



Contract, Quality & Risk Management Policy

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Introduction

This Policy sets out how Somerset Clinical Commissioning Group (SCCG) and Somerset County Council (the Council/SCC) collectively monitors and risk manages Care Quality Commission (CQC) regulated care providers across Somerset.

It sets out the contract visit and review process and how the frequency is determined for these. It also describes what we will do should we identify any quality concerns with a provider and when, due to size or market position, a provider is regarded as high risk.

Both organisations are committed to working with all regulated and non-regulated providers to share best practice, identify potential quality issues at an early stage, and collectively work to improve quality standards, therefore reducing the risk of business failure and ultimately ensuring good outcomes for people using local services.

Scope of this Policy

There is a national requirement that all registered care providers meet the Care Quality Commission's Standards for Quality and Safety. We expect all registered care providers in Somerset to meet and strive to exceed these standards.

The Council's Contract Standing Orders (Contracting Procedure Rules) Order number 43 Contract Monitoring and Management requires that *"contracts awarded by or on behalf of the Council must be monitored and managed throughout the contract term to ensure delivery of the contracted good, services or works in accordance with the contract requirement and standard"*.

The Council meets its requirements to monitor and manage its contracts through contract visits, monitoring of the provider's most recent CQC Inspection Report and feedback from other sources which inform the contract review.

The contract with Somerset CCG

The contract is an agreement between the commissioner and the provider. Once entered into, the contract is a key lever for commissioners in delivering high quality, safe and cost-effective services. However, the contract in isolation will not achieve this. An effective working relationship between commissioner and provider is a key element of successful contracting.

Contracts with the SCCG and SCC

This Policy is inclusive of all CQC regulated care providers, including nursing and residential care services and domiciliary care providers that either organisation has a contract with. Section 2 of this Policy applies to both CQC regulated and non-regulated commissioned services.

CQC regulated providers operating in Somerset with no contract with either Authority will be encouraged to work in partnership with SCC on the development and implementation of an Improvement Plan in relation to any quality concerns that may potentially escalate to Safeguarding, or are identified as a Safeguarding risk under the duties required of the Local Authority as set out within the Care Act 2014.

Non-registered providers and those delivering services through Personal (Health) Budgets and/or Direct Payments are expected to meet the requirements of this Policy but may not receive the same support to do so. If a person has a direct payment or third party Personal Health Budget we cannot require the provider to meet this requirement.

Section 1 – Contract and Risk Management

1 Monitoring Quality

- 1.1 The level of contract monitoring and review will be proportionate to the level of risk associated with the care provider.
- 1.2 The risk assessment criteria are:
 - Annual spend with the provider;
 - Evidence from routine monitoring (e.g. information on quality);
 - Financial viability;
 - Market risk;
 - The complexity of needs and volume of people using the services.

We monitor quality and determine risk via a variety of methods, set out below:

- 1.3 Web-based Self-Assessment Return
Nursing Services are required to complete a Quality Assurance Framework questionnaire on a quarterly basis for the SCCG. Returns are collated by the SCCG. Services that include the provision of both nursing and residential accommodation are also expected to use the SCCG and the SCC quarterly return. The SCCG will share its data with SCC and other agencies where appropriate.

Regulated care providers are required to complete an annual data collection form (questionnaire) issued and collated by SCC. Providers will have 28 days to complete the questionnaire from the date it is issued.

The SCCG and SCC's questionnaires share core questions and a rating system will be applied, for equality purpose, to generate an overall Red/Amber/Green (RAG) score. The SCCG will share its data with SCC and other agencies, where appropriate, and the triangulation of information may result in the adjustment of the RAG score.

SCC and the SCCG will work collaboratively when reviewing your questionnaire returns. Any emergent concerns will be discussed with the provider.

1.4 CQC Inspection Reports and Ratings

Provider questionnaires will request your most recent CQC Inspection rating and report (or draft CQC report if not yet formally published). The overall rating will inform the provider's overall RAG score. *Please note, if you have a CQC overall rating that is "Good" but there are some areas 'Requiring Improvement', we will contact you to discuss these areas in more detail.*

The SCC and SCCG are in regular contact with the CQC and some provider intelligence may be shared through this route.

CQC regulated settings in Somerset have their inspection outcomes plotted onto an interactive map and analysis tool. This supports local oversight and monitoring of the health and social care market. Data is updated on a monthly basis based on published CQC outcomes and available via:

<http://www.somersetintelligence.org.uk/care-quality-commission-ratings.html>

Our services also monitor published inspection reports for all regulated care settings in Somerset and receive monthly CQC updates detailing latest inspection ratings across the county.

1.5 Service Quality Feedback (SQF) Information

We also utilise feedback from a variety of sources, including health and care professionals, people who use local services, their relatives, visitors, the wider public, and independent organisations, such as Healthwatch, to monitor quality. If we receive a significant number of SQFs highlighting concerns or patterns of concerns, this may reduce your RAG rating. Isolated feedback will not normally alter your RAG score, but this will depend on the nature of the report.

1.6 Other intelligence

Information is also gathered from professional teams accessing commissioned services. This may include feedback from Social Care Workers, Care Co-ordinators, members of the SCCG CHC and FNC Assessment Team, safeguarding professionals or Quality Assurance personnel, whistle-blowers, Somerset Partnership NHS Foundation Trust staff, District Nurses, Community Psychiatric Nurses, GPs, Primary Link, and other authorities who commission and provide services in Somerset.

1.7 Financial Risks

If we consider your provision to fall into a market risk category (see 1.8 below) you will be required to provide SCC with your most recent audited accounts annually. If we identify financial concerns related to a provider, we may require you to submit your most recent audited accounts. This could be an individual provider or your provider organisation. Your financial returns will be assessed by the Council's finance officers and risk scored. A medium or high-risk score could trigger an initial discussion with SCC's Commercial and Procurement team.

1.8 Market Risk

If we consider your provision to be of strategic importance in the market place (e.g. you may be the only provider of that particular service type in the geographical area, or the size of the service and number of people using the service is significant), we will agree with you a contract review frequency to reflect this.

Key market risk criteria:

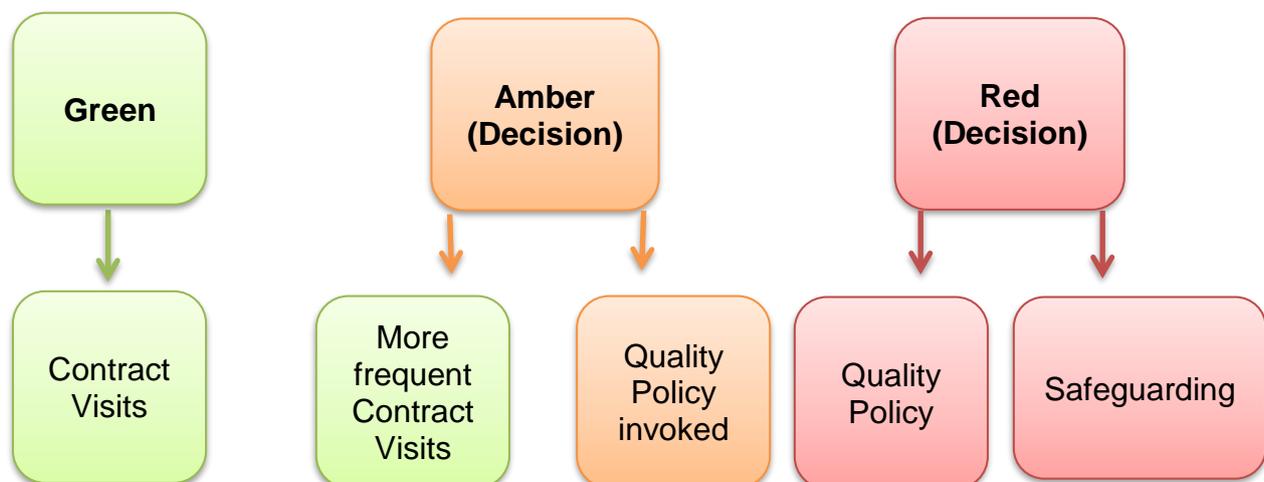
- Strategic importance in the market place, such as block providers or specialist services
- Care Providers offering a service to large numbers of people in one setting

1.9 Qualitative Information

Part of the provider questionnaire allows for the completion of free text fields for additional information to be included, or for specific documents to be uploaded. This information will normally be reviewed in advance of any Contract Visit. If there are known or identified quality concerns it will be reviewed on receipt of the information. This information could be used by the evaluator(s) to influence a RAG rating; this will be a collaborative process for provision commissioned by both organisations (SCC and SCCG).

1.10 Scoring

- **Green:** this implies there are no current concerns.
- **Amber:** this implies there are some quality concerns or there may be significant market risk. A decision will be made to either undertake more frequent Contract visits or to invoke the Quality Improvement process. If the quality improvement process is used, contract visits will be suspended until the former concludes. When considered necessary, the Whole Service Concern safeguarding process will be invoked.
- **Red:** this implies significant concerns or risks have been identified. The nature of these will determine if the Quality Policy is followed or if it triggers a safeguarding process.



1.11 Best practice

Some qualitative information that you provide may include examples of best practice. We will seek to encourage and promote any identified best practice across all organisations, through the Registered Care Provider's Association, the Nursing Home Support Team and the Somerset Domiciliary Care Providers Forum to help further improve overall quality across the county and, in so doing, the experience for people using the services we commission.

1.12 Contract visits

Contract visits complement the overall contract review of all regulated providers in Somerset. In preparation for the visit the contract manager will undertake background enquiries and research, for example gathering latest CQC Report outcomes, feedback from the District Nurse Team and/or local Social Work Team, or reviewing safeguarding reports received over the previous year. The setting's latest completed questionnaire/self-assessment will also be reviewed.

A date will be agreed for the visit when the contract manager will attend the provision to spot-check records held in line with the contract SCC holds with the provider. Predominantly these will include care and support plans, associated monitoring records, environmental records, training matrices, but could include any records held.

The visit will also encompass discussions with residents, relatives and staff, with time to look around the service independently. Notes will be made throughout the visit and short verbal feedback, with any immediate actions required, will be given to the Registered Manager towards the end of the visit. The length of the visit will be dependent upon the size of the service.

The contract visit, together with the provider's latest completed questionnaire, latest CQC inspection report outcomes and feedback from other sources, will constitute the provider's Contract Review.

Where a provider receives a Require Improvement or Inadequate rating from CQC, or the Quality Assurance team receives concerns about the quality of care, this Policy will be used to work with them to improve.

1.13 Frequency of contract visits

In light of the number of contracts held by SCC, annual face-to-face contract visits are not possible for all services. Our local intelligence monitoring and your completed questionnaire will help determine the frequency of contract visits. Where identified as necessary, visits will be undertaken annually; others up to a maximum of 24 months.

Where there is a Good or above CQC rating with positive feedback from other sources the provider can expect a Contract Visit within a 24-month period.

Where a CQC report cites less than a Good rating, or other reports give rise for concern, our Quality Improvement (QI) process will be implemented. Contract visits will be suspended during this process and reinstated after the process ends.

Contract reviews by the SCCG are held annually as a minimum unless the service has been designated as an exceptional placement provider. Any service commissioned by the SCCG where there are CHC funded residents will, as a minimum, have an annual contract review

Providers deemed to be a market risk can expect an annual contract visit.

The frequency of contract visits for providers is subject to change dependent on the outcome of a subsequent RAG score.

Any provider can request to 'touch base' with their commissioner at any time or to request a Contract Review. Providers have this right in the standard NHS Care Home Contract.

1.14 Contract Management

SCC contracts visits will be led by a contract manager from the Quality Assurance team within Adult Social Services. There may be input from other commissioners, for example, a nursing home contract visit may be led by SCC but with input and support from the SCCG for the funded nursing element and/or CHC.

Where a provider is in Quality Improvement or a Whole Service Safeguarding process someone other than the contract manager will take over temporarily until contract visits are reinstated

The contract manager will:

- ensure outcomes are being delivered as detailed in the Service Specification;
- ensure compliance with contract terms and conditions, following up any issues;
- arrange and hold a formal contract visit with providers at agreed intervals;
- record outcomes of contract visits, decisions made and actions agreed;
- maintain communication with stakeholders about any identified issues;
- monitor corrective action plans, as required, following a contract visit.

1.15 Reporting outcomes (performance data)

We use the collective information gathered from a provider to develop reports and trend analysis data for SCCG and SCC commissioners and senior management teams. This data does not identify specific providers or services.

1.16 Identified Quality Concerns

Any action taken will be proportionate to the identified issues and informed by factors such as the significance of the issue, the risk involved, whether the contract has been breached, and the strategic fit of the service.

1.17 The role of the Care Provider Commissioning and Quality Board

The joint Care Provider Commissioning and Quality Board (*Appendix 4*) has a remit to provide a strategic steer and decision-making function to support operational staff about action to take where a care provider is failing to meet the standards set out in the contract and required by the Care Quality Commission.

1.18 Out of County contracts

SCC does not undertake contract visits with out of county/out of area placements. Quality assurance checks will be undertaken when setting up contracts and through the operational care management review processes. Outcomes of care management reviews will inform quality assurance. More significant quality issues, for example, significant non-compliance or safeguarding concerns, will be shared with Somerset through the quality and safeguarding responsibilities of other Local Authorities.

SCCG would not carry out contract review meetings with out of county providers unless they are designated as exceptional placement providers. A pre-placement checklist to inform the quality assurance checks will be completed prior to the placement being confirmed. SCCG informs, in writing, the receiving CCG areas of all Out of County Placements and its expectation that the receiving CCG will notify SCCG of significant quality and safeguarding issues. SCCG monitors CQC compliance through the latter's online notification system. The SCCG will provide case management of the individual as per any placement within Somerset.

Section 2 – Quality Standards

2 Introduction

2.1 This section details the quality standards expected of all providers commissioned by Somerset County Council (SCC) and Somerset Clinical Commissioning Group (SCCG) (*Funded Nursing Care, Continuing Health Care, and National Personal Health Budgets*), and how we will support them to maintain and improve standards.

It explains the procedures we will follow should a provider fail to maintain the expected standards.

This Policy dovetails with the Somerset Safeguarding Adults Policy, although the Safeguarding Policy remains absolute. Any quality issue identified as part of the implementation of this Policy that implies a safeguarding concern will be referred to, and will therefore follow, safeguarding processes.

<http://ssab.safeguardingsomerset.org.uk/information/policies-and-procedures/>

2.2 Our Quality Principle

We commission care that promotes safety, wellbeing, independence, a good quality of life, is person centred and contributes to the individual outcomes desired by service users. It is expected that commissioned care will meet people's health and social care needs holistically.

2.3 Levels of quality expected from all care providers

We expect that all care providers meet the CQC's fundamental standards:

<https://www.cqc.org.uk/content/regulations-service-providers-and-managers>

For regulated services, the minimum quality standard is a 'Good' CQC rating both overall and in all five key areas, or the equivalent with any future inspection methodologies.

To support quality standards, providers are expected to have clear operational guidelines in accordance with regulations and best practice guidance.

Observance of Human Rights will underpin meeting quality standards. These are often described by a simple framework of commonly recognised values; the so-called 'FREDA' principles (Fairness, Respect, Equality, Dignity, Autonomy). Further details include:

Dignity and Security:

- Physical Wellbeing – including freedom from intentional or unintended physical abuse or neglect, protection from pharmaceutical, medical abuse or sexual abuse.
- Psychological and Emotional Wellbeing – including freedom from bullying and threats and disrespectful treatment (including being talked over or ignored); respect for cultural heritage/religion.
- Financial Security/Security of Possessions – including protection from financial abuse and, for those without mental capacity, decisions taken in one's best interests; freedom to control one's personal possessions.

Autonomy and Choice:

- Self-determination – including the right to live as independently as possible, to make routine decisions (for example, what to eat/wear), to be consulted about on-going professional decisions and to have a say about the timetable of one's day.
- Support for Decision-Making – including a right to information and advice about care options, to be given meaningful choices and time to decide, and to be offered support for personalisation of care.

Privacy:

- Respect for Personal Privacy – including modesty when dressing/bathing and privacy when one's personal circumstances are discussed by others.
- Respect for Personal Space – including respect for a wish to be alone and for a wish to be intimate with others.
- Respect for Private Correspondence – including private letters, phone calls and private documents.

Social and Civic Participation:

- Friends and Family – the right to maintain relationships with family and friends.
- Community Participation – the right access the community to participate in community events, to join community groups/associations and to participate in religious or non-religious activities.
- Civic Participation – including the right to participate in elections.

2.4 What we will do when quality concerns are identified

Representatives of SCC have a duty to monitor the quality of services provided by all care and support organisations in Somerset whether or not the care and support is commissioned by Somerset County Council or Health Commissioners. Please see extract from the Care Act 14 statutory guidance below:

'Commissioners from the local authority, NHS and SCCGs are all vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect'.

The full guidance can be accessed here:

<https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

The responsibility for providing consistently good quality care lies with care providers. However, we will offer advice and support that helps care providers to deliver a quality of care that is consistently above the CQC standards, and to improve care quality and consistency when it is falling below our Policy and/or CQC's standards.

If a provider is identified as not meeting quality standards, we will invoke this Policy. SCC will apply the Quality Improvement process in the first instance. In the case of nursing care, this will include representatives from the SCCG

SCC will issue a formal Quality Improvement Notice and the SCCG will issue a Contract Performance Notice in line with the NHS Care Service Contract.

At this time both SCC and the SCCG have the right to independently or collectively suspend commissioning services from the provider until such time that minimum standards are met. This decision will be proportionate to the assessed level of presenting risk in relation to quality and safeguarding.

Both organisations will work with the provider to reach, and aim to exceed, acceptable minimum expectations.

With the permission of the provider we will also, when appropriate, engage with other support organisations, for example the Registered Care Provider's Association (RCPA); Care Quality Associates, or the SCCG Nursing Home Support Team, to provide proportionate support to the quality issues identified.

SCC and the SCCG are able to refer any provider that falls below the acceptable quality standards.

If the standard continues to remain below our Policy and/or CQC's standards, or where the provider fails to engage with us, fails to sustain improvements or where there are repeated episodes of quality concerns, the provider will be referred to the Joint Commissioning and Quality Board. The Board can issue a Rectification Notice or Final Warning Notice and has the right to suspend or continue to

suspend commissioning from the provider until such time that minimum quality standards are met. We also have the right to terminate our contracting arrangements with the provider in the event that quality standards are consistently not met.

The needs of people using the service will always be paramount. We will make every effort to make sure that individuals remain in control and have choice about the care and support they receive. Best interest meetings, including with relevant family members and/or friends (and in their absence an Advocate or Independent Mental Capacity Advocate) and professionals, will be held for those unable to make decisions about changing services (moving to a different provider) as a consequence of services no longer being commissioned.

2.5 What we will do if this Policy is invoked

We will always contact the Provider to discuss identified quality issues prior to invoking this Policy.

The SCCG may contact the provider via telephone in the first instance to advise and issue a contract performance notice in accordance with the NHS Care Service Contract. SCC will ring to advise the provider that the Quality Improvement process, included in this Policy, is being implemented and to arrange a meeting to discuss the areas of concern.

The provider will be asked to produce an improvement plan identifying the tasks to be undertaken (unless the areas of concern are already being addressed in an improvement plan agreed with CQC). They should allocate responsibilities for action and timescales for completion, and review progress on the action plan. The timescale will be set to reflect the nature of the concern.

Decisions will be taken on any further action required following review.

Depending on the nature of the concern, and given the need to be transparent, SCC may also write to all provider service users and their families, or arrange a joint Health and Social Care meeting with them, to advise them of what is happening. This will make sure everyone receives consistent and accurate information and that any anxieties are appropriately managed. This will be done in partnership with the provider.

The SCCG may contact in person, or via telephone, any person using the service. Where people lack capacity to make decisions about their care, the SCCG will contact their family, representative or the IMCA Service to advise of the concerns and seek feedback about the service.

Should the above be invoked, SCC will write to everyone again when the matters are resolved.

If the quality issues remain unresolved the concerns will be escalated to the Joint Commissioning and Quality Board (the Board). The Board may decide to issue a Rectification Notice or Final Warning Notice, giving a further period to improve to the expected standards.

If the quality issues remain unresolved or improvements fail to be sustained as evidenced by CQC and/or Safeguarding outcomes, the provider's contract may be terminated on the recommendation of the Commissioning and Quality Board.

Arrangements will be made to meet with the provider to discuss this. All users of the service / family will be written to, to explain the situation, what we will do and how we will support them. Service users and/or the key people in their lives will be supported to find alternative service provision. An exception will be agreed for anyone who chooses to continue receiving care and support from the provider, as long as the provider remains CQC registered and that the person fully understands what this means. We will issue a Letter of Termination.

If a provider consistently does not meet CQC compliance standards, or standards fluctuate, a decision may be made to continue to suspend making new placements for a minimum period of at least six months, even after CQC compliance is achieved, to ensure that the provider is able to demonstrate sustained improvement.

If a provider is consistently non-compliant in meeting CQC standards and shows no improvement over time, or the inability to sustain improvement, the Board will officially notify the provider that they are in breach of contract and follow the required processes to cease commissioning arrangements with them.

The full operational implementation processes can be found in the separate document "Somerset Quality Policy – Processes and guidance" (Appendix 1).

2.6 Managed Placement Memorandum

Where there are significant concerns about quality or safeguarding and the commissioning position has been changed to reflect this, the name of provider will be included in our internal Managed Placements Memo to make staff aware when considering placements. This will only be implemented following discussion with the provider at a Quality Improvement Meeting or Provider Safeguarding Meeting, unless there are exceptional circumstances.

Only a very limited number of specifically designated SCC managers and SCCG senior managers can authorise a change of commissioning status in relation to their respective organisations.

The Managed Placements Memo is a confidential document shared only between Local Authority and Health staff involved in supporting people to find care and support in the community and in care services. Staff will first contact the named manager on the Memo, before making contact with that provider, so that they can be fully aware of the issues and to enable them to discuss them with the people making choices about the providers they use, and/or their families where appropriate.

When the quality and/or safeguarding issue(s) have been resolved the designated manager will ask for the provider details to be removed from the list immediately, which will then be re-issued.

2.7 Reviewing this Policy

This is a working document and will be revised as required and at a minimum annually via the joint Commissioning and Quality Board.

This Policy will also be updated in line with any changes CQC makes to its regulatory framework.

Somerset Quality Policy Processes and Guidance

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Introduction

This document provides the detailed guidance and processes to follow where Quality Improvement or Safeguarding intervention is required in regulated care provision. It provides a consistent and fair approach to how SCC and SCCG will support providers who fail to meet fundamental standards. It covers the things to do for all types of scenarios, but the lead officer should take and use the relevant information and steps that best suit the particular situation.

Risk Management and Escalation

The Risk Management Framework will be used to decide whether the Quality Policy or Adult at Risk Safeguarding Policy should be followed. The process may transfer to the Safeguarding Policy at any time where the Quality Policy has been invoked and the nature, severity and duration of concerns deem it necessary

The Quality Policy Processes

There are two stages to the way in which quality issues can be approached:

Informal stage:

- A provider will be contacted by phone or an informal meeting will be arranged to explore the concerns and what actions are being taken to address them. The provider will receive written confirmation of the outcome of these discussions via email.
- At this Stage, the outcome could either address the concerns with no further action or lead to the Formal Stage.

Formal stage:

- The formal Quality Policy Framework will be applied. This will suspend contract visits for SCC. The SCCG's annual contract meeting will continue as a requirement of the NHS Care Service Contract with the provider.

- A Formal Quality Improvement Notice will be issued by SCC and the SCCG will issue a Contract Performance Notice.
- SCC will also consider its on-going commissioning position, which may also include that of the SCCG for people supported through CHC funding.
- It is standard practice to arrange a Quality Improvement Meeting (QIM), held at the provision wherever possible. Attendees will include a designated member of SCC's Quality Assurance Team as Chair, who will not always be the Contract Manager for the Service. Other representatives may include those from the SCCG, District Nurses, family members (in some circumstances) together with people from other agencies who would add to the process.
- The Formal Stage may initiate use of the Safeguarding Policy, where deemed necessary.
- Initiating decommissioning of provision as a result of sustained lack of improvement in meeting CQC Standards will only take place on the instructions of the Board, under the respective Policies that apply to each situation.

Expectations of Care Providers in Somerset

There is an expectation that all regulated services that operate within Somerset are either outstanding or good with the Care Quality Commission. Any provider that is unable to adhere to a good rating will be supported under the Joint Contract, Quality and Risk Policy.

Care providers will abide by the individual commissioning arrangements and contracts the SCCG and SCC holds with them. This Policy is implicit within those contracts.

Providers will recognise the importance of proactive approaches to avoiding quality issues, and act on these, rather than taking a reactive approach.

Providers will seek advice and guidance from professionals involved with the service/s as soon as indications of a decline in standards are noted.

Providers will advise SCC and the SCCG (where relevant) at the commencement of a growing level of complaints/concerns or when their business arrangements, for example financial viability, may be impacting on care delivery. SCC (and the SCCG where relevant) will then work with the provider to minimise the risks

Providers are also required to inform SCC of the outcome of their latest, or draft, CQC Inspection Report and provide a copy when requested.

Table 1: QIM Invitation Letter to Provider



Please ask for:	Your reference:
Direct dial:	Our reference:
Fax:	
Date:	E-mail:

Dear

Quality Improvement Meeting: insert name of provider

Further to our recent phone conversation I am writing to confirm the Quality Improvement Meeting (QIM) I explained during our discussions, which will be held:

On (add date)

At (add time)

At (add address)

At the QIM, which I will Chair, we will discuss the quality issues reported and the impact these may have on service delivery. Attendees will hope to understand more about the reasons for the quality concerns and agree how we can support you to improve these to an acceptable level. We will discuss your Action Plans or support you in their development as necessary.

It is an expectation that the Company owner/Chief Officer and the Nominated Individual will be informed of the QIM. We also expect the Company owner and/or a senior manager from organisations undergoing Quality Improvement to attend the meeting, in addition to the Registered Manager. The Meeting will also include insert attendees.

After full discussion of the quality concerns our commissioning position with you will be determined:

1. Suspension of new placements, placing with restrictions or no further action
2. Sharing concerns with users of service and their families

Following the QIM if improvements are not sustained a referral will be made to the Board to consider whether to apply a Rectification Notice or Final Warning Notice, as outlined in the Joint Contract, Risk Management and Quality Policy.

Should you require any clarification or have any questions, please contact me either by phone or email, using my details at the top of this letter.

Yours sincerely

Table 2 – QIM Agenda and QIM Follow-Up Agenda



Somerset County Council
Adults and Health
Quality Assurance Service
Quality Improvement Meeting

insert provider name

insert: venue, date and time

A G E N D A

1. Welcome and Introductions
2. Reasons for the Meeting
4. Recent CQC Inspection Report/Quality Feedback Information
5. Recent Safeguarding Investigations and Impact on Quality Concerns
6. CQC Action Plan/Improvement plan with ASC
7. Provider Support/ Training Needs, for example, RCPA, Care Quality Associates, Skills for Care, Care Homes Support Team
8. Commissioning Position/Managed Placement Memo
9. Communications – Service Users/Families etc
10. Rectification Notice/ SCCG Contract Performance Notice
11. Any other Business
12. Next Meeting – Follow Up QIM/Contract Visit

Table 3 – Template for QIM Notes and Actions

**Somerset County Council
Adults and Health
Quality Assurance Service
Quality Improvement Meeting
insert provider name**



Date:

Provider:

Venue:

Attendees	
Somerset County Council	
Provider	
Other stakeholders	
Apologies	

Agenda Item	Key Discussion Points	Action by	Date

Table 4 – Rectification Notice – Letter to Provider



CONFIDENTIAL

(Owner)

Please ask for

Direct Dial

Our Reference

Date

E-Mail

Dear

Rectification notice: ADD NAME OF PROVIDER

In light of a series of 'Requires Improvement' CQC inspection outcomes and our own ongoing quality improvement activity with (**Provider Name**), a joint decision has been taken by Somerset County Council and Somerset Clinical Commissioning Group to formally issue a Rectification Notice reflecting the nature of the failures of care described in the latest inspection report.

We would expect significant improvement by the next CQC inspection, which will be our measure of progress. Failure to make sustainable improvements will result in your service being discussed further by the joint Care Provider Commissioning and Quality Board. The Board will decide on any further action to be taken following non-compliance with an agreed rectification action plan and may issue a Final Warning Notice. You must be able to evidence sustained improvement to levels accepted by the Commissioning and Quality Board within a maximum of six months from being issued with a Final Warning Notice. Please be aware that if you are unable to evidence improvements as set out in the Final Warning Notice, the Commissioning and Quality Board may decide to notify you of a breach of contract and decide to terminate / decommission the service (Letter of Termination).

I have enclosed the joint contract, risk management and quality policy, which includes information about the Care Provider Commissioning and Quality Board for your reference. We will continue to work with you and your Registered Manager to support and monitor progress against expected improvements in line with our existing quality improvement mechanisms. Please could you confirm receipt of this letter.

Yours sincerely,

Name

Chair of Commissioning & Quality Board

cc. Registered Manager

Members of the Joint SCC/SCCG Commissioning & Quality Board

Encs. Contract, Risk Management and Quality Policy

Table 5 – Final Warning Notice Letter

CONFIDENTIAL
(Owner)

Please ask for



Direct Dial

Our Reference

Date

E-Mail

Dear

Final Warning Notice: **Provider Name**

Provider Name was inspected by the Care Quality Commission in **add date** and found to be **XXX** overall and in the areas of **XXXX**.

Consequently, a decision was taken by Somerset County Council and Somerset Clinical Commissioning Group at its joint Commissioning and Quality Board meeting on **add date** to formally issue a Final Warning Notice reflecting the serious nature of the failures of care described in the inspection report and the home's inspection outcome history.

You must be able to evidence sustained improvement to levels accepted by the Commissioning and Quality Board within a maximum of six months from being issued with a Final Warning Notice. Please be aware that if you are unable to evidence improvements as set out in the Final Warning Notice, the Commissioning and Quality Board may decide to notify you of a breach of contract and decide to terminate / decommission the service (Letter of Termination).

I have enclosed the joint contract, risk management and quality policy, which includes information about the Care Provider Commissioning and Quality Board for your reference. We will continue to work with you and your staff to support and monitor progress against expected improvements in line with our existing quality assurance processes. Please confirm receipt of this letter.

Yours sincerely,

Name
Chair of Commissioning & Quality Board

cc. Procurement Team, Somerset County Council
Members of the Joint SCC/SCCG Commissioning & Quality Board
Registered Manager

Encs. Contract, Risk Management and Quality Policy

Managed Placements Memo



Managed Placements (Updated [insert date])

This document is a confidential memo shared only between Local Authority and Health staff involved in supporting people to find care and support in the community and in care settings.

The Managed Placements Memo is in three parts. The name/s of provider/s where safeguarding and/or quality concerns have been identified are listed under the geographical area in which they are situated and the type of restriction applied:

RED	The first section refers to providers where SCC is not currently agreeing new placements
AMBER	The second part is where SCC has put certain restrictions on placements
GREEN	The third is where restrictions have been removed since the last published list and SCC are now placing

Red and Amber: Staff must first contact the named manager before making contact with the provider so that they can be fully aware of issues, enabling them to have discussions with their service user where appropriate.

The Memo will also include an update on the SCCG's commissioning position for CHC.

When the quality and/or safeguarding issues have been resolved the manager will notify the Memo Administrator of change or removal of the provider.

- RC = Residential Care
- NC = Nursing Care
- SRC = Specialist Residential Care
- DCA = Domiciliary Care Agency
- SL = Supported Living

RED - NOT CURRENTLY PLACING

Type of Service	Name and Address of Service Provider	SCC Contact Name and Telephone Number	Date Added
Taunton			
Mendip			
Sedgemoor and West Somerset			
South Somerset			

AMBER - PLACING WITH RESTRICTIONS

AMBER - PLACING WITH RESTRICTIONS			

GREEN – RESTRICTIONS REMOVED, SCC NOW PLACING

GREEN – RESTRICTIONS REMOVED, SCC NOW PLACING			

Care Provider Commissioning & Quality Board Terms of Reference

1. Purpose

Somerset County Council and Somerset Clinical Commissioning Group established a quarterly Commissioning and Quality Board in March 2017.

These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Board.

The purpose of the Board is to support clearer evidence-based commissioning/de-commissioning decision-making relative to the ongoing quality and safeguarding concerns in our care market.

The Board will:

- Cover care providers delivering services in Somerset, eg residential and nursing providers, domiciliary care including supported living. The Board's remit will not include Acute Trusts;
- Hear cases of local failing care providers from staff involved in the Quality Improvement Meeting/Whole Service Concern (QIM/WSC) process;
- Provide a strategic steer and decision-making function for failing care providers, including the potential decommissioning of such service;
- Ensure a decision-making pathway is followed, that aligns with policy and contractual expectations, and ensures a transparent approach is taken in informing providers of its work and expectations in line with duty of candour requirements
- Update the NHS / SCC joint Contract, Risk Management & Quality policy as needed

Any initiation of a decommissioning proposal must be based on tangible evidence and detailed consideration must be given to adverse impact of the decision, with risks identified clearly documented.

Information the Board would expect to support with and inform decision-making includes:

- CQC Compliance history over past 3-4 years
- WSC / Safeguarding / QIM history, with associated LA/CHC Commissioning status
- Key headline concerns
- Operational recommendations re: warning notices etc
- Any learning / recommendations to emerge from single/multi-agency case reviews
- Annual spend with the provider / financial viability Market risk
- Nature of service provision and volume of service users

Action taken will be proportionate to the identified issues and may include the following factors: significance of the issue; the risk involved, including persistent and serious risk/s to resident safety; breach of contract; the strategic fit of the service; the provider not demonstrably delivering on agreed outcomes following mutually agreed remedial action.

The CCG is unable to de-commission FNC for all funders but can do so for CHC funding. Therefore it is recognised that self-funders may choose to continue buying services in a provider where the LA has decommissioned services.

Where the LA decommissions services from a provider, the Local Authority will maintain safeguarding oversight and statutory responsibilities.

A maximum timescale for improvement of 6 months from referral to the Board is expected, depending on provider size, scale and nature of the service in question. This aligns expectations with the CQC who set a 6 month timeframe for improvement where homes are put in special measures. Providers should be able to evidence sustained improvement to levels acceptable by the Commissioning & Quality Board.

Where a provider comes out of 'final warning' route due to evidenced improvement, the Board will expect an automatic review in six months to demonstrate sustainability.

2. Reporting arrangements

All meetings shall be formally minuted and a record kept of all reports/documents considered.

Papers to be issued to all members at least a week in advance of the meeting.

3. Membership

The membership of the Commissioning & Quality Board is listed at Appendix 1.

Members are required to attend 3 out of the 4 scheduled meetings. Attendance will be monitored throughout the year.

Any proposed changes to the Terms of Reference of the Commissioning & Quality Board must be approved by the Board.

The Board will include representation from staff in the CCG and SCC that have not been involved in the quality improvement process in order to offer further independent oversight and scrutiny for significant decisions made.

4. Appointment of Chairs

The Chair and Vice Chair will be appointed by the Board.

It has been agreed that the role of Chair and Vice Chair will rotate on an annual basis between the Local Authority and Clinical Commissioning Group.

5. Quoracy

The quorum for meetings shall be not less than three members and shall include:

- A CCG Safeguarding and Commissioning representative
- A Manager from the Local Authority's Quality & Performance Service
- A Strategic Commissioner from the Local Authority

If the quorum has not been reached then the meeting may proceed if those attending agree, but any record of the meeting should be clearly indicated as notes rather than formal minutes and no decisions may be taken by the non-quorate meeting of the Board.

In situations where major issues occurs requiring urgent decisions outside of regular, scheduled meetings, decision-making via virtual meetings, email and/ or teleconference will be undertaken.

6. Review of the Terms of Reference

The Terms of Reference will be reviewed annually as a minimum, or as and when required.

Appendix 1 – Membership

Membership of the Commissioning & Quality Board will comprise of the following:

Members

Decision Makers

- Deputy Director of Quality & Patient Safety, Somerset CCG
- Strategic Commissioning Manager/s, Adults & Health, SCC
- Service Manager, Commercial & Procurement Team, SCC (when appropriate)
- Strategic Manager, Quality & Performance, SCC

Advisors

- Safeguarding Lead Nurse for Adults, CHC Team, Somerset CCG
- Service Manager, Quality & Performance, SCC

Business Support

- Business Support (Minutes)

Care Provider Commissioning and Quality Board: Decision making

Context

The Contract, Quality and Risk Management Policy and its associated processes are aligned with existing contract terms and conditions which detail procedures for handling default, breach and termination of contract as well as a dispute process for resolution of any conflict. Every provider has a contract for the services they provide and this is a legally binding document.

Whilst specific contract terms may vary across different contracts, these specific aspects are covered in all contracts and provide a formal basis to support decisions about appropriate action to take when providers are subject to Quality Improvement Meetings (QIM) or the Whole Service Concern (WSC) safeguarding framework.

The Commissioning and Quality Board has a remit to make decisions to support operational staff about what action to take if a care service is not meeting the standards set out in the contract and as required by the Care Quality Commission, for example, concerns arising from QIM or WSC processes, in addition to, but not exclusively from, CQC inspection outcomes.

Key principles

1. The acceptable quality standard for registered providers in Somerset is a CQC inspection overall rating of at least 'Good'. Inspection ratings below this standard will automatically constitute a service provider default.
2. Where a service is subject to a Whole Service Concern under SCC's safeguarding Policy, this will automatically constitute a service provider default.

Decision-making process

Following QIM discussions where further provider actions are required to evidence improvement, providers will be referred to the Commissioning and Quality Board who will be notified of a service provider default detailing any rectification actions required of the service provider and associated timescales.

If providers are unable to evidence improvement to levels accepted by the Commissioning and Quality Board over a reasonable time period, taking into account provider size, scale and nature of the service, such as non-compliance, the provider will be escalated to the Commissioning and Quality Board for decision about further action.

The Commissioning and Quality Board will decide on the need to detail any further action to be taken following non-compliance with an agreed rectification action plan (Rectification Notice and/or Final Warning Notice).

As part of issuing a Final Warning Notice and dependent on the nature and scale of the service, a strategic meeting between providers and SCC / SCCG senior managers may be required to discuss the contractual position, expectations and timeframes.

Providers should be able to evidence sustained improvement to levels accepted by the Commissioning and Quality Board within a maximum of six months from being escalated to the Board.

If a provider is unable to evidence improvements as set out in the Final Warning Notice, the Commissioning and Quality Board may decide to notify the provider of a breach of contract and decision to terminate / decommission the service (Letter of Termination).

Decision making flow chart

