

**Agenda Item 8**

<b>Report To:</b>	<b>Clinical Commissioning Group Governing Body</b> - 14 November 2013
<b>Title of Report:</b>	<b>Quest for Quality in Care Homes – Multi-Disciplinary Team</b>
<b>FOI Exemption Category:</b>	<b>Open</b>
<b>Responsible Officer:</b>	<b>Debbie Graham – Head of Service Improvement</b>
<b>CCG Lead:</b>	Wendy Iles (CCG Associate Lead) Dr Steven Cleasby (CCG Lead)
<b>Report Author and Job Title:</b>	<b>Rhona Radley – Senior Service Improvement Manager</b> <b>Calderdale CCG</b>
<b>Executive Summary:</b>	The report provides the following: 1) A brief description of the tender process. 2) A brief description of the service 3) The recommendation of the panel in relation to the successful bidder and award of contract.
<b>Finance/Resource Implications:</b>	The Quest for Quality Multi-Disciplinary Team budget has been identified at £0.5m per annum.
<b>Risk Assessment:</b>	The risks and mitigating actions are provided in Section 4.0 of this report
<b>Legal Implications:</b>	The services are categorised as Part B in terms of the Public Procurement Directives and are therefore not subject to the full European Union procurement regime requirements.
<b>Health Benefits:</b>	The process has identified providers capable of providing the particular type and complexity of care. This will ensure the best outcomes for patients as they will receive services from high quality organisations.
<b>Staffing/Workforce Implications:</b>	Any staffing/workforce implications are covered in the risks and mitigating actions provided in Section 4.0
<b>Outcome of Equality Impact Assessment:</b>	Equality Impact Assessment completed and approved by Quality Committee and CSU EQIA Lead.
<b>Recommendation (s):</b>	1) The Governing Body approves the recommendation to award the contract to the preferred Bidder as set out in the paper 2) That the Contract is awarded for a period of 26 months.

## **1.0 Purpose of Report**

- 1.1 The purpose of the report is to detail the procurement process for “A Quest for Quality in Care Homes – Multi-Disciplinary Team”, the outcome of the evaluation process and to obtain approval for the award of contract in accordance with the CCG’s Standing Orders and Standing Financial Instructions, in which, Clause 6.21.1 states that award of contracts with a value of more than £500,000 must be approved by the Governing Body.
- 1.2 It is requested by the tender evaluation panel that the Governing Body approves the award of a contract for 26 months to the organisation designated as **Provider A**, in accordance with the recommendations contained in this report.

## **2.0 Background**

- 2.1 The Quest for Quality in Care Homes Project is part of a three stage process led by Calderdale Clinical Commissioning Group in partnership with Calderdale MBC.
- 2.2 The key element of this project is to invest in an integrated professional and clinical approach to support anticipatory care planning that aims to ensure high quality standards are applied consistently through care homes to reduce variation across the local area.
- 2.3 The new model, which is being rolled out across 25 care homes in Calderdale, includes the development of a multi-disciplinary team that will provide a structured, proactive and multi-disciplinary approach to care with co-ordinated teams working together, built on primary care and supported by a range of specialists including geriatric medicine, specialist community nursing, mental health and rehabilitation medicine. A full list of the homes involved in the project is attached in **Appendix 1**.
- 2.4 The dedicated multi-disciplinary team commissioned through this contract will improve quality by working across the specified care homes to:
  - embed and standardise processes,
  - provide planned and proactive care; support timely, safe and sustainable discharges; encompassing preferred place of care and end-of-life plans; first point of contact for advice, including by phone, prior to a GP visit being requested.
  - provide a seamless approach to case management; and
  - ensure residents are supported to regain their maximum potential and mobility
- 2.5 This project will be commissioned for a period of 26 months, commencing in January 2014, this will allow the MDT to be embedded in the homes over the winter period of this financial year, with the contract coming to an end March 2016.
- 2.6 The project will be evaluated during the term of the contract period to assess the quality and quantify the impact made against the key result areas in the specification. A formal review of the service will be undertaken on a 3 monthly basis to determine outcomes and discuss the development of the project.

## **3.0 The procurement and evaluation process**

- 3.1 The procurement process commenced on 13<sup>th</sup> June 2013, for a Multi-Disciplinary Team (MDT) in Care Homes as part of the Quest for Quality in Care Homes QIPP Project. The estimated annual value of the MDT Service to be commissioned directly by NHS Calderdale CCG is in the region of £0.5m.
- 3.2 The project was run as an “Open” procurement i.e. all tenders received from interested parties would be evaluated. The advert was published on [www.supply2health.nhs.uk](http://www.supply2health.nhs.uk)

(NHS procurement portal) on 13<sup>th</sup> June 2013. The running of the procurement process was undertaken by West and South Yorkshire and Bassetlaw Commissioning Support Unit (CSU) on behalf of the CCG.

### **Details of the tender**

3.3 The required tender response was based on the service specification that had been developed and approved through the CCG's governance processes, with the specification subject to review and approval by the Quality Committee. The bidders were required to provide responses to questions divided into sections. The weighting of the sections and questions were based on 70% quality factors and 30% cost, broken down as follows:

Quality: 5% Financial Information; 28% Service Delivery; 25% Service Quality; and 12% Patient Experience and Performance Monitoring

Cost: 30% Cost of Service;

3.4 The detail regarding sections, weightings, the questions asked and the rationale around assessing the bidder's response are included in this paper in **Appendix 2**.

3.5 Two organisations submitted bids via the Bravo e-tendering system by the closing date of 6<sup>th</sup> August 2013.

### **Evaluation**

3.6 The tender evaluation was conducted using the Award system by appropriately qualified and experienced evaluators from both the CCG and MBC the panel comprised the following:

- NHS Calderdale CCG Associate Lead – Dr John Taylor
- NHS Calderdale CCG – Senior Service Improvement Manager (Chair)
- NHS Calderdale CCG – Quality Manager
- NHS Calderdale CCG – Finance Manager
- Calderdale Metropolitan Council – Commissioning Manager

3.7 Bidders had to score more than 60% overall and score "Good" or "Excellent" for each element of the service delivery question relating to the care category. The following scoring mechanism was in place:

- Excellent Confidence – 3
- Good Confidence – 2
- Concerns – 1
- Major Concerns – 0

3.8 Clarifications were sought from each bidder concerning their paper bid and both bidders were invited to an interview to provide further clarifications on their bids.

### **Outcome**

3.9 The table below sets out the comparative total evaluated scores for the organisations submitting a tender. The full detailed cost and quality evaluation scoring is show in **Appendix 3**.

	<b>Provider A</b>	<b>Provider B</b>
<b>Overall Score</b>	<b>86.00</b>	<b>77.00</b>
<b>Overall Cost</b>	<b>£1,045,594</b>	<b>£1,065,863</b>

## **4.0 Risks and Issues**

- 4.1 There are a number risks and issues that are associated with not awarding a contract for this service at this time and these are summarised below:
- The commissioners will not meet the Quest for Quality in Care Homes QIPP target for 2013/14 and 2014/15
  - Commissioners will not improve/standardise the quality of care provided in care homes across Calderdale.
  - This could delay/halt the planned roll-out of tele-monitoring across the homes aimed to provide planned and proactive care across the care homes.
  - Reputational damage – There is an expectation from stakeholders and care homes involved in this project for the CCG to proceed to implementation.

## **5.0 Next Steps**

- 5.1 Subject to the approval of the recommendation by the Governing Body, the successful bidder will be contacted immediately by the CSU to inform them of the intention to award them the contract.
- 5.2 Unsuccessful bidders will be notified by the CSU via Supply2Health to inform them of the decision and to provide them with feedback concerning all aspects of their bid. A ten day standstill period will commence so that unsuccessful bidders can fully consider their feedback and request further clarification if required.
- 5.3 Once the standstill period is complete, an implementation plan will be confirmed with the successful provider and appropriate actions in the plan will commence to ensure the service is ready for the anticipated start date.
- 5.4 An NHS Standard Contract will be entered into with the provider for the term of period agreed. The contract draft will be completed and signed by the provider prior to the commencement of the service.

## **6.0 Recommendation**

- 6.1 On the basis of quality and cost, it is recommended that:
- i) the Governing Body notes the outcome of the procurement process and approves to award the contract to Provider A.
  - ii) the contract is awarded for a period of 26 months.

## **7.0 Appendices**

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|--------------|---|
| Appendix 1 – | List of Care Homes participating in the Project |
| Appendix 2 – | Weightings and Questions                        |
| Appendix 3 - | Scoring Matrix                                  |

## Appendix 1

### **A Quest for Quality in Care Homes – Multi-Disciplinary Team List of Care Homes**

Asquith Hall Nursing Home	Todmorden
Bankfield Manor Residential Home	Halifax
Bankfield Residential and Intermediate Care Home	Sowerby Bridge
Brackenbed View Nursing and Intermediate Care Home	Halifax
Cedar Grange Residential Home	Halifax
Elm Royd Nursing and Intermediate Care Home	Brighouse
Ferney lee Residential and Intermediate Care Home	Todmorden
Fernside Hall Residential and Intermediate Care Home	Halifax
High Lee Barn Care Home	Luddendenfoot
Ingwood Nursing Home	Greetland
Lands House Care Home	Brighouse
Millreed Lodge Nursing Home	Todmorden
Park View Nursing and Intermediate Care Home	Halifax
Rastrick Grange Care House	Brighouse
Rastrick Hall Care Home	Brighouse
Savile House Residential Home	Halifax
Stafford Manor Care Home	Halifax
Summerfield House Nursing Home	Halifax
The Manor House Nursing Home	Halifax
The Manor House Residential Home	Halifax
Trinity Fold Care Home	Halifax
Valley View Care Home	Halifax
Waterside Lodge Care Home	Todmorden
White Windows Care Home	Sowerby Bridge
Woodfield Grange Nursing Home	Greetland

**Quest for Quality in Care Homes – Multi-Disciplinary Team  
Weightings and Bidder Questions**

**Weightings:**

After the deadline for the receipt of Tender responses, Calderdale CCG will evaluate the individual responses based on the information provided.

The questions are divided into sections. The weighting of the sections and questions are as follows:

Name	Weighting
<b>1.0 Cost of Service</b>	<b>30%</b>
1.1 Costs of the service.	30%
2.1 Financial Risk	<b>5%</b>
<b>3.0 Service Delivery</b>	<b>28%</b>
3.1 Implementation and development	8%
3.2 Service Co-ordination	10%
3.3 Partnership working	5%
3.4 IM&T Requirements	5%
<b>4.0 Service Quality and Patient Experience</b>	<b>25%</b>
4.1 Quality Improvement	10%
4.2 Clinical risk	10%
4.3 Client Satisfaction	5%
<b>5.0 Performance and Monitoring</b>	<b>12%</b>
5.1 Measuring Progress	4%
5.2 Data Collection, Recording, Monitoring and Reporting	4%
5.3 Implementation Plan	4%

## **Bidder Questions:**

The contract will be awarded on the basis of the most economically advantageous offer in accordance with the evaluation criteria detailed below.

## **Evaluation Criteria**

Name	Evaluation Instructions	Weighting
2.1.0 Cost of Service		30%
2.1.1 Costs of the service.	<p>Question: Bidders will be assessed on the costs of the service. Scoring Guidance: The lowest cost submission scores 100</p> <p>The other submissions are scored as a descending percentage compared with the lowest cost submission</p>	30%
2.2.0 Financial Information		5%
2.2.1 Financial Risk	<p>Question: Bidders were asked to Quantify the financial risks associated with the service, specify the likelihood of the risk and how they would manage the risk. They were also asked to indicate who owns the risk.</p> <p>The Method of Scoring: <i>Excellent confidence:</i> The risk assessment identifies full and detailed financial risk, including any consequences and impacts on service delivery. The probabilities of risks are also included. The detailed actions to mitigate risks are identified. <i>Good confidence:</i> The risk assessment identifies risks and how these will impact on service delivery. Actions to mitigate these are identified. <i>Concerns:</i> There is a limited risk assessment. It is unclear on how the risks have been defined and how these will be managed. There is no specific reference to cost per case activity. <i>Major concerns:</i> No risk analysis is provided.</p>	5%
2.3.0 Service Delivery		28%
2.3.1 Implementation and development	<p>Question: Bidders were asked to describe the staffing structure to meet the service delivery, how the competencies of the workforce will be developed and maintained to support effective and quality-based care and adhere to appropriate standards and policies for competence and capability as identified within the service specification.</p> <p>The Method of Scoring: <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification. <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.</p>	8%

Name	Evaluation Instructions	Weighting
	<p><i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident in the model</p>	
2.3.2 Service Co-ordination	<p>Question: Bidders were asked to describe the model which would deliver an integrated holistic service of anticipatory care</p> <p>The Method of Scoring:  <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification.  <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.  <i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident in the model.</p>	10%
2.3.3 Partnership working	<p>Question: Bidders were asked how partnership working will look, both in terms of its extent and nature to deliver all of the stated Service Outcomes</p> <p>The Method of Scoring:  <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification.  <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.  <i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident that partnership working has been considered.</p>	5%
2.3.4 IM&T Requirements	<p>Question: Bidders was asked to detail how it would ensure that appropriate “IM&amp;T Systems” are in place to support the services. “IM&amp;T Systems” means all computer hardware, software, networking, training, support and maintenance necessary to support and ensure effective delivery of the Services</p> <p>The Method of Scoring  <i>Excellent confidence:</i> There is a clear demonstration of a full approach to the compliance with the National Programme for Information Technology.  <i>Good confidence:</i> An approach is detailed that meets the stated requirements for connectivity, the Patient Demographic Service and the NHS care Records Service.  <i>Concerns:</i> An approach is detailed but it fails to meet the requirements for one of the following: Connectivity, the Patient Demographic Service and the NHS care Records Service.  <i>Major concerns:</i> There is not enough detail to be confident on how each of the three areas of connectivity, the Patient Demographic Service and the NHS care Records Service will be addressed.</p>	5%
2.4.0 Service Quality and Patient Experience		25%
2.4.1 Quality Improvement	<p>Question: Bidders were asked to identify, implement and demonstrate continuous improvement to the quality of service as part of their Quality Framework. The framework should demonstrate compliance with all elements included in the service specification including: Care Quality Commission Regulatory Requirements and support the requirements of relevant national guidance including, National Frameworks, Department of Health, and relevant NICE guidance.</p>	10%

Name	Evaluation Instructions	Weighting
	<p>The Method of Scoring:  <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification.  <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.  <i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident that quality improvement would be managed or embedded within service delivery.</p>	
2.4.2 Clinical risk	<p>Question: Bidders were asked how the service will manage and respond to clinical risk and patient safety including issues relating to safeguarding</p> <p>The Method of Scoring:  <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification.  <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.  <i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident that clinical/patient risk would be managed or embedded within service delivery.</p>	10%
2.4.3 Client Satisfaction	<p>Question: Bidders were asked how the experience and outcomes of patients will be gathered and used to improve the service</p> <p>Question: Bidders were asked how the patient experience and satisfaction and that of their parents/carers will be gathered and used to improve the service</p> <p>The Method of Scoring:  <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification.  <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.  <i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident that the satisfaction and experience of patients will be gathered and used to improve the service.</p>	5%

Name	Evaluation Instructions	Weighting
2.5.0 Performance and Monitoring		12%
2.5.1 Measuring Progress	<p>Question: Bidders were asked to provide a framework to meet the essential standards of quality and safety set out by the Care Quality Commission</p> <p>The Method of Scoring:  <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification.  <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.  <i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident in the framework for the performance management of the service.</p>	4%
2.5.2 Data Collection, Recording, Monitoring and Reporting	<p>Question: Bidders were asked how they will ensure the effective collection, recording, monitoring and reporting of data in accordance with all of the stated data reporting requirements in the Service Specification.</p> <p>The Method of Scoring:  <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification.  <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.  <i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident in the proposed data management proposal.</p>	4%
2.5.3 Implementation Plan	<p>Question: Bidders were asked to provide an implementation plan detailing clear target dates, deliverables and risk mitigation for how the mobilisation of the service will be implemented to meet the defined timescale for the service to start and to also cover post contract start date intentions.</p> <p>The Method of Scoring:  <i>Excellent confidence:</i> There is a clear demonstration of all of the elements in the specification.  <i>Good confidence:</i> An approach is detailed and meets the majority of the elements in the specification.  <i>Concerns:</i> An approach is detailed but it fails to meet the majority of the elements specified  <i>Major concerns:</i> There is not enough information presented to be confident that the implementation plan will deliver the service in time for the defined service commencement as outlined in the Service Specification</p>	4%

**Quest for Quality in Care Homes Multi-Disciplinary Team  
Service Scoring Matrix**

	<b>Provider A Score</b>	<b>Provider A Weighted Score</b>	<b>Provider B Score</b>	<b>Provider B Weighted Score</b>	<b>% Overall Weighting</b>
Overall	86.00	86.00	77.00	77.00	100.00
1.1 Costs of the service.	100.00	30.00	98.00	29.40	30.00
2.1 Financial Risk	75.00	3.75	40.00	2.00	5.00
3.1 Implementation and development	75.00	6.00	75.00	6.00	8.00
3.2 Service Co-ordination	100.00	10.00	75.00	7.50	10.00
3.3 Partnership working	75.00	3.75	75.00	3.75	5.00
3.4 IM&T Requirements	75.00	3.75	40.00	2.00	5.00
4.1 Quality Improvement	75.00	7.50	75.00	7.50	10.00
4.2 Clinical risk	75.00	7.50	75.00	7.50	10.00
4.3 Client Satisfaction	75.00	3.75	75.00	3.75	5.00
5.1 Measuring Progress	100.00	4.00	40.00	1.60	4.00
5.2 Data Collection, Recording, Monitoring and Reporting	75.00	3.00	75.00	3.00	4.00
5.3 Implementation Plan (Clinical Service)	75.00	3.00	75.00	3.00	4.00