation to health** To receive an introductory briefing on the Council's role in relation to Health, with reference to the service plan for 2015/16. To include on-going review of the Quarterly Service Reports and monitoring significant developments, particularly: • The Better Care Fund • The Care Act • Improvements at Heatherwood and Wexham Park Hospitals following the acquisition by Frimley Park Hospital Trust • Provision of sufficient GP surgeries to match long-term growth in the Borough's population.
2.	**Implementing the new Approach to Health Scrutiny** To deliver the new approach to health scrutiny as recommended by the Panel's Working Group on the Francis report. The numerous changes include a specialist member approach and strategically monitoring the performance of the NHS trusts and Clinical Commissioning Group serving Bracknell Forest, with enhanced reference to key information flows.
3.	**2016/17 Budget Scrutiny** To review the Council's budget proposals for public health in 2016/17, and plans for future years.
4.	**Responding to NHS Quality Accounts and Consultations** The Health O&S Panel customarily provides comments on the annual Quality Accounts produced by the NHS Trusts nearby, and the Panel is a statutory consultee for any substantial variation in NHS services affecting the Borough.

2015/16 WORKING GROUPS	
Health O&S Panel	None planned

	FUTURE POSSIBLE REVIEWS (Unlikely to be resourced until 2016/17 or later)
1.	**Public Health** To review the operation and effectiveness of the pan-Berkshire public health arrangements with other local authorities. To carry out a joint review with other O&S Panels, on the Council's wider actions on the transferred public health (PH) responsibilities. To include the immunisations programme, also integration of the PH function with other council services - such as measures to prevent ill-health and to promote good health, so as to achieve the best overall impact for residents.
2.	**The Royal Berkshire Bracknell Healthspace** To review the services offered at The Royal Berkshire Bracknell Healthspace (Brants Bridge), including cancer and renal facilities, the Urgent Care Centre and the GP Out of Hours service.

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