

# Berkshire Community Equipment Service

<b>Committee considering report:</b>	Health and Adult Social Care Scrutiny
<b>Date of Committee:</b>	10 <sup>th</sup> March 2026
<b>Portfolio Member:</b>	Cllr Patrick Clark
<b>Report Author:</b>	Paul Coe

## 1 Purpose of the Report

To advise Health and Adult Social Care Scrutiny of the work undertaken to manage the impact of the insolvency of NRS, the previous provider of the Berkshire Community Equipment Service. This work was led by West Berkshire Council on behalf of the Berkshire Local Authorities and Integrated Care Boards.

## 2 Recommendation(s)

To note the paper and accompanying review report.

## 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	The financial impact of the issue has not yet been settled. There is ongoing discussion with the Official Receiver in relation to any outstanding payments. Further, the changes to the contractual arrangements will take time to embed. The net effect is expected to be an increased cost to commissioning partners in order to ensure ongoing financial sustainability of the new providers. We will ensure that financial impacts are appropriately balanced across the commissioning partnership.
<b>Human Resource:</b>	There has been a very major impact on many council officers, and upon those of our commissioning partners. The impact has reduced, but there are still key individuals with further work to do (notably within Commissioning, Legal and Finance).
<b>Legal:</b>	Legal colleagues have advised throughout and accessed specialist legal advice where needed.

<b>Risk Management:</b>	The disruption to the provision of community equipment created multiple risks, including legal, financial, reputational, human resources and risks to vulnerable individuals in the community. The risks have now reduced and were well managed.			
<b>Property:</b>	There was some impact on property, for example using the Phoenix Centre and Turnhams Green to store equipment on a temporary basis.			
<b>Policy:</b>	N/A			
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Commentary</b>
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		
<b>Environmental Impact:</b>		X		
<b>Health Impact:</b>		X		
<b>ICT Impact:</b>		X		

<b>Digital Services Impact:</b>		X		
<b>Council Strategy Priorities:</b>		X		
<b>Core Business:</b>		X		
<b>Data Impact:</b>		X		
<b>Consultation and Engagement:</b>	Legal			

## 4 Executive Summary

- 4.1 NRS was the provider of community equipment in Berkshire under a contract covering all six Local Authorities and two Integrated Care Boards.
- 4.2 West Berkshire Council was (and is still) the lead commissioner under a Section 75 Agreement.
- 4.3 In June 2025 it became clear that NRS was experiencing financial distress. The 8 partners came together to agree a shared response (drawing on advice from Partners in Care and Health (PCH) and in discussion with neighbouring authorities as appropriate).
- 4.4 An Emergency Response approach stood up and managed the early response.
- 4.5 A new service provision has now been mobilised.
- 4.6 There remain some outstanding actions relating to finalising contractual arrangements and resolving the financial settlement with the Official Receiver.

## 5 Supporting Information

### Issue and Response

- 5.1 NRS was a major supplier of community equipment operating across the UK, with contracts with 41 local authorities.
- 5.2 NRS advised in June 2025 that they had a structural funding gap of c £20 million.
- 5.3 Initially they approached funding authorities with a request for a fee uplift, stock purchase and improved payment terms.
- 5.4 The collective decision locally was that we should not agree to those terms because there was no guarantee that it would resolve the issue for the long-term and because it

## Berkshire Community Equipment Service

created additional risks. Our decision aligned with the great majority of other local authorities.

- 5.5 National calls were coordinated by PCH on behalf of the Association of Directors of Adult Social Services (ADASS). The Department of Health and Social Care (DHSC) attended some of the national calls, but they took the position that this was a matter for local authorities to resolve. This position was challenged by us, to no avail.
- 5.6 There were very significant limitations in what we were able to communicate in the initial phase because the advice was that we should not share information in a way that might expedite NRS' insolvency or undermine their operational capability. On that basis, we were limited in our communication options.
- 5.7 NRS were one of a very small number of community equipment providers. Only two other large providers exist – Millbrook and Medequip. A small number of local authorities operate an in-house equipment service.
- 5.8 17<sup>th</sup> July 2025, an Extraordinary Executive meeting approved the direct award of contracts to Millbrook and Livity Life in the event that NRS entered insolvency. Millbrook and Livity Life agreed to operate on an 'open book' approach until final contracts are agreed.
- 5.9 Livity Life are a provider of Technology Enable Care (TEC) equipment. This was a subset of the service available from NRS..
- 5.10 NRS entered insolvency 1<sup>st</sup> August 2025.
- 5.11 The transition was hampered because NRS locked up the local depot (in Theale) and had not facilitated the transfer of customer information. Lack of access to the depot was a significant limiting factor. We had been able to access customer data, although it was not as accurate as we might have hoped.
- 5.12 Millbrook and Livity Life began to plan their mobilisation, but in recognition of the gap in service, the council and partners set up an in-house model under which we ordered, stored and distributed priority equipment. This model stayed in place until the end October 2025 by which the service from Millbrook and Livity Life had reached a suitable position.
- 5.13 Our in-house model included rental of storage space in Parkway, use of council assets such as the Phoenix Centre and Turnhams Green, and the Transport team undertaking deliveries of equipment to customers. The digital team created a digital ordering process.
- 5.14 Millbrook were able to access the Theale Depot from 23<sup>rd</sup> October 2025.
- 5.15 A debrief was conducted by the Thames Valley Local Resilience Forum in two phases
  - a) Internal to West Berkshire Council – 5<sup>th</sup> November 2025
  - b) With Pan-Berkshire partners – 17<sup>th</sup> December – see Appendix 1
- 5.16 The debriefs have provided an opportunity to review our response.

## Outstanding issues

- 5.17 An updated Section 75 agreement has been drafted and is awaiting sign-off from partners.
- 5.18 The new contracts with Millbrook and Livity Life are yet to be finalised but this work has progressed significantly.
- 5.19 We have received a final invoice from the Official Receiver. We have been advised that we can offset our additional costs against the final invoice and are in the process of reaching a final position on any remaining outstanding costs.
- 5.20 We will ensure that the financial impacts of the changes will be appropriately shared across the S75 partnership.
- 5.21 Longer term work will be undertaken to monitor the financial sustainability of our contract and take relevant learning for other council contracts in similar market conditions. We are contributing to the learning activities being coordinated nationally.

## 6 Conclusion

The financial distress and ultimate insolvency of NRS created a very significant disruption to the important activity of providing vital community equipment to vulnerable people. Local partners came together to manage the concomitant risks and challenges. New providers are now in place to meet the ongoing requirements.

## 7 Appendices

Appendix A – TVLRF Incident Structured Debrief Report

---

### Background Papers:

\*(add text)

### Subject to Call-In:

Yes:  No:

- |   |                          |
|---|--------------------------|
| The item is due to be referred to Council for final approval  | <input type="checkbox"/> |
| Delays in implementation could have serious financial implications for the Council                              | <input type="checkbox"/> |
| Delays in implementation could compromise the Council's position  | <input type="checkbox"/> |
| Considered or reviewed by Scrutiny Commission or associated Committees, Task Groups within preceding six months | <input type="checkbox"/> |
| Item is Urgent Key Decision   | <input type="checkbox"/> |
| Report is to note only  | <input type="checkbox"/> |
-

**Wards affected:** \*(add text)

**Officer details:**

Name: \*(add text)

Job Title: \*(add text)

Tel No: \*(add text)

E-mail: \*(add text)

---

**Document Control**

Document Ref:		Date Created:	
Version:		Date Modified:	
Author:			
Owning Service			

**Change History**

Version	Date	Description	Change ID
1			
2			

TVLRF Incident Structured Debrief Report



# TVLRF INCIDENT STRUCTURED DEBRIEF REPORT

<b>Incident:</b>	Failure of Critical Supplier (NRS)			
<b>Date of Incident:</b>	June 25			
<b>Date of Debrief:</b>	17 December 2025			
<b>Debrief Location:</b>	Shaw House, Church Road, Newbury			
<b>Debrief Team:</b>	<b>Facilitator(s):</b> Narysse Palmer (TVLRF) <b>Scribe(s):</b> Suzanne Connolly (TVLRF) <b>Independent Observer(s):</b>			
<b>Debrief Participants:</b>	<b>No</b>	<b>Name</b>	<b>Response Role</b>	<b>Organisation</b>
	1	Carolyn Richardson	TAC Ad	WBDC
	2	Paul Coe	Strategic Lead	West Berks Council
	3	Jo England	Tactical lead	West Berks Council
	4	Ray Marshall	Commissioning lead	West Berks Council
	5	Chris Lowrie		RBH
	6	Josie Caffrey		RBH
	7	Vikki Chance		BFC
	8	Jonathon Sheppard		Frimley ICB
	9	Carole Lee		RBC
	10	Haley Bonland		RBC

	<b>11</b>	Samanthan Midwinter		RBC
	<b>12</b>	Diane McDonald		RBWM
	<b>13</b>	Lisa Evans		WBC

**Debrief Notes:**

- Participants were informed of the ethics of the debrief process.
- Participants were seated in accordance to the table plan.
- Participants were referred to in accordance with abbreviation for their organisation.
- For purposes of cross-referencing comments, participants have been allocated a number from 1 to XX.

The structured debrief will allow each participant the opportunity to reflect on their organisation’s involvement during the incident. Additionally it will cover the key points around what went well, what did not go so well during the incident, and identify key learning areas from the incident which will be discussed and lessons identified. This will be achieved through using specific questions based on the JESIP Principles; TVLRF Plans and working strategy of the incident.

**Summary of Incident:**

*[Summary / overview of incident including the working strategy]*

*[DELETE BEFORE PUBLISHING]*

**Activation, Gathering of Information & Intelligence**

**and Sharing Information**

- *Were all partners notified of the incident in a timely manner?*
- *Did all partners have a good shared situational awareness and understanding of risk for the duration of the incident?*
- *Was the information shared relevant, clear and jargon-free?*
- *Was the Common Operating Picture used, and how effective was this?*
- *Were all partners that were required, present?*
- *How effective was communication between partners?*

Aspects that went well	Commenter/s	Other
LA’s made aware at same time as National alert	2	All

**Berkshire Community Equipment Service**

Health partners joined in at an early stage although DHSC not interested	4	All	
West Berks brought everyone together quickly as the Contract lead	9		
Having Teams and SharePoint available to all was beneficial	6		
IT dept assisted with different types of IT systems across partnership	1		
One point of contact for consistency and manage information was good	6	All	
Assistance and joint working from Partners in Care and Health (PHC) was really helpful and their engagement with the DASS	9		
EPO met daily to share intelligence	1		
<b>Aspects for improvement</b>	<b>Commenter/s</b>	<b>Other</b>	
DHSC didn't want to engage	4		
DHSC did not appear to be fully aware of the full risk and scale of incident at the beginning	13		
Lack of transparency, openness and some potential 'game playing' by NRS resulted in challenges in understanding the full implications and therefore mitigation planning was challenging	6		
The inability of organisations to be open with clients and prescribers due to contract and legal implications of causing the demise of NRS was challenging			
Not using technology to its full potential (Magic notes)	13		
<b>No.</b>	<b>Lessons Identified</b>	<b>Commenter/s</b>	<b>Other</b>
	Plan for and put in place a Multi-Agency Structure to be set up for contract management prior to events. This may be part of Corporate BC plans /have specific ones in place for high impact/high-cost contracts.	1	All
	Investigate the use of AI to support the provision of notes and actions		
	Consider adding to the strategic agenda an item to review breaking contracts and the process	1	
	Engagement with the clinical staff sooner to support the response as a result of their knowledge.	4	

## Berkshire Community Equipment Service

	Communicate with hospitals receiving Berkshire patients but outside Berkshire (Swindon/Basingstoke)	1	
	Develop and resource a 'daily' COP to strengthen understanding across all agencies	1	
	Consider setting up templates for any other contract/BC failure in the future		

### Assess Risks and Develop a Working Strategy

- *Were risks reviewed when needed and assessments effectively agreed and shared between partners?*
- *Were strategic priorities developed and agreed by all?*
- *Were the strategic priorities followed and achieved successfully?*

Aspects that went well	Commenter/s	Other
Frimley and BOB worked closely internally placing the issue on their corporate risk register	4	
A strategy was put in place and agreed at an early stage	1, 4	
The majority of the objectives were met with the exception of equipment		
Aspects for improvement	Commenter/s	Other
The full impact was not fully understood by many including snr management in organisations	13	
Lack of overarching review of such matters unlike all other matters of health and social care	11	
Hospitals felt they weren't being heard in relation to requirement risk by DHSC	7	
Clinicians and carers were being asked to step outside their realms of responsibilities	13	
DHSC were not engaged or supportive	4	
A clear conflict of interest by PWC since they provided information to both NRS and LA's and then the administrators	5	

**Berkshire Community Equipment Service**

Risk to all in relation to equipment which had not been maintained and therefore risk of failure and impact on the client		4	
Additional costs were incurred as a result of the response		4	
Budget expectations and responsibilities were not as clear as they could have been		4	
<b>No.</b>	<b>Lessons Identified</b>	<b>Commenter/s</b>	<b>Other</b>
	Early provision of an equipment availability list would have been helpful to align with requirements	7	
	Consideration to be given to legal challenge/ redress of supplier earlier	2	
	CQC and Market Oversight Commission should be engaged and monitor a broader range of care support provision and not just focus on the social care	11	All

### Consider Powers, Policies, Procedures

- Which multi-agency business continuity / emergency plans were used and were they effective?
  - BCES Recovery Plan
- Did all partners have a good knowledge of the business continuity / emergency plans used?
  - BCES Recovery Plan
- Were any key powers identified and implemented by partner agencies?
  -

Aspects that went well		Commenter/s	Other
All partners at strategic level worked well together to respond quickly to requests for decisions to be made			
The 'inhouse' Contingency Plan put in place was useful			
Aspects for improvement		Commenter/s	Other
No recovery/BC/Contingency plan was in place in advance of the incident Instead one was developed as event progressed		1	
Legal requirements in the agreement meant that the lead Councils ability to undertake some actions were limited.		4	
Single points of failure in relation to the contract, the knowledge and access to systems			
Governance, engagement and detailed oversight by other contract users as to the potential issues relating to the contract.			
Some data issues, including access and cleansing were identified		1	
Some decisions were required quickly but where they being made at the correct level			
Mutual aid requests for support were offered and asked for but limited received which may have been due to lack of detail as to what was needed.		9	
No.	Lessons Identified	Commenter/s	Other
	Clinicians and other SME's to be part of the procurement process in future including re Business Continuity	3	
	Mutual Aid requests process to be reviewed in order to be clearer as to the requirements needed	9	
	Governance process between partners to be developed for high impact, high cost, shared service agreements at senior level to be agreed in advance of contract approvals	9	

**Berkshire Community Equipment Service**

	<p>To ensure in any new contract</p> <ul style="list-style-type: none"> <li>- robust agreed contract failure default process</li> <li>- robust agreed monitoring and reporting process</li> <li>- regular review of credit status of contractors</li> <li>- robust process for monitoring the trigger for terminating early and the process for doing so</li> <li>- data management to be reviewed</li> </ul>		
	Data management and access process to be reviewed by partners		
	Ensure the commissioning council has clarity in relation to what they can and cannot do when in contract		
	Plan for and put in place a Multi-Agency Structure to be set up for contract management prior to events. This may be part of Corporate BC plans /have specific ones in place for high impact/high-cost contracts. To include who can make what decisions at the correct level.	1	All

**Coordination**

- *Were additional structures established? How effective were these and communication between the structures? Including:*
  - *Berkshire NRS Coordinating Group*
  - *Berkshire In House Contingency Group*
  - *Clinical Group*
  - *Communications Sub Group*
  - *Customer Contact Sub Group*
  - *Finance Sub Group*
  - *Logistics Sub Group*
  - *National Group*

*Procurement Sub Group*

<b>Aspects that went well</b>	<b>Commenter/s</b>	<b>Other</b>
All groups were set up in good time based on the risk at the time	13	
The structures put in place were good		
<b>Aspects for improvement</b>	<b>Commenter/s</b>	<b>Other</b>
The logistics, and some other groups were difficult to manage at times due to different people attending or not the correct level of responsibility		

**Berkshire Community Equipment Service**

The structures put in place should be reviewed so as to streamline the process and minimise the impact on some key staff.			
There was not a list of all those involved by way of a directory which would have been helpful, esp when staff changes took place.			
<b>No.</b>	<b>Lessons Identified</b>	<b>Commenter/s</b>	<b>Other</b>
	Contact list for all partners, their roles and what groups they are in would be helpful	1	
	The logistics cell could have been used more efficiently to manage requirements – a role/action card would have been helpful		
	Agencies to commit the correct people to the groups at the correct level of authority to make decisions and with the correct knowledge.		

### Identify Options, Contingencies & General Response

- *How were options and contingencies identified?*
- *Did the options identified fit with the strategic priorities?*
- *Were decisions taken collectively agreed?*
- *Did all partners effectively communicate and coordinate decisions together?*

Aspects that went well		Commenter/s	Other
Collective agreements between partnership in regard to options		13	
Discussions between providers was collective and coordinated between partners.		13	
Strengthened the partnership with more collaborations		7	
Good communications with clients and partnerships resulted in minimal media involvement pr complaints		1	
Collaboration of partners worked well in relation to sharing equipment		6	
Proportionate response to event		13	
Aspects for improvement		Commenter/s	Other
The clinical group could have been engaged more in some of the decisions		4	
Same discussions in several meetings		7	
Health and LA's felt they were held to ransom with access to Depot.		6	
Clients were in hospital beds longer so there are likely to be longer term impacts			
Some clients were placed in vulnerable situations relating to potential failure of equipment			
IT solution in relation to the request forms were not fully understood by the staff involved initially		1	
No.	Lessons Identified	Commenter/s	Other
	Capacity of social care staff to review patient equipment needs		
	Make better use of the clinical group in decision making	4	
	Political and oversight governance to be reviewed		
	When developing forms /process the correct people need to be involved to reduce the need for reviews/amendments		

