

Staffordshire and Stoke-on-Trent CCG Host Commissioner

Health and Care Overview and Scrutiny Committee
October 2021

Host Commissioner LDA governance in place to oversee quality and safety.



- Intelligence gathered monthly via system wide Internal Independent Hospital Intelligence Sharing Meeting from CCG Safeguarding, LA safeguarding, LDAP Leads, Police, NSCHT/MPFT and intelligence submitted to datix from placing commissioners
- Health watch attend CCG Internal Independent Hospital Intelligence Sharing Meeting & participated in virtual quality visits gathering feedback from relatives.
- Feedback collated and reported into monthly CQC portfolio review calls.
- Trends and themes discussed at Quarterly Independent hospital meeting and share learning- attended by system partners i.e. Asist, NHSE, CQC, IH Managers, Health watch, Safeguarding, MPFT & NSCHT
- Exception report included within Quality & Safety report to QSCC monthly since April. Quarterly update report submitted to QSCC
- Reported to governing body by exception

- Contacts well established as CCG designated Professionals are part of Quality team and regularly share intelligence
- The Independent hospitals update a spread sheet of current patients with their placing Commissioner. Updated by the Provider and submitted to Host Commissioner monthly.
- All out of area placing Commissioners contacted using NHSE template advising host commissioner guidance and responsibilities. Generic soft intelligence inbox email to report datix soft intelligence. Any new commissioners contacts updated monthly
- Good working relationships and weekly updates with CQC, Police, Safeguarding for information sharing
- Safeguarding Professional's meeting informed CQC intelligence
- Use the Host Commissioner Guidance for Complex Mental Health too

key issues and risks



Positives

- Existing good Contacts information for Hospital
- Good Relationships with CQC, Safeguarding & Police
- Good system partnership working well established to provide support and assurance for patient safety
- Generic in box already established for intelligence & submissions
- Gap analysis undertaken on draft HC guidance and actions in place.
- System wide Memorandum of Understanding with Acute Mental Health Providers to support failing provider

Issues

- Placing commissioners do not routinely alert us patient placed. (Some emails incorrect)
- No additional resource to implement Host Commissioner Guidance.
- Volume of work created by Provider failure has put pressure on the system. Prioritised due to patient safety.
- No face to face reviews undertaken of service providers during Pandemic. Now undertaken but limited due to Covid restrictions

What is working well and areas to consider improvement



Provider failure SOP for Independent Hospitals.

Memorandum of Understanding with Acute Mental Health Providers to support when a provider is failing

Quality visit schedule implemented with specialist staff using a system wide approach.

Proactive Quality assurance programme for each Hospital including on site visits by relevant specialist and includes patient and carer feedback.

Monthly Quality & Safety meeting with IH Providers in place. (As NHS Contract not held)

NHSE template for safe and well checks shared on a wider foot print

Involvement of other specialist fields i.e. IPC, Safeguarding

Consider business case for specialist Lead for IH Quality Monitoring.

Develop close links with our own placing Commissioners.

Staffordshire and Stoke-on-Trent CCG Placing Commissioner

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Learning Disability & Autism

Current LDA Independent Hospital placements		
Total patients	In STP area	Out of STP area
15	0	8

There are currently patients who were in Independent Hospitals but are now in NHS Hospital beds with 6 locally and 1 in London, 6 are being prepared for community placements

Placements with regulatory action	Within STP	Number of patients	Outside of STP	Number of patients
Inadequate CQC			Healthlinc House, Lincolnshire	2
Requires Improvement CQC			Cygnets Cedar Vale	1

We have 2 organisations where regulators have concerns

All 3 patients have had safe & well checks and are being prepared for community placements

Would be unhelpful to transfer temporarily to another Hospital

Current Complex Care Mental Health Placements		
Total patients	In STP area	Out of STP area
84	42	42

Of the 26 Independent Hospitals where Staffordshire patients are placed 21 are rated as good or better by regulators

Placements with regulatory action	Within STP	Number of patients	Outside of STP	Number of patients
Inadequate CQC	John Munroe Edith Shaw	4	Elysium Healthcare - Field House	2
	John Munroe Rudyard	21		
Requires Improvement CQC	Elysium Healthcare - The Woodhouse	1		
Not assured <i>HCI Wales</i>			Elysium Healthcare – Ty Grosvenor	1

We have 5 organisations where regulators have concerns

All patients have had safe and well checks

John Munroe is undergoing a system review by CCG, MPFT & NSCHT

Patients with Elysium are being prioritised for Multi-disciplinary Team review

Further actions to improve quality



- All Independent Hospitals are now subject to an NHS contract, that specifies minimum operational and quality requirements at all times.
- This contract relationship widens the scope of patient review to include organisational quality in addition to meeting individual needs.
- We have recruited Psychiatrists and Psychologist to add to the Nurses and Social Workers in the multi-disciplinary review team.
- Reviews are being carried out “in person” recognising limitation of video contact.
- We have commissioned a housing sector organisation to help us develop services that do not rely on Independent Hospitals for mental health.