

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	QUALITY EXCEPTION REPORT – FOCUS ON RESIDENTIAL AND DOMICILIARY CARE		
DATE OF DECISION:	24 JULY 2014		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Kate Dench and Carol Alstrom	Tel: 023 80834787 02380296956
	E-mail:	Kate.Dench@southampton.gov.uk Carol.Alstrom@southamptoncityccg.nhs.uk	
Director	Name:	Alison Elliott, Director of People, SCC John Richards, Chief Executive, CCG	Tel: 023 80832602 023 80296923
	E-mail:	Alison.Elliott@southampton.gov.uk John.Richards@southamptoncityccg.nhs.uk	

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This report provides an overview, by exception, of key quality of care issues for the main health and care provider organisations, including nursing homes in Southampton. As an example of ensuring quality outcomes there is a focus on key performance issues for Domiciliary care as this is currently being retendered. The contract is being developed to address key performance issues and processes' being developed to ensure assurance is obtained about the care given.

RECOMMENDATIONS:

- (i) Health Overview and Scrutiny notes the areas of quality concern and the actions in place
- (ii) The Board supports the assurance processes outlined for the monitoring of the Domiciliary Care contract

REASONS FOR REPORT RECOMMENDATIONS

1. Overview and Scrutiny Management Committee on 10th October 2013 requested that the Health Overview and Scrutiny Panel monitors progress of the Integrated Commissioning Unit. The ICU allows for an integrated approach to quality monitoring and actions to improve the issues identified.
2. This report aims to identify potential quality concerns in commissioned services and to provide assurance to the Board that actions are in place and effective monitoring processes in place. Health Overview and Scrutiny has a responsibility for the quality of commissioned services and this exception

report highlights key issues for review, detailing the extent of the issue and actions being taken to achieve positive outcomes for patients/service users.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. The monitoring of quality outcomes could have remained separate within each organisation but this would reduce the impact and effectiveness, especially with nursing home and domiciliary care sectors.

DETAIL (Including consultation carried out)

4. Quality in the health system

- 4.1 There have been a higher number of healthcare associated infections MRSA blood stream infections at University Hospital Southampton NHS Foundation Trust (UHFT). A review of all cases is underway and due to be presented to Clinical Quality Review Meeting (CQRM) on Friday 18th July. These cases all relate to patients with complex health needs and high risk of this type of infection. UHSFT have reacted proactively in all cases to ensure that learning is embedded in practice. The expected target for this type of infection is zero.

- 4.2 Additionally work is underway to eradicate mixed sex accommodation at Southampton General as patients at times are still being placed in mixed sex bays. A plan is in place and trajectory to achieve zero breaches. The challenges with this are linked to wider hospital bed pressures and the breaches have in the main occurred in admission areas or trauma and orthopaedics. There has also been a relatively high number of clinically justified breaches each month during the year, predominately relating to AMU, where the imperative to treat someone has overridden the need for single sex accommodation. Commissioners have been working with UHSFT throughout the year to improve this situation and in the last few months numbers of breaches have started to fall.

- 4.3 Solent NHS Trust have undergone a large scale CQC inspection completed using the new methodology based around answering 5 questions

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people's needs?

Services at Solent NHS Trust were deemed to meet these requirements with one "must do" action identified affecting Southampton Services and this relates to improving access to sexual health services. This action applies across all sexual health services provided by Solent NHS Trust and not just those in Southampton. A review of sexual health services is currently in progress

- 4.4 Southern Health NHS Foundation Trust is making progress in resolving the CQC compliance issues identified at Antelope House but there are still some concerns including safe staffing levels as they are heavily reliant on agency staff at times. This is under regular review and a recent unannounced visit by the Integrated Commissioning Unit (ICU) Quality team highlighted improvements are being made. Monitor currently have taken enforcement

action against Southern Health NHS Foundation Trust and the following areas are being worked on by the provider to improve the situation. The three main areas of concern are;

- the need to deliver the improvement plan for learning disability services (relates to Oxford and Buckinghamshire);
- the need to address the action plans for CQC warning notices across all services;
- and deliver improvements in quality governance and Board governance

Latest reports indicate the Trust is making progress with these actions.

- 4.5 All organisations have agreed for 2014/15 to a Southampton City wide scheme to reduce healthcare associated pressure ulcers. When someone has had a pressure ulcer they are 70% more likely to have tissue damage for the rest of their life.
- 4.6 The main health providers in the Southampton City System all participated in the first Quality Conference at the beginning of July and feedback suggests this was well received. This feedback and the learning from the day will be taken forward into future events.

5 Nursing Homes – quality assurance

- 5.1 The situation with Nursing Homes in Southampton City is a slowly improving picture in terms of quality of care being provided. In November 2013 five homes were suspended from placements, we now have all of those five homes taking placements, although for a couple of the homes this is very new and placements are being made in a controlled and measured way to ensure that the homes are managing with new and additional residents.
- 5.2 One home has moved from caution to suspension status (St Anne's NH) and this is due to failure on the part of the home to implement CQC requirements and our recommendations. The CQC are currently working through a notice of proposal process for this provider to prevent them from admitting any clients and it is anticipated this will be completed in the next month to six weeks.
- 5.3 One other home is under caution and the ICU Quality and Safeguarding Team are working with them to turn this position round quickly.
- 5.4 To support the homes a number of initiatives are in place including training scheme, quality audits, action learning sets for the registered managers who completed a leadership programme set up by the ICU in conjunction with colleagues from the Thames Valley and Wessex leadership academy (NHS). This programme has proved so successful we are exploring extending it to registered managers and deputy managers in all nursing homes. Additionally we are working with the nursing homes to improve falls and pressure ulcer monitoring moving the responsibility for reporting and undertaking root cause analysis investigations clearly to the remit of the home.
- 5.5 With our largest Nursing Home Provider in Southampton (BUPA) we are in the process of developing a Clinical Quality Review Meeting (CQRM), these meetings are currently in place for NHS providers and allow a monthly or quarterly meeting with the provider to review contractual quality requirements, action plans and have a clinical conversation with leaders in

the system to support the quality agenda

6. **Domiciliary Care**

6.1 SCC and Southampton City CCG are currently progressing through a tender process for Domiciliary Care provision. The proposal is to jointly commission across care groups and organisations to:

- improve quality within domiciliary care services
- ensure the best value available within the market
- ensure services are able to respond to changing needs and demands
- support the development of personalisation across the city

Due to its size and importance in terms of meeting service user needs and enabling the city to meet its strategic requirements, it is essential that domiciliary care provision achieves high standards of delivery, quality and value for money. Currently the service is variable and not sufficiently flexible to meet increasing demands.

6.2 The design of the model of provision will be delivered through a framework agreement and it is proposed to address current areas of improvement by offering:

- Greater flexibility and capacity, whilst maintaining a cluster focus which recognises the issue of travel time.
- Clearer quality standards and performance indicators (KPIs) linked to contract terms and conditions which will support the drive for quality.
- A more streamlined systems approach as outlined in the service specification with a strong emphasis on promoting personalisation and independence
- A requirement to deliver outcome based support using flexible care plans that shift away from minute by minute calls.
- A more generic approach focussing on need rather than diagnosis

All providers will maintain a focus on reablement supporting individuals to achieve their own independence through a goal setting model of support, linked to agreed Support Plans.

6.3 All specifications have a Quality Standards Monitoring Tool embedded, based on Care Quality Commission Essential Standards and local consultation as to what is important to and for clients and carers. These cover a number of outcome areas including:

- Assessment, risk and support planning – to ensure that users all have current plans that their views are at the centre of
- Security, safety and health – ensuring service users and staff are protected
- Safeguarding and protection from abuse
- Diversity and inclusion – ensuring the service acts within the law and ensures Service Users and/or their representatives are well-informed about their rights and responsibilities.
- Service user involvement and empowerment
- Delivery of service – a service that is safely delivered by competent

staff

- Processes to assess and monitor the quality of service provision
- Ensuring that the supported accommodation of Service Users is provided to a high standard

Each outcome area has a number of standards with key measures for assessment against

- 6.4 Each service will be monitored against these standards regularly by the ICU's Quality and Safeguarding Team. A reduction in 'spot' provision will ensure resources are targeted effectively with a joint programme of reviews taking place between health and social care. Additionally, there will be triangulation of the quality of services via the key performance indicators (KPI's) submitted by the providers, this includes factors such as timeliness of support and consistency of support staff. This will include Domiciliary Care Satisfaction Questionnaire visits/reports per provider which encompasses a sample of services users (proportionate to the level of activity each provider supplies) to gather views in relation to the individual support they are receiving from the provider. Complaints will be reviewed in relation to domiciliary care provision as well as internal intelligence from wider council and CCG systems.
- 6.5 Providers are required to demonstrate how they will support their workforce, through factors such as recruitment, retention, supervision, training and flexible working
- 6.6 The current procurement process has prioritised the need to ensure quality providers are selected for the framework. For those that are selected for the Invitation to Tender (ITT) stage quality will consist of 40% of the evaluation weightings. The quality assessment will be evaluated using a range of criteria. It is expected that providers must score at least 50% of the quality scoring to be eligible for award onto the contract. Any providers that do not meet the requirements of 50% of the quality scoring will fail this stage in the process. The quality assessment will be evaluated using the following criteria:
- Meeting the needs of the individual and customer focus,
 - Approach to safeguarding, performance and safe environment,
 - Approach to staff recruitment, retention and training,
 - Mobility and capacity building,
 - Business Continuity Planning,
 - Information systems and its use for monitoring service provision,
 - Approach to partnership working with the Council and others.
- The relative weighting given to each individual evaluation criteria will be stated in the tender documentation.
- 6.6 It is likely there will be a consolidation of business, which will reduce the risk of provider failure and we are supporting collaborative bids within the procurement process.

RESOURCE IMPLICATIONS

Capital/Revenue

7. Domiciliary Care

8. The approximate current annual spend for the combined elements of the framework agreement is £20M, therefore the combined value over the 4 year framework agreement is estimated to be £80M less any efficiencies that can be achieved.
9. The costs to SCC of the services to be tendered will be met from within the existing domiciliary care budget held within the Health and Adult Services Portfolio
10. Through more efficient and effective commissioning and improved clarity with providers there is a potential for savings to be released through this tender. This has been modelled and could range from £500,000 to £800,000 per year for SCC and £400,000 to £600,000 for SCCCG.
11. A proportion of the SCC saving has been included as a saving proposal for the 2014/15 budget. However an element of the anticipated saving will be used to offset the growing pressure within Learning Disability budget that has generated an overspend position in 2013/14.

Property/Other

12. There are no implications in relation to property

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12. Not applicable

Other Legal Implications:

13. The design and the running of this procurement will be in accordance with the authority's Contract Procedure and Financial Procedure Rules. Due to the size, value and complexity of this project, the appropriate procurement rule, with the necessary Governance outlined in the above will be followed. The procurement of these contracts will be run in accordance in the requirements outlined within The Public Contracts Regulations 2006 and the EU Procurement Directives 2006.

POLICY FRAMEWORK IMPLICATIONS

14. None

KEY DECISION?

No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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