

Provision of a managed service contract to run a 30 bed Transfer to Assess Unit sited at Clatterbridge Hospital

Report of:	Anthony Middleton, Chief Operating Officer	
Purpose of paper:	To appraise the Adult Care and Health oversight and scrutiny committee of the rationale and construct of the service.	

1. Introduction

This paper summarises the process and activities undertaken to identify a supplier to provide the managed service contract for the provision of T2A services to the Trust. The report details the major milestones in the tender process and the key factors that led the project group to recommend the award of the contract to Cedar Court (Tamaris Healthcare - Four Seasons Group Holdings Ltd).

2. Background

The Care Act 2014 and the DH Guidance 'Simple Guide to the Care Act and Delayed Transfers of Care' set out the principle that people should not stay in an acute setting any longer than is necessary, and that when a patient is 'medically optimised' i.e. 'that point at which care and assessment can safely be continued in a non-acute setting' that they should be discharged.

'Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting. It is a decision that balances the acute care requirements of the patient, the typical desire of individuals to return to their home environment at the earliest opportunity, the potential harm associated with staying in hospital and the needs of other more acutely ill patients." (NHS England Monthly delayed transfer of care sitrep definitions and guidance)

In Wirral we have a total of 102 'Transfer to Assess' (T2A) beds across 7 sites. The purpose of the beds is to provide assessment and therapy services for those patients who may require longer term support upon leaving hospital. The beds are also a step up provision for the community to avoid unnecessary hospital admissions.

In Wirral there is a commitment from key partners to integrate health and social care services and the beds provide opportunity to integrate further with providers.



3. Rational for non NHS Solution

The rationale for the creation of this additional bed capacity is to maintain patient safety not only for patients requiring emergency care, but also to add resilient capacity in the system for those awaiting planned procedures. Last year's the winter pressures which tested the health and social care systems nationwide, resulted in over 2000 Wirral residents having their elective operations cancelled.

The Wirral health and social care system has been at the forefront of capacity and demand modelling over the past 12 months, indeed the approach is now being rolled out to other areas of the country; and what this presented in Spring/Summer of 2018 was that despite major investments in out of hospital services over the years, demand continues to outstrip supply. The final assessment for the winter of 2018 is that 48 additional beds would be needed in the acute hospital as well as a further 20 beds in the community to provide safe, sustained services.

It is highly frustrating both for patients and the clinical teams employed at Wirral University Teaching Hospitals that at any one point in time there are over 100 patients who are medically optimised and therefore able to be discharged from an acute medical bed, but due to capacity constraints elsewhere these patients remain in hospital.

With the above in mind Wirral Hospitals determined that the model for the 48 bed requirement would be one of additional provision of acute medical and surgical capacity to the tune of 18 beds as well as a new model for 30 beds that would allow a clinical staffing solution matched to the conditions of the medically optimised patients. The latter would operate along similar lines to that of care homes provision but with additional therapy, GP and community geriatrician input. What was not needed was the hospital consultant medical staff, nor registered acute nursing staff who are needed for those patients with the most acute needs. Therefore with full knowledge of commissioners, as well as that of both NHS England and NHS Improvement the Trust commenced a tendering exercise for a provider of those services in July 2018 with the aim of becoming operational in November 2018.



4. Process Undertaken – OJEU Open Tender

The formal tendering process was undertaken to identify potential suppliers for the provision of T2A Services, which involved a pre-market engagement session (market consultation meeting with interested providers) which was conducted with potential suppliers on 11th July to gain a better understanding about the market and to motivate suppliers to participate in the tendering process. 6 suppliers participated in the pre-market engagement session. The OJEU contract notice was published on 4th August 2018 via the Trust's tender management portal Pro-Contract. 2 suppliers submitted tender bids.

5. Contract Award Criteria

Table below illustrates the contract award criteria used for the tender.

Criteria	Criteria Weightings	Section number in the Spec	Sub Criteria	Sub Criteria Weightings
Compliance to Specification		1	Transfer to assess Operational model	4%
		2	Service provision	5%
		3	Complex nursing needs	4%
		4	Multi-Disciplinary Working	4%
		5	Staffing and Leadership	4%
		6	Organisational Policies	3%
		7	Clinical Governance	4%
		8	Equipment	3%
	60%	9	Documentation	3%
		10	Discharge Planning	4%
		11	Patient Experience	3%
		12	Business Continuity Plan and Assurance of Supply	3%
		13	Innovation / Sustainability / Environmental Policy / Local Economy	2%
		14	IM&T	3%
		15	Workforce and Organisational HR Policies	4%
		16	Estates and facilities management	3%
		17	Performance Framework	4%
Cost	40%		Cost	40%
TOTAL	100%			100%



6. Recommendation

On the basis of the tender analysis and as a result of the evaluation process, the Trust board of directors awarded the contract for the provision of Managed Service Contract for Transfer to Assess (T2A) Services be awarded to Cedar Court (Tamaris Healthcare - Four Seasons Group Holdings Ltd).