

Meeting of South Ayrshire Health and Social Care Partnership	Performance & Audit Committee	
Held on:	20 February 2024	
Agenda Item:	9	
Title:	Quality Assurance Annual Report for Commissioned Services – January to December 2023	
Summary:		
<p>The purpose of this report is to provide a summative overview in relation to Quality Assurance for Commissioned Services from January – December 2023 to the Performance and Audit Committee.</p> <p>This report and the attached dashboard (Appendix 2) were informed by the monthly and six-monthly Quality Assurance Reports produced by Commissioning and disseminated to Head of Services, Chief Social Work Officer and Community Services Oversight Group (CSOG).</p>		
Author:	Julie Phair, Contracts and Commissioning Co-ordinator	
Recommendations:		
<p>It is recommended that the Performance and Audit Committee</p> <ul style="list-style-type: none"> i. Note the summative data illustrated in this Report, the itemised data illustrated in Appendix 2 and provide any comment as necessary ii. Note the Workstreams/Areas to Progress for year 2024 and provide any comment as necessary 		
Route to meeting:		
<p>South Ayrshire Health and Social Care Partnership (SAHSCP) introduced a Quality Assurance Framework for Commissioned Services (Appendix 1) in year 2021. This annual report submitted to the Performance and Audit Committee will offer assurance and provide oversight to the activity undertaken on behalf of the SAHSCP with our commissioned services. These visits are in addition to any formal service inspection undertaken by regulatory bodies i.e. the Care Inspectorate.</p>		
Implications:		
Financial	<input type="checkbox"/>	
HR	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	
Equalities	<input type="checkbox"/>	
Sustainability	<input type="checkbox"/>	
Policy	<input type="checkbox"/>	
ICT	<input type="checkbox"/>	

QUALITY ASSURANCE REPORT FOR COMMISSIONED SERVICES YEAR 2023

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide a summative overview in relation to Quality Assurance for Commissioned Services from January – December 2023 to the Performance and Audit Committee.
- 1.2 This report and the attached dashboard ([Appendix 2](#)) were informed by the monthly and six-monthly Quality Assurance Reports produced by Commissioning and disseminated to Head of Services, Chief Social Work Officer and Community Services Oversight Group (CSOG).

2. RECOMMENDATION

- 2.1 It is recommended that the Performance and Audit Committee
 - i. Note the data illustrated in Table 1 and the attached dashboard ([Appendix 2](#)) and provide any comment as necessary
 - ii. Note the Workstreams/Areas to Progress for year 2024 and provide any comment as necessary

3. BACKGROUND INFORMATION

- 3.1 SAHSCP introduced their Quality Assurance Framework for Commissioned Services in year 2021.
- 3.2 SAHSCP quality statement of intent extracted from the Quality Assurance Framework is:

“We consider the delivery of high-quality social care and support as a shared objective that can be best achieved by all stakeholders working together. Stakeholders include people who access services, relatives, carers, social care providers, staff delivering the service, social work staff, health colleagues, safeguarding professionals and regulatory bodies including the Care Inspectorate. Our approach will be transparent and focused on delivering consistently high standards of care and support. We are commitment to ongoing engagement with all our commissioned services, rebuilding our provider forum and having a whole system focus on continuous improvement.”

- 3.3 The Quality Assurance Framework sets out both the framework encompassing intelligence and evidence-based approach that SAHSCP implements to provide assurance that our commissioned services are providing high quality care and support on a consistent basis.

4. REPORT










4.1 Dashboard


- 4.1.1 The attached dashboard ([Appendix 2](#)) provides both a qualitative and quantitative itemised overview from January to December 2023 from a range of intelligence developed from partnership and shared responsibility engagements:

- Allied Health Professionals (AHPs)/Nursing Feedback
- Care Inspectorate Reports/Engagement
- Quality Assurance Visits
- Quality Assurance Log
- Service User Feedback
- Care Managers Feedback
- Care Home Review Team
- Care Home Professional Support Team
- Complaints/Concerns and Feedback

4.2 Summary Data

4.2.1 Table 1 illustrates summative data extracted from the dashboard. Services are assessed and rated using a Red, Amber, or Green status.

Table 1	
	A total of 66 Quality Assurance visits were completed during year 2023.
	62 (94%) services were awarded a GREEN RAG status following their visit.
	4 (6%) services were awarded an AMBER RAG status following their first visit.
	Commissioning provided supportive measures to the three services who received an AMBER RAG. The supportive measures included twenty-five supportive meetings focusing on commissioned services Improvement Plans. Ongoing support was provided to the services ranging from three to nine months. At the date of this report, one service was commencing supportive measures. Three quality assurance follow up visits were completed to ensure that the commissioned services had taken the necessary remedial actions.
	Following supportive measures, three services who received an AMBER RAG status were successful in gaining a GREEN RAG status at their follow up visit. At the date of this report, one service was commencing supportive measures.
	0 (0%) services were awarded a RED RAG status following their first visit.
	There was a total of 68 complaints across all portfolios highlighted to the Commissioning team during year 2023. (N.B. there may have been other complaints received which were not forwarded to the team for inclusion).
	There was a total of 20 incidents across all portfolios highlighted to the Commissioning team during year 2023. (N.B. there are likely to have been a number of incidents appropriately managed at local level not requiring any support or input from the Commissioning team).
	There was a total of 31 notifications across all portfolios highlighted to the Commissioning team during year 2023. (N.B. similar to incidents, it is likely that a number of notifications will have been managed at a local

	<p>level not requiring any support or input from the Commissioning team).</p> <p>The sharing of intelligence is a wide-ranging process sharing intelligence gathered through the quality assurance process with the CI, the Community Services Oversight Group (CSOG) and other necessary parties. Where intelligence has caused concerns with commissioned services, collaborative actions have been identified and implemented.</p> <p>For example, during year 2023, intelligence obtained through the quality assurance process was shared with the CI resulting in the CI expediting an inspection visit to one commissioned service.</p> <p>89 commissioned services were inspected by the Care Inspectorate during January to November 2023 (<i>reference Care Inspectorate Data Store</i>) of which:</p> <ul style="list-style-type: none"> • Key Question 1 ‘How well do we support people’s wellbeing?’ <ul style="list-style-type: none"> ○ 83 service Providers across south Ayrshire scored Grade 4 - Good or above. • Key Question 2 – ‘How well is our care and support planned?’ <ul style="list-style-type: none"> ○ 78 service providers across South Ayrshire scored Grade 4 - Good or above. • Key Question 3 – ‘How good is our setting’? <ul style="list-style-type: none"> ○ 148 service providers across South Ayrshire scored Grade 4 – Good and above. • Key Question 4 - ‘How good is our staff team’? <ul style="list-style-type: none"> ○ 163 providers across South Ayrshire scored Grades 4 – Good or above. • Key Question 5 - ‘How good is our leadership’? <ul style="list-style-type: none"> ○ 187 service providers across South Ayrshire scored Grade 4 – Good and above.
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4.3 Year 2024 Workstreams/Areas to Progress

4.3.1 The Commissioning function is underpinned by our priority areas defined in the SAHSCP Integration Joint Board Strategic Plan 2021 - 2031¹.

4.3.2 Priority Area 3 – Quality Assurance:

4.3.3 *“We will enhance our quality assurance framework for HSCP commissioned services, supporting providers to provide high quality and safe services, encouraging a culture of self-evaluation and applying rigour to public protection in collaboration with regulators and through good clinical and care governance”*

4.4 Improvement to Notification Process

4.4.1 Following a review of the existing notification process, it was identified that to ensure all notification activity was captured as part of quality assurance ongoing assessments, the process needed to be reviewed.

- Recognised assessments tools (Lean Six SIGMA and AAIFs methodologies) were used to examine and identify where improvements were required.

¹ [SAHSCP Strategic Plan 2021-31](#)

- South Ayrshire Council, Scottish Public Services Ombudsman and Health Service Executive complaints process and procedures were benchmarked
- Process mapped redesigned Notification Process
- Developed Notification E-Form
- Scoping document established with SAHSCP Digital Programme Manager

4.4.2 *“Underpinned by SAHSCP Quality Assurance Framework, create an efficient and effective notification process that shall support direct feedback from individuals in receipt of externally commissioned social care services, with 95% of notifications managed by a redesigned process”*

4.4.3 Workstreams/Areas to Progress:

- Design of system with Webmaster
- Communication Plan
- Consultation
- Test of Change
- Data measures
- Establishment of Standard Operating Procedure (SOP) document
- Notifications Process Roadshow
- Survey – baseline measure
- Report on outcomes

4.5. Provider Health Checks

4.5.1 *“Gather financial intelligence in relation to commissioned services with the ambition of financial risks identified at an earlier stage with the application of a risk assessment process to determine what action, if any is required.”*

4.5.2 As part of the quality assurance process, Commissioning will explore enhancing financial intelligence in collaboration with South Ayrshire Council Internal Audit and other parties to provide a degree of assurance where we can regarding commissioned services financial stability.

4.6 Moratorium Process

4.6.1 *“Establish a written moratorium process to support commissioned services experiencing difficulties. This will be accessible for all staff and commissioned services to view online within the SAHSCP website. This process will be underpinned by the SAHSCP Quality Assurance Framework.”*

4.6.2 Intelligence received from various avenues can trigger concerns for service providers care standards. This can start a process of unannounced visits from the Care Inspectorate and oversight by the SAHSCP. Findings can lead to SAHSCP Chief Social Work Officer (CSWO) imposing enforced moratoriums.

4.6.3 As SAHSCP largest commissioned service, care home managers were surveyed in quarter 4 of 2023 to obtain an insight to their understanding and experience of moratoriums. The Survey achieved a 52% response rate with 92% confirming that they would benefit from a written process to have a better understanding SAHSCP moratorium process.

4.6.4 Recognised assessments tools (AAIFs methodologies) were used to look at the contributing factors that could lead to concerns significant enough to progress to a moratorium and examine/identify where improvements were required.

4.6.5 Workstreams/Areas to Progress:

- Multi-agencies share concerns through the redesigned Notification Process to support the Chief Social Work Officer to reach an expedient decision as to whether to enforce moratoriums to safeguard residents within care homes
- Establish a procedural moratorium process
- Communication Plan
- Consultation
- Internal Approvals
- Test of Change
- Moratorium Process Roadshow
- Supportive Measures for Service Providers
- Survey – baseline measure
- Report on outcomes

4.7 Review of Quality Assurance Framework

4.7.1 *“Complete a review of the current ‘Quality Assurance Framework for Commissioned Services to ensure that the policy is up to date with regulations, legislation, effective and contributes to safe and efficient work practices”*

4.7.2 Workstreams/Areas to Progress:

4.7.3 Explore moving to a Red/Amber/Green (RAG) approach ie service providers would be risk assessed by applying:

- A Review of the existing Framework will be progressed.
- Considerations to introducing a risk matrix approach which would consider data from several sources on an ongoing basis will be included.
- A proportionate approach depending on service setting and contract value
- Development of a self-reporting tool for services

4.7.4 This proposed approach shall enable the Commissioning Team, existing SAHSCP supports and oversight groups to undertake earlier intervention and preventative work with commissioned services on a formal and informal basis. This shall ensure that those using services are safe, receive high quality care and agreed outcomes are achieved.

5. STRATEGIC CONTEXT

5.1 As set out in the South Ayrshire Integration Joint Board Strategic Plan 2021 - 2031 our wider strategic priorities include:

‘We work together to give you the right care in the right place’

‘We help to build communities where people are safe’

‘We are an ambitious and effective Partnership’

To achieve these priorities, SAHSCP are committed to improving their approach to quality assurance and continuous service improvement.

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no financial implications in considering this report.

6.2 Human Resource Implications

6.2.1 There are no staffing implications in consideration of this report.

6.3 Legal Implications

6.3.1 There are no legal implications in consideration of this report.

6.4 Equalities implications

6.4.1 There are no equality implications arising in consideration of this report.

6.5 Sustainability implications

6.5.1 There are no sustainability implications arising in consideration of this report.

6.6 Clinical/professional assessment

6.6.1 There is no requirement for a clinical/professional assessment in consideration of this report.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 This report has been prepared in consultation with the Business Support Officer (Quality Assurance)

8. RISK ASSESSMENT

8.1. There are no immediate risks associated with the approval of this report.

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