



Cardiff City Council

Operational Guide

PAYMENTS ONLY

February 2021

adam

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Payments Only - Operational Guide

Cardiff Council (the "Council") is working with *adam* to introduce a web-based system, SProc.Net, to manage a Dynamic Approved Provider List (DAPL) for its Residential and Nursing Care Provision to Older People & Older People requiring Mental Health Support. The Council is using the SProc.Net system to fully commission services for services for Older People & Older People requiring Mental Health Support. Within the same overarching category on the SProc.Net system, the Council will be managing contracts for other service categories in order to issue individual contracts and facilitate the payments process.

What is a Dynamic Approved Provider List (DAPL)?

A DAPL is a completely electronic system used to purchase commonly used commonly used goods, works or services. A DAPL is akin to a Dynamic Purchasing System (DPS) and is therefore governed by Regulation 34 of the Public Contract Regulations.

A DAPL operates differently to a traditional contract/framework in that it is an 'open market' product allowing Providers to apply to join at any time. It is designed to provide the Council access to a pool of Providers or supply base. Interested Providers will have to apply to be accredited to the DAPL.

This Operational Guide only refers to how the system and DAPL will work for the Payments Only categories. For more information on how the system will work for in relation to the Older People and Older People requiring Mental Health Support categories, please see the Operational Guide For Providers of Residential and/ or Nursing Care to Older People & Older People requiring Mental Health Support

How will the Council use SProc.Net?

Service Agreements

Once the Council has agreed a placement of a service user with you and the price of the care has been confirmed. The Council will create a contract on the system. You will receive a notification that a new contract has been added for your acceptance. At this point the Council will ask you electronically confirm you accept the individual service contract for the placement.

Within the Service Agreement process there will be a tick box for you to confirm you have read and understood the terms and conditions. By ticking this box you will be agreeing to the terms and conditions outline, therefore it is important you have the correct user set up who have the authority to agree to these terms. An example of this document can be found in the appendix section.

This document will be found in the Service Agreement Documents section on the Service Agreement within the system. On this contract you will manage any changes to the service, have the service users name and be able to message the council with any concerns or changes needed via the messaging tool on the Service Agreement.

Changes to Service Agreements

If a change needs to be made to an active Service Agreement, the Change Order function in the system will be used either by the Provider or by Council. The Change Order policy below outlines what changes to an active Service Agreement can be requested and the impact of this change request.

Changing a Service Agreement

Where an impromptu change in the service is required, it is permissible to request a change with the Provider. This change will be recorded in the system but does not constitute a material change and so the Service Agreement does not need to be redistributed to the supply base. For example, changes could include but are not limited to:

- Start and/or End date changes
- Individual change in circumstances of service user and/or their family.
- Individual change in need following annual review.
- Changes in relevant legislation e.g. GDPR.

Ending a Service Agreement

A change, when considered major, may result in the Service Agreement ending. The Council reserve the right to end the active Service Agreement and create a new Requirement to distribute to the supply base. Examples of a major change are, but are not limited to:

- Certain matters relating to safeguarding processes and procedures.
- Provider circumstances change that would mean they no longer meet the minimum requirements e.g. loss of registration where applicable.
- Contract monitoring identifies other material breach/es of contract.
- The Council or Provider serves termination notice.

All decisions will be made in consultation with all parties involved, prior to the ending of a Service Agreement.

As a Provider, if a change to service is identified, this will need to be raised to the Council via the individuals Case Manager.

Suspensions

The Council reserve the right to suspend a Provider from the system, for reasons such as, but not limited to;

- Non-compliance with Safeguarding requirements.
- Overall Care Home performance has therefore trigger the Cardiff Escalating Concerns Process which places a temporary pause on new offers and placements within that Care Home (Please See Appendix 2: Cardiff Council Escalating Concerns Procedure)
- Other matters related to safeguarding e.g. during certain investigative processes.
- Non-compliance with monitoring requirements.
- Financial irregularities.

If you are suspend the council will not look to agree any new contracts with you until the suspension has been lifted. A joint discussion between the Provider and the Council (and other appropriate parties if required), will determine the impact, and any necessary action, in respect of the Provider's other active Service Agreements.

Provider suspensions will be lifted once issues identified have been rectified to the acceptance of the Council as detailed in the Service Specification.

Providers may also choose a voluntary suspension of placements while addressing concerns in partnership with the Council.

Further detail in relation to Suspensions can be found within *Appendix 2: Cardiff Council Escalating Concerns Procedure*.

Service Receipting and Self-Billing

Once a Service Agreement has been created and the service has commenced, as a Provider, you will be required to submit weekly Service Receipts through SProc.Net. Service Receipts are a record of the service delivered and will be used by the Council to pay you, Self-Bills are generated from approved Service Receipts.

Service Receipts need to be submitted by midnight each Tuesday in order to be included on the next week's payment run. adam will act as payment agent on behalf of the Council. Please refer to the adam training User guides for the process of Service Receipting.

If you have multiple Service Agreements with the Council and no amendments are required on the Service Receipt there is an option within the system to enable you to bulk Service Receipt.

This will submit the total committed weekly cost for each Service Agreement to the Council for payment. This option can save you time if there are multiple receipts you need to raise on a weekly basis.

Communication

Supplier Relationship Management module

The Council will be using Supplier Relationship Management (SRM) within SProc.Net to communicate with approved Providers. SRM allows the Providers to communicate directly with Council officers in an open and transparent manner. This is where the Provider ongoing quality scores for Enrolment questions, E-forms and Service Individual feedback will be updated. Further information can be found in the System User Guide on SProc.Net in the 'Help' section.

Council Contacts

Please see the appropriate contact details for any queries you may have during the course of the DAPL

- Accreditation/ Enrolment & System Queries – supplychains@useadam.co.uk
- General Queries – ASCDT@cardiff.gov.uk
- Finance Queries – AS-financemailbox@cardiff.gov.uk
- Complaints - socialservicescomplaints@cardiff.gov.uk
- For any queries in relation to an individual Service User, please contact the Case Manager directly

Next steps: How to join SProc.Net

Providers that currently have contracts with the council for these Payment Only categories it is important that you sign up to the new category as soon as possible to allow for the contracts to transfer over. To find out how to sign up please see the demand.sproc.net/client Application Guide for payments only.

Appendix A – Individual Contract Terms and Conditions.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



INDIVIDUAL SERVICE CONTRACT

FOR CARE HOME SERVICES

1. Date of Individual Service Contract ("ISC"):
2. This ISC is made under the terms and conditions of the Contract Agreement for Care Home Services (April 2020) ("the Contract"), which includes the Service Specification ("the Service Specification") and the Care and Support Plan of the Contract made between City and County of Cardiff County Council/ the Vale of Glamorgan Council ("the Council") and/or the Cardiff and Vale University Health Board ("the UHB") if applicable and *Insert name of TPP*.
3. Name of Service User:
4. Client No:
5. Date of Birth of Service User: Click or tap to enter a date.
6. Category (s) of Care:

Respite (Social Care)

Respite (Healthcare)

Temporary Placement (Social Care)

Temporary Placement (Healthcare)

Permanent Residential Care (Social Care)

Permanent Nursing Care

Continuing Health Care

7. Period of Care (please stipulate if known) From Click or tap to enter a date.

Until Click or tap to enter a date.

8. Has this service user been assessed as self-funding?

Yes

No

Not applicable (e.g. CHC/FNC)

Finance assessment not yet complete

Service user withheld consent

9. Financial Arrangements:

The Rate £ until (insert date) 20/12/2019

Less Resident's Contribution	£	£	thereafter
Third Party Payment	£	£	
UHB Payment	£	£	
Council Payment	£	£	

Any element of funded nursing care will be paid directly by the Local Health Board

- 10. Any Third Party Payment will be paid directly to the Provider by:

- 11. The Provider agrees to provide care to the Service User in accordance with the Contract including the Service Specification and Care and Support Plan.

- 12. This ISC will terminate on the Expiry Date and may be terminated in any of the circumstances set out in the Contract.

- 13. This ISC may be amended by agreement and upon the issue of a revised Care and Support Plan, and such revised Care and Support Plan shall be deemed to form part of this ISC.

- 14. The ISC will be reviewed on an annual basis as a minimum.

SIGNATURE for

and on behalf

of Provider: Print Name :.....

Position :..... Date:.....

SIGNATURE for and

on behalf of

the Council :..... Print Name :

Position : Date

SIGNATURE for and

on behalf of the

University Health Board :..... Print Name:.....

Position: Date:.....

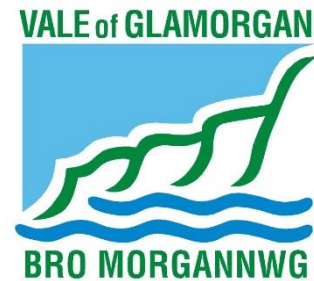
SIGNATURE of, or

on behalf of the

Citizen :..... Print Name:.....

Role: Date:.....

Appendix B – Escalating Concerns Procedure



CARDIFF AND THE VALE OF GLAMORGAN COUNCIL

JOINT ESCALATING CONCERNS PROCEDURE

UPDATED JUNE 2019

adam

Cardiff and the Vale of Glamorgan Council

Adult Social Services

Joint Escalating Concerns Procedure

Introduction

Purpose of the Procedure

Cardiff and the Vale of Glamorgan Councils have a duty to respond to concerns about standards of care and the safeguarding of adults at risk. Partner agencies will communicate effectively, respond within a timely manner and ensure any action taken is monitored to ensure service improvement. Safeguarding and promoting the welfare of the Service User is the paramount consideration in implementing this procedure.

This procedure considers all information regarding concerns, monitoring outcomes and/or improvements which have been identified and managed by the Contracts Teams, which are included in the Contract Compliance process for example: information on complaints, Adult Safeguarding referral, issues of concern about a particular service noted by the review team; or improvements noted regarding a provider.

This procedure has been developed to clarify the roles and responsibilities of Adult Social Services and other partner agencies to ensure good communication and partnership working to promote the safeguarding and welfare of service users

The intention of the procedure is to promote good standards of service delivery by services operating within Cardiff and the Vale of Glamorgan Council. Where a service is failing to the extent of posing risks to service users and/or staff there are provisions to suspend or withdraw the service in a planned manner with appropriate governance, and with full communication with the provider and service users.

Scope of the Procedure

The procedure sets out how the agency partners will respond to initial, ongoing and/or serious concerns regarding standards of care. It sets out how information is communicated effectively, how a response is coordinated within a timely manner and how agreed actions are monitored.

This procedure ensures practice in Cardiff and the Vale of Glamorgan Councils are compliant with statutory guidance: *Escalating Concerns with and closures of, Care*

Homes providing Services for Adults (Welsh Government, 2009) and the Regulation and Inspection of Social Care (Wales) Act 2016.

The procedure will take account of:

- Cardiff and the Vale of Glamorgan Councils being notified of significant issues by another local authority, the UHB or regulatory body.
- Significant concerns about care providers within the Councils.
- The provider being unable or unwilling to make the improvements required of them under another process;
- Repeated low level concerns or a single serious concern is raised by a case manager or other staff, service user or their representative/advocate. The nature of the concern/s highlights a risk to the wellbeing and safety of service users or staff;
- Significant concerns about care identified by an individual who is self funding with a provider who either has a contract for services with the Cardiff and the Vale of Glamorgan Council's, a funding contract with the NHS or another Local Authority, or people who have made their own arrangements directly with the provider.
- Cardiff and the Vale of Glamorgan Council's will manage the Adult Safeguarding process in line with the All Wales Adult Safeguarding Procedures (**currently under review**), the ongoing care management of the service's user remains with the relevant commissioning authority.

The usual role of partner agencies

Each agency has a responsibility to ensure that satisfactory care is delivered to adults and, where care is inadequate, to communicate concerns both internally and where appropriate externally. This ensures that advice, support and monitoring can be considered to assist service improvement.

When considering all other concerns about poor service standards and poor quality outcomes, agency partners should aim to work in a proactive and preventative manner to avoid a service from deteriorating further. The severity of potential risks to service users and responsiveness of the service provider to correct quality issues will determine if they are referred through this procedure.

Many concerns raised about service quality or standards (provided that there are no immediate safeguarding concerns) may be able to be resolved satisfactorily by operational staff positively engaging with the service provider to improve service quality.

All staff must report concerns about quality standards and poor outcomes to their line managers.

Agency partners aim to work in a proactive and preventative manner, rather than wait to respond to a service that has deteriorated resulting in inadequate care, abuse or neglect.

Therefore, when a member of staff identifies concerns they will raise them as part of the usual role in their organisation and consider whether it is appropriate to share the issue of concern with other sections within the Department. This can be done in one of two ways:

- Firstly, the member of staff can bring their concerns to their Line Manager and the relevant Contracts Team. In the Vale of Glamorgan this will be through the PPC1 process and in Cardiff through Carefirst until the Safeguarding Referral Pathway is implemented, which will then be the agreed process.
- Secondly, where there are identified risks to service users, the member of staff can bring concerns to the attention of the Adult Safeguarding Team. If appropriate complete a referral, so an Adult Safeguarding strategy discussion can take place. A decision to call an urgent meeting to discuss the provider performance and risk to service users will be considered.

Consent & Information sharing

Service users or families and carers are not always sure how to raise their concerns. They may be uncertain of whom to approach or may approach a number of different teams and/or agencies. Every agency involved in the provision and monitoring of services has a duty to share information received regarding service provision

Service user's personal information should only be shared with confirmation of consent from the respective service user as per guidance of Data Safeguarding Act 1998, and Article 8 of the European Convention on Human Rights. Whether arising from an Adult Safeguarding referral, a complaint or a contracting issue, personal information will only be shared without the enquirer's consent where:

- There is an allegation that a criminal offence has been committed,
- A person has failed, is failing or is likely to fail to comply with any legal obligation to which s/he is subject
- The health and safety of any individual has been, is being or is likely to be endangered
- There has been a breach of statutory regulations
- The service user lacks capacity and it is in their best interest to do so in consultation with family members
- There are wider public Safeguarding concerns and other service users are at risk

Contract Compliance

Cardiff and the Vale of Glamorgan Councils currently manage quality and performance issues principally via the Contract Compliance process within the Contracts Team , within the Care Management process and where appropriate for nursing provision in partnership with the University Health Board.

The purpose of the Contract Compliance process is to support providers to work together with the service area and council in a proactive manner and specifically to:

- Ensure service provision is in line with contractual and statutory obligations
- Ensure quality and performance of the service is in line as far as possible with the quality expected
- Share information with providers and within the Department
- Create Developmental Action Plan (DAP) and Corrective Action Plan (CAP) where appropriate
- To conduct a thorough desktop analysis followed up with verification visit and creation of a Developmental Action Plan (DAP) and/or Corrective Action Plan (CAP) appropriately
- Record escalating concerns in care services and report DAP/CAP activity to the Quality Assurance Group Meeting and the Provider Performance process.
- Demonstrate the use of contract compliance and care management reviews to enable sustained progress and improvement, rather than waiting for a complaint or Adult Safeguarding referral to be received
- Identify themes, areas for development and complaints
- Record improvements in care services
- Share good practice and lessons learned across the service to support continuous improvement

In addition the Contract Compliance process will:

- Work with providers to improve performance and monitor the contract and the providers compliance with the Developmental or Corrective Action Plan
- Follow up appropriately through a variety of measures dependent upon the risk and urgency of action required e.g. follow up visits or evidence provided

Responding to concerns at the contract compliance stage might include:

- Holding a telephone discussion with the provider to gather more information
- Making a planned or unplanned monitoring visit
- Writing to the provider and setting out the concerns requesting a written response as to how the provider intends to remedy the situation
- Requesting the provider attends a meeting
- Working with the provider on corrective/development action required to improve its service

- Suggesting the provider reassesses service users to confirm his/her ability to provide care in line with the care and support plan and service specification in the contract.

(This list is not exhaustive)

This process will contribute towards the early identification of patterns of concern or risk that can be addressed through the ordinary Contract Compliance process before the significance of the issue or risk escalates.

The relevant Manager will use their judgement in decision making as to whether the concern identified will be managed through case management procedures, be managed and monitored through the contract compliance process or be immediately escalated to the Quality Assurance Group meeting. In Cardiff this will be dealt with by the implementation of the Safeguarding Referral Pathway where all issues will be processed through the Safeguarding Team who will triage the issues and direct them to the most appropriate place for them to be dealt with.

Where there is doubt or uncertainty, staff will discuss their concerns with their line manager or the relevant senior manager to ensure the most appropriate course of action is selected.

If a provider fails to make the relevant changes required through the contract compliance process, the concerns will be escalated to the Quality Assurance Group meeting.

If there are significant risks to service users and there are allegations of abuse, then an Adult Safeguarding referral must be made. A Provider Performance Meeting may also be required and both processes will run in parallel with one another.

A flow chart is attached APPENDIX II – Provider Performance Monitoring Process.

THE PROCESS

Although there are 4 main steps in the Escalating Concerns Process, at any time, dependent on the severity of the issues with the provider it may be deemed necessary to go straight to a Provider Performance Meeting, Joint Interagency Monitoring Panel or Homes Operations Support Group for closure of the organisation. This will be dependent on the nature and severity of the issues or concerns raised.

STEP 1

General Performance – Quality Assurance Meeting (QAM)/Joint Quality Management Meeting (JQMM)

In addition to the contract compliance process, the multi-agency QAM is held every 8 weeks in the Vale of Glamorgan and the JQMM is held every 4 weeks in Cardiff, in order to routinely review any DAPs or CAPs in place and discuss any provider performance issues. The QAM/JQMM is a multi-agency meeting that enables discussion to take place around the provider's performance, strengths and areas for development, and allows shared decision making as to how to manage concerns. A record is maintained of the meeting and minutes taken.

- 1.1 These Quality Assurance groups have been established in each of the local authorities as part of the Escalating Concerns Procedure and have a link to the Cardiff and the Vale of Glamorgan Safeguarding Board via the Operational Manager for Safeguarding.
- 1.2 The purpose of the QAM/JQMM is to ensure that the Contracting, Social Services, Health, Safeguarding Adults Team, Advocacy Groups and Complaints processes regularly share relevant information about providers including concerns and best practice to ensure that a shared understanding is developed in relation to the quality of services provided by the commissioned providers.
- 1.3 It is intended that this routine sharing of concerns and best practice will assist both local authorities and providers to:
 - Have an early indication of where concerns are arising and an opportunity to intervene at an early and informal stage
 - Recognise trends and themes emerging
 - Target monitoring, intervention and review activities where these are most needed
- 1.4 The Contracts & Service Development Team Manager will normally chair the meeting (Cardiff) and Team Manager for Resources and Planning (Vale). The

chairperson will agree the circulation of the minutes with participants at the meeting.

- 1.5 Attendees at the meeting will normally include a representative from the relevant Contracts Team, any appropriate Local Authority, Health Board and Welsh Ambulance Service Trust, Safeguarding, Assessment and Care Management teams, Local Authority Complaints Officer, Advocacy representation and also CIW. Other members may be coopted on to the group as required. It is important to note that this will not replace but will run in parallel with the Adult Safeguarding process. The specific allegation of abuse will continue to be investigated via the Adult Safeguarding process while general performance issues that require the implementation of a Developmental Action Plan or when appropriate a Corrective Action Plan action plan will be managed by the Contracts Team under the Provider Performance Process. Please note that the Adult Safeguarding process may create a Corrective Action Plan if there are immediate and significant risks to other service users. All information must be shared with CIW.
- 1.6 The chairperson must consider which agencies should be invited to the first or any subsequent QAM/JQMM for example Health Inspectorate Wales or CIW who may have vital information to provide regarding the provider or who may be required to assist with or monitor improvements.
- 1.7 Contract Team Officers will endeavour to involve the provider at the earliest opportunity informing them of concerns and where appropriate enabling the provider to give their account and work in collaboration.
- 1.8 Contract Team Officers will work in
 - Collaboration with providers to monitor improvements and performance
 - In line with any relevant Action Plan (DAP) or Corrective Action Plan (CAP). Action Plans may be drafted by the respective provider or
 - Imposed through the Provider Performance process.
- 1.9 In summary the QAM/JQMM will:
 - Identify the level of risk
 - Identify the immediate and short-term actions
 - Review provider developments & performance.
 - Following cumulative concerns and or failure to respond, trigger the Provider Performance Process which will then take the lead responsibility for managing the CAP and DAP.
 - Instigate case management review for provider performance assessment.
 - Clarify the need to inform others and circulate minutes to Adult Services Management Team.

1.10 Monitoring and risk management arrangements may include:

- A series of meetings with the provider
- Further specific service user care reviews
- Directly seeking service user feedback
- Quality assurance monitoring visits
- Contract monitoring visits
- Care manager monitoring visit
- Monitoring visits by the regulator - CIW/HIW
- Dialogue with carers and family

(This list is not exhaustive and it will be for the meeting attendees to determine and agree the specific actions required)

Please note - If an Adult Safeguarding referral identifies a significant risk to other service users an Adult Safeguarding Plan will also be developed within the Adult Safeguarding Strategy meeting.

1.11 There will be a standing agenda item within the Quality Assurance Meeting to assess status and review performance of a Provider in relation to any relevant CAP or DAP that has been implemented.

The QAM in the Vale and JQMM in Cardiff will share minutes of each others meetings to enhance information sharing and best practice issues across both Local Authorities.

STEP 2

Significant Concerns - Provider Performance Meeting

1.1 If there is identification of one of the following circumstances the QAM/JQMM would discuss the concerns and then if appropriate, recommend that the situation be escalated to a Provider Performance Meeting. As mentioned earlier, it is possible to go straight to the PPM stage if necessary:

- The Council has been notified of significant issues by another local authority or regulator e.g. Health Board, CIW, HIW, HSE, Police Ambulance, Trust
- The Provider has not evidenced improvements that have been required of them
- The Provider is unwilling to make the improvements required of them.
- A single or repeated concern is raised by a care manager or other staff, service user or their representative, highlighting a risk.

- The need to closely monitor a Developmental or Corrective Action Plan.
- Failure to improve performance & compliance following support and intervention by Contracts & Service Development Team.
- Concerns raised by members of the public or individuals themselves
- An adult safeguarding referral identifying significant risk or harm to service users
- The number and type of issues identified from different sources gives cause for concern

(This is not an exhaustive list)

Please note -Where an Adult Safeguarding referral will continue to be coordinated by a Designated Lead Manager (DLM), the Chairperson of the Provider Performance meeting will ensure feedback is provided. In the case of an Adult Safeguarding referral the DLM or Adult Safeguarding Coordinator will decide what information can be shared with the provider and their representation at any Adult Safeguarding Strategy meeting.

2.2 The type of response used will depend on the nature and seriousness of the concern. Those present at the Provider Performance Meeting will involve senior representation from key partners and be chaired by an Operational Manager/Head of Service or equivalent. It will discuss information provided by each attendee: however, further information may be required to ensure the safety of service users. This may be obtained through the Development and Corrective Action Plans and/or any information identified following review of the care being received by any service user. This would include service users who may be at risk because they are receiving care in the same setting or from the same provider. The review of this care may be undertaken by the relevant Local Authority review team and/or the Health Board.

2.3 There is need to explore the concern identified with the provider who must be given the opportunity to give their account.

2.4 The nature of the concern and/or the level of risk will determine the response to be adopted and the time frame for action. This will be done through one or more of the following:

- Holding a telephone discussion with the provider
- Making an announced or unannounced monitoring visit
- Writing to the provider and setting out the concerns requesting a written response as to how the provider intends to remedy the situation
- Requesting the provider attends a meeting
- If concerns escalate and immediate action is required develop a Joint Corrective Action Plan (CAP) or Development Action Plan (DAP)

- Set a date to review and monitor DAPs and any CAPs
- Monitoring the DAP or CAP so that the provider improves or corrects its service
- Suggesting the provider reassesses service users to confirm his/her ability to provide care in line with the care plan/contract
- Discuss informing the service user and family and request that reviews are undertaken

Potential Recommendations

- Suggesting the provider voluntarily suspends new admissions
- Advising the provider that the authority has suspended new placements
- Advising the provider that the local authority will be carrying out its duty to inform other local authorities of the significant risk
- Advising the provider that the contract will be terminated in accordance with the contractual notice period.

(This is not an exhaustive list)

2.5 Where there are multiple concerns and/or significant risks to the health and wellbeing of service users, consideration will be given to suspension of new placements, cancellation of the contractual agreement and cancellation of individual care plan contract. The multi agency risk management and action planning process will assist the decision-making. A Corrective Action Plan (CAP) will be implemented, monitored by the Provider Performance Meeting and Adult Safeguarding procedures put in place if individual alleged abuse is identified. This may be in addition to the Developmental Action Plan (DAP) already in place.

2.6 Where the level of risk is so serious that it warrants an urgent or planned cancellation of a contract with a care home providing residential or nursing care, and this results in a home closure, the Home Closure Procedure will be used. The Home Closures Procedure provides specific guidance around managing the situation. Information should have already been shared with agency partners. A Home Operations Support Group (HOSG) will be convened to manage the process.

2.7 With regard to the closure of a Domiciliary Care Agency, this will be managed through the JIMP in conjunction with the contractual process.

Monitoring Improvement

2.8 The Provider Performance Meeting will write to the Provider to confirm any agreements and/or an action plan for improvement with target dates, any meeting dates and required attendance. This may include a change to the contract monitoring or care management arrangements.

2.9 Monitoring arrangements will be agreed in the Provider Performance Meeting and may include:

- A series of meetings with the provider
- Further multi agency service user care reviews
- Service user and carer feedback
- Contract monitoring visits
- Care management monitoring visit/review
- Monitoring visits by the regulator - CIW/HiW
- Monitoring of DAP and CAP to identify issues
- Dialogue with Carers and family
(This is not an exhaustive list)

Suspension of Placements

- 2.10 Following serious concerns, either through an individual Adult Safeguarding case or the Corrective or Developmental Action Plan process, a recommendation is made to Provider Performance Meeting and the Assistant Director/Head of Adult Services (or above/equivalent) in Cardiff or the Vale Council as to whether or not it is appropriate to implement any restrictions on the provider, until such time as the issues are resolved. It must be noted that if patients are solely funded by health, the Health Board could also consider it appropriate to suspend new placements. The Local Authority may proceed to do this even if the Health Board does not.
- 2.11 Discussion whether to inform the service users and family must take place at this stage. Rational must be recorded in the Provider Performance Meeting.
- 2.12 Providers may also chose a voluntary suspension of placements while addressing concerns in partnership with the Local Authority. However, the provider Performance Meeting will always make an independent assessment of risk in relation to the self imposed restriction.
- 2.13 Once a decision has been taken to suspend new placements, the Assistant Director/Head of Adult Services will confirm this in writing and a detailed CAP or DAP will be sent to the provider to ensure clarity of expectations about improvements before suspension is lifted. The Local Authority will inform all other Welsh Local Authorities of the situation through the Pan Wales Network.
- 2.12 Whilst the new placements may be suspended the Local Authority will ensure, along with agency partners that the care of service user already receiving a service from the provider is monitored and progress recorded in their care plans.
- 2.13 The ongoing monitoring of the placement and any improvements will be via the CAP or the DAP process.

- 2.14 Where there are ongoing concerns or the level of risk is such that the Local Authority feels that it is unsafe for service users to continue to receive care at a particular setting or from a particular service, CIW or HIW along with other agency partners must be notified. Also consideration will be given to cancel the contract and if appropriate initiate the Home Closure Procedure and decommission the service.
- 2.15 Where the improvements required in the Corrective (CAP) or Developmental Action Plan (DAP) has been completed and the breadth/depth of the risk has significantly reduced the Provider Performance Meeting will consider whether it is appropriate to lift the suspension of placements. A recommendation will be made to the Provider Performance Meeting and Head of Adult Services or equivalent of Cardiff and the Vale of Glamorgan Councils, who will then take the decision as to whether new placements will commence with the provider. The outcome of any decision will be shared with agency partners in writing.
- 2.16 At the end of each PPM a decision will be made as to whether the provider will continue in PPM, be escalated to a Joint Interagency Monitoring Panel or de-escalated out of escalating concerns. The risk matrix attached as **appendix ?? (With Legal)** will be used to ensure clear decision making. Where provider performance and compliance has not improved following a maximum of 2 Provider Performance Meetings or a maximum timescale of 3 months, a Joint Inter Agency Monitoring Panel will automatically be initiated.

STEP 3

Joint Inter Agency Monitoring Panel (JIMP)

If there is identification of one of the following circumstances the Provider Performance meeting would discuss the concerns and then initiate the Joint Inter Agency Monitoring Panel that will then manage the ongoing process:

- The Council has been notified of significant issues by another local authority or regulator e.g. Health Board, CIW, HIW, HSE, Police Ambulance, Trust
- The Provider has been unable to make the improvements required of them.
- The Provider has been unwilling to make the improvements required of them.
- The provider has failed to make required improvements in line with a Developmental or Corrective Action Plan.
- Failure to improve performance & compliance following support and intervention by Contracts & Service Development Team.
- Serious Concerns raised by members of the public or individuals themselves

(This is not an exhaustive list)

- 3.1 The Assistant Director/Head of Service from Adult Social Services or Cardiff & the Vale University Health Board will chair the meeting. The chairperson will agree the circulation of the minutes and participants at the meeting.
- 3.2 Attendees at the meeting may include a representative from Cardiff and the Vale of Glamorgan Council's Contracts Team, any appropriate Local Authority, Health Board, Safeguarding, Assessment and Care Management teams, Local Authority Complaints Officer, Advocacy representation and also CIW.
- 3.3 In view of the continued concerns that have been highlighted during escalation through the Provider Performance process, it will be necessary to open formal communications with residents of the care home/care agency along with next of kin/family members/appointed representatives to discuss the performance and strategic intentions for the home/agency. In order to facilitate appropriate communications a meeting will be convened jointly by the home and JIMP officers.
- 3.4 Following the meeting, information will be provided to service users, along with relatives and family members, confirming the contact details for officers who have been designated to provide support and advice during the JIMP process.
- 3.5 The Chair will ensure that communications are established with any other Local Authority or UHB who have placements at the respective home, and also that the relevant officers are invited to all JIMP related meetings.
- 3.6 Ongoing monitoring visits by Officers from Adult Social Services, UHB or any other appropriate body, will be implemented to support evaluation and feedback to the JIMP and Chair in line with the CAP/DAP as has been agreed.
- 3.7 In view of the potential concerns regarding the home and corresponding potential for media interest, consideration should be given by the Chair to any appropriate press release/information from the Local Authority Press Office/Communications Team regarding the escalation to JIMP status and any subsequent activity regarding the home.
- 3.8 The frequency of JIMP meetings will be set by the Chair, and will allow for effective evaluation of improvements and performance in line with the CAP/DAP as set by the JIMP Panel.
- 3.9 At the end of each JIMP a decision will be made as to whether the provider will continue in JIMP, be escalated to a Home Operations Support Group for closure, or de-escalated to PPM or out of escalating concerns. The risk matrix attached as **appendix ?? (With Legal)** will be used to ensure clear decision making.

STEP 4

Home Closure - Homes Operations Support Group (HOSG)

4.1 In the event of Home Closure being the only available course of action left then the Home Closures Procedure will be put in place.

4.2 The JIMP will lead the arrangements for operational management for a care home closure and establish the Home Operations Support Group (HOSG). This will act as a support mechanism in the management of closure. Where there has been a home closure the JIMP and the HOSG will meet to evaluate the whole closure process and identify lessons learned. A copy of evaluation report must be sent to CIW.

See APPENDIX I

APPENDIX I

HOME CLOSURE – HOMES OPERATIONS SUPPORT GROUP (HOSG)

Purpose of the Procedure

The Cardiff and Vale of Glamorgan Councils has a duty to respond to concerns about standards of care and the safeguarding of adults. This procedure has been developed to clarify the roles and responsibilities of Adult Social Services and other partner agencies to ensure good communication and partnership working to promote the safeguarding and welfare of service users during the closure of a care home.

As part of the Escalating Concerns process, including escalation from the Joint Interagency Monitoring Panel (JIMP), or where a service has been identified as failing to the extent of posing undue risks to service users and/or staff, there are provisions to suspend or withdraw the service in a planned manner with proper governance, and with full communication with the provider and service users.

Governance & planning

The City of Cardiff Council and Vale of Glamorgan Council (COCC/VOGC) Escalating Concerns Procedure sets out the principles for the management and governance for all escalating concerns instances which arise, and are in accordance with Welsh Governments 'Escalating Concerns with and Closures of, Care Homes Providing Services for Adults' (May 2009).

There are robust multi agency partnership arrangements in place within both Councils which influence and feed into escalating concerns. These arrangements have been structured to facilitate the opportunity for commissioners and practitioners to explore all commissioned services in terms of operation, quality, care practices and general views and feedback. The aim is to promote a coordinated approach and a seamless flow of commissioning intelligence which will enable appropriate and reasonable response. The clear flow of information between key agencies will enable commissioners and professionals the ability to be responsive rather than reactive where there are issues which influence escalating concerns.

A partnership approach is embedded within the organisational structures, which include working interfaces consideration of planning, monitoring, feedback, response and actions, with the key aim of improving the quality of care for individuals within commissioned services and effectively responding to areas of concern.

Press/Communication Office

Where the process has been escalated to JIMP or HOSG stages, it will be the responsibility of the JIMP and HOSG members to ensure that there is effective Communication with residents, families and also the press office. It is important that the Health Board and the Local Authority Press Officers work together, where applicable, and will be responsible for issuing a prepared joint statement to press/public and fielding press enquiries thereafter. The care home provider may wish to deal with the press independently, although it is crucial that there is a partnership approach to managing communication collectively. As part of the JIMP and HOSG process, family engagement meetings will be convened to discuss concerns and activity in relation to the respective provider.

The meeting will be convened, for the attendance of service users/residents, family members along with attendance by commissioners and senior management from the provider.

6 PROCEDURES FOR THE MANAGEMENT OF CLOSURE

6.1 Closure Arrangements

6.1.1 The timescale of the closure will affect the urgency of the initial meeting of the Home Operations Support Group (HOSG).

- an immediate closure e.g. cancellation of registration (under the Regulation and Inspection of Social care (Wales) Act 2016) or an emergency/disaster such as fire, flood, structural damage.
- a planned closure (e.g. cancellation of registration (under S14 of the Care Standards Act 2000) or voluntary closure such as through non-viability).

6.1.2 In the case of closure, the HOSG will be called by the relevant Senior Manager in Adult Social Services. The HOSG will be chaired by the Senior Manager (this will normally be the Head of Adult Social Services) who will also arrange for appropriate minutes to be taken and will consist of senior officers including:

- Director/Assistant Director - Adult Social Services, COCC or VOG (Chair)
- Case Management Team Manager

- Contracts & Service Development Team – Officer/Manager.
- Safeguarding Manager
- Head of Nursing or Locality, UHB (where a nursing home or where a nursing assessment is required)
- Long Term Care Manager, UHB
- CIW Representation
- GP Representation
- Other Officers / Agencies as required

6.1.3 Once a Home Closure Plan has been developed it will need to be agreed by the Director of Social Services (or equivalent) and the Locality Director within UHB (if the care home provides nursing care) will be asked to endorse it and the provider, residents and families will be notified.

6.2 Closure Plan

6.2.1 The HOSG must define immediate priorities and core tasks to be undertaken as part of the closure process. They must assign tasks and actions to key personnel and ensure that Group members are briefed on any legal issues including rights of entry, confidentiality and securing resident property. The HOSG must agree a strategy to support interim arrangements.

6.2.2 Whether the closure is likely to be immediate or whether the closure is planned will depend on the following which will require immediate information gathering and consideration:

- Are there any Court decisions or judgments which must be taken into account?
- What immediate, short-term and long-term risks are there to the health, safety and well-being of residents?
- Are there problems with the structure, fabric or service connected to the building which makes its continued occupation dangerous or unsafe? Is any remedial action possible?
- Can essential services such as heating, water, electricity and gas be maintained?
- Are the actions or potential omissions of the existing staff group likely to expose residents to inappropriate care, neglect, abuse or risk of harm?
- Has the number of care/nursing staff diminished to a serious or critical level and what actions need to be taken immediately or on a short term basis?

- Is there capacity and the ability to work with the care home owner and/or manager in planning and/or managing the transfer of residents?
- Could interim management or staffing support be provided from an external/alternative source and would this be acceptable to the registered person/s/receiver?
- Has equipment been removed or sold which further undermines the potential to keep the care home open in the short-term? Could alternative equipment be found or provided?
- What actions have been/or need to be taken to prevent further admissions?
- How are vacancies in other care homes / locations being prioritised?
- At a regional level should other agencies be involved in the plan?
- What actions are being planned or being taken by authorities or agencies that have placed people within the care home from out of County?
- How much is known by the staff, clients and their relatives/carers?
- What further action should the provider consider?
- Is there media interest?

This is not an exhaustive list

A summary of actions is set out in Appendix 1

- 6.3 With the permission of the care home's registered provider it may be possible to support residents in the care home in the short term until a resolution of either the immediate problems are achieved or actual closure of the care home occurs. This will require the permission of the home owner and the agreement with the relevant Chief Executives in each organisation. Where a care provider makes a business decision to close a care home it is their responsibility to develop an effective closure plan to safeguard and provide continuity of care to the residents. The 'provider' closure plan must be presented to the HOSG members to ensure that there is a holistic response. Where a provider decides to close a home then appropriate written notice must be given to the Council in line with the contractual arrangements (i.e. 90 days written notice).
- 6.4 Following notification of the 'Proposal' to close and before the 'decision' to cancel registration is taken; the HOSG will need to ensure that it has:
- Identified, with CIW, all potential risks to residents and the contingency arrangements necessary to minimise avoidable exposure to risk.

- An agreed multi-agency procedure and approach (in respect of residents admitted to hospital following closure) in finding alternative accommodation.
- Established a communication strategy designed to engage residents and families and any other relevant parties with a view to how to progress with the proposed closure plan.
- Whenever possible, established a close dialogue with the registered provider who can assist in assuring the safety and well-being of patients and residents.
- Develop an assessment and reviewing process for all residents which would be undertaken by social care and health professionals to help inform move on plans for each resident.

6.5 Individual Re-location Planning

6.5.1 The HOSG must ensure that every resident has an allocated Case Manager and, where appropriate, an NHS nurse assessor who should be fully briefed. Where necessary, the HOSG will ensure that appropriate Advocates have also been briefed and that there is appropriate advocacy to support residents and families. Where the placement is from an out of county Council then the HOSG members must ensure that there is effective communication with the partner Council. As well as ensuring that the Social Work team from the out of county Council is involved in the closure planning process, which will include assessment and planning with individuals.

6.5.2 The HOSG must ensure that self-funding residents are also supported – as good practice, all self funders should be offered support from a Social Worker & or nurse assessor. The self funding resident is free to decline the support from Social Services & Health, but the following facilities must still be offered:

- An up to date assessment of needs
- Transport to view a new home of their choice
- Support in moving or transferring personal possessions
- The same level of information on the closure process as others
- Relevant support to carers and families
- Details of vacancies within the area
- Details of local advocacy services
- Support in relocating with an alternate provider

6.5.3 The HOSG must ensure that a needs assessment for all residents (including people who are self-funding) has been obtained or completed. The assessment should consider issues of mental capacity and any risk factors that may arise as a result of physically moving the person from the care home – including an equality impact assessment for the home and individuals. Additional critical information required as part of the assessment process includes:

- Details of health and social care needs
- Details of all equipment or environmental aids used by the person
- Details of assistance required on transfer e.g. ambulance, taxi
- Details of medication and pending medical and/or hospital treatment or appointments
- Details of personal non-clothing items held in the care home
- Details of finances/savings etc. held by the care home
- Details of preferred care routine
- Details of significant relationships within their current care home.

6.5.4 The HOSG must ensure that where required, new care and support plans are written to meet individual residents needs and agree transitional support, monitoring and review arrangements. Assessments and care plans will need to be shared with the new provider following the move to a new home.

6.5.5 The HOSG will arrange to cancel existing contracts with the provider and financial arrangements in line with the closure plan.

A summary of responsibilities is set out in Appendix 2

7 MONITORING & REVIEW

Within one calendar month of all residents being moved from the care home, the HOSG will meet to evaluate the whole closure process and to identify lessons learned. The Chair of the HOSG will prepare a prompt report on the home closure and this will be circulated to senior managers within local statutory agencies, the appropriate Area Manger within CIW and a copy sent to the Regional Safeguarding Adults Board.

Appendix 1

HOME OPERATIONS SUPPORT GROUP (HOSG) KEY RESPONSIBILITIES AS PART OF A HOME CLOSURE

	Action Description	COCC/VOGC	C&V UHB	Home	CIW
1	Obtain list of all current residents at the care home (including self funders, CHC and other LA placements)	✓	✓	✓	✓
2	Obtain a list of next of kin and contact details	✓	✓		
3	Involve and engage appropriate advocates	✓	✓	✓	
4	Compile and share list of contact numbers	✓	✓		✓
5	Determine who is financially responsible for each resident. Inform the appropriate local authority	✓	✓		
6	Clarify who is responsible for care management support for each resident	✓			
7	Involve Legal Section	✓	✓		✓
8	Prepare press statement / release with the Press Office	✓	✓		
9	Determine where alternative staff /and or manager can be found - agencies, LA's, LHB,	✓	✓		
10	Inform elected members/UHB Executives	✓	✓		
11	Ensure feedback to indicate each task has been completed (outcomes).	✓	✓		
12	Appoint lead officer to coordinate all assessment information including other LA's/UHB Localities	✓	✓		
13	Maintain contact with other LA's/UHB Localities	✓	✓		
14	Arrange weekly or monthly review meetings(depending on the nature and stage of the procedure	✓	✓		
15	Review all residents - Social Care, nursing (CHC), FNC, O.T., etc. to include capacity assessments	✓	✓		
16	Undertake risk assessment on each resident regarding moving location	✓	✓		

17	Lead officer informs all families via letter	✓	✓(CHC)	✓	
18	Family meetings arranged and held	✓	✓(CHC)	✓	
19	Where required request GP's to undertake medical risk assessment e.g. fitness to travel, where appropriate		✓		
20	Establish what equipment does each resident need and can it move with them?	✓	✓	✓	
21	Clarify what legal rights families have regarding decision making for residents (e.g. power of attorney)	✓	✓		
22	Produce information for families regarding choice, procedures etc.	✓	✓	✓	
23	Choice leaflets taken to the care home and family meetings	✓			
24	Develop communication strategy (weekends, bank holidays, etc.)	✓	✓	✓	
25	Inform out of hours service, other UHB localities and Local Authorities	✓	✓		
26	Establish what alternative beds are available and where	✓	✓		
27	Consider freeze vacancies across the care home sector	✓	✓		
28	Arrangements made to hold placement meetings - DTOC meetings and CHC panels	✓	✓		
29	Contact other local authorities for places	✓	✓		
30	Check Health Board beds across the region		✓		
31	Check availability of other nursing staff (RMN and RGN)		✓		
32	Ask manager if there is a natural grouping of residents that could move together	✓	✓	✓	
33	Provide care managers with an information pack including complaints, alternative providers	✓	✓		
34	If unable to move equipment, determine where alternative equipment may be found	✓	✓		
35	Arrange suitable medical transport (e.g. ambulance)	✓	✓	✓	
36	Arrange suitable non medical transport (e.g. taxi, mini bus)	✓		✓	
37	Develop strategy to support residents, families, staff after the move (care planning process)	✓	✓		
38	Debrief meeting and evaluation	✓	✓		✓

39	Review residents following the move (settling in, have to move again?)	✓	✓		
42	Contractual financial arrangements to be coordinated	✓	✓		
43	Determine medication risks and transporting of medication e.g. controlled drugs, oxygen etc.		✓		
44	Develop strategy for transfer (or copying) of clinical records	✓	✓		
45	Develop strategy for clinical 'handover' of care to new provider	✓	✓		
46	Arrange transportation of residents personal belongings/furniture	✓	✓		
47	Scope of family involvement e.g. packing, transport (including self funders), (contact other LA's)	✓	✓		
40	Cancel existing individual contracts immediately	✓	✓		
41	Cancel existing overarching contracts immediately	✓	✓		

Appendix 2

HOME CLOSURE CHECKLIST

It is essential to name who is going to be responsible for arranging/undertaking each action.

	TASK	LEAD PERSON	ACTION BY DATE
1.	Undertake a risk assessment on each resident re moving.	Case Manager / OT / Nurse Assessor/GP	
2.	Consider alternative heating, hot water, food etc. if faced with emergency closure.	HOSG Chair	
3.	Review all residents – CHC nursing, FNC, O.T. etc. Carry out impact assessment	Case Manager / Nurse Assessor	
4.	Obtain a list of all residents at the care home.	C&SDT	
5.	Clarify who is responsible for care management/care co-ordination support for each resident?	HOSG Chair	
6.	Establish what alternative beds are available and where?	C&SDT / UHB	
7.	Obtain a list of next of kin	C&SDT/Case Manager / Nurse Assessor	
8.	Inform families/carers of what is happening and alternative placement	HOSG Chair	
9.	Determine what involvement will families have e.g. packing, transport	Case Manager/UHB Lead	
10.	Clarify legal rights families have regarding decision making for the residents.	Case Manager/UHB Lead	
11.	Consider the role of advocates	Case Manager/UHB Lead	
12.	Develop a communication strategy – week ends, bank holidays etc.	HOSG Chair	
13.	Compile and share list of contact numbers – mobile, out of hours etc. to the project group.	HOSG Chair	
14.	Determine who is financially responsible for each resident. Inform the LA etc.	HOSG Chair	
15.	Inform Out-of-Hours service.	HOSG Chair	
16.	Provide information for families re choice procedures etc.	Case Manager/UHB Lead	

	TASK	LEAD PERSON	ACTION BY DATE
17.	Establish what equipment does each resident need and can it move with them?	Case Manager / OT / UHB	
18.	If unable to move equipment, determine where can alternative equipment be sourced?	Case Manager /OT / UHB	
19.	Arrange suitable transport e.g. ambulance	WAST	
20.	Involve legal section on issues of registration and/ or regulations	CIW	
21.	Liaise with Press Officers regarding press statement/release.	HOSG Chair/UHB Lead	
22.	Ask manager if there is a natural grouping of residents that could move together?	HOSG Chair	
23.	To ensure safety and good care, prior to closure, determine where alternative staff be found (with owner's permission) – agencies. L.A.'s	UHB, HOSG Chair	
24.	Develop strategy to support residents, families, and staff following the move.	HOSG Chair	
25.	Review residents following the move – settling in, move again?	Case Manager / Nurse Assessor	
26.	Inform politicians – both local and national (WG)	HOSG Chair	
27.	Ensure feedback to indicate each task completed/outcomes.	HOSG Chair	
28.	Keep Director of Social Services, Heads of Service and ABMU Executives informed of progress.	HOSG Chair/UHB Lead	
29.	Determine medication risks and transporting of medication e.g. controlled drugs, oxygen etc.	UHB Lead	
30.	Develop strategy for transfer (or copying) of clinical records	HOSG Chair/UHB Lead	
31.	Develop strategy for clinical 'handover' of care to new provider	HOSG Chair/UHB Lead	
32.	Arrange transportation of residents personal belongings/furniture	HOSG Chair/UHB Lead	
33.	Cancel existing contracts immediately – both individual and overarching.	Case Manager / C&C Team / UHB	

APPENDIX II

Provider Performance Monitoring Process

ISSUE RECEIVED (SAFEGUARDING REFERRAL PATHWAY IN CARDIFF WHEN IMPLEMENTED)

- ADULT SAFEGUARDING
- CONTRACTS
- COMPLAINTS
- INTERNAL

QUALITY ASSURANCE MEETING/JOINT QUALITY MANAGEMENT MEETING

STEP 1

FURTHER ACTION
 YES NO
 MONITOR ONLY (2 months)

CONTRACTS
 To meet with provider and raise concerns
 ISSUES RESOLVED
 YES NO

1ST OR 2ND MEETING WITH CONTRACTS
 1ST 2ND

STEP 2

PROVIDER PERFORMANCE MEETING (PPM)
 CHAIR – OPERATIONAL MANAGER

DEVELOPMENT ACTION PLAN (DAP) CORRECTIVE ACTION PLAN (CAP)

REVIEW TIMESCALES

CAP/DAP PERFORMANCE REVIEW

IMPROVEMENT SATISFACTORY
 YES NO

CLOSE

STEP 3

JOINT INTERAGENCY MONITORING PANEL (JIMP)
 CHAIR – ASSISTANT DIRECTOR

HOME OPERATIONS SUPPORT GROUP (HOSG)
 CHAIR – ASSISTANT DIRECTOR

adam

N.B. It is possible to go directly to step 1, 2 or 3 in the process dependent on the severity/urgency of the issues encountered with providers.

Glossary

Accreditation – The first part of the second step (selection) of the process that a Provider is required to complete in order to join the DAPL. It involves responding to a series of questions and uploading documents.

adam – adam HTT Ltd trading as *adam*, the provider of **SProc.Net**, who will also act as the Council's payment services provider.

DAPL – Dynamic Approved Provider List used for the procurement of Services

Enrolment – The second part of the second step (selection) of the process that a Provider needs to complete in order to join the DAPL. It involves submitting further information based on which the Council evaluates the capability of your organisation to deliver Services to the Council.

Entry Criteria – The criteria that a Provider must meet and maintain throughout the duration of the DAPL in order to successfully complete and to retain their Accreditation and Enrolment on the DAPL.

Intermission – A “hold” on the delivery of Services under a Service Agreement while the Service Agreement remains in force.

Offer – Your tender against a Requirement confirming that you can deliver the Services required.

Open for Offers Period – The period during which you can submit an Offer against a Requirement distributed by the Council on the DAPL.

Price – Your proposed costs for carrying out a Requirement as contained in an Offer.

Public Contract Regulations – The Public Contract Regulations 2015, amended from time to time, that govern how public sector procurements must be carried out.

Requirement – A request issued by the Council from time to time on the DAPL describing the specific Services for which the Council is seeking to award a Service Agreement and which may include terms and conditions applicable to the provision of those Services which supplement the terms and conditions set out in the Provider Agreement.

Self-Billing Procedure – Arrangements you sign up to as part of the Provider Agreement for *adam* to generate invoices billing the Council on your behalf and to process payments to you on behalf of the Council.

Service Agreement – The contract to deliver a Requirement issued by the Council accepting your Offer and confirming agreement on what Services are going to be delivered and at what price.

Service Receipt – This is the electronic record submitted via the DAPL to confirm the services you have delivered in the specified week. This is used instead of sending the Council a paper invoice.

Service User – this is the individual that you will be submitting an offer to the council to provide a care service for that person. To support them and their families.

Services – These are the Services that the Provider will provide where required by the Council from time to time in accordance with the Provider Agreement as more fully described in the Specification and further detailed by a Requirement.

Specification – The outline description of the Services the Council may require from time to time via the DAPL.

SProc.Net – An internet based technology platform through which the Council will be operating the DAPL to procure Services (web link is www.sproc.net).

Provider Agreement – The overarching agreement between the Council and a Provider setting out how the council will award Service Agreements via the DAPL and the terms and conditions applicable to such Service Agreements.