

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

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**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**

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