



NOTICE OF MEETING

**Health Overview and Scrutiny Panel
Thursday 14 April 2016, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

To: The Health Overview and Scrutiny Panel

Councillor Phillips (Chairman), Councillor Mrs McCracken (Vice-Chairman), Councillors G Birch, Hill, Mrs Mattick, Mrs Temperton, Thompson, Tullett and Virgo

cc: Substitute Members of the Panel

Councillors Allen, Mrs Angell, Brossard, Harrison and Peacey

Observer:

Mark Sanders, Healthwatch

Non-Voting Co-optee

Dr David Norman, Co-opted Representative

ALISON SANDERS
Director of Corporate Services

EMERGENCY EVACUATION INSTRUCTIONS	
1	If you hear the alarm, leave the building immediately.
2	Follow the green signs.
3	Use the stairs not the lifts.
4	Do not re-enter the building until told to do so.

If you require further information, please contact: Hannah Stevenson
Telephone: 01344 352308
Email: hannah.stevenson@bracknell-forest.gov.uk
Published: 5 April 2016



Health Overview and Scrutiny Panel
Thursday 14 April 2016, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

Note: *There will be a private meeting for members of the Panel at 7.00 pm in Meeting Room 1, 4th Floor, Easthampstead House.*

AGENDA

Page No

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

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

2. **Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 14 January 2016.

5 - 14

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

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

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

4. **Urgent Items of Business**

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

5. **Public Participation**

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

- | | | |
|-----|--|---------|
| 6. | Bracknell Urgent Care Centre
To review the action being taken by the Clinical Commissioning Group and OneMedicalGroup on the criticisms of the Care Quality Commission (CQC), arising from their inspection of the Urgent Care Centre (UCC). | 15 - 38 |
| 7. | South Central Ambulance Service
To receive a report on the outcome of the investigation of media allegations concerning the 111 service operated by South Central Ambulance Service (SCAS) NHS Foundation Trust. | 39 - 40 |
| 8. | Working Group Update Report
To receive a report detailing the progress achieved to date by the Working Group of the Panel reviewing General Practitioner (GP) Capacity. | 41 - 42 |
| 9. | The Patients Experience
To review the current information from the NHS Choices website, for the NHS Foundation Trusts providing most secondary and acute NHS services to Bracknell Forest residents. | 43 - 48 |
| 10. | Departmental Performance
To consider the parts of the Quarter 3 2015/16 (October to December) quarterly service report of the Adult Social Care, Health and Housing Department relating to health. | 49 - 78 |
| 11. | Executive Key and Non-Key Decisions
To consider scheduled Executive Key and Non-Key Decisions relating to health. | 79 - 82 |
| 12. | Member Feedback
To receive oral reports from Panel members on their specialist roles since the last Panel meeting. | |
| 13. | Date of Next Meeting
The next scheduled meeting of the Health Overview and Scrutiny Panel will take place on 30 June 2016. | |

This page is intentionally left blank



**HEALTH OVERVIEW AND SCRUTINY PANEL
14 JANUARY 2016
7.35 - 9.25 PM**

Present:

Councillors Phillips (Chairman), Mrs McCracken (Vice-Chairman), G Birch, Hill, Mrs Mattick, Mrs Temperton, Thompson and Virgo

Co-opted Member:

Dr David Norman

Executive Members:

Councillors D Birch

Also Present:

Councillors McCracken and Peacey
Richard Beaumont, Head of Overview & Scrutiny
Lisa McNally, Consultant in Public Health
John Nawrockyi, Interim Director of Adult Social Care, Health and Housing

29. Apologies for Absence/Substitute Members

The Panel noted apologies from Mark Sanders, Healthwatch.

30. Minutes and Matters Arising

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 1 October 2015 be approved as a correct record and signed by the Chairman, subject to the following amendments:

At the start of Minute 26, add the line 'The Chair thanked all members for their feedback and work in their specialist areas.'

31. Declarations of Interest and Party Whip

There were no declarations of interest nor any indications that Members would be participating whilst under the party whip.

32. Urgent Items of Business

There were no urgent items of business.

33. Public Participation

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

34. **Public Health**

Lisa McNally, Consultant in Public Health, gave apologies for Lise Llewellyn, Strategic Director of Public Health who was unable to attend the meeting.

Lisa gave a presentation on the two main priorities for Public Health in Bracknell Forest:

- To promote active and healthy lifestyles
- To work towards mental well-being in children and adults

In order to promote active and health lifestyles, the Public Health team had launched the Year of Self Care. The Year of Self Care used the same ideas and branding as the annual national Self Care week, but extended the Self Care focus across 2016. The Self Care Foundation were in support of the Year of Self Care, and were particularly interested as it was the first scheme to span the whole year. A key driver of the Year of Self Care was its ability to connect and unite Public Health work which residents saw as disparate.

Between February and November, each month had a different health related theme and focus, including Mental Wellbeing, Learning and Volunteering, Quit Smoking and Children and Families. The themes had a direct, evidence based link to Health and Wellbeing, but were intentionally non-clinical in their approach. January was a launch month, and December would be a time of recognition, reflection and celebration.

The Public Health team were keen to involve local businesses and other community assets. Some business owners had already expressed an interest.

It was hoped that through the Year of Self Care, Bracknell Forest would become known for Health and Wellbeing.

In order to address mental wellbeing in the borough, Lisa explained that there were different focusses for children and for adults. For children, the two priorities were:

- to provide early help and support
- to reduce stigma and discrimination

The Public Health team had been involved in the development of the CAMHS transformation strategy to get early help and support for young people. Until stigma had been dispelled around young people's mental health, young people would not take up early help or express a concern.

The Time to Change campaign was a programme developed by Public Health and the Youth Council to be used with young people in schools, youth services, young carer groups and youth offending services. The scheme was made up of workshops and presentations designed to raise awareness of mental health issues and reject the stigma around mental health issues as outdated. The campaign also encouraged parents to discuss mental health with their children.

In primary schools the Time to Change campaign would use animations and storytelling to convey the importance of discussing emotions and feelings. In secondary schools, the campaign would directly address the stigma surrounding mental health. All sessions would be lead by mental health professionals.

For adults, the two priorities in order to improve mental wellbeing were:

- to improve physical health
- to reduce social isolation

Lisa informed the panel of the mortality gap of 7-15 years between adults who do not have mental health issues, and those who do. To combat mental health issues, the Public Health team were working with a number of agencies including Sport in Mind, Involve, SmokeFreeLife Berkshire and the Berkshire Health Foundation Trust.

The social isolation work had already begun, and the video developed by the Public Health team to highlight the problems with social isolation was to be shown at the Local Government Association Conference.

The Chairman thanked Lisa McNally for her presentation.

Arising from the panel's questions, the following points were noted:

- The success of the Year of Self Care would be measured by the success of its component parts, and also by the number of new partners and amount of community engagement generated. An end of year report would be produced.
- Non-traditional forms of exercise such as the Green Gym and Walking Football would be promoted alongside traditional activity such as the half marathon and Parkrun.
- The Public Health team was particularly looking to promote non-traditional activities for teenage girls, such as dancing and drumming.
- Sexual health campaigns had focussed too much on chlamydia screening, rather than on preventative and behavioural change work. This would change in the future.
- Uptake of the MMR vaccine had increased this year, but more could still be done to encourage parents to promote the vaccine to friends. A leaflet had gone out with the schools admissions information this year.
- The Executive Member was keen to ensure that the Self Care programme was not seen as solely a Council initiative, instead it needed to be widely owned by the community.
- The mental health workshops did not include a mention of meditation, although this was an omission and a useful suggestion. A course on mindfulness for council staff had attracted 50 people and been very successful.
- Lisa undertook to provide details of the take-up of anti-cancer treatments by young people
- Patients' compliance, in terms of taking their prescribed medicine, was sometimes poor, particularly with mental health patients. Lisa had approached the CCG for sponsorship to put costs on medicine bags as a low cost intervention to encourage compliance. It was commented that West Berkshire council had already done this, and that the panel had previously approached the CCG on this issue and been declined. It was agreed that Members and Lisa should be given a copy of this correspondence.
- Mindfulness sessions had been used successfully, and Lisa would consider Members' suggestion to use meditation.
- The Public Health team had been commissioned to produce the Time to Change campaign across the Berkshire local authorities, and was generating income by doing so.
- The Time to Change campaign could be reworded to include more positive language, as the word 'stigma' could produce stigma in itself.
- The aim of the Time to Change campaign was to demystify mental health issues rather than glamorise them. Behavioural change work was difficult and complex.

The Chair commented that she was encouraged by linear thinking becoming lateral and non-traditional, and by the target driven but embracing attitude around Public Health. John Nawrockyi, Director of Adult Social Care, Health and Housing commented that he and the Clinical Commissioning Group were very enthusiastic about the Year of Self Care campaign.

35. 2016/17 Budget Scrutiny

The Panel received and considered a report providing information regarding the Draft Budget Proposals 2016/17.

The Director commented that the key things to consider from the budget were:

- the Public Health budget reduction from the Department of Health
- The Council taking on public health responsibilities for 0-5 year olds
- the creation of a 0-19 year old Public Health service
- use of the surplus to support Social Care services

Arising from a question regarding service changes due to budget reduction, the Director confirmed that some services would operate differently to become more cost-effective. The Public Health team had been constructed so that many services could be done in house. Some Public Health services, such as Chlamydia Screening, had been expensive and it was believed that there were more cost-effective ways to promote Sexual Health.

There would be income generation from the Time for Change commission across Berkshire, and savings were being made by encouraging community assets to run Health and Wellbeing events for themselves. Lisa McNally reassured the panel that she was not concerned by the budget cuts.

36. The Patients' Experience

The Panel received and noted a report on the Patients' Experience, which included current information regarding patient surveys and feedback.

The Director highlighted that Section 1, questions 7, 11, 19 and 22 which were all about staffing, communication and medical responsibility had scored lower than the questions around clinical intervention. This highlighted the duty of the Care Act for intervention and advocacy.

It was commented that Section 8 of the Survey of people who use community mental health services 2015 demonstrated poor communication within mental health services. It was hoped that in the future, people would understand the choices and options available to them better.

It was reported that there had been an informative CQC inspection in mid-February into these services. The Panel suggested that Julian Emms, Chief Executive of Berkshire Healthcare Foundation Trust could be invited to expand on the inspection results.

37. Departmental Performance

The Panel received and noted the Quarterly Service Report for Adult Social Care, Health and Housing for Quarter 2, 2015-16.

The Director drew attention to the mention of delayed discharge on page 4 of the report, and acknowledged that the delayed transfer of care was a concern. Delayed

transfers could occur due to a delay in treatment, a delay in choice of nursing home to which patients are entitled, or a delay in the provision of domiciliary care. The year 2014/15 had been a challenging year for bed occupancy and referrals to local authorities, and the Director had met with Andrew Morris, Chief Executive of Frimley Health Foundation Trust in the summer to discuss what could be done. As a result of developed domiciliary care, in November and December 2015 there had been no delayed transfers which was celebrated. The Director highlighted that while in September there was a red icon for delayed transfers, the situation was now very different. Looking ahead, there would be challenges arising from growing demand and reducing funding.

There had been a £1 billion investment from the government into Mental Health services and re-arranging the care pathway. An important development was giving parity of esteem for mental and physical health. In Bracknell Forest, there was a focus on Dementia with the recruitment of a Dementia co-ordinator. The co-ordinator was working with GPs and underpinning the Dementia Action Alliance. The Mental Health team was also focussing on enhancing the service provided for people experiencing their first psychotic episode.

Health and Wellbeing as promoted through Public Health was documented in section 6.8 of the report. This reflected a shift from demand management to asset based approaches. The focuses for the future would be to review the out of hours response, and to avoid unnecessary admissions to hospital. It was commented that once people are in an acute position in hospital, they become dependent and it is more difficult to discharge them.

Lisa McNally was glad to report that in Quarter 3, 191 Bracknell Forest residents had stopped smoking, creating a 78% quit rate. This was the highest rate ever achieved in Bracknell Forest, and the highest in the country.

Arising from the panel's questions, the following points were noted:

- Frimley Health Trust were looking into becoming a registered home care provider to aid discharge.
- Bracknell Forest Council was working with private care homes to boost recruitment where maintaining the workforce had been difficult.
- Assistive technology was being researched to aid discharge to homes
- A 7 day working week for the NHS would not necessarily aid delayed discharge as people were generally not discharged at the weekend. Although the Emergency Duty Service and Out of Hours service were available on Saturdays and Sundays, discharges had not been arranged at the weekends. The pilot of a 7 day working week in a Bracknell Forest GP surgery had shown that GPs were unused at the weekend, and that patients preferred weekday appointments.
- The panel noted advances in the use of technology to diagnose via Skype and other technologies.
- People's fears about the MMR vaccine, and the perceived link to autism, had been successfully addressed. Apathy was a more significant issue affecting take-up.

The Chair thanked all panel members and officers for their contributions and presentations.

38. Executive Key and Non-Key Decisions

The Panel received and noted the report on the Executive Key and Non-Key Decisions relating to health.

The draft Sensory Needs Strategy report would be distributed to all Panel Members for their consideration.

39. Overview and Scrutiny Bi-Annual Progress Report

The Panel received and noted the Overview and Scrutiny Progress Report, which documented the work of Overview and Scrutiny across the Council.

40. Member Feedback

It was noted that some members had given feedback prior to the meeting, and they were thanked for this.

Councillor Mrs Temperton – A meeting of Healthwatch had taken place at Great Hollands Medical Practice encouraging attendees to complete surveys and share ideas. It was commented that the results of this survey and meeting would be interesting.

Councillor Hill – A CQC inspection of Green Meadows Surgery in Ascot had received a rating of inadequate. The Panel had been in contact with the surgery to find out what they had planned to do to improve, and had received a reply. It was suggested that this situation should be monitored in the following months. There had been a meeting of the Bracknell and Ascot CCG on 13 January 2016, but no minutes had been published. The junior doctors had held a strike on 12 January 2016, but it was reported that the government intended to impose the new working hours contract regardless of the strikes.

Councillor Virgo – The CCG meeting on 13 January 2016 had raised concerns regarding the South Central Ambulance Service's difficulties over the Christmas period. This had been put down to the lack of staff and difficulties recruiting, particularly in Bracknell Forest and the Royal Borough of Windsor and Maidenhead. The Chief Executive of South Central had acknowledged this as an issue.

Councillor Phillips – The Panel had received a letter to thank them for their comments on the Draft Health and Wellbeing Strategy. The letter would be circulated to all panel members.

Councillor G Birch – Councillor Birch had attended a medicine optimisation event, which had taught about medical compliance alongside the significance of self care.

Councillor Phillips – The Urgent Care Centre had recently had a CQC review. It was commented that when the Centre had first opened, a 6am – 8pm doctor and paediatrician presence had been promised. This was not believed to have happened. Locums had been heavily used, and it was noted that they did not have appropriate access to find out patient records or drug allocation. It was agreed that the panel should follow this up.

41. Work Programme

The panel received and noted a report on the Health Overview and Scrutiny Work Programme.

The GP capacity working group had met twice, and a Kings Fund research fellow had attended to speak on the future of GP services. This speaker had been co-opted onto the group. Work had continued to restructure the GP questionnaire, including questions around patient lists, workload, activities and plans to expand. Work on this questionnaire would continue. The working group would meet on Monday 18 January to agree the scoping document and progress the review.

The panel was asked to confirm their work programme for the next year. An annual report including a work programme was due to go to council in April. It was anticipated that the GP capacity work would continue until the Summer. A wider review of the Bracknell Healthspace was suggested. There were no proposals to change the current work programme, for 2016/17.

Members were needed to comment on the NHS Quality Accounts. This was to confirm that healthcare providers in the area were compliant with national standards. There was a presumption that overview and scrutiny panels would take up the opportunity to comment on their constituents' principal healthcare providers, despite the fact that they are not necessarily located within the borough.

It was agreed that the NHS Quality Accounts would be looked after by:

- Royal Berkshire Foundation Trust – Councillor Virgo
- South Central Ambulance Service – Councillor Virgo
- Frimley Health Foundation Trust – Councillors Mrs Mattick and Phillips
- Berkshire Healthcare Foundation Trust – to be decided

42. **Date of Next Meeting**

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 14 April 2016.

CHAIRMAN

This page is intentionally left blank

ACTIONS TAKEN : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING
14 JANUARY 2016

<u>Agenda Item</u>	<u>Action Required</u>	<u>Action Taken</u>
6. Public Health	Provide details of the take-up of immunisations by young people	Information sent to Members 25.1.16
	Send to Members and Lisa McNally the Panel's earlier correspondence regarding labelling prescribed medicines with their cost	Information sent to Members 25.1.16
8. The Patient Experience	Consider inviting the Berkshire Healthcare Trust Chief Executive to a future Panel meeting, regarding the Patient Survey report and the forthcoming report of the Care Quality Commission's inspection	On agenda plan for September 2016 Panel meeting
10. Executive Decisions	Circulate draft Sensory Needs Strategy	Information sent to Members 15.1.16
12 Member Feedback	Circulate Executive response to Panel's comments on the draft Health and Wellbeing Strategy	Information sent to Members 15.1.16
	Panel to follow up the CQC report on the Urgent Care Centre	On agenda for April 2016 Panel meeting

INFORMATION REQUESTED : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING - 2 JULY 2015

<u>Minute Number</u>	<u>Action Required</u>	<u>Action Taken</u>
8. South Central Ambulance Service	Provide copy of report of investigation into Daily Telegraph allegations	Requested from SCAS on 3 July. Delayed due to need to clear with CCGs and await outcome of CQC Inspection of 111 Service. Investigation report sent to Members on 5.2.2016
	Patient Transport Service: <ul style="list-style-type: none"> - Advise outcome of procurement process - Advise whether the problems identified by the CQC have been resolved 	Requested from SCAS on 3 July. Information sent to Members on 5.2.2016

This page is intentionally left blank

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
14 APRIL 2016**

**BRACKNELL URGENT CARE CENTRE
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to review the action being taken by the Clinical Commissioning Group and OneMedicalGroup on the criticisms of the Care Quality Commission (CQC), arising from their inspection of the Urgent Care Centre (UCC).

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

- 2.1 **Reviews the action being taken on the criticisms of the CQC, arising from their inspection of the Urgent Care Centre.**

3 SUPPORTING INFORMATION

- 3.1 The UCC is commissioned by the Bracknell and Ascot Clinical Commissioning Group (CCG) and operated by OneMedicalGroup. Those present at the Panel meeting are expected to be:

CCG

Dr William Tong, Chairman
Sarah Bellars – Director of Nursing
Mary Purnell – Head of Operations

OneMedicalGroup

Rachel Beverley-Stevenson, Chief Executive
Mark Shepherd, Chief Operating Officer
Luke Minshall, Head of Urgent Care
Caroline Day, Group Organisational Development Director
Jackie Hill, Director of Nursing
Nick Kelaher, UCC Business Manager

- 3.2 The CQC inspection report of December 2015 is attached. The inspection concluded that the Urgent Care Centre 'requires improvement'. The CQC drew attention to:
- a) Incidents and accidents were being reported, investigated and reviewed. The outcomes were displayed for staff but no formal means of feedback was in place to ensure learning from such events.
 - b) Some information about safety was recorded, monitored, appropriately reviewed and addressed.
 - c) There was not always appropriate clinical cover for patients onsite after 8pm and those transferred to other services after 8pm.

- d) Governance arrangements did not involve most staff at the centre who provided services in the way of meetings or other communication.
- e) The service was monitored by the local clinical commissioning group (CCG) and there were specific indicators the service worked to achieve. Since February 2015 the service had only met the waiting time target for adults in one month and had missed the 80% target for children in six consecutive months. The data we reviewed showed the targets for clinical assessment of patients over the six month period had been consistently missed. These had improved in September 2015 compared with previous months, but not all were met.
- f) No clinical audit was undertaken to identify improvements and learning related to clinical care
- g) There had been a significant improvement to staffing levels since August, meaning greater patient safety, capacity to see patients and support for nursing staff.
- h) There were procedures for following up on patient referrals such as x-ray results.
- i) Communication with GP practices was taking place appropriately. Records of assessment and treatment were passed onto a patients' GP quickly.
- j) The service had a number of policies and procedures to govern activity, but locum staff did not have access to many of these and some were generic and not related directly to the centre.
- k) Staff were caring and considerate to patients' needs.
- l) Most of the feedback from patients we spoke with was positive.
- m) The service had sought feedback from patients. However, it was not liaising effectively with local Healthwatch.

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

Bracknell Urgent Care Centre

Quality Report

Brants Bridge Clinic
London Road
Bracknell
RG12 9GB

Tel: 01344 551100

Date of inspection visit: 7 October 2015

Website: www.onemedicalgroup.co.uk/bracknellucc Date of publication: 24/12/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Inadequate	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	6
Areas for improvement	6

Detailed findings from this inspection

Our inspection team	7
Background to Bracknell Urgent Care Centre	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 7 October 2015. Overall the service is rated as requires improvement.

We undertook a focussed inspection on 17 and 24 August 2015 in response to concerns we had about the service. We imposed urgent conditions on the service as a result of the findings and issued a warning notice and a requirement notice. The inspection in October was a comprehensive inspection and we followed up on the concerns we identified in August. As a result of the findings of the inspection in October we were able to remove the urgent conditions as improvements had been made. However, we still found concerns specifically related to the effectiveness, safety and governance of the service. This has led to an overall rating of requires improvement.

Our key findings across all the areas we inspected were as follows:

- Incidents and accidents were being reported, investigated and reviewed. The outcomes were displayed for staff but no formal means of feedback was in place to ensure learning from such events.
- Some information about safety was recorded, monitored, appropriately reviewed and addressed.
- There was not always appropriate clinical cover for patients onsite after 8pm and those transferred to other services after 8pm
- Governance arrangements did not involve most staff at the centre who provided services in the way of meetings or other communication.
- The service was monitored by the local clinical commissioning group (CCG) and there were specific indicators the service worked to achieve. Since February 2015 the service had only met the waiting time target for adults in one month and had missed the 80% target for children in six consecutive months. The data we reviewed showed the targets for clinical assessment of patients over the six month period had been consistently missed. These had improved in September 2015 compared with previous months, but not all were met.
- No clinical audit was undertaken to identify improvements and learning related to clinical care

Summary of findings

- There had been a significant improvement to staffing levels since August, meaning greater patient safety, capacity to see patients and support for nursing staff.
- There were procedures for following up on patient referrals such as x-ray results.
- Communication with GP practices was taking place appropriately. Records of assessment and treatment were passed onto a patients' GP quickly.
- The service had a number of policies and procedures to govern activity, but locum staff did not have access to many of these and some were generic and not related directly to the centre.
- Staff were caring and considerate to patients' needs.
- Most of the feedback from patients we spoke with was positive.
- The service had sought feedback from patients. However, it was not liaising effectively with local Healthwatch.

The areas where the provider must make improvements are:

- Ensure all staff are aware of the outcomes and learning from significant events, incidents and complaints
- Ensure locum GPs and agency nurses have access to the provider's computer system where supporting information required to undertake their role is stored

- Review the monitoring of patients in the waiting area to ensure their safety and wellbeing
- Review the support and guidance available to staff, particularly locums, in regards to patient pathways.
- Review the need for a comprehensive programme of clinical audit as part of quality improvement.
- Provide staff with greater feedback and support through improved supervision and communication including meetings.
- Update the whistleblowing policy to ensure it contains information on the rights of whistleblowers and how they should escalate concerns externally

In addition the provider should:

- Review policies to ensure they reflect services provided and are relevant for staff
- Review the cover after 8pm to ensure there is a clear pathway for patients attending after 8pm to access the out of hours service.
- Make sure staff know there is a phone translation service available.
- Improve engagement with local Healthwatch to ensure that the views of the local community are considered and responded to in regard the provision of services.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The centre is rated as requires improvement for providing safe services and improvements must be made. Lessons learned were not always fed back to staff following significant events. There was a lack of a system to monitor in the waiting area to enable staff to respond if a patient needed medical attention. On occasion staff were required to work after 8.30pm when their shifts ended and there was a risk they were not suitably supported at these times. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Staff were checked that they were safe to work with patients. Staffing during normal hours had improved since August to ensure GPs were available.

Requires improvement



Are services effective?

The centre is rated as requires improvement for providing effective services and improvements must be made. Locum GPs were providing clinical cover for most shifts along with employed and agency nurses. Locum GPs and agency nurses had limited access to One Medicare Ltd policies and internal systems where they may need to access supporting information. This included access to patient pathways for minor illnesses or injuries. There was minimal quality monitoring, such as clinical audit, but contract monitoring did take place. to identify improvements to care and treatment. Staff were aware of latest national guidance and best practice. Diversion of patients to other services had reduced significantly and there was evidence patients were assessed to ensure they were safe to be diverted to other services. Daily tasks were being assigned to staff such as reviewing x-ray results. There were appropriate procedures for obtaining consent.

Requires improvement



Are services caring?

The centre is rated as good for providing caring services. Patient feedback we received showed that patients regarded the service as caring and efficient. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The centre is rated as good for providing responsive services. Patients told us they usually found it easy to see someone at the centre. There had been a significant increase in staffing since August

Good



Summary of findings

2015 and this had improved access and waiting times for patients. The service worked with some local community groups. The service had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The centre is rated as inadequate for being well-led. It had a vision and a strategy but not all staff were involved in reviewing its delivery and effectiveness. There was limited involvement in governance from staff who worked at the centre. Policies were not embedded to ensure staff used them and we saw evidence that policies were not always specific to the needs of the centre and its patients. Risks were not always identified, assessed and managed. The provider had not worked effectively with local Healthwatch. The culture in the centre was not conducive to open communication among staff and from leaders to staff. Leaders were not identifying problems reported to us by staff in order to ensure that where improvements to the service were identified, they were acted on. There was a leadership structure and delegated responsibilities. A new lead nurse provided support for nurses. The business manager had been proactive in identifying and communicating the resources needed to both the provider and commissioners to ensure improvements were implemented. The service proactively sought feedback from patients and had a small patient participation group. Staff received appraisals.

Inadequate



Summary of findings

What people who use the service say

All but one of 34 patient CQC comment cards we received were positive about the service experienced. All 14 patients we spoke with said they felt the service offered an efficient service and staff were helpful, caring and treated them with dignity and respect. Reception staff were specifically complimented for their efficiency and politeness. We saw that interactions between staff and patients were compassionate and respectful.

The centre achieved a 75% satisfaction rate in the friends and family test in September 2015.

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patients we spoke with were very complimentary about accessing the service. Comment cards also indicated that patients were pleased with the access at the service. Of the 14 patients we spoke with nearly all were happy with the time they waited for triage and eight out of nine patients we saw after triage were happy with their experience and waiting times. The majority of patients we spoke with were accessing the service during a period of low demand.

Bracknell Forest Healthwatch had collected feedback from local people regarding the urgent care centre over five months prior to our visit in October 2015. There was a mix of feedback regarding access, care received and facilities. There was a mix of positive and negative feedback from patients who had tried accessing the service. We also reviewed the information and feedback from patients on the NHS Choices website. We found positive and negative comments about the service.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff are aware of the outcomes and learning from significant events, incidents and complaints
- Ensure locum GPs and agency nurses have access to the provider's computer system where supporting information required to undertake their role is stored
- Review the monitoring of patients in the waiting area to ensure their safety and wellbeing
- Review the support and guidance available to staff, particularly locums, in regards to patient pathways.
- Review the need for a comprehensive programme of clinical audit as part of quality improvement.
- Provide staff with greater feedback and support through improved supervision and communication including meetings.

- Update the whistleblowing policy to ensure it contains information on the rights of whistleblowers and how they should escalate concerns externally.

Action the service **SHOULD** take to improve

- Review policies to ensure they reflect services provided and are relevant for staff
- Review the cover after 8pm to ensure there is a clear pathway for patients attending after 8pm to access the out of hours service.
- Make sure staff know there is a phone translation service available.
- Improve engagement with local Healthwatch to ensure that the views of the local community are considered and responded to in regard the provision of services.

Bracknell Urgent Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector **and accompanied by a second inspector**, a CQC GP regional adviser, a CQC national nurse adviser, a GP practice manager adviser and an expert by experience.

Background to Bracknell Urgent Care Centre

Bracknell Urgent Care Centre opened in April 2014 and provides a walk in see and treat service for the population of Bracknell and surrounding areas in both East and West Berkshire. The service is also available for patients who work or are passing through the Bracknell area and are registered with a GP service elsewhere. It is commissioned by the Bracknell and Ascot Clinical Commissioning Group (CCG).

The service is one of eleven GP practices and urgent care centres managed and operated by One Medicare Ltd. One Medicare Ltd is based in Yorkshire and Bracknell Urgent Care Centre is one of two centres operated by the organisation in the South of England. The provider's head office had strategic systems for governance which were cascaded to the individual centres they provided care from.

The service is commissioned to offer assessment, care and treatment for both minor illnesses and minor injuries. At the time of inspection all GPs working at the service were locums. There were a mixture of employed and agency nurses working at the centre. This equated to 5.8 whole time equivalent nurses. There was also a small team of

reception staff. The service is open from 8am to 8pm every day of the year. Patients may call the service in advance of attendance but dedicated appointment times are not offered.

The service shares premises with other services including NHS Trust clinics, an x-ray department and the local out of hours service. When the service is closed patients can access the local Out of Hours service by calling NHS 111.

The service operates from:

Brants Bridge Clinic London Road Bracknell RG12 9GB

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We had previously undertaken a focussed inspection in August 2015 and this inspection followed up on concerns we identified. We undertook a focussed inspection on 17 and 24 August 2015 in response to concerns we had about the service. We imposed urgent conditions on the registration of the provider as a result of the findings and a requirement notice. At the inspection in October we followed up on the concerns we identified in August as well as looking at all aspects of the service we would usually inspect during a comprehensive inspection.

Detailed findings

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data. This relates to the most recent information available to the CQC at that time.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we requested and reviewed a range of information about the service and asked other organisations to share what they knew. We carried out an announced visit on 7 October 2015. During our visit we spoke with a range of staff including agency and locum staff, receptionists and members of the leadership team. We observed how people were being cared for and talked with patients. We reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

The service used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as learning from complaints received from patients.

National patient safety alerts and medication alerts were disseminated among staff and action taken to ensure patient safety. All alerts were received by the medical director and the operational manager. They were disseminated to relevant staff via email or at 8am meetings at the centre called “huddles”. These were the five minute briefing meetings at the start of each day for staff to share important information. Staff we spoke with told us that the meetings were useful but they did not always have the opportunity to discuss significant issues or concerns.

Learning and improvement from safety incidents

At our last inspection in August 2015 we found that staff we spoke with told us they had not submitted reports of potential significant events and incidents because they were fearful that their concerns would not be investigated and responded to. We heard that staff had not raised a significant event report when a GP did not report for duty on 28 July. Significant events were used as an organisation learning tool but not always communicated to front line staff. Staff were often not involved in the investigations and decisions about learning from such events.

In October 2015, we reviewed the records of significant events that had occurred during September and October 2015 we found that the provider had amended the system in place for reporting, recording and monitoring significant events, incidents and accidents. Reporting of events had improved. For example, we noted that when clinical staff had been late or absent this had been recorded. There was an accident book in place for staff to use. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. However, we identified that the learning and sharing of information from these events was limited. The minutes of the meetings we reviewed showed that significant events were discussed at clinical governance meetings. We noted that that these meetings did not include members of the clinical team based at the centre.

25

At the time of inspection there was no clinical lead at the centre but the new lead was due to start working in mid-October and part of their role would be attending clinical governance meetings.

Members of the leadership team at the centre told us that the regular morning briefing meetings were used to disseminate information, regarding significant events or other relevant information. However, not all staff working onsite attended these meetings. Staff told us they did not always receive feedback on significant events to ensure they were aware of learning outcomes. For example, we identified from speaking with staff that an incident occurred in the reception area and this was reported. We saw the event was logged in the significant event record. The staff member told us they had reported the incident but no further discussion or feedback had taken place. Therefore no direct action had been taken to reduce the risk of patients not being monitored effectively as a result of the incident.

We noted that reported significant events were displayed on a staff notice board, which included the outcomes to any investigations. However, there was no formal process to feed these back to staff or for learning to take place. The new system had improved the reporting of concerns but not ensured that all staff were aware of outcomes from significant events.

The significant event process had been improved since our inspection in August. However, the sharing of information following such events still required improvement and it was too early to determine whether the new system was effectively improving safety, openness and transparency.

Reliable safety systems and processes including safeguarding

The service had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. All clinical staff received level three safeguarding training and all other staff received level two.

There were localised policies in place with contact details for the relevant agencies in working hours and out of normal hours. Contact details were easily accessible and staff were aware of who they should contact if needed.

Are services safe?

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nurses had been trained to be a chaperone. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Medicines management

At our inspection in August 2015 we found that PGD's had not been completed in accordance with legal requirements. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) They had been signed by the senior GP before the nurses required to administer the medicine had confirmed they had read, understood and were competent to administer the medicine the PGD related to.

In August 2015 we also identified that a number of shifts were covered by non-prescribing nurses. This meant the GP on duty had to authorise all prescriptions and any medicines administered by the nursing staff. Consequently patients had to wait until the GP was available and the nurse was able to obtain a prescription or authorisation. This delayed treatment for patients and extended the time that other patients waited to be seen.

At the inspection in October 2015 we saw all PGDs had been updated and were appropriately authorised to enable nurses to administer some medicines and vaccinations. We saw from the staff rotas we reviewed that 16 days prior to our visit there had been two GPs onsite for most shifts. This provided more support for nurses when assessing patients who may need prescriptions.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the service and kept securely at all times.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the service clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves for staff to use. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The service had a lead for infection control who had undertaken further training to enable them to provide advice on the service infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence audits were carried out and the last was completed in June 2015. No actions or issues were identified.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The service had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw records that confirmed the service was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients. The service had undertaken a risk assessment for legionella and had decided that the risk was sufficiently low to make formal testing unnecessary.

Are services safe?

Equipment

We saw staff had most of the equipment to enable them to carry out diagnostic examinations, assessments and treatments. However, staff raised concerns about the lack of appropriate lighting controls to enable them to carry out some eye examinations. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date was in 2015. We saw evidence of calibration of relevant equipment had taken place since our last inspection including blood pressure measuring devices and medical scales.

Staffing and recruitment

At our last inspection in August 2015 we found treatment was being potentially delayed because the provider had not reviewed staffing to accommodate the demand for treatment of minor illnesses. The service advertised, via a prominent poster at the main entrance, that there was always a GP available throughout the opening hours of 8am to 8pm daily. However, when we reviewed the staff rosters from the start of July we found that there was not a GP on duty on the morning of Wednesday 1 July and the whole of Wednesday 29 July. Therefore nurses were working without supervision placing patients at risk of harm.

In October 2015 the operational manager told us about the arrangements for planning and monitoring the number and skill levels of staff required to meet patients' needs. We saw there was a rota in place including clinical staff with appropriate skills and qualifications. From 21 September to 7 October 2015 we saw there were usually two GPs on duty. One GP was listed as designated to treat patients presenting with a minor illness. Although we noted there was often no nurse prescriber on duty, the risks identified at the last inspection, which related to the lack of nursing staff with the appropriate skills, on duty had been reduced. This was due to the increase in nurses and an additional GP being available on most shifts. Nursing staff we spoke with told us the additional staff had improved the service since the previous inspection. We reviewed the skill mix of nursing staff and saw that most shifts had a nurse on duty with training in dealing with minor illnesses.

We found that reduced numbers of patients were being diverted to other services during September and October compared to the months prior to August 2015 due to a revised protocol for diverting patients. This was aimed at

reducing the need for patients to attend A&E where it was more appropriate to be seen at the centre. This had an impact on the staff working at the end of the day. Staff told us that there was sometimes a backlog of patients waiting to be seen after 8pm meaning they had to work past the end of their shift. Nurses gave accounts of working past 9pm in order to ensure the backlog of patients were seen, although we saw from a chart of log-off times recorded at the centre that staff were still working past 9pm on only two occasions from 2 September to 7 October 2015. The rotas we reviewed indicated that GPs worked until 8.30pm and therefore there was a risk that nurses would be left onsite without GP support after this time. A full review of the staffing levels and cover at the end of the day had not been undertaken to ensure patients received safe care and treatment and staff were appropriately supported.

We noted a significant event reported on 3 September 2015 where a patient had been waiting for an ambulance to attend and a GP wrote a handover but did not provide the handover in person to the ambulance crew when they arrived. The written handover was passed to the ambulance crew by other staff. Therefore this patient was at risk of an incomplete handover and this was reflected in the significant event analysis we reviewed. The centre discussed this with the relevant GP and reminded them of their responsibility to their patients when passing care onto other services. The delay in the patient's ambulance was caused by the ambulance provider not Bracknell Urgent Care Centre. We also noted a second significant event, which identified how the handover to the out of hours service needed to be improved and made clear to patients. We were provided with no evidence to suggest there was a protocol for handover to ambulance crews.

We saw the provider's performance in relation key performance indicators had also improved in September. At the time of this inspection the provider was advertising nurse prescriber vacancies and they were also due to hold a recruitment open day a few days later.

At the inspection in October, we identified that all of the GPs were locums who had started working in the centre in September 2015. We noted that locum GPs had a very limited access to One Medicare Ltd policies and internal systems, which they needed to access supporting information in relation to the safety, care and treatment of patients. This included documents that related to a patient care, support and treatment. There was an escalation

Are services safe?

policy in place to refer staff to clinical expertise available off-site, but this policy was provided to us after the inspection, so we could not verify this was available to the locum GPs who did not have access to many policies and procedures. Members of the senior leadership team told us that they had recognised the risks associated in using a high number of locum GPs.

The service had a recruitment policy that set out the standards they followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The centre employed high numbers of locum GPs and agency nurses. We saw that records for these staff had been maintained indicating all checks required had been undertaken.

Monitoring safety and responding to risk

The service had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the service. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The service also had a health and safety policy. The premises were maintained by another provider and as risks such as fire were administered by them. This included responding to any maintenance issues, such as broken glass in the roof of the building which was in the process of being fixed. The centre had also undertaken its own fire risk assessment with action to be completed later in 2015. There was a control of substances hazardous to health (COSHH) risk assessment which was generic for the building.

Arrangements to deal with emergencies and major incidents

The service had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated

external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. These included those for the treatment of cardiac arrest, meningitis, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

Reception had access to an emergency alarm call which would sound in the communal area of the shared building. Although this did not directly alert nurses or GPs working in the centre's consultation rooms, there were additional personnel including a security guard employed in the building to raise an alarm with clinical staff if needed. There was the ability to phone clinical staff in the office or treatment and consultation rooms. Due to a temporary maintenance issue, out of the control of the provider, the waiting area had been moved to an adjacent area where it was not in direct site of the reception desk. If a patient collapsed or needed medical attention it was possible the receptionists would not realise or call for assistance. The provider was aware of this concern and we were informed they had spoken with the provider who owned the building about changing the layout of the reception and waiting area. However, they had not made any temporary changes to protocols in the reception area or improvements to mitigate this risk whilst a layout change was being considered.

There was a disaster recovery plan in place that had been reviewed in March 2015. The plan identified risks to the continuation of delivery of services. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included IT failure, loss of premises, and loss of personnel. The policy stated that in the event of a shortage of GPs then GPs from elsewhere in the group will be transferred to the site and locum agencies should be contacted as last resort. However, the centre was predominately using locum GPs with occasional support from other GPs employed by the provider.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At our last inspection in August 2015, we found that the risk of transferring patients to other services such as A&E had not been assessed and managed. This meant patients may have been diverted to A&E who were not well enough to travel independently or without medical assistance.

In October 2015, the centre had drastically reduced the number of patients being diverted from the centre. Receptionists told us they would never ask a patient to do so without them first being assessed by a nurse. We also looked at records where patients had been triaged close to 8pm when the centre was due to close. We found that none of the patients we reviewed had been diverted. Some patients were still awaiting ambulances for transfer to hospital when their needs could not be met by the centre, but they were not asked to travel independently where this was not appropriate.

We found the service carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We spoke with nurses about their assessments of patients and found they had an understanding of NICE guidance. There was a triage protocol and staff were aware the process and procedures to follow. Reception staff did not undertake the triage of patients but they had a process for prioritising patients with high risk symptoms, such as chest pain or hypoglycaemia.

However, clinical staff did not have access to pathways for treating specific conditions and relied on their skills and knowledge. Clinical pathways are often used in urgent care services where they enable staff to follow a set protocol. For example with a head injury. With so many agency and locum staff working at the service this would have been a measure that reduced the risk to patients by providing set protocols for locum GPs and agency nurses to follow.

In August 2015 we found that there was no evidence of a system in place to review the radiologists reports following x-rays undertaken by another provider onsite, or follow the results up with patients. Patients were at risk if the radiologist had found an issue of concern that the GPs and nurses then missed. In October 2015 we found that the service had systems to delegate daily tasks to appropriate

staff, such as correspondence with GP practices regarding patients' treatment at the centre. There was an appropriate system for following up on x-rays. Nurses were designated the task of reviewing x-rays before the results were communicated with patients.

Management, monitoring and improving outcomes for people

The service produced monthly monitoring reports of the activity undertaken, which were shared with the CCG. These included reviews of the targets agreed with the CCG used to monitor the delivery of the contract at Bracknell Urgent Care Centre. In August 2015 we found the provider was regularly not meeting their targets for triage times (15 minutes for children and 30 minutes for adults) and the completion of a patient's treatment in four hours. During September 2015 there had been an improvement in the achievement against the targets. Triage times for children were met and for adults the centre missed the target of 80% of adults triaged within 30 minutes, achieving 78%. Nineteen patients had not had their treatment completed in four hours. A large proportion of the instances where 19 patients were not discharged in four hours were beyond the control of the centre, due to ambulances which had been called for the patients but there were significant delays in the ambulance attending. This was due to the ambulance service appropriately prioritising the centre's calls. In response to this concern the provider was in discussions with the local ambulance service to improve the situation.

There was minimal quality monitoring to identify improvements, such as clinical audit. Therefore, improvements were not always identified to ensure the necessary action was taken to improve patient outcomes. This limited the learning for staff and for the service overall to improve patient outcomes and care.

We noted some auditing was required as part of the contract monitoring. This included reviews of records to determine whether appropriate notes were being maintained and communications with GPs were taking place within specific timeframes. For example, in September 2015 98% of patients' consultation and treatment records had been forwarded to their GP within four hours or by 8am the next day. There was also reviewing of the potential impact of the centre on children's

Are services effective?

(for example, treatment is effective)

attendances at A&E undertaken by the CCG and the centre. This indicated that between 2013/14 to 2014/15 there had been a reduction in children's attendances at A&E potentially as a result of the urgent care centre.

Effective staffing

In August 2015 we found that employed nursing staff were not supported in maintaining their continuing professional development and that the provider had an expectation that this would be completed in the nurses' own time. In October 2015, we found that staff rotas indicated nurses had some protected training time. From our discussions with employed nurses we found that they had the right training to care for both minor illness and minor injury.

The service had an induction programme for new members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. However, all of the new locum GPs were not provided with a robust induction or access to the provider's computer systems which would enable them to access support information and policies. This increased the risk of patients receiving poor care and treatment without the access to healthcare updates and information.

Regular meetings were not taking place other than the morning briefing. Staff told us the morning briefings included any operational or handover issues that staff may need to be aware of. However, these meetings were not attended by all members of staff, who also felt they would benefit from greater feedback and support. Staff were concerned about the lack of communication.

Senior clinical staff attended the centre to provide support on various dates during September and October 2015. The evidence presented to us did not demonstrate supervision for staff who may need additional support to make clinical judgements, such as locums, was available at all times.

A new lead nurse had been appointed and had commenced work at Bracknell Urgent Care Centre, in September 2015. The nurses we spoke with felt their support had improved. Staff reported that they had received appraisals. We looked at a staff training matrix and saw a number of core training courses were monitored through this tool. This showed staff were up to date with training or had a date booked for undertaking training when it was required. This included basic life support, Caldicott principles and safeguarding.

Coordinating patient care and information sharing

Staff worked with other providers by sharing information when people moved between services and by providing summaries of care provided to patients' GPs. The electronic record system enabled efficient communication with GP practices and other services.

Consent to care and treatment

Staff told us they always sought patients' consent to care and treatment and they referred to relevant legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Staff had access to an MCA protocol and were provided with training.

Health promotion and prevention

Many the clinical staff working at Bracknell Urgent Care Centre had been newly appointed in the previous month. Subsequently, their knowledge of the health needs of the local and wider patient groups was limited. There were some relevant health leaflets and posters displayed around the centre. Information such as NHS patient information leaflets were also available. GPs told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Patients who may be in need of extra support were identified by the service. These included carers, homeless patients and those with sexual health needs. Patients were provided with information or signposted to relevant external services where necessary.

The service was not commissioned to provide screening to patients such as chlamydia testing. It was not commissioned to care for patients' with long term conditions such as asthma or diabetes. All patients who were eligible for smoking cessation advice were offered this.

The only vaccinations provided at the centre were for tetanus, diphtheria and polio. These were provided as needed and not against any public health initiatives for immunisation.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All but one of 34 patient CQC comment cards we received were positive about the service experienced. All 14 patients we spoke with said they felt the urgent care centre offered an efficient service and that staff were helpful, caring and treated them with dignity and respect. Reception staff were specifically complimented for their efficiency and politeness.

The centre achieved a 75% satisfaction rate on patient satisfaction in the friends and family test in September 2015.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. GP locums told us they had the time they needed to consult properly and listen to patients.

There was a translation service available for patients who did not have English as a first language. However, some staff we spoke with did not know this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The service website also listed a number of services including counselling and a local disability advisory service. Staff told us they had access to patient support materials on the internal IT system. In November 2014 the centre participated in 'Self Care Week' in a local shopping centre and is planning to do so again in November 2015.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service worked with the local CCG to plan services and to improve outcomes for patients in the area. No patients were registered at the service as it was designed to meet the needs of patients who had an urgent medical concern which did not require A&E treatment, such as life threatening conditions. The service was responsive to patients' needs in a variety of ways:

- Appointments were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as they deemed necessary. This timeframe would be put under pressure during busy times.
- A translation service was available. However, not all staff were aware of how to access this for patients.
- Homeless patients could access the service.
- The centre attended local community events with stands and staff attending to promote the centre and work with local groups. For example, the centre was launching a health information hub in October 2015 to provide information and signposting to patients.
- A volunteer led support service was available at certain times for patients to assist in directing and supporting patients around the centre and any specific needs patients may have had.

The premises and services had been adapted to meet the needs of patients with disabilities such as automatic doors and all consulting and treatment rooms being on the ground floor. Height adjustable couches were available in the treatment rooms and access to treatment rooms was provided through wide corridors giving sufficient room for either wheelchairs or mobility scooters.

We saw that the patient waiting area had been out of use for over a month due to damage to the glass roof of the building. We were told by the operational manager that the materials to complete the repair were on order. This meant that the patient call system was unavailable. We saw both the GP and nursing staff called patients from the temporary waiting area for their assessment. This was carried out sensitively and enabled the GP or nurse to escort the patient to the treatment rooms.

Access to the service

The service was open between 8am and 8pm seven days a week. Patients did not need to book an appointment but could attend the centre and wait to see a nurse or GP. In September 2015 3056 patients attended the centre, compared to an average of approximately 2970 each month between June and August. Patients filled a form in when they arrived at the service which requested some personal data and reasons for the visit. The form also informed patients that their GP would be informed of the consultation and treatment received at the centre. The centre had a target of consulting, treating and discharging patients in four hours.

In August 2015, we found that adjustments to staffing and service delivery in respect of patient attendance data was not used to forecast and meet demand. We did not find an action plan in place to address the skill mix and staffing numbers in response to the change and increase in demand. The service had consistently missed its contractually agreed targets for seeing patients. There was a target to triage children in 15 minutes and adults in 30 minutes.

In October 2015 members of the management team told us that additional resources for clinical staffing had been secured for September. We reviewed the achievement against patient waiting time targets in September 2015 and noted improvements from July and August:

- 87% of children were triaged within 15 minutes (target 80%)
- 78% of adults were triaged within 30 minutes (target 80%)
- 19 patients were not discharged within four hours out of 3056 (target 100%). Staff accounted for some of the patients not discharged within four hours as those waiting for ambulances for very long periods of time.

Patients we spoke with were very complimentary about accessing the service. Comment cards also aligned with these views. Of the 14 patients we spoke with nearly all were happy with the time they waited for triage and eight out of nine patients we saw after triage were happy with their experience and waiting times. The majority of patients we spoke with were accessing the service during a period of low demand.

Listening and learning from concerns and complaints

Are services responsive to people's needs? (for example, to feedback?)

The service had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the service.

We saw that information was available to help patients make a complaint or comment on the service they

received, through a leaflet displayed onsite. We looked at two complaints received in September 2015 and found that complaints were investigated and responded to appropriately.

Lessons learned from individual complaints had not been passed onto staff at the centre to ensure they were acted on to make improvements to the service.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The service had a stated goal to place patients at the centre of their service delivery. There was a statement of purpose for the service. We saw the provider's corporate values were displayed prominently for patients and staff to see. The provider's website stated that they designed their services to ensure they were patient centered and that they worked in partnership with patients, staff and commissioners to explore emerging medical and technological innovations to shape changes in care delivery and improve services for our patients and our workforce.

Since the inspection in August 2015, the provider had continued to work very closely with the CCG to develop an action plan to address the previously identified concerns from May 2015 and new issues identified during the CQC inspections in August 2015.

We found that patient feedback was sought locally and a 'you said we did' board was displayed in the waiting area. However, nurses and receptionists employed at the centre did not have the opportunity to provide feedback via meetings and were not involved in the governance structure.

Governance arrangements

In August 2015, we found that the provider did not have a robust system in place to identify, assess and manage risk. Governance arrangements had not identified that the lack of sustained local leadership had left staff at the service feeling unsupported. The centre's staff found it difficult to respond to problems, such as low staffing levels, because the provider dictated that the service needed to consult with high level staff before implementing remedial actions or using resources. The provider had not acted to manage identified risks from commissioner reports and from staff.

In October 2015, we found that limited governance arrangements continued locally at the centre. The delivery of high quality of care was not always assured by effective governance procedures. Clinical governance meeting minutes included senior clinicians and managers from One Medicare Ltd who were not always present at the site and who did not provide patient services. Local Bracknell

Urgent Care Centre staff were also not present at the provider governance meetings. Therefore staff who understood the provision of services at the centre were not involved in the governance arrangements or decisions.

Staff reported that there was a lack of support, specifically in relation to feedback when incidents or significant events were reported. We noted that reported significant events were displayed on a staff notice board, which included the outcomes to any investigations. However, the processes for communicating learning with staff did not ensure they received all information pertinent to their role.

There had been some improvement in communication arrangements with staff. Daily briefing meetings were held every morning which communicated information to staff such as who the clinical leads were for each day and some operational issues they needed to be aware of. Nursing staff were positive about the appointment of a lead nurse and told us they believed nurses meetings were being planned. However, the ongoing lack of structured meetings meant staff had limited means to formally learn from changes or investigations into circumstances relating to complaints or incidents. This also included amendments to protocols following significant events or changes in best practice.

Remote support meetings were held over the phone between senior clinicians at One Medicare Ltd and the operational manager who covered two sites for the provider in the south of England. Daily concerns regarding operational issues were discussed at these support meetings. This included issues such as referring patients for x-rays and staff rotas. There was no formal onsite support for clinical staff at the centre. Although there was access to external clinical leadership and expertise, with only locum GPs working at the centre there was a risk that staff did not have access to the support they may need. The centre was in the process of recruiting a new clinical lead at the time of the inspection and the new lead was due to start in mid-October.

The service had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the service. We looked at a number of policies and found they were accessible to employed staff. However, locum GPs and agency nurses did not have access via the computer system to these records. The provider had not assessed the safety risk if clinicians were not able to access key policies, procedures or

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

healthcare updates. The CQC GP specialist advisor raised this concern with the group medical director on the day of inspection. They acknowledged the difficulties this could present for locum GPs needing access to key information about the service and local care arrangements. For example, how to make timely referrals to other services and safeguarding teams.

Some of the policies we reviewed were generic provider wide policies and did not reflect the circumstances and services provided at Bracknell Urgent Care Centre. For example, the infection control policy did not refer to the layout of the premises or clinical areas at the site and referred to protocols related to treatment which did not take place at the service.

There was limited monitoring of clinical performance. We found there was no programme of audit to review the clinical work undertaken at the centre, to determine if any improvements to patient care could be identified and implemented. The only auditing of the centre in terms of patient outcomes was around the target indicators agreed by the CCG.

We identified that risks were not always identified and dealt with swiftly. For example, the risks to patients due to limited visibility of the waiting area were not dealt with by interim measures whilst the centre relocated its waiting area temporarily. The risk of locum GPs not being able to access pertinent information in the delivery of care was not identified.

Leadership, openness and transparency

In August 2015, we found that staff did not feel the leadership team were engaged with the way they worked. The centre had operated without a senior nurse since April 2015 and the regional medical director had not been available since 21 July 2015.

In October 2015, we noted that there was a limited local leadership structure with named members of staff in lead roles. For example, there was a new lead nurse and a business manager. A medical director for Bracknell Urgent Care Centre was still to be appointed. As an interim measure, a medical director from another One Medicare Ltd urgent care centre provided remote clinical support. However, the local management and staff with lead roles were a new team. Senior leaders from One Medicare Ltd had often visited Bracknell Urgent Care Centre, since the August inspection to provide additional support.

We found that a lead nurse had been employed at the centre and this had been received positively by the nursing team. There was a business manager who had been part of the leadership team since July 2015. The nurse lead and business manager informed us that they had communicated openly and honestly with the provider and local CCG to inform them of the requirements to improve the service's poor performance in terms of KPIs. They told us that they had identified the resources needed to improve the performance and that staffing levels had improved. Staff members were clear about their own roles and responsibilities.

Staff had access to a whistleblowing policy but this did not contain information on the rights of whistleblowers and how they should escalate concerns externally. It only contained guidance for staff on how to report concerns internally.

At the last inspection in August 2015 there was a top down culture, with staff and whistleblowers reporting poor leadership and management which led to claims of bullying and discrimination. Staff reported concerns and these were not always responded to. Some staff felt they were not treated with respect, when they did report concerns. Since the inspection in August we were contacted by three whistleblowers regarding a lack of support and concerns about the behaviours of some senior staff from One Medicare Ltd.

During the inspection in October, we found from speaking with employed staff that there had been an improvement in the working conditions at the centre. Specifically, staff reported that improvements were seen following the appointment of the lead nurse.

The cultural concerns identified at the previous inspection were linked to the provider and the impact upon the management of Bracknell Urgent Care Centre. Due to the high numbers of new locum GPs and agency nurses we were unable to monitor any changes in culture. Particularly, when many staff had worked at the centre for a short time and therefore they were unable to comment on the approach of the provider in terms of the overall management. However, the new staff we spoke with on the day of inspections did not raise any concerns.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Healthwatch informed us that they had been trying to meet with the centre to discuss patient feedback for nine months but each time this was planned the centre cancelled the meeting. They also found it difficult to gain information from the service when they requested this.

Seeking and acting on feedback from patients, public and staff

There was some engagement with people who used the service. The service had gathered feedback from patients through the small patient participation group (PPG), surveyed 10% of patients who use the service regularly and

took part in the friends and family test. We saw an example that the service acted on feedback from patients when this was received. For example, there had been adjusting the way the patient an information screen was presented.

However, following the inspection visit we spoke with Bracknell Forest Healthwatch who provided us with a log of feedback regarding the centre over five months preceding the inspection. This related to waiting times, patient experience and processes and the centre.

Management lead through learning and improvement

We saw staff had some time to maintain their clinical professional development through training. We saw from staff files that appraisals took place.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and social care act 2008 Regulated Activity Regulations 2014</p> <p>Regulation: 17 Good governance</p> <p>The provider was not assessing, monitoring and improving the quality and safety of the service because limited clinical audit was taking place. The provider was not improving the service once they had evaluated information relevant to good governance. Regulation 17(1)(a)(b)</p> <ul style="list-style-type: none">· The provider had not involved staff in significant event or incident outcomes.· Staff were not suitably supported in their roles or involved in governance.· There was no monitoring of clinical care and treatment

This page is intentionally left blank

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
14 APRIL 2016**

**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 note the outcome of the investigation of media allegations concerning the 111 service operated by South Central Ambulance Service (SCAS) NHS Foundation Trust.

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

- 2.1 Notes the outcome of the investigation of media allegations concerning the 111 service operated by South Central Ambulance Service.**

3 SUPPORTING INFORMATION

- 3.1 The NHS 111 service provided by SCAS is a telephone based service where patients are assessed, given advice or are directed to a local service that most appropriately meets their needs. For example, this could be an out-of-hours GP service, a NHS walk-in centre or urgent care centre, a community nurse, the emergency department at their local hospital, an emergency dentist, emergency ambulance or late opening chemist.
- 3.2 At its meeting on 2 July 2015, the Health O&S Panel met SCAS to discuss its performance and future plans. The minutes record:

The Panel was informed that following a recent undercover investigation of the 111 service by a Daily Telegraph journalist the Trust had launched an immediate investigation into the systems and practices criticised in the reports. The investigation was being conducted under the terms of the Trust's Whistle Blowing policy. The terms of reference for the investigation were still under development however it would be conducted by an independent reviewer supported by an investigator from the Service and would cover a number of areas including:

- *HR and recruitment*
- *Confidentiality and information governance standards*
- *Clinical governance and the operational safety of the service*
- *Investigation of the allegations made around the improper use of the 111 pathways*
- *Culture, leadership and behaviours.*

In addition, work was also taking place to audit all the calls handled by the journalist during her time at the call centre to categorically assure the service that all calls had been dealt with appropriately. An external audit of the Trust's internal investigation process was also being carried out.

The final report was expected within the next eight to ten weeks and it was agreed that an update would be brought to a future Panel meeting.

- 3.3 Officers followed this up with SCAS periodically. The investigation report could not be released until various steps had been taken, including an inspection by the Care Quality Commission of the SCAS 111 service. That CQC inspection reached positive conclusions about the 111 service (the report can be viewed at http://www.cqc.org.uk/sites/default/files/new_reports/AAAE8365.pdf).
- 3.4 The SCAS Investigation report was obtained and sent to Members on 5 February 2016. The Executive summary of that report was:

1.1 On 25 June 2015, SCAS was advised by the Daily Telegraph newspaper that one of their journalists ('Reporter 2') had secured employment working as a call taker for the NHS '111' service in the Clinical Coordination Centre in Northern House, Bicester. The individual concerned had been working with SCAS since 11 May 2015. She had been in training until 5 June 2015 and was then taking calls for seven shifts, during which some coaching had taken place. During this time she had undertaken some covert filming and recording of comments made by some members of SCAS staff.

1.2 The Daily Telegraph newspaper informed the Trust that it intended to publish an article based on their reporter's observations and invited the Trust to respond to a number of questions posed by Friday 26 June 2015. The Trust was unable to give a detailed response within that timeframe due to the complexity of the issues raised. In any event, the newspaper published an article in print and on its website the following Wednesday, 1 July 2015.

1.3 Of the seventeen questions posed by the newspaper, nine were based on misunderstandings or misinterpretations of information given to 'Reporter 2' about the Trust or the NHS Pathways system; four quoted and were based on incorrect information; one concerned a single incident that had already been concluded adequately; two were vague so it was not possible to investigate them further and one concerned a set of circumstances created by the reporter herself.

1.4 Most of the issues raised in the article in the newspaper and online referred to the questions sent on 25 June. The remainder relate to the subjective interpretation of comments made by various members of SCAS staff during the period of 'Reporter 2's' training and subsequent deployment in the Clinical Coordination Centre in Bicester.

1.5 Of the specific issues raised by the newspaper, none were substantiated that would give a significant cause for concern over the safety of the service that the Trust provides. This is externally reviewed by the Commissioning Clinical Governance GP leads on a regular monthly basis. However, other issues were identified during the course of the investigation which did give cause for concern.

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

TO: HEALTH OVERVIEW & SCRUTINY PANEL
14 APRIL 2016

WORKING GROUP UPDATE REPORT

Working Group Lead Member

1 PURPOSE OF REPORT

- 1.1 This report sets out the progress achieved to date by the Working Group of the Panel reviewing General Practitioner (GP) Capacity.

2 RECOMMENDATION

- 2.1 **That the Panel notes the progress achieved to date by its Working Group reviewing GP Capacity.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To keep the Panel up to date regarding the activities of its Working Group reviewing GP Capacity.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 The Panel's Working Group, comprising: Councillors Peacey (Lead Member), Mrs Mattick, Mrs Phillips, Mrs Temperton, Tullett and Virgo; Dr Norman and Rachael Addicott, commenced on 19 November 2015 and it has met on four occasions to date. Initially, the Working Group received an introductory briefing on the various factors affecting the sufficiency of GP capacity, both currently and in the future, before discussing and agreeing the scope of, and approach to the review. At subsequent meetings the Working Group: discussed with its co-optee from The Kings Fund, Rachael Addicott, national issues impacting on GP capacity; it met officers to review the role of the Council's Planning function affecting medical sites; and it considered the roles of other organisations having an involvement in the provision of GP facilities. An extensive programme of meetings has been held with 14 GP Practices serving Bracknell Forest residents, collecting information on their workforce and other relevant factors.
- 5.2 Future meetings of the Working Group are being planned, principally to discuss with representatives of various external organisations the current and future challenges for GP capacity, and what is being done and needs to be further done to address that challenge.
- 5.3 Currently, the Working Group aims to complete its work in time to issue its draft report to the meeting of the Panel in September.

**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

Councillor Sarah Peacey – 01344 481886

e-mail: sarah.peacey@bracknell-forest.gov.uk

Richard Beaumont – 01344 352283

e-mail: richard.beaumont@bracknell-forest.gov.uk

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
14 APRIL 2016**

**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 current information from the NHS Choices website, for the NHS Foundation Trusts providing most secondary and acute NHS services to Bracknell Forest residents.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

- 2.1 **Considers the NHS Choices information concerning the nearby NHS Trusts, at Appendix 1.**
- 2.2 **Determines whether to make any further enquiries based on the 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

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
--------------------------	--	----------------------	---------------------------	-----------------------------------	----------------	--------------------------

Heatherwood Hospital Add to shortlist

<p>Tel: 01344 623333 London Road Ascot Berkshire SL5 8AA 2.9 miles away Get directions</p>	 10 ratings Rate it yourself	 No rating Visit CQC profile	 Among the best with a value of 89%	 As expected	 Among the best	 As expected in hospital and up to 30 days after discharge (0.9339)	<p>n/a</p> No relevant data available
--	---	---	---	--	---	---	--

Frimley Park Hospital Add to shortlist

<p>Tel: 01276 604604 Portsmouth Road Camberley Surrey GU16 7UJ 6.7 miles away Get directions</p> 	 267 ratings Rate it yourself	 Outstanding Visit CQC profile	 Among the best with a value of 89%	 As expected	 Among the best	 As expected in hospital and up to 30 days after discharge (0.9339)	 90.71% Among the best
--	--	---	---	--	---	---	--

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 Add to shortlist

<p>Tel: 01753 860441 St. Leonards Road Windsor Berkshire SL4 3DP 7.2 miles away Get directions</p> <p> </p>	<p> No ratings yet Rate it yourself</p>	<p>n/a Not yet rated</p>	<p> Within expected range with a value of 71%</p>	<p>n/a No relevant data available</p>	<p>n/a No relevant data available</p>	<p>n/a Not available for independent or specialist hospitals</p>	<p>n/a No relevant data available</p>
---	---	--	---	---	---	--	---

St Mark's Hospital Add to shortlist

<p>Tel: 01628 632012 St Mark's Road Maidenhead Berkshire Berkshire SL6 6DU 7.5 miles away Get directions</p> <p> </p>	<p> 20 ratings Rate it yourself</p>	<p>n/a Not yet rated</p>	<p> Within expected range with a value of 71%</p>	<p>n/a No relevant data available</p>	<p>n/a No relevant data available</p>	<p>n/a Not available for independent or specialist hospitals</p>	<p></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
--------------------------	--	----------------------	---------------------------	-----------------------------------	----------------	--------------------------

Royal Berkshire Hospital Add to shortlist

<p>Tel: 0118 322 5111 London Road Craven Road Reading Berkshire RG1 5AN 9.2 miles away Get directions</p> <p> </p>	<p> 313 ratings Rate it yourself</p>	<p> Requires Improvement Visit CQC profile</p>	<p> Within expected range with a value of 72%</p>	<p> As expected</p>	<p> As expected</p>	<p> As expected in hospital and up to 30 days after discharge (0.9811)</p>	<p> 94.71% Among the best</p>
---	--	--	--	--	--	---	---

Wexham Park Hospital Add to shortlist

<p>Tel: 01753 633000 Wexham Slough Berkshire SL2 4HL 11.2 miles away Get directions</p> <p> </p>	<p> 119 ratings Rate it yourself</p>	<p>n/a Not yet rated</p>	<p> Among the best with a value of 89%</p>	<p> As expected</p>	<p> Among the best</p>	<p> As expected in hospital and up to 30 days after discharge (0.9339)</p>	<p></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
--------------------------	--	----------------------	---------------------------	-----------------------------------	----------------	--------------------------

Prospect Park Hospital Add to shortlist

<p>Tel: 0118 960 5000 Honey End Lane Tilehurst Reading Berkshire RG30 4EJ 11.5 miles away Get directions</p> <p>  </p>	 24 ratings Rate it yourself	 No rating Visit CQC profile	 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	 96.97% Among the best
--	--	---	--	-----------------------------------	-----------------------------------	--	---

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.



QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q3 2015 - 16
October - December 2015

Portfolio holder
Councillor Dale Birch

Director
John Nawrockyi

Contents

Section 1: Director’s Commentary.....	3
Section 2: Department Indicator Performance	6
Section 3: Complaints and compliments	10
Section 4: People	10
Section 5: Progress against Medium Term Objectives and Key Actions.....	14
Section 6: Money	14
Section 7: Forward Look	15
Annex A: Progress on Key Actions	19
Annex B: Financial Information	29

Section 1: Director's Commentary

There was significant activity in quarter 3 with both a number of different ongoing projects and with decisions being made by the Executive.

As reported in the previous Quarterly Service Reports, the Council conducted a consultation on amending its charging policies for Adult Social Care to become compliant with new duties and powers following the introduction of the Care Act. The outcome of the consultation, and a set of recommendations on amendments to the charging policies arising out of that consultation, was presented to the Executive on 17th November. The recommendations were accepted, and the new Policies become effective on 1st January 2016.

The revised Workforce Strategy Project will be implemented on January 18th 2016. Ongoing work includes the recruitment of vacant posts, developing the interface between Older People Service and Community Mental Health Team for Older Adults and briefings to the collective workforce (in the 1st week in January). Other work will be supervision and line management arrangements, contingencies to support work loads, bedding down of new ways of working, care co-ordination and further learning & development support for staff where required.

Within the Better Care Fund, the Integrated Care Teams service continues to receive referrals and the new Age UK Berkshire Personal Independence Co-ordinator is being well received and has a growing caseload. The Intermediate Care Partnership Board has been re-established and is meeting to oversee the implementation of the service development. Self-Care Week took place in November and within Falls Prevention, a contract with Solutions4Health for the 'FallsFree4Life' began in January 2015. A consultant with specific expertise in Falls and Care Homes will be commissioned through Public Health to carry out a pilot in 2016.

In December, the Executive approved the recommendation to award a contract for the Carers Service following a competitive tender. It is a requirement of the Care Act that a Carers Service is in place and this will ensure that residents of Bracknell Forest can access a Carers support service subject to individual need that are focussed on achieving the best outcomes for people.

Also in December, approval was given for quotes to be invited from providers to provide a community based service to improve the health and well-being of overweight and obese adults by supporting them to achieve and maintain a healthier weight and improve physical fitness through making appropriate and sustainable lifestyle changes to their eating and physical activity habits. The existing contract will come to an end in March 2016.

In November, the Executive approved a decision to go out to competitive tender for a falls prevention advisory service for one year, which will provide assessment and a package of community based support for Bracknell Forest residents over 65 in order to reduce falls risk. This will include a programme of strength and balance classes for residents over 65 for one year.

Also in November, the Executive formally endorsed the proposed implementation of a Multi-Agency Safeguarding Hub in Bracknell Forest. The need for effective multi-agency working and information sharing in order to secure improved safeguarding outcomes is clearly stated in a number of reviews, policy documentation and statutory guidance.

To achieve greater multi agency information sharing Multi Agency Safeguarding Hubs have been implemented across the Country.

Public Health work continues to focus on improving the health and well-being of local residents at both ends of the age range. For children and young people, the work aimed at supporting mental health through online counselling has now been fully implemented into local systems, with both service uptake and satisfaction being high. For older residents, the community based FallsFree4Life service has completed 140 falls risk assessments to date and a series of 'strength and balance' programmes are underway.

The proportion of people with dementia who have received a diagnosis has exceeded national targets and is the second best rate in the south central region. A timely diagnosis of dementia is crucial as it opens the door for the right care and support to be put in place. It also allows individuals affected by dementia and their families to make more informed choices about their future needs and care. Work will continue to build on this recent success in collaboration with our colleagues in the NHS and voluntary sector.

Delivery against the actions in the Service Plan is looking strong. Of the 54 actions, 10 have been completed either on schedule or ahead of schedule, 42 are on target, 1 is potentially delayed and 1 is not required.

1 Housing indicator is showing red, L178 – the number of household nights in B&B across the quarter remains high. It should also be noted that there has been a spike in homeless demand after Christmas which is often the case. Bracknell's approach to procuring accommodation is being reviewed against comparator Councils. Dedicated accommodation officers will work for a six week period to increase access to private rented sector property. Adverts for the Council's leasing scheme and proactive investigation of options via planning consents and agents will be undertaken.

4 Adult Social Care indicators are showing red. OF2c.1 and OF 2c.2 (All delayed transfers of care and delayed transfers of care attributable to Adult Social Care) and L214 (Delayed transfers of care (delayed bed days) from hospital) are high. The trajectory of delays will be more positive in December and January.

OF2a.1 (Permanent admissions to residential or nursing care 65+) is higher than the target and is red. There is also a high number of transfers due to a need to respond to issues of poor quality in some local services, and residents' changing needs have meant supporting people to move to other services. It is anticipated that numbers of moves may continue to rise in Q4, as the quality concerns are ongoing, and there are other potential home closures. Work continues to ensure that admissions are kept as low as possible.

Every quarter the department reviews its risks in the light of events. In the last quarter one new significant risk has emerged, and an existing risk has been updated.

The first is in respect of the legislation around the National Living Wage, which will be introduced in April 2016. This will potentially create significant cost pressures for providers of social care, and by extension, local authorities. The Council will work closely with providers to fully understand those pressures, and closely examine the local government finance settlement to analyse the extent to which those pressures are mitigated by any changes in that.

The existing risk that has been updated is in respect of the ability of the market to meet demand, particularly in domiciliary care for older people. We are seeing increased demand for home care, based on a similar number of people requiring more intensive support; at the same time, providers are finding it difficult to recruit, and therefore to meet that additional demand. Mitigation will require a mixture of demand and supply measures – developing ways of reducing demand through prevention, reablement and reviews of existing support arrangements on the one hand, and working with providers to boost recruitment activity on the other.

There is a statutory complaints process for Adult Social Care, part of which compliments are also recorded, which culminates in an Annual Report. The 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 3, Adult Social Care received 3 complaints of which none were upheld. This compares to quarter 2 where there were 6 complaints of which 3 were not upheld, 2 were upheld and 1 was partially upheld.

There were 14 compliments received which compares to 28 compliments in the previous quarter.

In Housing, there were a total of 3 complaints in the quarter, all of which were at stage 2. Of these, 1 was upheld and 2 were partially upheld. This compares to quarter 2 where there were a total of 3 complaints in the quarter, all of which were at stage 2. Of these, 1 was not upheld, 1 was partially upheld and 1 was upheld.

There were 10 compliments in Housing compared to 7 in the previous quarter.

No complaints have been made in respect of Public Health.

Section 2: Department Indicator Performance

Ind Ref	Short Description	Previous Figure Q2 2015/16	Current figure Q3 2015/16	Current Target	Current Status	Comparison with same period in previous year
ASCHH All Sections - Quarterly						
NI135	The number of carers receiving needs assessment or review and a specific carer's service, or advice and information as a % of people receiving community based services (Quarterly)	21.3%	29.4%	30.0%		
OF2a.1	The number of permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	4.0	5.4	5.1		
OF2a.2	The number of permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	312.50	531.30	447.60		
L172	The % of financial assessments carried out within 5 working days (Quarterly)	99.00%	98.30%	95.00%		
L199	The average time in seconds to answer Emergency Duty Service calls (Quarterly)	29	Data not available	40		
L214	The number of delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	1161.6	769.3 (Oct-Nov)	549.5		
Community Mental Health Team - Quarterly						
OF1f	The % of adults in contact with secondary mental health services in paid employment (Quarterly)	14.0%	Data is being challenged with the HSCIC ¹	Data is being challenged with the HSCIC ¹		
OF1h	The % of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	74.4%	Data is being challenged with the HSCIC ¹	Data is being challenged with the HSCIC ¹		
Community Response and Reablement - Quarterly						
OF2c.1	The delayed transfers of care – all delayed transfers per 100,000 population (Quarterly)	13.9	14.1	8.0		
OF2c.2	The delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	8.6	8.0	5.0		
L135.1	The % of Enhanced Intermediate Care Referrals seen within 2 hours (Quarterly)	100.00	100.00	95.00		
L135.2	The % of occupational therapy (OT) assessments that were completed within 28 days of the first contact with the person (Quarterly)	98.3%	97.5%	No target		

Ind Ref	Short Description	Previous Figure Q2 2015/16	Current figure Q3 2015/16	Current Target	Current Status	Comparison with same period in previous year
Community Team for People with Learning Difficulties - Quarterly						
OF1e	The % of adults with a learning disability in paid employment (Quarterly)	17.5%	16.5%	15.0%		
OF1g	The % of adults with a learning disability who live in their own home or with their family (Quarterly)	89.3%	89.0%	85.0%		
Housing - Benefits – Quarterly						
NI181	The time taken in number of days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	7.0	8.0	9.0		
L033	The % of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	96.5%	97.5%	98.0%		
Housing - Forestcare - Quarterly						
L030	The number of lifelines installed (Quarterly)	203	221	200		
L031	The % of lifeline calls handled in 60 seconds (Quarterly)	98.13%	96.90%	97.50%		
L180	The time taken in number of days for ForestCare customers to receive the service from enquiry to installation (Quarterly)	7	7	10		
Housing - Options - Quarterly						
NI155	The number of affordable homes delivered (gross) (Quarterly)	1	16	6		
L178	The number of household nights in B&B across the quarter (Quarterly)	2,512	2,278	1,650		

L179	The % of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	88.89%	89.67%	85.00%		
Public Health - Quarterly						
L215	The number of NHS Health Checks delivered (Quarterly)	687	572	400		
L216	Smoking cessation: the number of successful 4 week quitters (Quarterly)	172	Data not available	159		
L217	The % of successful 4 week quitters (4WKQ) from the original number that set a quit date (SAQD). (Quarterly)	84%	Data not available	60.0%		
L218	The number of people who completed the specialist weight management treatment programme (Quarterly)	132	110	50		

¹ Health & Social Care Information Centre

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	
	Achieved target or within 5% of target		Performance has improved
	Between 5% and 10% away from target		Performance sustained
	More than 10% away from target		Performance has declined

The following are annual indicators that are not being reported this quarter:

Ind Ref	Short Description	Quarter due
Of1a	Social Care-Related quality of life	Q4
Of1b	The proportion of people who use services who have control over their daily life	Q4

UNRESTRICTED

OF1c.1	Percentage of people receiving self-directed support	Q4
OF1c.2	Percentage of people receiving Direct payments	Q4
Of2b	Achieving independence for older people through rehabilitation or intermediate care	Q4
Of2d	The outcomes of short term service: sequel to service	Q4
Of3a	Overall satisfaction of people who use services with their care with their care and support	Q4
OF3d.1	The proportion of people who use services who find it easy to find information about services	Q4
Of3d.2	Proportion of carers who find it easy to find information about services	Q4
Of4a	The proportion of people who use services who feel safe	Q4
Of4b	The proportion of people who use services who say that those services have made them feel safe and secure	Q4
L213	Satisfaction rates for calls to Emergency Duty Service	Q4
NI155	Number of affordable homes delivered (gross)	Q4

Section 3: Complaints and compliments

Compliments Received

24 compliments were received by the Department during the quarter, which were distributed as follows:

Adult Social Care Compliments

14 compliments were received in Adult Social Care. The Drugs & Alcohol team were praised by a mother for the support provided to their son. The Mental Health team were described as being unfailingly polite, courteous and helpful. Someone said of Bridgewell that ““If I could stay at Bridgewell, I would, being with you has been one of the happiest times of my life”. The Autistic Spectrum Disorder team received 1 compliment, the Community Response Reablement team received 3 and the Older People and Long Term Conditions team received 6. Someone thanked staff at Waymead for a ‘super Bond (film) evening’.

Housing Compliments

10 compliments were received by Housing. Forest care received two compliments for the response they provided to customers who had fallen. The welfare and housing compliments from customers recognised the complicated nature of resolving issues for customers and the speed and holistic way in which Welfare and Housing Caseworkers responded.

Complaints Received

There were a total of 6 complaints received in the Department during the quarter, 3 in Housing and 3 in Adult Social Care. No complaints were received by Public Health.

Adult Social Care Complaints

The 3 complaints received this quarter were dealt with using the statutory procedures. No complaints were dealt with using corporate procedures.

Stage	New complaints activity in Q3	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	3	13	5 complaints were upheld 4 complaints were not upheld 1 complaint was partially upheld
Local Government Ombudsman	0	0	-

Nature of complaints, Actions taken and Lessons learnt:

2 complaints were about the standard of service provided and 1 was about charges made for a respite stay. 1 complaint was received by the Community Mental Health team for older adults and 2 were received by the Community Response & Reablement team. None of the 3 complaints were upheld and there were no learning points to report this quarter.

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

4 complaints were received this quarter in Housing.

The following table excludes Stage 1 complaints and those complaints which are dealt with through separate appeals processes. It should also be noted that complaints which move through the different stages are recorded separately at each stage.

Stage	New complaints activity in Q3	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	3	9	3 complaints were upheld 1 complaint was not upheld 4 complaints were partially upheld 1 complaint is still being investigated
New Stage 3	0	0	-
Local Government Ombudsman	1	2	The LGO complaints were not upheld

Nature of complaints, Actions taken and Lessons learnt:

Three of the complaints received from customers concerned the amount of time they spent in bed and breakfast accommodation and the standard of accommodation. Homeless customers have been spending more than six weeks in B&B due to the lack of suitable temporary accommodation. The service will introduce a new approach to secure accommodation in the private rented sector so as to increase the supply of temporary accommodation. In addition from April 2016 Downshire Homes will purchase properties to be used for temporary accommodation. As such it is hoped, that subject to homeless demand, the position will improve.

The other complaint related to a housing benefit overpayment but the service had acted correctly in its approach.

Section 4: People

Staffing Levels as at 31 December 2015

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	1	1	0	1	1	50
Older People & Long Term Conditions	172	88	85	121.01	19	9.94
Adults & Joint Commissioning	102	70	36	90.57	22	17.74
Performance & Resources	29	20	9	24.82	2	6.45
Housing	66	47	23	58.17	2	2.9
Public Health Shared	12	6	6	9.08	1	7.26
Public Health Local	6	6	0	6	1	14.28
Department Totals	388	238	159	310.65	48	11.01

Staff Turnover

For the quarter ending	31 December 2015	3.45
For the last four quarters	1 January – 31 December 2015	0.75

Total voluntary turnover for BFC, 2014/15: 13.4%
 Average UK voluntary turnover 2014: 12.8%
 Average Local Government England voluntary turnover 2014: 12.7%

(Source: XPerthR Staff Turnover Rates and Cost Survey 2014 and LGA Workforce Survey 2013/14)

Comments:

Some posts are being ring fenced as vacant in case they are needed to redeploy staff in 'at risk' posts.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 3 average per employee	2015/16 annual average per employee
DMT / PAs	11	0	0	1.45
Older People & Long Term Conditions	172	689	4	14.69
Adults & Joint Commissioning	98	286	2.8	9.8
Performance & Resources	28	13	0.5	2
Housing	65	143	2	8
Public Health Shared	12	4	0.3	4.1
Public Health Local	6	6	1	1.5
Department Totals (Q3)	392	1,141	3	
Projected Totals (15/16)	392	4,564		10.69

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 14/15	5.2 days
All local government employers 2014	7.9 days
All South East Employers 2014	N/A

(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 8 cases of Long Term Sickness. Out of these cases, 2 have now returned to work. All cases are being monitored by Occupational Health. 2 of these cases are due to work related stress.

Adults & Joint Commissioning

There are 2 cases of Long Term Sickness. Out of these cases one is currently on phased return and 1 is still being monitored by Occupational Health.

Housing

There are 3 cases of Long Term Sickness during quarter 3, one of these employees has now left the organisation. One case is due to work related stress.

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 & Housing Service Plan for 2015-16. This contains 54 actions detailed actions in support of 6 Medium Term Objectives. Annex A provides detailed information on progress against each of these actions.

Overall 10 actions were completed at the end of the quarter () , while 42 actions are on schedule () 1 was causing concern () and 1 was not required ()

The actions are causing concern is:

Ref	Action	Status	Progress
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.		A review of costs is to be completed by WS Atkins by December. Following this the viability will be reviewed.

Section 6: Money

Revenue Budget

The forecast is an underspend of £0.3m as at month eight. There has been a favourable movement in the outturn in the previous quarter. Some of the larger movements include additional money from the NHS in the form of Continuing Health Care funding (£152k), changes in adult social care packages (268k), reductions in grants and donations (£82k), establishing a payment by results contract with Rethink (£78k) and increased subsidy from identification of Housing Benefit overpayments (£134k).

Capital Budget

The forecast is to budget, with spend at the end of month eight being £3m against a budget of £5.3m. Since the last quarter, the purchase of Tenterden Lodge is now complete which should lead to lower Bed & Breakfast costs.

Section 7: Forward Look

ADULT SOCIAL CARE

Service Wide

Carers

A successful tendering process has been completed and we will work closely with the successful provider to ensure carers services are personalised and can support caring responsibilities. At the same time work is being undertaken to widen the scope of direct payments for carers.

Older People & Long Term Conditions

Community Response & Reablement

The revised winter pressure plans were agreed by Commissioners and a phased implementation of the plans has taken place to respond to the increasing demand.

Older People & Long Term Conditions

Work is being undertaken to embed the new structural arrangements for the teams to support care act priorities and care co ordination with a go-live date of 18th January

Sensory Needs Service

DMT have agreed to continue with the provision of the mixed economy of care which is continuing with the in house sensory team commissioning specialist provision from the independent sector and working closer with health, voluntary groups and ensuring all operational staff in adult social care have improved awareness of sensory needs.

Drug & Alcohol Action Team

The Drug and Alcohol plan will be developed during quarter 4 in order for it to be agreed by the Drug & Alcohol Strategic Group.

Due to a Berkshire Wide review of the DAAT's a decision was taken not to award the contract and to extend the current contract for 12 months. The DAAT will work with the current provider in order to reduce the impact of any changes on the people who use the services.

Emergency Duty Service

Actions and meetings from the 7 consultation meetings have now been forwarded to the consultation group members. Feedback is being compiled which will be forwarded to the Contracts Team in readiness to update the current Joint Agreement & Schedules.

Final report has now been completed which will be presented by the Chief Executive & Director of ASCH&H to Directors forum and Chief Executive Form.

Adults & Joint Commissioning

Learning Disabilities and Autistic Spectrum Disorder

The Learning Disability and Autistic Spectrum Disorder teams continue to focus on individual outcomes. Breakthrough are reviewing the use of apprenticeship schemes to be offered to people as a form of support.

Joint Commissioning

The Self-Care Week 2015 Report and the Helping You Stay Independent Guide are scheduled to be completed and designed ready for publication during this quarter.

The Loneliness and Social Isolation consultation will be analysed with emerging themes identified.

The first meeting of the Health and Wellbeing Stakeholder Group is planned for on 27 January 2016.

Mental Health

Dementia Service Development Co-Ordinator will continue to focus on the local Bracknell Forest Council Dementia Strategy and implement action plans within the strategy.

An action plan has been agreed with the local hospitals to improve support to people on discharge.

Dementia

Dementia Service Development Coordinator will undertake an evaluation of availability of Day Care Services for people with dementia with complex needs. The outcome of this will be available early next year.

The Dementia Action Alliance will continue to provide Dementia Friends Information Sessions. There are now 28 members in the Bracknell Alliance.

Safeguarding

Development will be carried out of the training resource for the Community DoLs process which will be delivered throughout 2016 to all Adult Social Care teams by the Safeguarding development workers. Consultation will take place with ASC team managers and team safeguarding leads about the current operational model of safeguarding.

Performance & Resources

IT

The team will continue to test the Care Management systems to ensure fitness for purpose for April 2016 when the new year statutory reporting begins.

HR

HR will continue to work on various Organisational Changes that will be implemented in Q4. HR is working with managers to ensure council protocols are followed.

Business Intelligence

Planning will commence for the 2015-16 statutory returns. The performance year will end in quarter 4 at the end of March.

Finance

In Quarter 4 the focus will be on building the 2016/17 budget and loading this onto the ledger. The planning guidance for the 2016/17 Better Care Fund is also anticipated from the Department of Health in early January and we have advised that the first draft of plans, which will be focused on finances, will need to be submitted in February. Therefore, Finance will be working with the Joint Commissioning team to develop these plans.

PUBLIC HEALTH

In Quarter 4 the Public Health team will be focusing on preparation for the Year of Self Care. The aim of this project is to create a common identity to better represent the level of cooperation and collaboration that underpins our health and well-being work. If promoted well, this common identity will in time become a familiar and positive 'brand' that not only unites existing work but also attracts new contributors to the local health and well-being agenda (including local businesses). The "Year of Self Care" concept will incorporate an annual cycle with each month dedicated to a particular element of self care (eg: physical activity, mental well-being).

Other activity in Q4 will include the completion of the re-commissioning process for smoking cessation services. This is an ambitious piece of work carried out across Berkshire and coordinated by the local Bracknell Forest Public Health team. The aim is to commission a service that continues the very high standards set over the last three years, which have included some of the highest quit success rates in the UK and a national award.

HOUSING

Housing Strategy and Options

Following the decision of the Executive member for Adult social care health and housing the revised contract to provide housing related support to older people will be procured and let in this quarter. The housing and welfare service is working with providers of sheltered housing for older people to ensure that support services are maintained for older people whilst the Council's contract will procure housing related support to the most vulnerable older people in the community regardless of where they live albeit on a means tested basis.

Officers will secure offers on 20 properties on behalf of Downshire Homes during the quarter. As soon as the new municipal year starts and the Council releases the loan finance to Downshire homes contracts will be exchanged with completion taking place as soon after as possible. Of the 20 properties 15 will be let to homeless households and 5 will be leased to housing association so as to provide accommodation for people with learning disabilities.

Contracts should be exchanged with Bracknell Forest Homes to progress the older persons accommodation and support services strategy.

The welfare and housing service has worked with voluntary organisations to establish a night shelter for single homeless non-priority need households. The night shelter will work on a referral basis and emergency accommodation will be provided by Churches in the Borough on a rotating basis. This will obviate the need for the Council to provide emergency accommodation for single homeless people rough sleeping when the severe weather obligations are activated.

By the end the quarter a draft housing strategy from 2016-2026 will be available for consideration by the Executive before consultation takes place. Consultation will take place on the draft homeless strategy so that it can also be agreed early in the first quarter of 2016/17.

Welfare Service

The service will implement the new local council reduction scheme. Customers have been contacted to obtain information and update their circumstances so that revised bills can be generated based on the new scheme requirements. Customers who will no longer receive a discount on their council tax due to the new scheme will be advised of the Council tax hardship fund and if they face financial hardship they will be able to apply for one off support to enable them to regularise their financial situation so that they can meet their council obligations longer term.

Following the conclusion of consultation the Executive will be asked to consider the scheme to impose a penalty on customers of they fail to tell the Council of a change in their circumstances that affects their Council tax liability without good reason.

The welfare service will undertake the year end process to update housing benefit and for customers and also produce Council tax bills based on the new council tax reduction scheme. This is a busy time of the year when pensions are updated and rents increase and thus a peak in work load for officers in terms of processing and system changes.

It is intended to procure information technology to enable customers to make on line applications for Council tax reduction scheme during the quarter.

The Executive member for adult social care health and Housing will be asked to consider amendments to the Council social fund scheme and discretionary housing payment policy during the quarter. Consultation has taken place on the changes to both schemes but there has been limited response. In both instances the schemes are being amended to reflect the introduction of universal credit and also to enable households on low incomes to receive home emergency payment whereas the old scheme limited the payments to those on state benefits for less than 26 weeks.

Forestcare

The Forest care service will promote a range of new products over the quarter. It can now provide the benefit of lifeline via a mobile device so that support can be provided outside the homes and there is not the need for a landline. Although the cost of the service is higher than the landline service it does provide more independence for customers.

The Forest care service will develop an emergency personal care service during the quarter. This will complement the responder service that is currently offered. There is a demand for this service from a variety of sources and customers and it could offer opportunities to generate economies.

Annex A: Progress on Key Actions

Sub-Action	Due Date	Owner	Status	Comments
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				
4.1.9 Extend the principles of the Symbol project to identify and develop further links across services for vulnerable adults who are also parents	31/03/2016	ASCHH		An appraisal has been carried out of Symbol offers in recommissioning in order to identify any gaps.
4.3 Increase opportunities for young people in our youth clubs and community based schemes				
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.	31/03/2016	ASCHH		A review of costs is to be completed by WS Atkins by December. Following this the viability will be reviewed.
4.7 Communicate with partners to ensure that health, safety and well being priorities for all children and young people are identified and are included in partners plans and strategies where relevant and appropriate				
4.7.3 Enhance the emotional health and wellbeing of children and young people at tier 2 in partnership with schools and other providers.	31/03/2016	ASCHH		Service satisfaction and uptake remain high. Plans have been developed in collaboration with the Clinical Commissioning Group for the addition of extra services to run alongside the online support, including face to face sessions in schools.
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				

Sub-Action	Due Date	Owner	Status	Comments
6.2.1 Implement the review of the Health & Wellbeing Board	31/03/2016	ASCHH		This action is now complete. The Stakeholder Forum is in place. There are 2 projects ongoing which are Child and Adolescent Mental Health Services and the development of Primary Care in the borough.
6.2.2 Increase liaison with NHS England to further develop GP and primary care services in the borough	31/03/2016	ASCHH		The action is ongoing since NHS England are not able to resource this at present. Liaison will continue into the New year.
6.2.4 Work with partners to improve Child and Adolescent Mental Health Services (CAMHS) provision	31/03/2016	ASCHH		Work is ongoing to develop a 3-year East Berkshire Child & Adolescent Mental Health Services transformation plan that meets the needs of young people in Bracknell. The Plan was assured by NHS England in December and includes funding to deliver an East Berkshire young people's mental health anti-stigma campaign, a schools' staff mental health training needs assessment and a counselling service pilot.
6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice				
6.3.1 Conduct regular reviews against the agreed contractual outcomes for local Healthwatch	31/03/2016	ASCHH		Monitoring continues and the reports are available on the website.
6.8 Support health and wellbeing through Public Health				
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	31/03/2016	ASCHH		The film on social isolation received positive feedback from across the country and has reached a very wide audience via social media.

Sub-Action	Due Date	Owner	Status	Comments
6.8.2 Maximise the uptake of key health improvement programmes across the population, including health checks, smoking cessation and weight management	31/03/2016	ASCHH		Uptake and success rates of all services remain very high. The re-procurement of stop smoking services across Berkshire (which is led by Bracknell Forest) was completed on schedule. The re-procurement of weight management services is now underway.
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	31/03/2016	ASCHH		Uptake and satisfaction with the service remains high. Work has begun to establish a specific service for care homes.
6.8.4 Carry out specific and collaborative assessments of the services including a full needs assessment in relation to drugs and alcohol	31/03/2016	ASCHH		Public Health has completed a project aimed at collating evidence related to healthy ageing which formed part of the New Vision of Care service redesign led by the Clinical Commissioning Groups.
6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions				
6.9.1 Provide drug and alcohol misuse awareness raising to new employees and existing staff	31/03/2016	ASCHH		2 training sessions have been delivered in quarter 3.
6.9.3 Consider the findings from the DAAT Young People's Service Review to plan future service provision	31/03/2016	ASCHH		This action is now completed ahead of schedule.
6.9.4 Consider the recommendations arising from the Children Young People & Learning Overview & Scrutiny Panel (O&S) working group	31/03/2016	ASCHH		This action is now completed ahead of schedule.

Sub-Action	Due Date	Owner	Status	Comments
6.9.5 Undertake a cost comparison analysis of the current DAAT service	31/03/2016	ASCHH		Action has been completed ahead of schedule.
6.9.6 Monitor the number of older people being referred to treatment for alcohol misuse	31/03/2016	ASCHH		The number of older peoples being referred into treatment in quarter 3 (5) was lower than in quarter 2 (24).
6.10 Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents				
6.10.1 Work with the CCG to implement the Better Care Fund Plan	31/03/2016	ASCHH		8 of the 9 Better Care Fund schemes are now operational. 1 outstanding action is the completion of the Respiratory Failure Scheme.
6.10.2 Work in partnership with the CCG and Berkshire Healthcare Foundation Trust (BHFT) to build on an integrated service for adults with long term conditions	31/03/2016	ASCHH		The service is in place and the amount of people supported has increased.
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	31/03/2016	ASCHH		The review has been completed. A meeting has been arranged with key people for February.
6.10.4 Further develop the integrated care teams with the CCG and BHFT to support people with complex care needs	31/03/2016	ASCHH		The in-house service went live on 18 January and includes staff from Berkshire Healthcare Foundation Trust.
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				
6.11.1 Ensure electronic batch matching on the NHS number is completed for a person's social care record	31/03/2016	ASCHH		NHS Number matching on dummy data in the Care Management system has been successful.

Sub-Action	Due Date	Owner	Status	Comments
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				
7.1.1 Review the range and nature of support services provided by Forestcare for vulnerable people	31/03/2016	ASCHH		Action completed ahead of schedule. A new range of services has been introduced.
7.1.2 Refresh the Helping you to stay independent Guide	31/03/2016	ASCHH		The first draft will be completed by mid-December 2015. Additional entries include Kooth, My Care My Home, Keep Mobile and a dedicated page for the Urgent Care Centre. Publication date will be April 2016.
7.1.3 Review implemented winter pressures plans	31/08/2015	ASCHH		Action completed. Following review of 2014/15 plans, the plans for 2015/16 have been developed to respond to the anticipated increase in demand through winter.
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	31/03/2016	ASCHH		Self-Care Week 2015 ran from 16th to 22nd November and saw a high level of Borough wide public engagement and involvement.
7.4 Continue to modernise support and include new ways of enabling the delivery of that support				
7.4.1 Introduce the Spectrum Star to people supported by the Autistic Spectrum Disorder (ASD) team and the agencies who support them	31/03/2016	ASCHH		Completed ahead of deadline.
7.4.2 Introduce a new review package for people with ASD and Learning Disabilities (LD) that incorporates an	31/03/2016	ASCHH		Completed ahead of schedule.

Sub-Action	Due Date	Owner	Status	Comments
updated Direct Payments review and Service review				
7.4.3 Introduce the Life Star to the people supported by the LD team and the agencies that support them	31/03/2016	ASCHH		Action completed ahead of deadline.
7.4.4 Develop and publish the Sensory Needs Strategy	31/03/2016	ASCHH		The Strategy was presented to DMT in November. It is on target for the Executive on 26th January 2016.
7.4.5 Refresh the Advocacy strategy and commissioned services subject to evaluation of the impact of the Care Act	31/03/2016	ASCHH		A consultation is in progress, with the closing date set for the end of December 2015 and includes an online survey, an easy-read version and paper versions.
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)	31/03/2016	ASCHH		119 people that smoke have been offered a referral to smoking cessation services.
7.4.7 Establish a Dementia Action Alliance to promote dementia friendly communities	31/03/2016	ASCHH		There are currently 30 members of the Dementia Action Alliance. Funding has been secured to continue the co-ordinator post until June 2017 with a view to making the alliance self-sustaining.
7.5 Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care				
7.5.1 Undertake a review of the operational services supporting Clement House extra care scheme	31/03/2016	ASCHH		The operational group meet regularly to work through any issues arising from cover for the people living in Clement House.
7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse				
7.6.1 Embed statutory safeguarding requirements	31/03/2016	ASCHH		The Independent Chair of the Safeguarding Board and Safeguarding Development Worker

Sub-Action	Due Date	Owner	Status	Comments
within operational practice				have been recruited to.
7.6.2 Lead the Bracknell Forest Safeguarding Adults Partnership Boards development plan taking into account the boards statutory footing	31/03/2016	ASCHH		Good relationships between staff at Broadmoor and the Bracknell Forest Council safeguarding team continue to develop and assist towards clarifying the Care Act compliant safeguarding arrangements.
7.7 Target financial support to vulnerable households				
7.7.1 Review the Councils support to households in light of the claimant commitment / universal credit implementation	31/03/2016	ASCHH		This work is ongoing.
7.7.2 Retender supporting people contracts to provide housing related support to vulnerable people	31/03/2016	ASCHH		The consultation is complete and the executive member decision will take place on 21 December following which tenders will be issued.
7.7.3 Review Social Fund and Discretionary Housing Payment policy to target support to the most vulnerable people	31/03/2016	ASCHH		The consultation is complete and the executive member decision to review policies is to be scheduled.
7.7.4 Review local council tax benefit scheme to ensure it provides an affordable scheme for the Council and customers	31/03/2016	ASCHH		Proposals are to be presented to the December Executive.
7.7.5 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2016	ASCHH		The service redesign is ongoing.
7.8 Support vulnerable people through continued provision of out of hours services				
7.8.1 Consult on the Emergency Duty Service	31/03/2016	ASCHH		'Analysis & Action Plan Report' has now been completed with 5 models of operation but focusing on 3 with

Sub-Action	Due Date	Owner	Status	Comments
(EDS) Joint Review				costings. The Director & Chief Executive will present at the Chief Executive & Directors Meeting in December.
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				
10.1.10 Produce Homeless Strategy	31/03/2016	ASCHH		The draft strategy is to be presented to December Executive.
10.1.11 Secure additional temporary accommodation for homeless households	31/03/2016	ASCHH		Tenterden Lodge is now operational.
10.1.14 Support Housing and Planning for the off-site provision of affordable homes from the TRL site in Bracknell Town Centre	31/05/2015	ASCHH		The planning application was submitted on 15th October 2015
10.1.15 Investigate establishing a Local Housing Company	31/03/2016	ASCHH		The first board meeting was held on 24 November.
10.1.8 Review Disabled Facilities Grant process in order to meet the requirements of the Better Care Fund	31/03/2016	ASCHH		This continues to be monitored through Better Care Fund steering group.
10.1.9 Produce Housing Strategy	31/03/2016	ASCHH		Work will accelerate on the housing strategy when the homeless strategy is complete.
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				

Sub-Action	Due Date	Owner	Status	Comments
11.1.4 Ensure IT systems are ready for any statutory and legislative changes	31/03/2016	ASCHH		First release testing has been progressed in November ready for 2nd release testing January and go-live March 2016.
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	31/03/2016	ASCHH		The cap on care costs has now been deferred until 2020. As such this action is no longer required.
11.2 Ensure staff and elected members have the opportunities to acquire the skills and knowledge they need				
11.2.8 Deliver a workforce that is fit for purpose under the new legislation of the Care Act 2014	31/03/2016	ASCHH		The structure for Adult Social Care has been finalised and now moving towards standardising job descriptions within other areas of the Department.
11.7 Work with partners and engage with local communities in shaping services				
11.7.10 Work with partners to implement Carers Commissioning Strategy, ensuring impact of Care Act is incorporated into the delivery plan	31/03/2016	ASCHH		The Carers Commissioning Strategy to be renewed on 14 December and will be refreshed.
11.7.2 Continue to support the voluntary sector through the provision of core grants	31/03/2016	ASCHH		Action completed ahead of schedule. The completed grants have been completed and are being monitored.
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	31/03/2016	ASCHH		Closer partnership working has raised the profile of the Breakthrough Employment Service.
11.7.9 Contribute to the development of the outcomes set by the three Urgent Care Boards and	31/03/2016	ASCHH		Winter plans have been implemented and will be reviewed during quarter 4.

Sub-Action	Due Date	Owner	Status	Comments
support the delivery of services to achieve them				

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - NOVEMBER 2015						
	Original Cash Budget	Virements & Budget C/fwds	Current approved cash budget	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This month
	£000	£000	£000	£000	£000	£000
Director	(118)	155	37	(247)	(284)	(175)
	(118)	155	37	(247)	(284)	(175)
Adults and Commissioning						
Mental Health	1,795	(3)	1,792	1,819	27	0
Support with Memory Cognition	2,341	1,401	3,742	3,954	212	49
Learning Disability	13,117	(185)	12,932	12,362	(570)	(290)
Specialist Strategy	243	8	251	344	93	(9)
Joint Commissioning	604	2	606	539	(67)	0
Internal Services	940	(2)	938	910	(28)	(3)
	19,040	1,221	20,261	19,928	(333)	(253)
Housing						
Housing Options	348	(20)	328	469	141	(16)
Strategy & Enabling	270	(48)	222	188	(34)	18
Housing Management Services	(37)	(1)	(38)	(71)	(33)	(16)
Forestcare	15	3	18	89	71	52
Supporting People	991	33	1,024	994	(30)	19
Housing Benefits Payments	108	0	108	(183)	(291)	(177)
Housing Benefits Administration	471	72	543	656	113	128
Other	(48)	66	18	13	(5)	0
	2,118	105	2,223	2,155	(68)	8
Older People and Long Term Conditions						
Physical Support	7,938	(1,147)	6,791	7,204	413	(69)
Heathlands	1,131	(3)	1,128	1,267	139	(18)
Community Response and Reablement - Pooled Budget	1,903	(293)	1,610	1,610	0	(163)
Emergency Duty Team	54	4	58	54	(4)	0
Drugs Action Team	4	1	5	5	0	0
	11,030	(1,438)	9,592	10,140	548	(250)
Performance and Resources						
Information Technology Team	278	0	278	293	15	15
Property	103	0	103	70	(33)	(7)
Performance	210	1	211	182	(29)	(8)
Finance Team	554	2	556	456	(100)	(9)
Human Resources Team	190	1	191	183	(8)	(7)
	1,335	4	1,339	1,184	(155)	(16)
Public Health						
Bracknell Forest Local Team	(19)	1	(18)	(18)	0	0
	(19)	1	(18)	(18)	0	0
TOTAL ASCHH	33,386	48	33,434	33,142	(292)	(686)
Memorandum item:						
Devolved Staffing Budget			14,696	14,761	65	0
Non Cash Budgets						
Capital Charges	344	0	344	344	0	0
IAS19 Adjustments	692	0	692	692	0	0
Recharges	2,794	0	2,794	2,794	0	0
	3,830	0	3,830	3,830	0	0

Capital Budget

Cost Centre Description	Approved Budget £'000	Cash Budget £'000	Expenditure to Date £'000	Estimated Outturn £'000	Carry forward to 2016/17 £'000	(Under)/ Over Spend £'000	Current Status
HOUSING							
Enabling more affordable housing	173.7	173.7	0.0	72.0	0.0	101.7	Santa Catalina (£72k) completed. £100k to be vired to <i>Temp to Perm</i>
Help to buy a home (cash incentive scheme)	300.4	300.4	108.0	300.4	0.0	0.0	Four cases accepted to date, two complete
Enabling more affordable homes (temp to perm)	1,699.6	1,699.6	1,237.5	1,801.3	0.0	-101.7	Six properties purchased to date. Offers on two more.
Mortgages for low cost home ownership properties	218.8	218.8	0.0	218.8	0.0	0.0	One application had been accepted but has now fallen through.
BFC My Home Buy	452.7	452.7	210.7	452.7	0.0	0.0	One property has been completed.
Amber House	500.0	500.0	500.0	500.0	0.0	0.0	Complete.
Choice based letting system	30.0	30.0	12.0	30.0	0.0	0.0	
Tenterton Guest House	850.0	850.0	831.5	850.0	0.0	0.0	
TOTAL HOUSING	4,225.2	4,225.2	2,899.7	4,225.2	0.0	-0.0	
Percentages			68.6%	100.0%		0.0%	
ADULT SOCIAL CARE							
Care housing grant	15.4	15.4	0.0	15.4	0.0	0.0	
Community capacity grant	351.7	351.7	35.9	351.7	0.0	0.0	£10k agreed to fund Forestcare, upto £50k for equipment if required
Older person accommodation strategy	400.0	400.0	0.0	400.0	0.0	0.0	
Improving information for social care	39.2	39.2	0.0	39.2	0.0	0.0	Integrating health and social care IT - expected to be utilised in the Autumn.
IT systems replacement	258.6	258.6	50.2	258.6	0.0	0.0	To meet requirements of the Care Act - given recent changes to timetable, this budget requires review.
TOTAL ADULT SOCIAL CARE	1,064.9	1,064.9	86.1	1,064.9	0.0	0.0	
Percentages			8.1%	100.0%		0.0%	
TOTAL CAPITAL PROGRAMME	5,290.1	5,290.1	2,985.8	5,290.1	0.0	-0.0	
Percentages			56.4%	100.0%		0.0%	

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
14 APRIL 2016**

**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 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

HEALTH OVERVIEW & SCRUTINY PANEL**EXECUTIVE WORK PROGRAMME**

REFERENCE:	I060150
TITLE:	Community Mental Health Service Procurement Plan
PURPOSE OF REPORT:	To approve the recommendation to award a contract for the Community Mental Health Support Services following a competitive tender.
DECISION MAKER:	Executive Member for Adult Services, Health and Housing
DECISION DATE:	13 Apr 2016
FINANCIAL IMPACT:	Contained within the report
CONSULTEES:	Internal teams within Adult Social Care who are part of the project team, the current provider of the service, people using the current service and their carers.
CONSULTATION METHOD:	Meetings with interested parties

REFERENCE:	I059596
TITLE:	Memorandum of Understanding for “Share your Care” (Interoperability) programme
PURPOSE OF REPORT:	The Memorandum of Understanding sets out the partnership arrangements for Local Authorities and NHS organisations in Berkshire for the implementation of the “Share your Care” (Interoperability) programme. This programme will deliver the statutory requirement for sharing key information from digital patient records, and patients’ access to their own records.
DECISION MAKER:	Director of Adult Social Care, Health & Housing
DECISION DATE:	10 May 2016
FINANCIAL IMPACT:	Within existing budget
CONSULTEES:	Patients representatives from all Clinical Commissioning Groups in Berkshire
CONSULTATION METHOD:	Citizen representatives from across Berkshire have been involved in the development of the programme, including the selection of the supplier, and the determination of the Information Governance framework

Unrestricted

REFERENCE:	I059411
TITLE:	Online Mental Health Support and Counselling Service for Young People; approval to award contract
PURPOSE OF REPORT:	The contract for the provision of an online mental health support and counselling service for young people is to be awarded following a Request for Quotations, with the 'chosen' provider to be identified by 7 July 2016.
DECISION MAKER:	Director of Adult Social Care, Health & Housing
DECISION DATE:	7 Jul 2016
FINANCIAL IMPACT:	This service will be funded from within the Public Health grant.
CONSULTEES:	Bracknell & Ascot Clinical Commissioning Group
CONSULTATION METHOD:	Meetings with interested parties

REFERENCE:	I059300
TITLE:	Health Visiting Service Procurement: Approval to Award Contract
PURPOSE OF REPORT:	The Health Visiting contract is to be awarded via competitive tender with a 'chosen' provider to be identified by 5th May 2016. The purpose for which we seek a decision is for approval to award the contract to the chosen provider after the procurement has been completed.
DECISION MAKER:	Executive
DECISION DATE:	19 Jul 2016
FINANCIAL IMPACT:	Within existing budgets
CONSULTEES:	Public and Stakeholders
CONSULTATION METHOD:	Public and stakeholder consultations have been carried out on the full range of Children's Public Health services. The consultation was carried out through events and meetings.