



Standards based assessment Feedback for Bracknell Forest OSC

Thank you for your commentary on your trust’s core standards declaration. We invited third parties – local involvement networks, overview and scrutiny committees, foundation trusts’ boards of governors, local safeguarding children’s boards and learning disability partnership boards to comment and they responded well. We really appreciate the hard work that went into providing commentaries that produced so much useful intelligence. This report is in response to requests from the third parties for individual feedback.

How we used the commentaries

In 2009, we received 2881 comments from third parties.

Data quality

We make a general assessment of the evidence found in the whole commentary/declaration. Most commentaries will be given a medium score for data quality. The table below outlines the ‘criteria’ we use to award a higher or lower data quality score. The higher the data quality score applied to a commentary the more impact it will have, however commentaries given a low data quality score will also contribute to the overall risk assessment profile of a trust. **NB If the commentary merely states that the 3rd party has no comment to make on any of the standards, it will not be given a data quality score.**

A whole commentary is likely to be given a high, or low score if:	
High data quality	<ul style="list-style-type: none"> • It relates to the timescale of the Annual Health Check • Shows regular involvement of the forum (visits or inspections) • Contains detailed information such as dates and outcomes • Makes reference to evidence to substantiate comments that can be produced if requested
Low data quality	<ul style="list-style-type: none"> • Outside of the Annual Health Check timescale • Evidence is unavailable or incomplete • Contains incomplete measures of outcomes • Suggests that the information on the trust performance is not based on concrete facts

In 2009, across all the 3rd parties, 8% of commentaries were given a high data quality rating, 37% a medium rating, 37% a low rating and 18% fell into the ‘no comment’ category.

What we did with the intelligence we extracted

In 2009 8949 items of intelligence were extracted and used because they related to one or more of the standards. These might be a single sentence or several paragraphs. **NB Not all information from the commentaries will be used; if it cannot be applied to a standard(s) or relates to a period of time outside the annual health check timescale, it will not be analysed as above.** Each item was then defined as either positive or negative intelligence in relation to the trust’s compliance with the Standard. In 2009 75% of the items of intelligence were positive about a trust’s compliance with a standard.

Weighting the intelligence

Analysts then apply weighting scores to each item of intelligence according to the strength of relationship that the item has with a particular core standard, its coverage of the trust (whole/service) and how well it was supported with evidence. Again the default position is to award a medium weighting. The table below sets out the 'criteria' used to award a higher or lower weighting.

The higher the weighting score applied to an item of intelligence the more impact that item will have, however items of intelligence given a low weighting score will also contribute to the overall risk assessment profile of a trust.

An item of intelligence is likely to be given high or low score if:	
High weighting	<ul style="list-style-type: none"> • It makes specific reference to compliance or non compliance of the trust to a particular standard and has a clear evidence base for this opinion • The statement/intelligence covers the entire scope of the referenced standard • The statement is representative of the whole trust
Low weighting	<ul style="list-style-type: none"> • The statement confirms compliance or non compliance with the standard, but there is an absence of supporting evidence • It covers a small aspect of the standard • The statement is not representative of the whole trust • It merely quotes the standard

In 2009, across all the 3rd parties, 256 (3%) of the items were given a 'high' weighting, 5534 (62%) a 'low' weighting and 3159 (35%) a 'medium' weighting.

Nuggets are comments that would have a significant impact on likelihood of compliance/non-compliance with a standard. In 2009 there were 20 nuggets - 10 from local children's safeguarding boards, 3 from LINK commentaries and 7 from overview and scrutiny committee commentaries. NB There were some commentaries where we were unable to extract any comments – this could be because the commentary states that the 3rd party has no comment to make, or the commentary could not be applied to any of the standards.

Summary of the intelligence extracted from your commentary

Trust	RD7 Heatherwood And Wexham Park Hospitals NHS Foundation Trust Provider			
Care Quality Commission area	South East			
Data quality rating	1			
Number of items of information extracted	8			
Number of items of information strength of relationship to core standard	High: 0	Medium: 5	Low: 3	Nugget: 0
Core standards commented on	C04a, C13a, C13b, C15a, C18 (Access to services), C18 (Infrastructure accessibility), C21			

Bracknell Forest's Health Overview and Scrutiny Panel have the following comments to make in respect of the Heatherwood and Wexham Park Hospital Trust's Annual Health Check Declaration to the Healthcare Commission for 2008/2009. Due to the wide range of health services delivered by the Trust, limitations on Councillors' time, and the number of organisations within the Committee's purview, we have necessarily confined our comments to a small number of discrete issues. We are also conscious of the fact that during the course of the year reviewed some changes may have occurred in respect of the issues we mention. However, those matters to which we refer have been of concern during part or the whole of the period under review. The Panel will monitor those areas during the coming year.

General Observations. The Panel are pleased and congratulate the Trust on their general cooperation and openness during the past year. They have been regular attendees at meetings and have made positive and helpful contributions. Queries and requests for reports have been met promptly and openly discussed. The Panel however has had some concerns and these are noted as follows:-

Domain 1, Safety, C4: a) The Panel is concerned about the Trust's interpretation of acceptable levels of Clostridium Difficile (C. Diff). While, in our view, it is unacceptable to have any cases of C. Diff, we believe that the Trust should set its targets to a lower and realistically achievable minimum. Meeting national targets is simply not good enough as these are likely to be set to achieve a government inspired target on which 'reductions' can be claimed. The aim should be zero, or as close to that as humanly possible. Although it is acknowledged that national targets have been set for the reduction of C. Diff cases, the Panel is firmly of the opinion that those national targets do not go far enough and therefore the Trust should be setting its own locally set 'Gold Targets'. The Panel acknowledge that eradicating C. Diff is a major challenge for the Trust, and expect to see much more solid progress on the control of C Diff infections in 2009/10.

Domain 4, Patient Focus: a) C13 - The Panel is concerned that facilities for visitors are not always as good as they should be. From direct experience it was noted that parents of a young person going into Heatherwood Hospital for an operation under general anaesthetic were told that there were no facilities for them to be present in the ward outside normal visiting hours. b) C13 - The Panel is not satisfied with the accessibility of car parking at Heatherwood Hospital. The lack of car parking space and cost of parking has led to patients having to park on the road outside the hospital. In one case, a Member receiving physiotherapy had to arrive at least half an hour before each appointment began in order to wait for a car parking space to become available. The Panel has expressed a clear view that car parking, at least for

patients, should be free. The Panel is also concerned at the level of total income (some -800,000 annually) and the extent of payments to the contractor, on which we are seeking further information. c) C15 - The Panel has had some concerns about the standard of food provided to patients at Heatherwood Hospital. Anecdotal personal evidence showed a low level of patient satisfaction with the meals provided and concerns were raised about the long distance from which the meals were sourced and delivered. Patients were told that meals are transported from Wales. It is noted that new contractual arrangements are said to have been put in place and the Trust has expressed the view that there has been an improvement. Domain 5, Accessible and responsive care C18: a) The Panel are concerned about the shortage of special care baby beds at Heatherwood and Wexham Park Hospitals. The Panel is aware that, due to lack of available facilities, some premature babies are being hospitalised up to 2 hours from where they live. Domain 6, Care environment and amenities: a) C21 - From direct personal experience of in-patient service at Heatherwood Hospital the Panel are concerned that the arrangements to facilitate and encourage personal hygiene were lacking, for example a Member was asked to provide their own soap and towels and had to share one working shower between a women's orthopaedic ward of some 15-20 patients. b) C21 - The Panel is concerned about the investment of people and other resources in Heatherwood Hospital, both in absolute terms and relative to the investment at the Trust's other hospital at Wexham Park. It seems to the Panel that in all important decisions on the relative disposition of resources between the two sites, Wexham Park Hospital is favoured over Heatherwood Hospital. From direct observation this is apparent in the poorer physical condition of the buildings and facilities, the investment in staff and the standard of equipment. While the Panel is aware of the problems and age of the buildings at the Heatherwood site, we are of the view that clear vision of the development of the site, within an acceptable timescale should now be available. The approach taken by the Trust to the Heatherwood Hospital maternity unit, whilst bolstering the Wexham Park maternity operation further demonstrates the Panel's concerns about the imbalance in investment between the two sites. Furthermore, the Panel were concerned that the conversion to a midwife-led unit at Heatherwood might mean that some expectant mothers feel "pressured" to go to Wexham Park hospital instead. We note that in the Heatherwood and Wexham Park hospitals "health matters" news letter it is stated that the Trust "believe that to build on the success we have already achieved, major investments in new buildings and refurbishments are required at both Heatherwood and Wexham Park". Members expect to see that investments are proportionally distributed between the two

sites, and that Heatherwood Hospital is properly resourced to provide the services expected of it in a sustainable way. Specifically, we would like to see clearer and more precise investment plans for Heatherwood Hospital, to demonstrate that it has an assured role in providing important health services into the future.