

OFFICER DECISION RECORD

For staff restructures, please also complete an RA1 form to update the HR Portal. This is attached at Annex 2.

Decision Ref. No:

2016/5/PH/IPC

Box 1

DIRECTORATE: Adults Health & Wellbeing

DATE: 16/08/2016

Contact Name: Dr Victor Joseph

Tel. No.: 01302 734 911

Subject Matter: Provision of Public Health Service: Community Infection Prevention and Control

Box 2

DECISION TAKEN:

Direct contract was awarded to Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) for the provision of community infection prevention and control service. The contract value was £139,150 for the period from May 2016 to March 2018.

Box 3

REASON FOR THE DECISION:

Give relevant background information

Under the Health and Social Care Act (2012) local authorities have the responsibility to protect the health of their resident population. Part of this Health Protection function is Infection Prevention and Control (IPC).

Existing IPC services are in place in Doncaster to cover service users under the direct care of Doncaster and Bassetlaw NHS Foundation Trust (DBHFT) and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH). However there is a gap in the provision of IPC specialist support in the community including support for care homes and domiciliary care providers.

Between 1 January 2015 and 31 March 2016, there had been a fixed-term contract with RDASH to provide community infection prevention and control. The contract ended on 31 March 2016. There was provision within the contract to extend it for a further one year, but a decision was taken not to do so with a view that the risks identified could be mitigated through spot purchasing specific aspects of the service. Following the end of the contract, it became clear that: (a) it was difficult to find providers who could provide the service; and (b) the risks to the organisation were greater without having a service in place. These risks include increased infections in care homes in Doncaster, and the lack of expertise to investigate and advise on appropriate course of prevention, lack of expert IPC advice on training to care home staff, among others. As a result, a decision to re-establish the service is proposed in the short and medium term from May 2016 to March 2018. During this short- and medium-term period, the plan is to engage with partners in Doncaster (Doncaster CCG, DBHFT, and RDASH) so as to develop a sustainable and efficient long-term model for the delivery of IPC service beyond March 2018.

The intention of this waiver is to re-establish similar service that had been commissioned from RDASH

between 1 January 2015 and 31 March 2016. The service will entail RDASH recruiting additional specialist nursing staff to join their existing IPC team to deliver a community IPC service to fill this gap in provision.

RDASH have been identified as the only suitable provider due to the following factors / reasons:

- 1. The size of the service.** The funding for the service covers 1.0 WTE staff member. It would not be economically viable to tender for 1.0 member of staff members when an existing organisation could provide the service with a contract variation. RDASH have an existing IPC team and would be able to provide support from this existing service infrastructure including premises and training which would make it viable to provide the service.
- 2. Existing knowledge of community IPC service provision.** It would be hugely beneficial if the existing service had knowledge of community IPC service provision, this would not only enable the organisation to support the service on a day-to-day basis but also would help support the service in periods of surge capacity related to outbreaks or other periods of increased incidence of disease.
- 3. Ability to commence the service in a timely manner.** This service is not yet in place which could pose a potential health protection risk to the population of Doncaster. RDASH have the existing infrastructure in place to enable them to start the service swiftly in order to fill the gap in service and which would mitigate against this potential health protection risk.

Box 4**OPTIONS CONSIDERED & REASONS FOR RECOMMENDED OPTION:**

If other options were considered, please specify and give reasons for recommended option

Other options considered included:

- Spot purchase the relevant elements of IPC such as post infection reviews, and trainings. This option was not feasible as there was no local capacity available to carry out this function on ad hoc basis.
- Purchase support from neighbouring local authority: This option was rejected, as systems were different, and staff from neighbouring local authorities may not have local knowledge;
- Outsource service to external provider: The option was discounted due to small contract value to attract potential providers, lack of local knowledge of the service needs, and time factor, which was considered to take longer to have a service in place.
- Direct contract award to RDASH. This was the preferred option.

Reasons for direct award to RDASH.

See reasons stated above, and in addition:

a) RDASH is the only specialist firm identified to deliver this service due to their existing IPC expertise and infrastructure.

b) A lack of specialist IPC support in the community poses a significant risk due to increase in the number of community infections such as clostridium difficile and methicilline-resistant staphylococcus aureus (MRSA). This could also result in an increase of outbreak of infectious disease in a community setting. Lack of community IPC service has been identified as a serious risk.

It is our opinion, that the failure to directly award these contracts would lead to a gap in service provision.

Box 5**LEGAL IMPLICATIONS:**

Section 1 Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.

Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.

The report states that the value of the contract with RDASH over the proposed 23 month period is £139,150 which is below the EU threshold for the purposes of the Public Contracts Regulations 2015.

Making a direct award of services for 23 months in this way carries with it a risk of a damages claim from

aggrieved alternative providers although the risk is reduced on account of the value of the contract being below the EU threshold. However, these risks must be measured against both the Council's obligations under the Health & Social Care Act 2012, particularly in relation to infection prevention and control in places like care homes and other areas where there are vulnerable users.

As a mitigation strategy the term of the contract should be limited and a tender commenced as soon as is practicable with a view to a new contract being awarded for 2018

Name: _Nicky Dobson_ Signature: _____ Date: 17th August 2016
Signature of Assistant Director of Legal and Democratic Services (or representative)

Box 6
FINANCIAL IMPLICATIONS:

Name: Nick Cameron
Date: 17.8.16

The Public Health budget for the Community Infection Prevention and Control contract was removed as part savings plan to achieve the 2016/17 savings, although this saving was classified as a high risk . The budget required is £66,550 for 2016/17 (11 months) and £72,600 for 2017/18. These costs will be met from the Public Health earmarked reserve.
The current balance of this reserve is £0.312m

Ongoing budget savings of c£0.5m will need to be made to re-address this position in addition required as result of grant reduction of £0.618m for 2017/18.

Name: Nick Cameron__ Signature _____ Date: 17.8.16_
Signature of Assistant Director of Finance & Performance
(or representative)

Box 7
HUMAN RESOURCE IMPLICATIONS:

There are no HR implications as the contract will be undertaken by RDASH and therefore there will be no impact on employees of Doncaster Council.

Name: _____Janet Hey_____ Signature: _Janet Hey_____ Date: 17/08/16

Signature of Assistant Director of Human Resources and Communications (or representative)

Box 8**PROCUREMENT IMPLICATIONS:**

The waiver is supported as it is specialist provision delivered by RDASH and with limited market attractiveness. The CPR's allow a waiver up to current Light Touch Regime advertising threshold of £589,148.

The proposed contract value is £139,150

Name: Andy Perrins Signature: By email Date: 17th August

**Signature of Assistant Director of Finance & Performance
(or representative)**

Box 9**ICT IMPLICATIONS:**

This ODR has no direct ICT implications. If through the commissioning of these services, ICT requirements are identified or the implementation of systems are required then a separate bid should be submitted to the ICT Governance Board. It is the responsibility of the lead office for implementation to ensure that the required approval and purchasing processes are adhered to by submitting requirements in advance to the ICT Governance Board for consideration corporately ensuring value for money and legislative and statutory guidelines around ICT, Security and Data Protection are complied with.

Name: Dan Parry Signature: Date: 17.08.16

**Signature of Assistant Director of Customer Services and ICT
(or representative)**

Box 10**ASSET IMPLICATIONS:**

There are no implications arising from the recommendations of this report that impact on the use of DMBC assets.

Name: David Stimpson, Property Manager

Signature: Date: 17 August 2016

**Signature of Assistant Director of Trading Services and Assets
(or representative)**

Box 11**RISK IMPLICATIONS:**

To be completed by the report author

Between 1 January 2015 and 31 March 2016, there had been a fixed-term contract with RDASH to provide community infection prevention and control. The contract ended on 31 March 2016. There was provision within the contract to extend it for a further one year, but a decision was taken not to do so with a view that the risks identified could be mitigated through spot purchasing specific aspects of the service. Following the end of the contract, it became clear that: (a) it was difficult to find providers who could provide the service; and (b) the risks to the organisation were greater without having a service in place. These risks include increase in infections in care homes in Doncaster, and the lack of expertise to investigate and advise on appropriate course of prevention, lack of expert IPC advice on training to care home staff, among others. As a result, a decision to re-establish the service is proposed in the short and medium term from May 2016 to March 2018.

(Explain the impact of not taking this decision and in the case of capital schemes, any risks associated with the delivery of the project)

Box 12

EQUALITY IMPLICATIONS:

To be completed by the report author

This is a specialist provision to a group covered under equality Act 2010 such as age, and disability. The main focus of the service is prevention and control of infections in care homes. Residents in care homes are vulnerable individuals in terms of their age (predominantly old people) or disability.

Name: Dr Victor Joseph

Signature:

Date: 16/08/2016

(Report author)

Box 13

CONSULTATION

Officers

(In addition to Finance, Legal and Human Resource implications and Procurement implications where necessary, please list below any other teams consulted on this decision, together with their comments)

Members

Under the Scheme of delegation, officers are responsible for day to day operational matters as well as implementing decisions that have been taken by Council, Cabinet, Committee or individual Cabinet members. Further consultation with Members is not ordinarily required. However, where an ODR relates to a matter which has significant policy, service or operational implications or is known to be politically sensitive, the officer shall first consult with the appropriate Cabinet Member before exercising the delegated powers. In appropriate cases, officers will also need to consult with the Chair of Council, Committee Chairs or the Chair of an Overview and Scrutiny Panel as required.

Officers shall also ensure that local Members are kept informed of matters affecting their Wards.

Please list any comments from Members below:

We have worked closely with our NHS commissioning (Doncaster CCG), other local authority public health colleagues in South Yorkshire in exploring the options available for consideration, and identify best option at the time.

**Box 14
INFORMATION NOT FOR PUBLICATION:**

None

Name Signature: Date:

Signature of FOI Lead Officer for service area where ODR originates

Box 15

Signed: _____Rupert Suckling_____ Date: 19/08/2016
Director

Signed: _____ Date: _____
Additional Signature of Chief Financial Officer or nominated representative for Capital decisions.

Signed: _____ Date: _____
Signature of Mayor or relevant Cabinet Member consulted on the above decision (if required).

- **This decision can be implemented immediately unless it relates to a Capital Scheme that requires the approval of Cabinet. All Cabinet decisions are subject to call in.**

- **A record of this decision should be kept by the relevant Director's PA for accountability and published on the Council's website.**
- **A copy of this decision should be sent to the originating Directorate's FOI Lead Officer to consider 'information not for publication' prior to being published on the Council's website.**
- **A PDF copy of the signed decision record should be e-mailed to the LA Democratic Services mailbox**