



# **SCHEDULE 3 – SPECIFICATION FOR THE PAN-DORSET (BOURNEMOUTH, CHRISTCHURCH, POOLE AND DORSET) INTEGRATED EQUIP FOR LIVING SERVICE 2023**

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## **Strategic Procurement Team**

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## 1. SERVICE OVERVIEW AND INFORMATION TO PROVIDERS

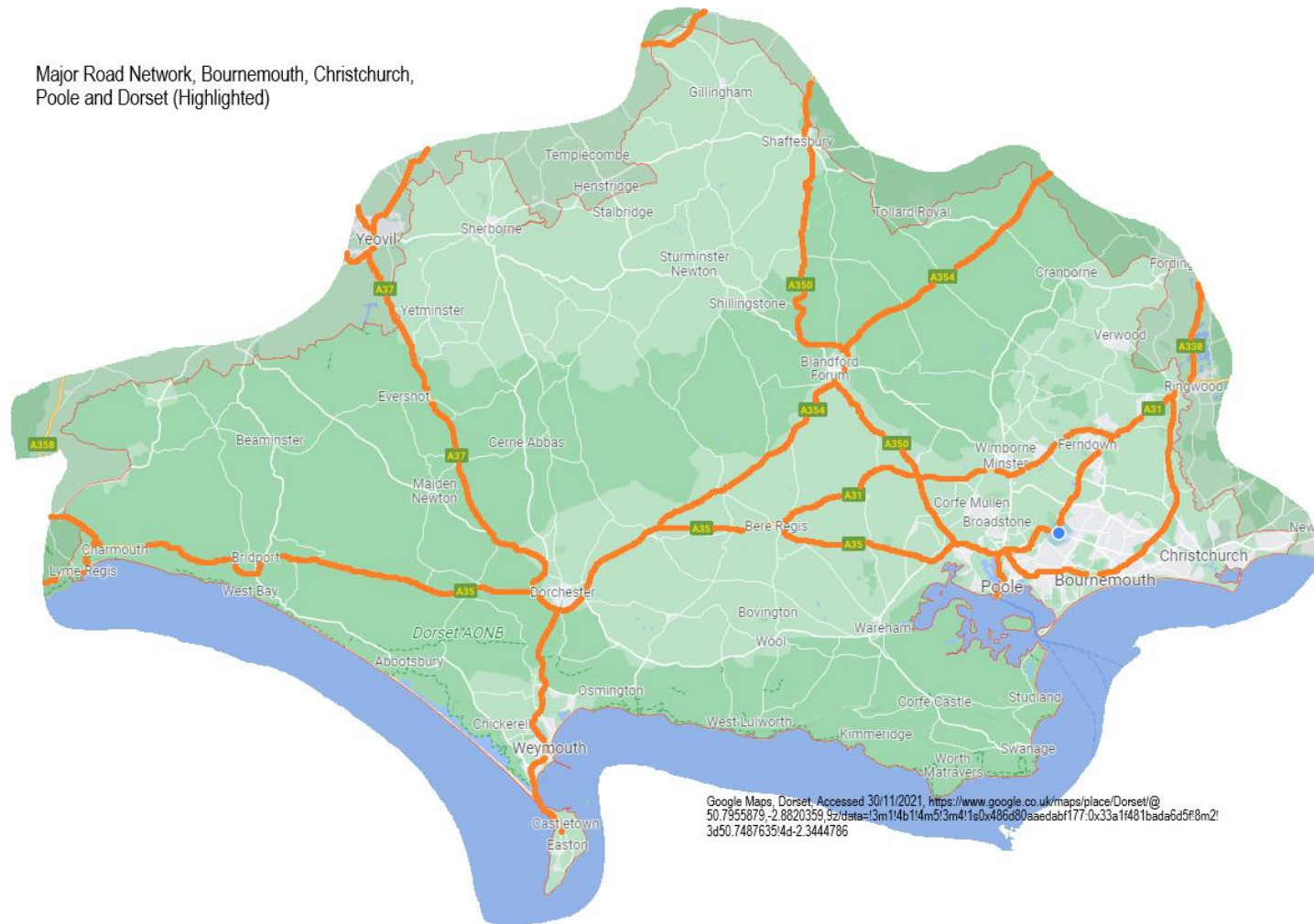
### 1.1. AIMS AND OBJECTIVES OF THE SERVICE

- 1.1.1. This document sets out the Pan-Dorset (Bournemouth, Christchurch, Poole and Dorset) Integrated Equip for Living Service Specification. The Lead Commissioner of the service will be Bournemouth, Christchurch and Poole Council (BCP Council) who will be the sole signatory to the awarded contract. The Service will be delivered to a **Section 75 Partnership** with Dorset Council and NHS Dorset, the NHS Integrated Care Board that will oversee the work of “Our Dorset”, the current name of the local Integrated Care System. BCP Council is the lead Authority for these Community Equipment arrangements.
- 1.1.2. Dorset Healthcare University Foundation Trust (Dorset Healthcare), Dorset County Hospital NHS Foundation Trust and University Hospitals Dorset Foundation Trust (UHD) represent our current key stakeholders. Other organisations may also be able to access the service, currently these are Yeovil District Hospital, Salisbury District Hospital, Weldmar Hospice Care and Lewis-Manning Hospice Care to facilitate the ordering of equipment for Dorset GP registered Patients, with the agreement of Commissioner and Agreed Partners.
- 1.1.3. Our customers, and the servicing of their assessed needs, will continue to be at the heart of the Integrated Community Equip Service. The residents and patients of Bournemouth, Christchurch, Poole and Dorset will experience an equitable and consistent service, regardless of where they reside in the service area, that is responsive to their individual needs. The overarching aim of the service will be to improve the quality of people’s lives through timely and coordinated access to, or provision of, community equipment, aids adaptations and associated services.
- 1.1.4. The Equip for Living Partnership Board accepts that there is a Climate Emergency and the recycling and reuse of equipment resources is an absolute priority for the equipment service. All aspects of the service will be delivered in ways that minimise negative impacts on the environment and manage unnecessary waste and pollution. The Integrated Community Equipment Service will implement bold measures to ensure that its activities are 75% Net Zero Carbon by 2028, well ahead of the UK Government Target of Net Zero by 2050.
- 1.1.5. The Service will run as an 85% Credit Model (see Appendix 1), prioritising contract equipment recycling and reuse. The service will also collect clean, recycle and manage non-contract equipment. Over the life of the contract, with the active support of the Service Provider, the reliance on the use of non-contract equipment will be significantly reduced. The service will have the ability to collect and recycle equipment irrespective of its complexity. Equipment will be cleaned to the highest infection control standards using modern environmentally friendly methods.
- 1.1.6. The primary role of the service is support people to lead safer more independent lives. The service will address the need for aids and adaptations from childhood to end of life. The service will support the further development of the provision of equipment in educational settings for children with Special Educational Needs across the service area, in discussion with the Commissioner and stakeholders. Provision to children will be sensitive to the specific demands and needs of this client group and technically specialist staff will be available to actively support the reuse of commonly prescribed paediatric equipment.

- 1.1.7. The service will play a major Health and Social Care System facilitating role, supporting the Integrated Care System, implemented in Partnership with all stakeholder organisations. The service will be flexible and able to meet the equipment requirements for prevention, rehabilitation, hospital avoidance and programmes to support effective discharge from hospital/ "Home First".
- 1.1.8. Adding social value will be a key aspect of future community equipment provision. From local employment opportunities (including opportunities for people with a disabilities), apprenticeships working collaboratively with the third sector to supporting those most vulnerable in our community. All functions provided by the service will be highly responsive to local expectations and needs.
- 1.1.9. Delivery and collection timescales will meet the expectations of our service users whilst balancing the operational demands of a high-volume equipment delivery service and the absolute requirement to maximise the recycling and reuse of community equipment. The Provider will offer time slotted deliveries, by prior appointment, to allow for joint visits and deliveries to those service users with work or other urgent commitments. Once a delivery time is agreed then this must be completed on time irrespective of other demands on service capacity. The service will meet service delivery timescales to the agreed performance level whilst maintaining verified standards in customer service. Please refer to Section 9 Performance Standards.
- 1.1.10. Digital technology will be at the heart of the service. This will allow enhanced transparency in terms of the detailed reporting of activities, stock holding and throughput, service charging and complaints/queries. Requirements will include, but will not be limited to, the digital management of all core service management functions as well as the GPS management of the service van fleet, digital support to facilitate the management of peripheral stores, intuitive and adaptive performance reporting, video training resources, interactive recycled non-contract equipment prescriber inspection and on demand internet access for visitors to the service. It will be expected that the Provider can access and utilise the Microsoft "Teams" platform and host hybrid (simultaneous in person and online) meetings.
- 1.1.11. The service will provide advice and services that support, as a part of the existing market, individuals who choose to purchase their own equipment and adaptations. The service will provide equipment advice to care homes where this is requested. The Service Provider will support the principles within the Partnership's Pan Dorset Guidance on the Provision of Equipment to Care Homes and Care Homes with Nursing.
- 1.1.12. The service will have appropriate facilities, and will support peripheral stores, to ensure the consistent delivery of community equipment across the whole service area. The service will not operate on a "just in time" or "lean" basis. Stock and staff capacity will be at a level that underpins robust resilience levels and strong business contingency planning.

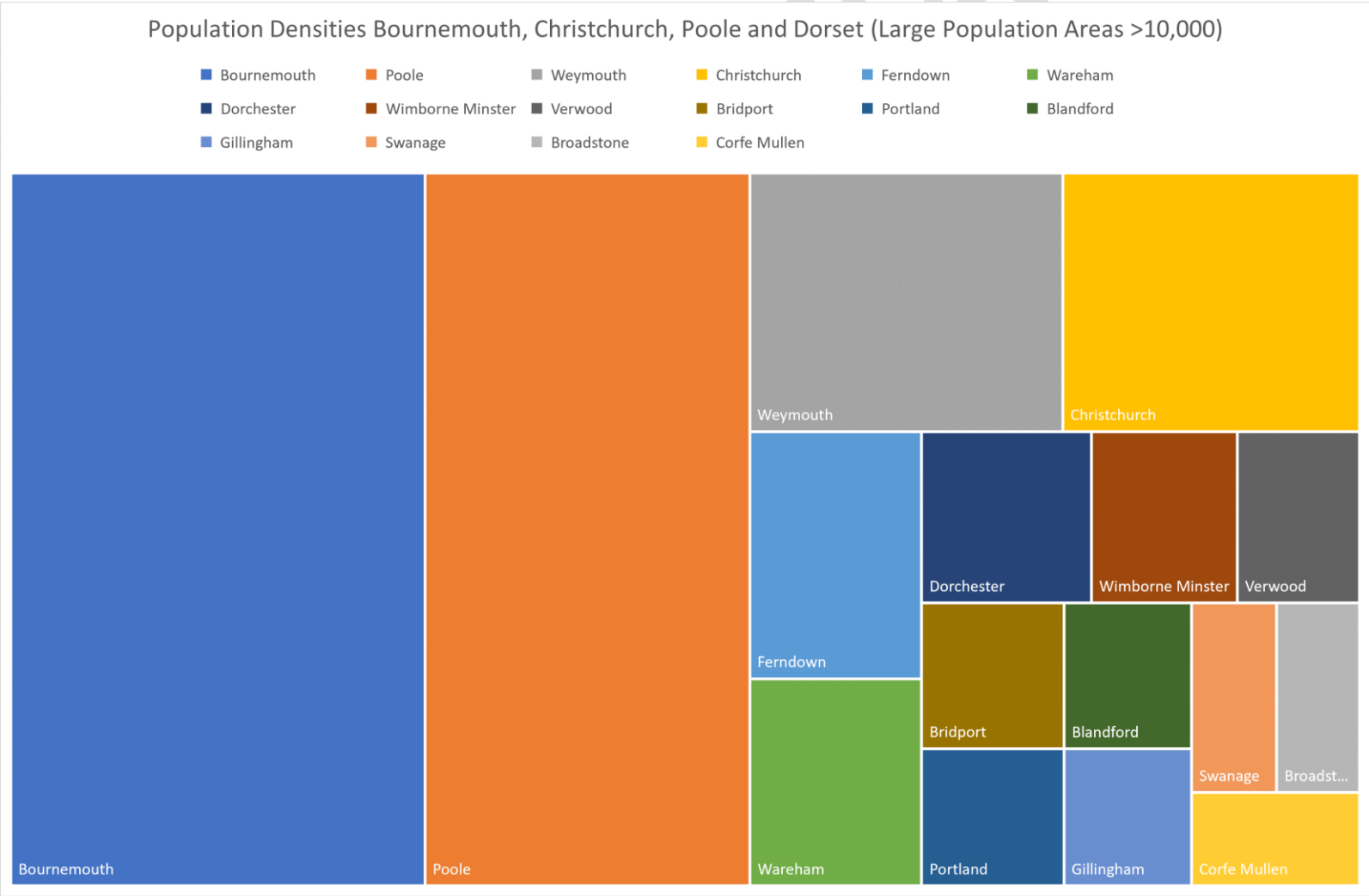
## 1.2. CORE SERVICE AREA

- 1.2.1. The map below shows the core area for the Pan-Dorset (Bournemouth, Christchurch, Poole and Dorset) Integrated Equip for Living Service with the major road network (A Roads) highlighted. There are no motorways in Dorset. As can be seen the operational area includes a mixture of both low population density rural and high population urban potential delivery destinations.

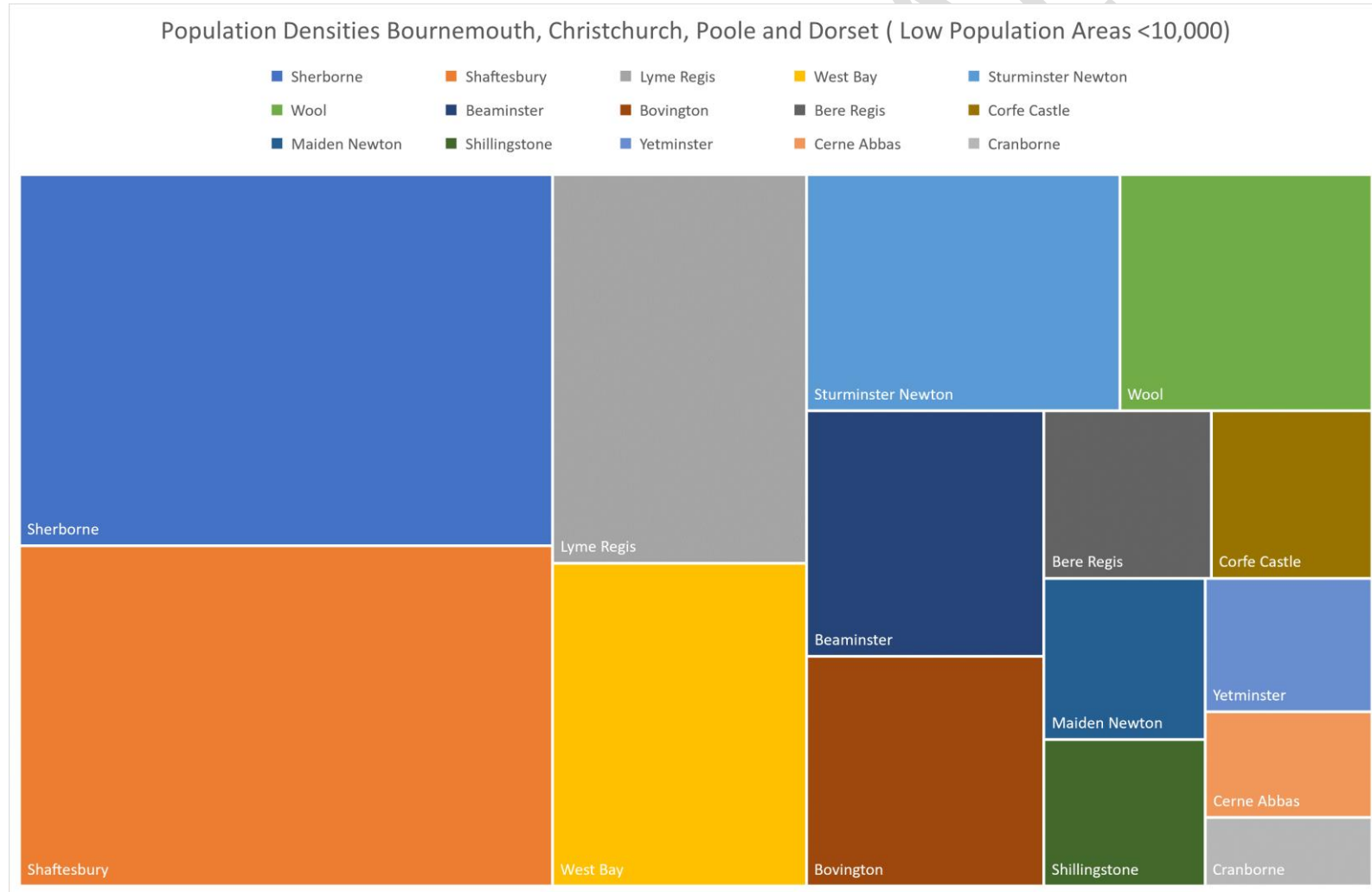


2. Population Densities and Future Change –

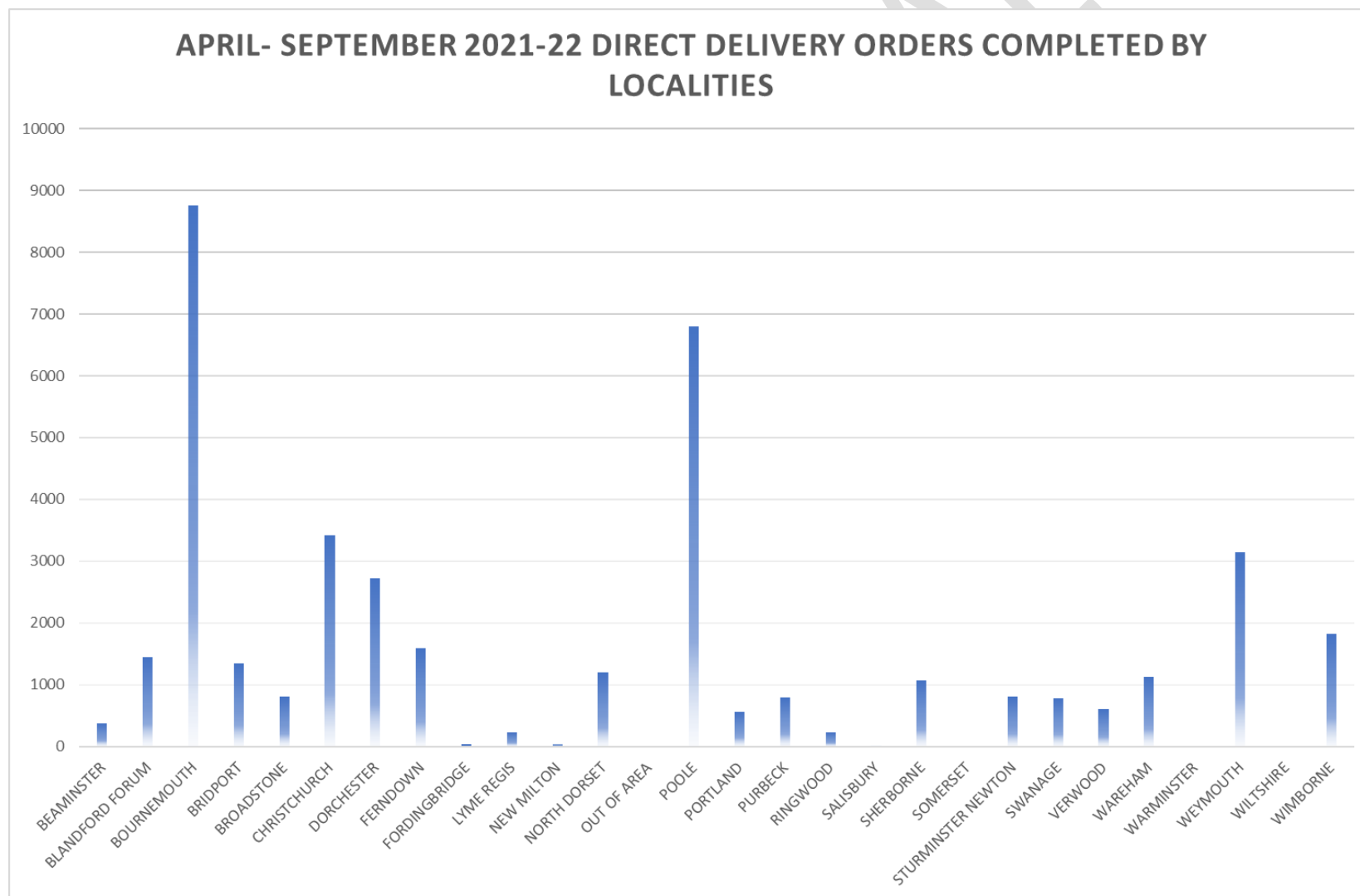
2.1. The tree map below shows relative populations in the high population areas (above 10,000 people) across the Bournemouth, Christchurch, Poole and Dorset Service Area. The largest conurbations are Bournemouth, Poole, Christchurch and Ferndown in the East of the County and Weymouth in the West.



**2.2.** The tree map below shows relative populations in the low population areas (below 10,000 people) across the Bournemouth, Christchurch, Poole and Dorset Service Area. The west of Dorset has large rural areas with low population densities. It would be anticipated that this information would inform innovative solutions to ensure that service operations are optimised to work efficiently across the diverse operating environments.

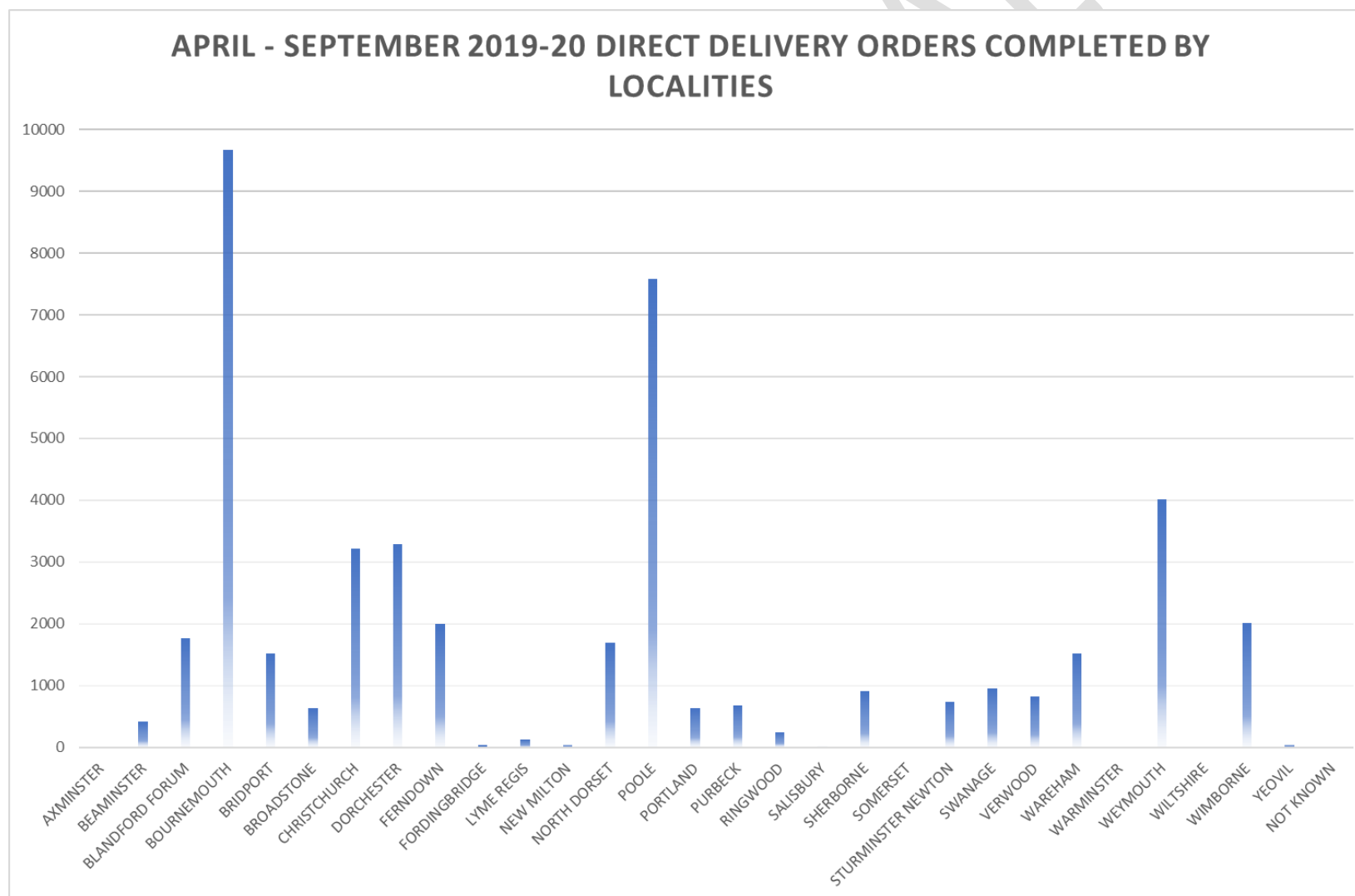


**2.3.** The graph below shows principle direct delivery locations across the service area from April to September 2021. As would be expected high volumes of direct deliveries are focused within the high population areas and smaller volumes are distributed across a wide range of more rural settlements as suggested by the population distribution.

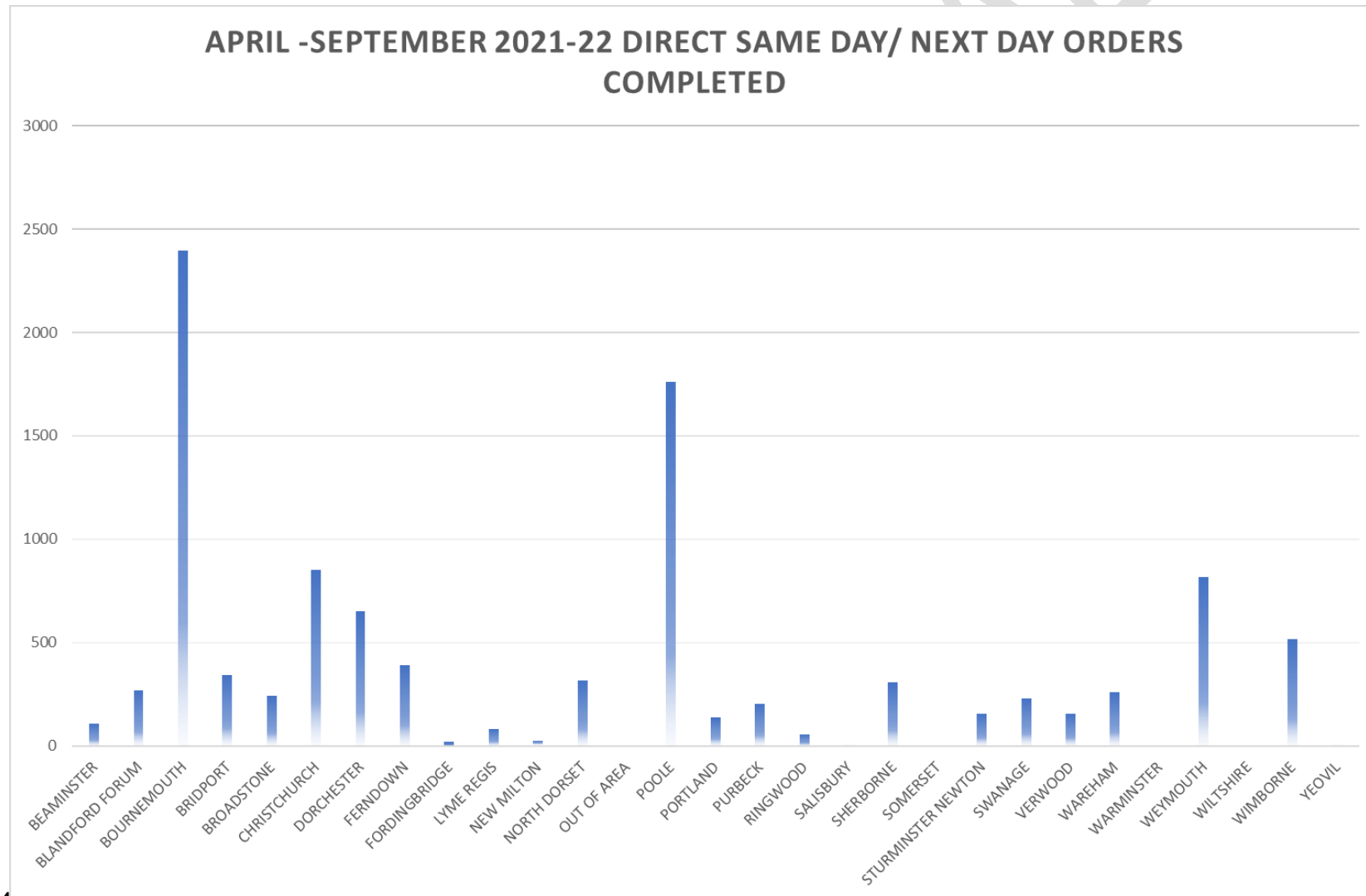




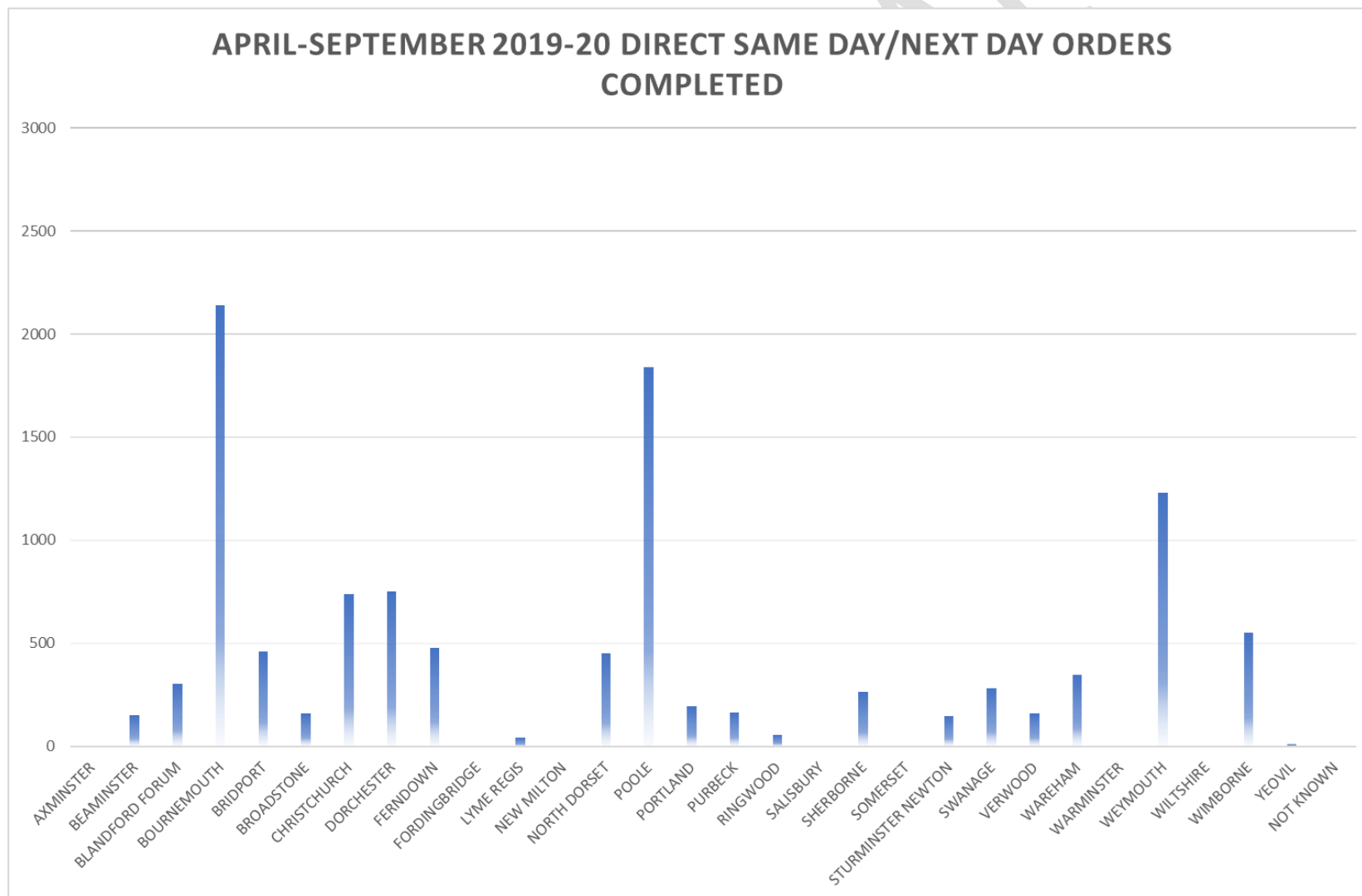
**2.4.** The graph below shows principle direct delivery locations across the service area from April to September 19-20. Generally, the pattern of delivery is similar to the 2021–2022 position although activity in a number of localities was higher. This pattern is consistent with the prioritisation of hospital discharge together with Covid 19 related disruption resulting in impacts on “business as usual” activity such as Local Authority reablement prescribing.



**2.5.** The graph below shows principle Same Day/ Next Day direct delivery locations across the service area from April to September 2021. In this period there has been a re-balancing of activity away from urgent delivery timescales with the proportion of standard 3 Day deliveries although the picture is inconsistent. This is in contrast to very high numbers of urgent deliveries generated in 2020-2021.

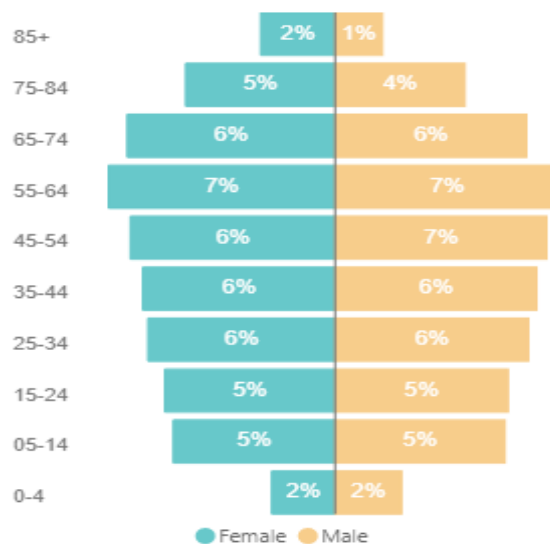


**2.6.** The graph below shows principle Same Day/Next Day direct delivery locations across the service area from April to September 2019-2020. Underlying urgent delivery levels were strong before the pandemic hit but levels were boosted by the implementation, by the government, of Discharge to Assess (D2A).

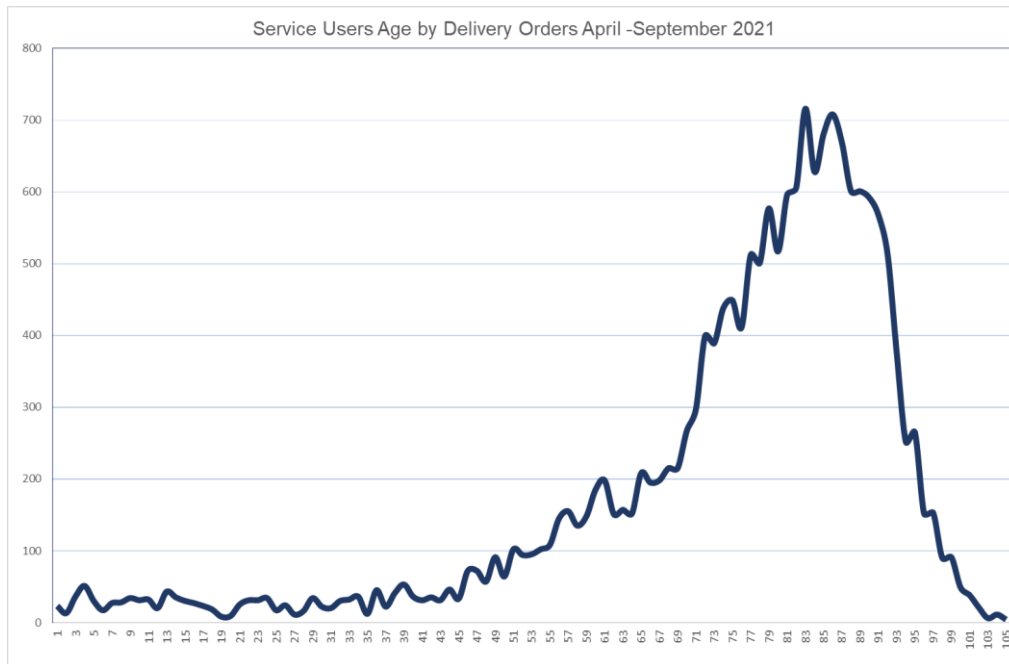


- 2.7. The Service will provide integrated community equipment and services to BCP Council and Dorset Council Local Authority Areas and NHS Dorset Clinical Commissioning Group GP registered patients. Currently GP practices are organised into 18 Primary Care Networks.
- 2.8. BCP Council has a population of 395,300. According to 2019 estimates BCP Council has seen a small decrease in population (500 less than 2018 estimates). Population change in Bournemouth has driven this reduction whilst Poole and Christchurch have seen marginal population increases. 22% of the Council area population are over 65 compared to 18% for England and Wales. <https://public.tableau.com/app/profile/bcpinsight/viz/Mid-YearEstimates2019/BCPDash>
- 2.9. Dorset (Council area) has a population of 375,000 residents, 28% of whom are aged 65 and older. The population continues to grow slowly, driven by people moving into the county and longer life expectancy. The greatest part of population growth is among over 65s. Dorset's working age population is expected to see a marginal decline over the next 25 years. <https://www.dorsetcouncil.gov.uk/your-council/about-your-council/dorset-council-plan/understanding-dorset>
- 2.10. As of 29<sup>th</sup> November 2021 there are 816,127 Dorset CCG registered patients living in the Dorset Council (364,129), BCP Council (419,181) and in the immediate neighbouring areas (32,817). Female patients marginally outnumber male patients and generally more live to be 85 and beyond.

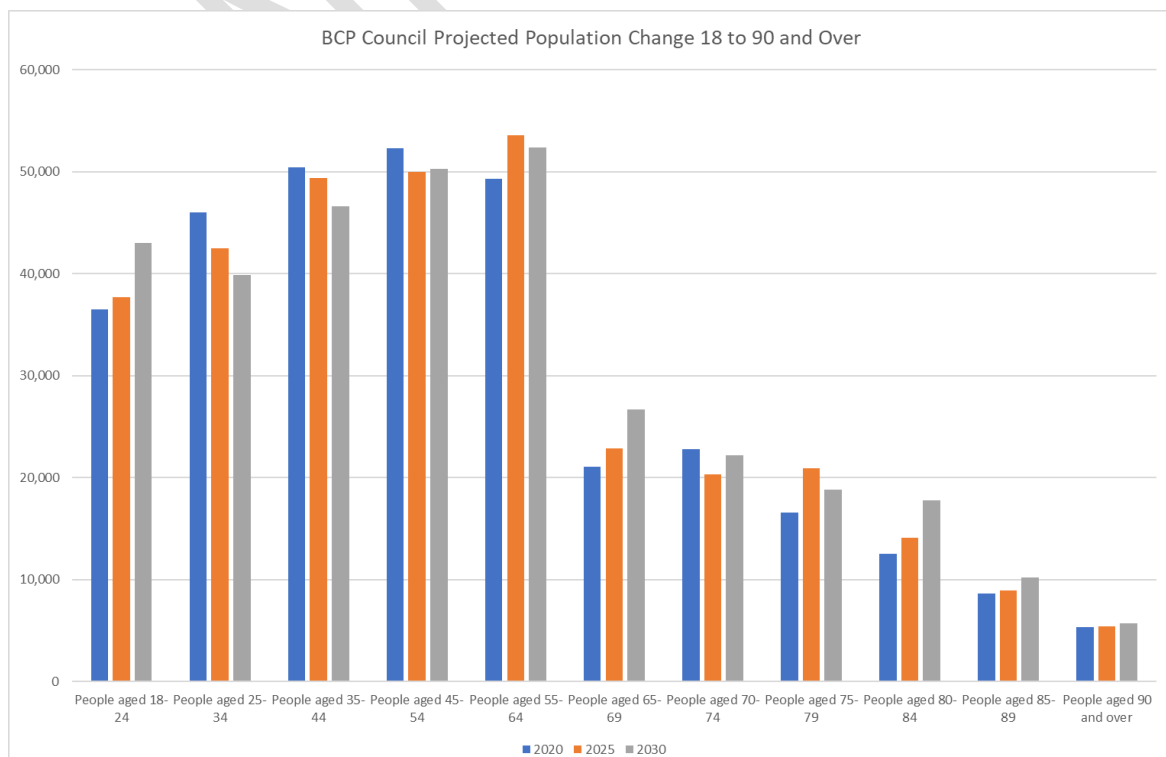
Age Profile

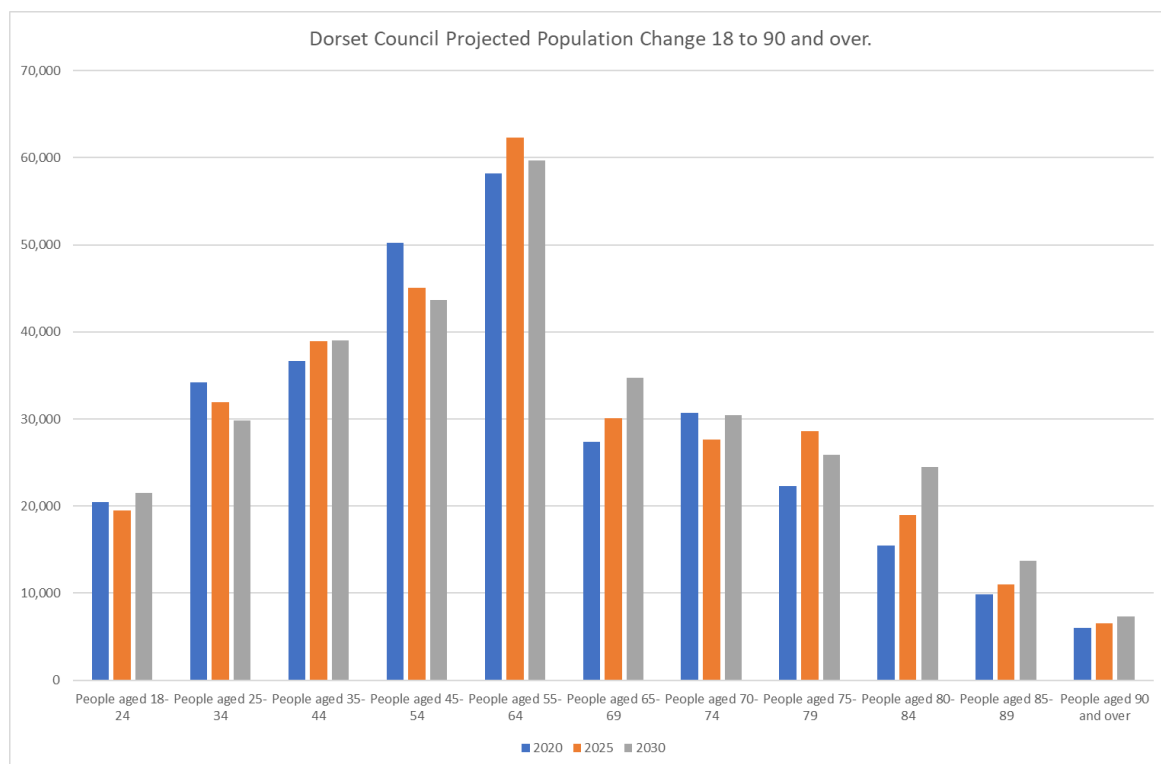


- 2.11.** The graph below shows an indicative age curve of users of the Equip for Living Service. Peak volumes of equipment are used for supporting people between 70 to 90 Years old which is an illustration of age-related frailty.



- 2.12.** The graphs below show projected demographic changes, for ages 18 to 90 and over, across BCP and Dorset Council's, over the life of the Community Equipment contract. BCP Council has a larger younger population due to its universities. Both areas will see an increase in people over the age of 65 which is likely to stimulate increased demand for community equipment provision in response to increase frailty.

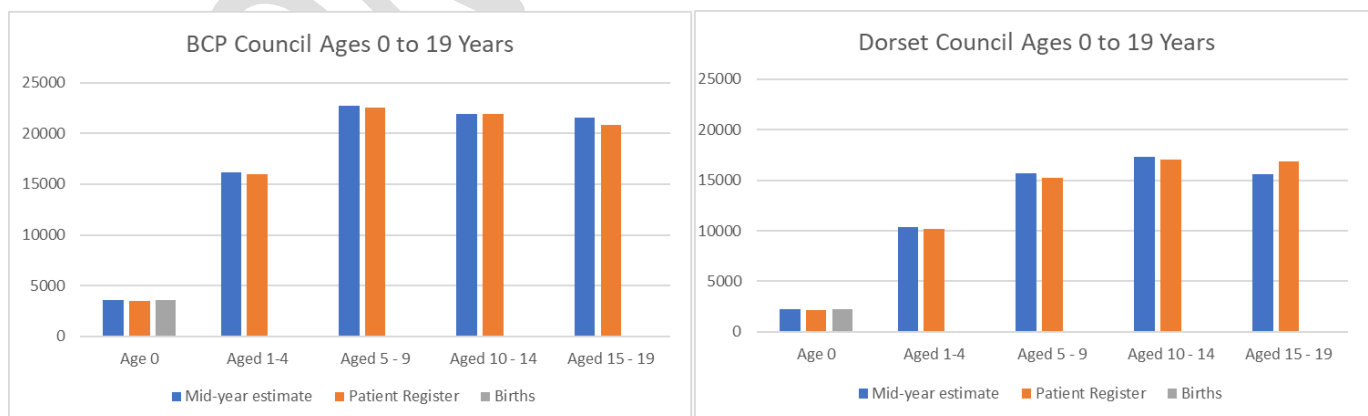




Figures may not sum due to rounding. Crown copyright 2020

Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 24 March 2020, are full 2018-based and project forward the population from 2018 to 2043.

**2.13.** The provision of children's aids and adaptations is a key function of the community equipment service. The tables below show 2020 mid-year estimate for ages up to 19. Birth rates are significantly lower in the Dorset Council area than in the BCP Council area. This is reflected in the general differences in the children's population in both areas.



- 2.14. Internal migration has a significant impact on the number of children and young people in both BCP Council and Dorset Council areas. The completeness of internal migration estimates for the year to mid-2020 may have been affected by the coronavirus (COVID-19) pandemic.

|                               | BCP Council | Dorset Council |
|-------------------------------|-------------|----------------|
| Population (Mid 2019)         | 395,300     | 375,000        |
| % Net Internal Migration 2020 | 0.10%       | 0.70%          |
| Estimated Popn Growth         | 395         | 2625           |

- 2.15. BCP Council has a significant movement of young people in and out of the authority due to the high student population. 2020 estimates were impacted by Covid restrictions causing net internal migration to fall from the previous year.

### 3. Legal Framework for the Provision of a Community Equipment Service

- 3.1. See Legal Framework for Equipment Provision (Mandelstam, 2016). Copyright © March 2016 London Borough Occupational Therapy Management Group (LBOTMG).
- 3.2. **The Care Act 2014.** The Care Act 2014 applies to adult social care in England. The act applies to adults and people approaching the age of 18 and specified a general responsibility to promote well-being based on 9 components; personal dignity, physical and mental health and emotional well-being, protection from abuse and neglect, control by the individual over day-to-day life (including over the care and support provided to the adult and the way in which it is provided), participation in work, education, training or recreation, social and economic well-being, domestic, family and personal relationships, suitability of living accommodation and the adult's contribution to society. Under the act an individual or carer has the right of an assessment and if they have an eligible need that can be addressed with equipment then this should be provided free of charge.
- 3.3. **Childrens Act.** Section 17 contains a general duty to safeguard and promote the welfare of children in need. Chronically Sick And Disabled Persons Act 1970 Section 2. applies where a local authority has accepted that it is necessary to meet the child's needs by providing one of a number specific services that includes, *"the provision of assistance for the child in arranging for the carrying out of any works of adaptation in the child's home or the provision of any additional facilities designed to secure greater safety, comfort or convenience for the child"*
- 3.4. **Children and families act 2014.** Establishes Education, Health and Care (EHC) plans which seek to address educational, health and social care needs and can potentially include the provision of equipment.
- 3.5. **National Health Service Act 2006.** Provides general duties that can include the provision of health care equipment, for both adults and children. Controls under the act are quite general and NHS provision normally relies on individual clinical judgement.
- 3.6. **NHS Continuing Healthcare.** The Department of Health. National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, 2012, para 85.1, page 108. States,

*“Where someone is assessed as eligible for NHS continuing healthcare but chooses to live in their own home in order to enjoy a greater level of independence, the expectation in the Framework is that the CCG would remain financially responsible for all health and personal care services and associated social care services to support assessed health and social care needs and identified outcomes for that person, e.g. equipment provision ..., routine and incontinence laundry, daily domestic tasks such as food preparation, shopping, washing up, bed-making, support to access community facilities, etc. (including additional support needs for the individual whilst the carer has a break)..... In accordance with the principles set out in paragraphs 113 - 117, individuals who are entitled to NHS continuing healthcare have an entitlement – on the same basis as other patients – to joint equipment services. CCGs should ensure that the availability to those in receipt of NHS continuing healthcare is taken into account in the planning, commissioning and funding arrangements for these services”.*

- 3.7. NHS Continuing Healthcare for Children.** The emphasis of NHS guidance is around the need for a multi-agency approach to addressing children’s needs.
- 3.8. Health and Safety at Work Act 1974 And Regulations.** Applies to the provision equipment in the workplace which can be in people’s homes. Section 3 of the act gives responsibilities for non-employees.
- 3.9. Manual Handling Operations Regulations 1992.** Requires employees to “assess the relevant manual handling operations and take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable”
- 3.10. Lifting Operations and Lifting Equipment Regulations 1998 (Loler 1998).** Applies to equipment used to lift people and specifies that such equipment....  
  
*“...must be thoroughly examined either a) by default every six months or b) at some other interval specified in a competently drawn up alternative examination scheme. Defects must then be remedied.”*
- 3.11. Provision And Use of Work Equipment Regulations 1998 (Purver 1998).** Places responsibilities on employers to ensure their employees have access to suitable equipment to undertake their work tasks and that information, written instructions and training are available to workers using this equipment.
- 3.12. Consumer Protection Act 1987.** Refers to the need to keep track and trace records of equipment products supplied in case of faults being identified.
- 3.13. Medical Devices Regulations 2002.** Medicines, Healthcare products Regulatory Authority (MHRA) oversees the regulation of medical equipment and issues safety notices where these occur which must be responded to as advised.



## 4. Strategic priorities

### 4.1. BCP Council's Adult Social Care Strategy 2021-25 identifies 5 keys priorities:

- Priority 1. Support people to live safe and independent lives.
- Priority 2. Engage with individuals and communities to promote well-being.
- Priority 3. Value and support carers.
- Priority 4. Deliver services that are modern and accessible.
- Priority 5. Enable people to live well through quality social care.

### 4.2. BCP Council's Children and Young People Priorities. BCP Council want to ensure that Children and Young People are:

- 4.2.1. Fulfilled - children and young people have the opportunities and are supported to achieve their full potential in education, learning and future employment.
- 4.2.2. Happy - children and young people can enjoy healthy lifestyles and make positive choices.
- 4.2.3. Included - children and young people are accepted as valued members of society enabling them to achieve within, and contribute to, the wider community.
- 4.2.4. Resilient - children and young people are supported to be resilient in the face of the challenges presented by the COVID-19 pandemic.

### 4.3. Dorset Council Adult and Children Staying Safe and Well

- 4.3.1. Make Dorset the best place to be a child; where communities thrive, and families are supported to be the best they can be.
- 4.3.2. Ensure our children achieve the best educational results they're capable of
- 4.3.3. Support older people and disabled people to live independently in their own homes and, when this isn't possible, provide high quality care
- 4.3.4. Focus on getting it right first time, proactively providing early help as needs arise.
- 4.3.5. Build and support capacity in voluntary, community and social enterprise organisations.
- 4.3.6. Work to protect children and vulnerable adults and prevent them from being exploited.

**4.4. The NHS Long Term Plan.** In 2019, the NHS Long Term Plan set out a 10-year strategy for improving and reforming the NHS in England. No part of the plan has been unaffected by COVID-19.

The overall picture is one of major delay, disruption and increased demands on services.

The Health and Care Bill 2022 introduces changes to NHS structures in England, including formalising local partnerships. But the health system needs an updated strategy for delivering the long-term plan, which addresses the backlog in elective care without compromising interventions to prevent disease and reduce inequalities.

(Source: <https://www.health.org.uk/publications/reports/the-nhs-long-term-plan-and-covid-19>)

**4.5. Ageing Well.** People in England are living far longer than ever before but these extra years of life are not always spent in good health, with many people developing conditions that reduce their independence and quality of life. The NHS has a key role to play in helping older people manage these long-term conditions, making sure they receive the right kind of support to help them live as well as possible. The central aim is to give greater control over the care people in need receive, with more care and support being offered in or close to people's homes, rather than in hospital.

The key elements are:

- 4.5.1. A multidisciplinary approach
- 4.5.2. Giving more say about the care and support people receive
- 4.5.3. More support for people who look after family members, partners and friends
- 4.5.4. Develop rapid community response teams
- 4.5.5. More NHS support into care homes

**4.6. Home First.** Home First is a new partnership approach to provide more community-based care in Dorset and reduce unnecessary hospital stays. NHS, BCP Council and Dorset social care services have teamed up to help people out of hospital more quickly and recover in the comfort of their own homes wherever possible.

Home First brings together staff from Dorset's acute hospitals (in Bournemouth, Dorchester and Poole), community teams from Dorset HealthCare, and social care services from both BCP (Bournemouth Christchurch and Poole) Council and Dorset Council. Together, they form a virtual 'One Dorset Team', divided into five clusters – Bournemouth and Christchurch, Poole, East Dorset and Purbeck, North and Mid-Dorset, and Weymouth and the Jurassic Coast.

Home First is in line with new Government 'discharge to assess' guidelines, as well as evidence which indicates people recover more quickly in a home setting. It will help ensure Dorset has sufficient bed capacity to meet current and future demand for Health services (See <https://www.dorsethealthcare.nhs.uk/home-first#25a03d5c> ).

## **5. DEFINITIONS, INTERPRETATIONS AND AGREEMENT CONDITIONS**

- 5.1.** For Definitions, Interpretations and Agreement Conditions See “Agreement for The Provision of Pan-Dorset (Bournemouth, Christchurch, Poole, And Dorset) Integrated Equip for Living Service.”

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## 6. KEY SERVICE PRIORITIES.

- 6.1.1. The Service will have the overarching priority of facilitating the maximum number of people to access aids and adaptations where these will improve the quality of their lives. The Service will have the equal priorities of supporting hospital discharges, helping to avoid unnecessary hospital admission whilst providing, or supporting individuals to access, preventative, enabling community equipment.
- 6.1.2. The service will fully support local authorities to meet the general responsibilities dictated by the Care Act 2014 which are;
  - 6.1.2.1. Promoting individual well-being
  - 6.1.2.2. Preventing needs for care and support
  - 6.1.2.3. Promoting integration of care and support with health services etc
  - 6.1.2.4. Providing information and advice
  - 6.1.2.5. Promoting diversity and quality in provision of services
  - 6.1.2.6. Co-operating generally
  - 6.1.2.7. Co-operating in specific cases
- 6.1.3. The service will have an active role in supporting the local Integrated Care System, which is being developed as enabled by the Health and Care Bill 2022 and will actively contribute to the mutual support between different parts of the local health and care system.
- 6.1.4. All customers of the service can expect 'no surprises' in terms of service quality, information and support provided. The service will be accredited to a nationally recognised standard/s in respect of its management of a community equipment service and associated functions for example Cecops.
- 6.1.5. The service will work with the Integrated Care System and Clinical Prescribers to ensure that procured equipment represents best value in terms of functionality, quality, cost, environmental sustainability, transportation costs and recyclability.
- 6.1.6. The service will work co-operatively with neighbouring Integrated Care Systems and Equipment services in neighbouring authorities or localities to reduce the impact of cross boundary equipment provision issues.
- 6.1.7. The service will have a very high level of resilience to ensure continuation of business operations in all but the most exceptional circumstances (such as Force Majeure). The Provider will have a robust and tested business continuity plan aimed at minimising the impact of internal or external system disruption.

## **7. DELIVERY REQUIREMENTS OF PAN-DORSET (BOURNEMOUTH, CHRISTCHURCH, POOLE AND DORSET) INTEGRATED EQUIP FOR LIVING SERVICE.**

### **7.1. SERVICE SPECIFIC WEBSITE AND FREE VISITOR INTERNET ACCESS**

7.1.1. The Provider will host and maintain a service specific website.

7.1.2. This website, as a minimum will provide:

- 7.1.2.1. Information regarding service opening times,
- 7.1.2.2. Information regarding the range services provided by the equipment service,
- 7.1.2.3. Information promoting the return, recycling and reuse of community equipment,
- 7.1.2.4. Service addresses and contact numbers,
- 7.1.2.5. Links to Health and Social Care information potentially useful to our service users or their carer's,
- 7.1.2.6. Access to self-assessment tools and support for people wishing to purchase their own equipment and aids to daily living,

7.1.3. The Provider will facilitate free, secure but unfettered internet access to visitors to the service depots.

### **7.2. WORKFORCE REQUIREMENTS**

7.2.1. The Provider will at all times during the Agreement Period employ and assign to the Service sufficient persons to ensure the performance of this Specification.

7.2.2. The Provider will ensure that every person so employed (whether permanent, part-time, agency or sub-contracted) is at all times properly and sufficiently qualified, competent and trained commensurate with their role in providing a community equipment service that complies with all relevant legislative and good practice guidance such as the CECOPS standards (<http://www.cecops.org.uk/>).

7.2.3. The Provider will prioritise contracted staff retention to minimise the employment of agency, sub-contracted or 'zero hours' staff.

7.2.4. The provider will implement an apprenticeship scheme to support the training and development of young people.

7.2.5. The Provider in agreement with the Commissioner will ensure that there is an appropriate training and staff development strategy created to meet the needs of all staff within the Service.

7.2.6. The Provider will provide a full induction plan for new members of staff and will at least annually undertake a staff skills survey as a part of a wider annual appraisal process.

7.2.7. The Service Provider will be required to evidence to the Commissioner that regular supervision, support, training and appraisal of Service staff is occurring within a rolling programme.

7.2.8. The Provider will ensure that all employees are provided with identification badges that clearly identifies them with a high-resolution photograph as a member of the Providers staff team. The identification badge will include a contact telephone number by which a service user can independently verify the identity of the holder. This requirement for identification will

also apply to sub-contractors used by the Provider and the Provider will be responsible compliance by these organisations.

7.2.9. No employee, apprentice or volunteer working for the Service Provider will be permitted to undertake work as described in this core specification until they have completed an appropriate application form, evidenced their Right to Work in the United Kingdom, have supplied two satisfactory written references and have passed a satisfactory enhanced Disclosure and Barring Service Check (DBS), where the staff member is likely to come into direct contact with vulnerable children and adults.

7.2.10. The Provider will maintain secure individual staff files, which will contain all relevant details pertaining to the individual including documentation in relation to the recruitment and selection process, training and induction records, supervision and appraisals undertaken.

7.2.11. The performance and delivery of the Service will be subject to at least one annual auditing and monitoring process which may include, at the discretion of the Commissioner, a full 360 degree review of the Service. This is to ensure that the aims, objectives, outcomes, throughputs and outputs of the Service are being met to the standards expected in this specification. A performance report and any other requested information to support such a process will be supplied no later than two weeks prior to such a process starting.

7.2.12. The Commissioner will reserve the right to inspect the Providers staff records in respect of:

- 7.2.12.1. Qualifications and/or experience
- 7.2.12.2. Induction and training records
- 7.2.12.3. DBS Reports
- 7.2.12.4. Evidence of Right to Work in the United Kingdom

7.2.13. The Commissioner reserves the right to require members of the Provider's staff team to be withdrawn from the Service if the Provider fails to comply with conditions 7.2.2 and 7.2.5 to 7.2.10 above or in the event of a member of the Providers staff team acting inappropriately to the extent that it brings their ability to complete their duties into dispute.

#### **7.2.14. Technical Staffing.**

7.2.14.1. The Provider will employ appropriate levels of Service Engineers competent in the undertaking of the servicing, maintenance, repair of electrical mechanical equipment, the installation, repair and removal of gantry and ceiling track hoists and the maintenance and repair of commonly ordered paediatric equipment and non-contract equipment.

7.2.14.2. Service Engineers will receive appropriate equipment specific training and ongoing support to ensure that they have up-to-date and detailed knowledge of the equipment supplied through the service, appropriate constituent spare parts of this equipment and how these are installed, and of any testing tools and supplementary equipment required.

7.2.14.3. The Provider will employ appropriate levels of cleaning and refurbishment technicians competent in the appropriate use of cleaning equipment, industry standard decontamination agents and the application of infection control standards as these apply to the reissue of community equipment collected by the service.

- 7.2.14.4. The Provider will employ appropriate levels of Driver Technicians competent in undertaking the individual assessment of service users in need of simple aids to daily living. The scope of the assessments is to be agreed between the Provider, the Commissioner and Agreed Partners and this scope may change over the life of the Agreement. As a minimum, assessments will cover chair and bed raising, the selection of appropriate bath and shower boards, internal grab rails, external grab rails, banister rails and toileting.
- 7.2.14.5. Driver technicians will be given the resources necessary to deliver assessments for pre-agreed items of community equipment and minor adaptations, such as rails. The Provider will be responsible for ensuring that their driver technicians receive accredited training for the provision of Simple Aids to Daily Living and minor adaptations.
- 7.2.14.6. Driver technicians will keep accurate and clear case notes of their assessment decisions and will be individually accountable to the Commissioner in respect of these. Case notes will document the decision-making process and highlight to the prescriber any concerns regarding the welfare of the service user visited.
- 7.2.14.7. Driver Technicians will be responsible for ensuring that where a service user is identified as having complex needs that cannot be addressed by the provision of simple equipment, they are referred to the appropriate Partnership agency for a clinical assessment.
- 7.2.14.8. The Provider will ensure that Driver Technicians receive clinical supervision to an appropriate level for the complexity of work being undertaken. This will be in addition to routine supervision and performance appraisal processes. The Provider will provide evidence of competence of Driver Technicians as periodically required by the Commissioner.

#### **7.2.15. Managers and Supervisors**

- 7.2.15.1. The provider will ensure that there is a single point of contact management structure that links with the Commissioner. The Providers management and supervisory structure will be adequate to ensure compliance to the Agreement, the support the service workforce and the continued improvement and development of the service.

### **7.3. REQUIRED DEPOT RESOURCES**

- 7.3.1. The Provider will provide suitable service depot resources for the purposes of providing an equitable, high quality, resilient Community Equipment Service to service users within the geographical area as defined by the Commissioner in consultation with Agreed Partners. The Provider will decide the number and location of service depots needed to ensure that Key Performance Indicators (KPI's) are maintained for all localities across the service area.
- 7.3.2. Economies of scale or organisational efficiencies will not be at the expense of compliance with Condition 7.3.1 above specifically and the Agreement and Contract Conditions in general.
- 7.3.3. All service resources will co-operate seamlessly, and performance measures will be applied and be judged on a service wide basis.

- 7.3.4. The depot or depots will provide “access for all” and comply with the requirements of the Equality Act 2010. Disabled and guest parking will be reserved and not used for staff parking.
- 7.3.5. The number of parking spaces provided will balance operational requirements of the service, including adequate space for customer parking, with the need to promote environmentally sustainable forms of travel.
- 7.3.6. The depot or depots will have a level of security to prevent unauthorised entry onto service premises and access to private service resources, confidential information and private records.
- 7.3.7. Depot capacity will be appropriate for the core service functions such as, but not limited to, administration of the service, the storage of equipment, the dispatch of equipment, the cleaning, drying, refurbishment, maintenance and statutory testing of equipment.
- 7.3.8. The depot or depots will have the capacity to cope flexibly with an expansion of service either through increased geographical coverage or through an increase in prescribing levels and complexity.
- 7.3.9. The depot or depots will have flexible space for, but not limited to, equipment demonstrations, service user assessments, equipment related meetings, training and bookable hot desks. The provider will provide appropriate resources to support these functions.
- 7.3.10. Depot or depots will allow for the return of equipment previously issued through the service by prescribers, service users, carers, care homes, charity shops and any other authorised party.
- 7.3.11. Depot or depots will allow the booked collection of equipment as requested by prescribers and the booked inspection of commissioner owned non-contact equipment.
- 7.3.12. Depot or depots will have appropriate areas and processes for the recycling of raw materials from equipment no longer fit for reissue and other operational processes. Waste management associated with any sites and operations linked the provision of the Service should conform to the requirements of The Waste (Circular Economy) (Amendment) Regulations 2020.
- 7.3.13. Depot or depots will have capacity to store operationally required levels of contract stock and levels of non-contract stock as agreed with the Commissioner and Agreed Partners.

#### **7.4. VEHICLES**

- 7.4.1. The Provider will maintain enough vehicles to ensure the efficient delivery and collection of equipment and all functions as required in the execution of the Service.
- 7.4.2. The provider will take steps to move away from the use of petrol and diesel vehicles in the service prior to the UK Governments ban on the sale of new petrol, diesel and dirty hybrid cars and vans from 2030. In the meantime, the Provider will work proactively to minimise fuel consumption in the delivery of the service and consider all options, including clean hybrid and electric vehicles to achieve this. Fuel consumption performance will be available for review by the Commissioner on a Monthly basis.
- 7.4.3. Vehicles for transporting equipment to and from service users will be kept in a serviceable and hygienic condition. Vehicles will be used exclusively for the transportation of equipment



and authorised staff in the delivery of the service except in other circumstances authorised by the Commissioner.

- 7.4.4. The Provider will ensure that service delivery drivers are periodically assessed to ensure that they are competent to drive service vehicles and they do so in a way that is considerate of other road users and minimises environments impacts associated with poor driving styles.
- 7.4.5. Vehicles for the delivery of the service will carry appropriate Personal Protective Equipment (PPE) such as disposable gloves, face masks, equipment bags, aprons, and alcohol cleaning gel as a minimum. Staff authorised to use vehicles will be trained and competent in the use of protective equipment and will use said equipment whenever there is an infection risk
- 7.4.6. Where vehicles are used for the collection and delivery of equipment then appropriate measures will be introduced to protect against cross contamination of equipment. These measures will be periodically audited by the Provider.
- 7.4.7. The Provider will ensure that vehicles used for the delivery and collection of community equipment will be maintained in a roadworthy state, will be taxed, fully comprehensively insured and have a current MOT certificate.
- 7.4.8. The Provider will ensure that vehicles used for the delivery and collection of community equipment can be tracked via GPS technology with this information linking into an intelligent route planning system.

## **7.5. THE MANAGEMENT OF SERVICE USER RELATED DETAILS**

- 7.5.1. The Provider will maintain secure and accurate records for each service user that has received loan equipment or any associated activity from the service. The Provider will ensure that the system complies with the requirements of the Data Protection Act 2018. Service users that have been assessed as having a need for a Community Equipment Service will have their details entered onto the Provider hosted Online Ordering System by an authorised prescriber. Prescribers will be responsible for the accuracy of service user related information passed to the Provider and for ensuring that any amendments to service user details are corrected in a timely manner on the Providers system.
- 7.5.2. Data fields in respect to Service User Details will be agreed with the Commissioner and Agreed Partners.
- 7.5.3. The Provider will be responsible for service user related details that it enters or collects in the delivery of the service.
- 7.5.4. The Provider will be responsible for the data cleansing of Service User records and the merging of duplicate records.
- 7.5.5. Service user related information will be passed from Prescriber to Provider and from Provider to Prescriber electronically over a secure internet-based network.
- 7.5.6. Service users will be allocated a unique client identification number that references their service provision history.

## **7.6. ACCESS TO AN ON-LINE ORDERING SYSTEM.**

- 7.6.1. The Provider will host an on-line ordering system easily accessible by all Prescribers with delegated authority to do so by the Commissioner.
- 7.6.2. The on-line ordering system will be intuitive to use and will require only basic computer/ IT skills to operate. Where training on the use of the system is required, this will be supplied and updated by the Provider.
- 7.6.3. Access to the online ordering system will be allowed through the mechanism of a unique Personal Identification Number (PIN) and secure password. Each PIN will contain information that uniquely identifies an authorised prescribing user and their level of authorisation to spend from the Pooled Budget. Pins will be a key linked to a database of related prescriber information that includes (non-exclusively) the prescribers organisation, their service team, their email address, contact address, telephone number the permitted spending level per order.
- 7.6.4. Access and ordering rights of prescribers will limited to 4 bands which will be:
  - 7.6.4.1. Administration PIN that allows access to the system and ordering on the basis that all orders irrespective of value will be authorised by a more senior PIN holder with the relevant permission to do so. Administration pins must have the facility to order on behalf of other named prescribers where prior authorisation for this has been agreed.
  - 7.6.4.2. Restricted PIN that allows access to the system and orders to be placed to a maximum value of £400 restricted to 3 working day standard delivery and 5 working day standard collections.
  - 7.6.4.3. Unrestricted PIN that allows access to the system and orders to be placed with no restriction in terms of equipment value or delivery and collection service levels as agreed within this Core Specification.
  - 7.6.4.4. Unrestricted Authoriser PIN that allows access to the system and orders to be placed with no restriction on value or delivery and collection service levels agreed within this core specification and including the right to authorise the orders of users with restricted ordering rights.
- 7.6.5. The Provider will maintain a live record of all current and blocked prescribers that can be accessed by the Commissioner online as required. The current list of users will also include an identification of those senior staff members who are permitted to authorise the orders of subordinate staff members as in 7.6.4.4 above.
- 7.6.6. The Provider will give full access to the Commissioner in terms of the creation and blocking of pins, the amendment of prescriber details and the resetting of passwords.
- 7.6.7. A PIN will be issued or amended only on request of a senior manager, as agreed with the Commissioner, with the authority (or delegated authority) to sanction potential spending from the Pooled Budget. Likewise, it will be the responsibility of said manager to authorise the blocking of pins where a user no longer has authority to access the online system for whatever reason.

- 7.6.8. The Provider will ensure the pins will be automatically lock the prescriber out of the system following 60 days of the pin not being used and will block the pin after 120 days of inactivity. Locked pins will be unlockable on request of the prescriber (with appropriate safeguards) whereas blocked pin will only be released with consent of the Commissioner.
- 7.6.9. Every activity where there is a potential charge will be allocated either to a Prescriber or Provider pin so that all expenditure through the service can be tracked and accounted for.
- 7.6.10. The Provider will be issued, in agreement of the Commissioner, with one or more pooled budget Pin/s to charge for appropriate and auditable activity that cannot be allocated or attributed to the Commissioner or Prescribers with Delegated Authority to spend against the Pooled Budget.
- 7.6.11. Prescribers will have the ability to amend their own contact details held on the online ordering system although significant changes, such as changes to the linked prescribing organisation or sub-team, will remain exclusively within the control of the Commissioner so that charging allocation is not compromised.
- 7.6.12. With reference to 7.6.11. above, where a prescriber either leaves a prescribing organisation or transfers to another team within a prescribing organisation then their pin should be blocked and a new pin issued to maintain accurate activity information.

## **7.7. ORDERING SYSTEM PROFILE**

- 7.7.1. The Provider will host a comprehensive online ordering system that allows the ordering of contract and non-contract equipment and all other agreed equipment related services.
- 7.7.2. The ordering system will have a linked online catalogue containing high-definition photographs and accurate descriptions and specifications of all contract equipment supplied by the service as well as all non-contract equipment held on behalf of the Commissioner. The list of required equipment will be confirmed with the Commissioner prior to the start of the service
- 7.7.3. The online ordering system will link into a fully automated stock management and control system to ensure that the levels of stock holding are optimal in terms of *stated* maximum and minimum holding to deal with the projected level of demand for equipment for the agreed geographical service area.
- 7.7.4. The stock management system will have a rolling stock checking mechanism which will alert the Provider should there be either a shortage of deliverable stock (below minimum agree stock levels) or a build-up of slow-moving stock (above maximum agreed stock levels) which could potentially lead to a stock liability for either the Commissioner or the Provider.
- 7.7.5. The online ordering system will have a business continuity back-up system for use in the exceptional circumstance should the online ordering system become inoperative by power failure, Information technology system failure or other unanticipated failures.
- 7.7.6. The online ordering system should give users of the system clear, easily understandable, unambiguous status information regarding the progress of deliveries, and all other scheduled activities including the target order completion date and information regarding stock status and potential order completion delays.

- 7.7.7. The online ordering system will allow the inclusion of delivery notes and additional information which allow the specific delivery requirements and wider needs of Service Users to be factored into the planning of deliveries.
- 7.7.8. The Provider will ensure that the ordering system can be adapted to cater for the needs of people for who English is not their first language. The Provider will be able to access interpreters to facilitate the arrangements of deliveries where this be needed.
- 7.7.9. The Provider will ensure that the online ordering system has accessibility options for people with sensory or other disability in accordance with the Web Content Accessibility Guidelines (WCAG) 2.1 (2018).
- 7.7.10. The Provider will ensure that the online order system is compatible with a range of computing platforms including Personal Computers, Tablet Computers and Smartphones.
- 7.7.11. The online ordering system will have the functionality described in 7.7.2 to 7.7.9 in advance of the start of the Agreement. Features and functions not in general operation, in development or still in a testing phase will not be seen as fulfilling these requirements.

## **7.8. ORDERING OF BESPOKE OR NON-CONTRACT ITEMS ('SPECIALS').**

- 7.8.1. The Provider will fully integrate the ordering of non-contract equipment within its online ordering system. The service's online catalogue will display all Commissioner owned non-contract equipment stored at the service and will include high resolutions photographs, a summary of measurements, weight and operating limits and a link to the manufacturers detailed user guidance, where available, for each item.
- 7.8.2. The Provider's online ordering system will allow the ordering of bespoke or non-contract equipment and will allow the prescriber to securely attach supporting documents such as equipment specifications, detailed installation instructions and supplier quotes.
- 7.8.3. The Provider's online ordering system will have a comparable level of functionality and reporting in respect to ordering bespoke or non-contract equipment as compared to ordering contract equipment.
- 7.8.4. The Provider's online ordering system will meaningfully organise, classify, sub-categorise and code Commissioner owned bespoke or non-contact equipment to facilitate simplified analysis of volumes and types of bespoke or non-contract equipment ordered. The ordering system will allow the identification of trends in non-contact equipment prescribing.
- 7.8.5. The Provider will support the Commissioner in identifying trends in non-contract equipment items ordered with the intention of either providing justification for including these on the catalogue of contract equipment list or reducing any unnecessary diversity in non-contract equipment ordering so that the service can benefit from improved delivery performance, economies of scale and aftersales support in terms of spare parts, maintenance and servicing.
- 7.8.6. The Provider's online ordering system will prompt and support prescribers to search currently held Commissioner owned stocks of bespoke or non-contract equipment before allowing them to order a new item of bespoke or non-contract equipment.
- 7.8.7. The Provider will support and facilitate the physical auditing of recycled non-contract equipment by named Partnership prescribers and measures to promote the re-use of non-contract stock.

- 7.8.8. Bespoke or non-contract equipment must be clinically specialist in its function and address individualised needs that cannot be addressed through the use of contract stock items. The Provider will prompt prescribers where there is an item of contract equipment functionally equivalent to a bespoke or non-contract item being considered for purchase.
- 7.8.9. Prescribers will identify appropriate suppliers of the required bespoke and non-contract equipment and apply due diligence to this process. It is expected that the Provider will be able to support this process through its specialist expertise in equipment purchasing.
- 7.8.10. The Provider will ensure and provide evidence, on request, that bespoke or non-contract equipment has been procured according to best value principles in terms of price, functionality and quality, as far as this is within their control.
- 7.8.11. The prescriber is responsible for the agreement with the supplier of the exact specification of the bespoke or non-contract equipment to be supplied and any delivery, installation or associated aftersales service required according to their own assessment of the service user's individual needs. The prescriber will communicate this information accurately to the Provider via its online ordering system.
- 7.8.12. The Provider will be responsible for ensuring that suppliers supply bespoke or non-contract equipment as per the specification agreed in writing with the prescriber at the agreed cost after applying any negotiated discounts the Provider is able to secure.
- 7.8.13. The Provider will take responsibility for confirming the delivery of bespoke or non-contract items of equipment, chasing deliveries that exceed agreed timescales and dealing with all outstanding payments to suppliers.
- 7.8.14. The Provider will ensure that non-contact equipment that is directly delivered to a service user's home from a supplier is allocated an appropriate bar code and if electrical mechanical, planned preventative maintenance is scheduled on the service electronic ordering system. This is to be completed within 30 days of confirmation of delivery.
- 7.8.15. The service for bespoke or non-stock equipment will attract a non contract equipment administration charge as agreed with the Commissioner. Non-contract equipment is not included within the credit model and therefore will not attract credits unless a non-contact item is subsequently made a contract item.
- 7.8.16. Where the cost of the requested bespoke or non-stock Items exceeds the predetermined expenditure limit agreed for the Prescriber then the ordering Prescriber will request authorisation from the appropriate Authorising Prescriber before procuring the equipment. In all cases, it is the Prescriber's responsibility to ensure appropriate authorisation is sought prior to raising a non-contract order on the service ordering system.
- 7.8.17. The Provider will be able to demonstrate the knowledge and expertise commensurate with managing bespoke and non-contract equipment, including paediatric equipment. The Provider will employ an appropriate number of specialist store technicians who have comprehensive experience and training in supporting prescribers to be able to issue the most commonly ordered and recycled non-contact equipment for children and adults. Where the Provider does not have the ability to maintain a bespoke non-contact item of equipment then they will arrange to subcontract this work out to a competent organisation with the agreed costs passed on in arrears to the Commissioner as a part of the agreed invoicing process.
- 7.8.18. The Provider will proactively assist the Commissioner to manage its stocks of non-contract equipment and will ensure that those items that are not reissued are highlighted for potential

disposal at the discretion of the Commissioner in agreement with Agreed Partners after a period to be agreed.

## **7.9. SUPPLY AND MANAGEMENT OF PERIPHERAL STORE STOCK.**

- 7.9.1. The Provider will support the Commissioner and Agreed Partners in the management of all activities involved in the administration and functioning of peripheral stores.
- 7.9.2. The location of agreed Commissioner peripheral stores will be confirmed to the Provider by the Commissioner. The creation of new stores will be undertaken in consultation with the Commissioner, Agreed Partners and the Provider with consideration to the demand on, and sustainability of, the service.
- 7.9.3. The ordering of equipment into and automatic replenishment of peripheral stores will be integrated within the Provider hosted online ordering and stock management system.
- 7.9.4. The system will facilitate and incentivise prescribers to record information to identify when equipment has been issued from a peripheral store, who the equipment has been issued to and the address where the equipment will be in situ until no longer required.
- 7.9.5. The Provider will use information supplied by peripheral store prescribers to accurately inform restocking levels. Where automatic replenishment levels do not match the anticipated demand for peripheral store equipment then additional top up orders can be made by the store administrator provided that these are the consequence of increased demand rather than inadequate equipment issue reporting and that reasonable notice is given to the Provider to increase stock levels and the increased stock delivery does not unfairly compromise the ability of the Provider to deliver equipment to other peripheral stores or service users serviced within the contract.
- 7.9.6. Where a non-automated bulk top up peripheral store order is likely to make an item of equipment out of stock to the detriment of other prescribers then the Provider should negotiate a reasonable reduction in the top up order based on their knowledge of demand from other prescribers. No peripheral store will be allowed the total stock of any stock line.
- 7.9.7. Only agreed contract equipment will be available for order into peripheral stores except where the Commissioner in co-operation with Agreed Partners allows named exceptions.
- 7.9.8. A replenishment fee will be charged for each delivery to an agreed store location. A single delivery will equate to up to the maximum safe capacity of a standard service delivery van to a single delivery location.
- 7.9.9. The Provider will assist peripheral store prescribers to account for 100% of equipment issued from the peripheral store, however it remains the peripheral store managers responsibility to ensure that this happens consistently on a week-by-week basis. Peripheral stores will be asked to implement an improvement plan where less than 90% of delivered equipment is accounted for through the recorded issues to service users via the online ordering system. The Provider will provide the Commissioner with the ability to identify quickly any unexplained stock losses from peripheral stores so that these can be investigated, and losses controlled through an improvement plan.

## **7.10. EQUIPMENT TRIALS**

- 7.10.1. The Provider will facilitate the trial of stock items for up to 10 working days at the request of a Prescriber except in exceptional circumstances agreed with the Commissioner and Agreed Partners. The agreed delivery and collection time will be mutually agreed between the Prescriber and the Provider.
- 7.10.2. The Provider will retain ownership of any equipment being trialled.
- 7.10.3. The Provider will only charge for the delivery, collection, cleaning and maintenance of trial equipment.
- 7.10.4. At the end of the trial period the prescriber will instruct the Provider either to collect the equipment being trialled or leave the equipment with the Service User.
- 7.10.5. Where prescriber requests that trial equipment is left with a service user then the ownership of this equipment transfers to the Commissioner of the service who will be charged the cost price of the equipment.
- 7.10.6. The Provider will provide instructional documentation, facilitate, and support Prescriber training in the use of Contract Equipment.

## **7.11. CATALOGUE MANAGEMENT**

- 7.11.1. The Provider will provide, maintain, and update a standard catalogue of community equipment as agreed with the Commissioner subject to consideration by the Equip for Living Advisory Group of Prescribers and Agreed Partners.
- 7.11.2. Standard equipment catalogue entries will include as a minimum a product name, unique Product Bar Code and number, a technical description, notification where a close technical equivalent might be substituted for the item, usage and weight limits, a high-definition photograph, product cost and indications or contra-indications to prescribing.
- 7.11.3. Equipment catalogue entries will include a hyperlink to the appropriate user manual and, where possible, a link to the manufacturers website to allow prescribers to access further detailed information regarding the equipment specification and usage instructions.
- 7.11.4. The Provider will add additional pieces of equipment to a standard catalogue where the equipment is likely to be prescribed frequently and its inclusion has been agreed by the Commissioner in consultation with Agreed Partners.
- 7.11.5. The issuing and collection rates of equipment on the stock list held within the standard equipment catalogue will be monitored by the Provider and unusual equipment activity trends will be reported to the Commissioner.
- 7.11.6. There will be a quarterly contract management review of equipment activity across the service that will include, but not being limited to, maximum and minimum stock levels, equipment scrappage rates, new equipment costs and that recycled equipment usage levels are maintained at efficient levels to reduce the dependence on new stock purchases.
- 7.11.7. The Provider will manage stock levels both at their central depot/s and within peripheral stores to agreed quantities as far as this is within its control.
- 7.11.8. The Provider will agree with the Commissioner in consultation with Agreed Partners when an item of equipment can be considered a Close Technical Equivalent (CTE) of another item of equipment and the circumstances that a CTE can be issued automatically depending on

stock levels. Where a CTE may be substituted then the prescriber will be informed of this so that this can be considered at the time of any service user assessment.

- 7.11.9. The Provider will keep the Commissioner informed of developments and improvements in community equipment products and adaptations and will organise the demonstration of equipment by suppliers where this equipment may represent better value in terms of cost and quality. If the Provider is also an equipment supplier, the Provider will not seek unfair preference for their own products on the catalogue list and will be equally subject to Condition 7.11.1 above.

## **7.12. STOCK MANAGEMENT**

- 7.12.1. The Provider will ensure that that sufficient stock is available for loan to Service Users whilst minimising longer term liabilities associated with unissued stock. There will be clear minimum and maximum expectation of stock holding and this will be of a level when considered in conjunction with projected recycling rates that will sustain thirty days (30) days of delivery activity.
- 7.12.2. A stock management system will be implemented that prioritises restocking from recycled stock from the community rather than the procurement of new equipment.
- 7.12.3. The Provider will restock with new equipment only when supplies from recycling are evidentially not able to meet projected demand based on information such as cumulative equipment ordering data and recycling activity profiles.
- 7.12.4. The Providers stock management system will uniquely identify all stock held at the service and that stock issued into the community. The stock management system will have full track and trace functionality with delivery, collection, recycling, repairs and maintenance history information being attached to all items of equipment.
- 7.12.5. The Providers stock management system will have a rolling stocktaking facility which will account for all equipment stock located at the store.
- 7.12.6. The Provider will ensure that it has a record of stock held by named service users in the community and that this record is periodically audited for accuracy and stock that is evidenced as lost in the community is removed from the stock in community record.
- 7.12.7. BCP Council's incumbent supplier for Hoists currently holds all Council's stock for use, with recycling rates. This stock will need to be stored as part of the service provision. Further information will be provided regarding the level of stock of which the provider will be responsible for providing adequate storage.
- 7.12.8. The Providers stock management system will have the functionality described in 7.12.1 to 7.12.5 in advance of the start of the Agreement. Features and functions not in general operation, in development or still in a testing phase will not be seen as fulfilling these requirements.

## **7.13. EQUIPMENT DELIVERY**



- 7.13.1. The Provider, unless there are mutually agreed exceptions, will receive all orders via the on-line ordering system.
- 7.13.2. On receipt of an authorised order to deliver equipment the Provider will contact the service user or named contact and arrange a time for the activity to be completed. Except in exceptional circumstances, this will be at the convenience of the Service User within bounds of the agreed Service Levels.
- 7.13.3. The online ordering system will include fields to be agreed with the Commissioner to allow the secure delivery of equipment to service users that is sensitive to the Service Users individual needs.
- 7.13.4. The Provider will deliver and install equipment when indicated within the agreed Service Levels.
- 7.13.5. For standard deliveries, the Provider will notify the intended Service User that, as a minimum, a delivery will be in the morning or afternoon at the point that a delivery is confirmed as proceeding with the Service User. Once notified of a pending delivery the expectation is that this activity will be completed, and overall service capacity will allow for this commitment.
- 7.13.6. The online ordering system will facilitate prescribers to select delivery options which will be a standard 3 working day delivery, 14 working days installations (CTH and significant building modification, next working day, same working day, dated deliveries, 4 hour Out of Hours response.
- 7.13.7. For all service levels the Provider will ensure that there is the capacity to allow 2 members of staff to undertake deliveries where these involve large and or more complex orders that would be likely to compromise the health and safety of a single operative.
- 7.13.8. Prescriber cut off times for placing orders will be 2.00pm for same working day orders and for next working day orders and 4.30pm all other standard activities. Out of hours provision runs outside of normal working hours. Where a same working day order is placed after 2pm, the delivery will be scheduled as a next working day delivery except in justified emergencies when the provider will schedule the delivery within the urgent out of hours provision.
- 7.13.9. The Provider will agree with the Commissioner, subject to a risk analysis, those circumstances where deliveries require the presence of more than one member of delivery staff but generally this will be to complete large and or complex orders as in Condition 7.13.7
- 7.13.10. Where furniture or personal belongings need to be relocated within a property at the request of a Prescriber then the Provider will facilitate this, where it is safe to do so, at the cost pre-agreed with the Commissioner.
- 7.13.11. The Prescriber will indicate at the time when an order is placed if there is any requirement for a driver technician to undertake a joint delivery visit with the Prescriber and a mutually convenient time agreed. All parties have an obligation to meet appointment times punctually.
- 7.13.12. The Provider will evidence the ability to maximise the efficiency of deliveries and collections and reduce unnecessary travel by proactively managing travel routes used in the execution of the service. In this context the term efficiency assumes the maintenance of high levels of customer service.
- 7.13.13. Where a delivery fails due to a Provider fault then the service user will be contacted as a priority to notify them of the issue and rearrange the delivery. The Prescriber will receive

notification of the delivery failure and the rescheduled delivery date will be updated on the online ordering system.

- 7.13.14. Failed deliveries will be reported to the Commissioner, monthly, with clear, accurate explanations for each failure. It is expected that these reasons will be regularly audited by the provider to ensure reasons are being applied accurately. Customer related delay codes **must** only ever be used for customer related delays.
- 7.13.15. Where the fitting or installation of equipment is required, this will be undertaken before the delivery can be classed as completed and charged out.
- 7.13.16. The Provider will ensure the staff used in the delivery of the service will have excellent customer service skills, will have disability and diversity awareness, will be able to deal sensitively with people at times of bereavement, will understand the principles and practice of safeguarding, have excellent communication skills including telephone skills, understand the principles of safe moving and handling, will understand appropriate Health and Safety regulations as well as the fitting and adjustment of contract equipment.

#### **7.14. FITTING OF EQUIPMENT AND AIDS TO INDEPENDENCE**

- 7.14.1. The Provider will fit equipment, as requested by a Prescriber, according to manufacturer's advice and to a standard whereby it can be used safely.
- 7.14.2. Fitting will include either unpacking, assembling, installing and adjusting equipment for use or fitting equipment not limited to rails and key safes to the fabric of the property for use.
- 7.14.3. The fitting of equipment will be reversible and will involve minimum disruption or damage to the fabric of the property. The responsibility of the Provider will be, following removal, to put right to a standard comparable to before the equipment was fitted. The service will not be responsible for the redecoration of a service user's property except in circumstances where demand has been caused by the Providers proven negligence.
- 7.14.4. Unless otherwise requested, the Provider will remove and recycle whenever possible all packaging following the delivery and/or fitting of equipment.
- 7.14.5. The Provider will clean away any dust, debris or resulting waste caused by the fixing of equipment within a service user's home.
- 7.14.6. Unless advised otherwise by the ordering Prescriber, the Provider will ensure that equipment is demonstrated to the service user and instructional literature left with them so that they are able to use the equipment in a safe manner and know how to contact the service in the event of a breakdown.
- 7.14.7. The Provider will retain a duty of care not to fit equipment where it believes that this poses a danger of death or injury to a service user or their carer. In such cases the refusal to install must be notified to the prescriber as soon as practicable and the reason for the refusal clearly stated so that alternatives can be discussed. ***The safety of the service user will override all other concerns.***

#### **7.15. BUILDING ALTERATIONS AND ADAPTATIONS**

- 7.15.1. The Provider will as a part of its equipment provision undertake alteration to the service user's property where this will be at a cost of generally less than £1000 and has been prescribed and authorised to the appropriate level of spending.
- 7.15.2. The Provider will ensure that work is completed to a high standard of craftsmanship and will be responsible for the quality of work carried out by any sub-contractor as measured by performance criteria agreed with the Commissioner. The Provider will undertake quality assurance spot checks on work completed by any sub-contractors that the Provider Commissions.
- 7.15.3. Appropriate consent will be obtained by the Prescriber from the property owner and/or relevant authorities (including planning and conservation area consent) before an alteration or adaptation to a property is to be undertaken.
- 7.15.4. The Prescriber will ensure that details of the proposed alteration or adaptation to a property is clearly documented with appropriate diagrams including all relevant measurements. The Provider will be responsible for checking that there is adequate information to proceed with the alteration or adaptation. The Provider will ask for clarification from the Prescriber should there be any gaps in the information required to complete an alteration or adaptation safely.
- 7.15.5. Where necessary the Prescriber will be able to request a joint visit with the Provider to clarify more complex adaptation requests. The Provider will ensure that any site visit is conducted by personnel who are qualified and competent to understand the requirements of the work.
- 7.15.6. All installations or adaptations will conform to current health and safety, carpentry, building regulations/ guidelines and all other statutory requirements.
- 7.15.7. The Provider will be able to undertake (with or without specialist trade involvement) but not limited to:
  - 7.15.7.1. Rails and Banisters
  - 7.15.7.2. Carpentry
  - 7.15.7.3. Electrical and plumbing work
  - 7.15.7.4. Concrete work
  - 7.15.7.5. Entry Phones and Key Safes
  - 7.15.7.6. Ceiling Track Hoists
  - 7.15.7.7. Gantry Hoists
- 7.15.8. The cost of more complex adaptation, installation or maintenance work will be agreed with the Prescriber prior to an order being placed.
- 7.15.9. Any additional building/ housing related requirements will be broadly compatible with the aims and objectives of the service and will be agreed prior to the start of the contract between the Provider and the Commissioner in consultation with Agreed Partners.

## **7.16. CEILING TRACK HOISTS**

- 7.16.1. Installation of ceiling track hoists will be included in this contract within the BCP Council and Dorset Council Service Areas. There is a requirement for the ceiling track hoists supplied by the Provider to be serviced and maintained according to the manufacturer's servicing instructions.
- 7.16.2. There may be occasions where the Commissioner will request clients who have legacy systems not supplied by the Provider be added to the service's maintenance schedules.

- 7.16.3. The installation of Ceiling Track Hoists will include any preparatory works required to complete the installation not limited to the replacement of existing light fittings and the provision or repositioning of any fittings required such as electrical outlets. The installation will also include making good any damaged or disturbed surfaces due to the installation.
- 7.16.4. The Commissioners expectation is that the Provider will facilitate a technical specification drawing of the work to be completed with a breakdown of materials to be used, labour charge, preparatory work required, any work required to make the room good and any other associated costs. This to be sent back to the Prescriber within 7 working days or as agreed. The Prescriber will be responsible for any authorisations needed to proceed with the works. The Service Provider will ensure that work is completed within fourteen (14) working days from the submission of the order or at the convenience of the Service User.
- 7.16.5. Where unforeseen works are required, the Service Provider will notify the additional costs to the Prescriber for permission to proceed.
- 7.16.6. It is expected that the Service Provider will ensure that the manufacturer's warranty cover is in place and the benefits of any extended warranty that might be provided has been explained to the prescriber.
- 7.16.7. Required spare parts and supporting materials are to be provided at cost price as evidenced through supplier's receipts.
- 7.16.8. If, as a consequence of Planned Preventative Maintenance or breakdown, a hoist is found to be beyond economical repair, then this will be reported to the appropriate Prescriber who can assess for a replacement system to be installed.
- 7.16.9. All lift and hoist installations shall be in accordance with the relevant British and International standards as a minimum and in addition to any Client specific requirements as set out in ISO 10535: 2021
- 7.16.10. The provider will be responsible for the removal of ceiling track hoist equipment, and this will include making safe any electrical installations used, making right holes following removal and ensuring the property is left in a safe condition.
- 7.16.11. Any hoists which have been removed will be serviced and stored, ready to be re-installed at a new location. An up-to-date list of stored hoists will be kept by the Service Provider and shared with the Commissioner as required. The use of recycled hoist units will be supplied with defined discount as agreed with Commissioner and integration into the full credit model is an anticipated service development. The provider will be expected to reissue recycled hoisting equipment whenever possible, appropriate, safe and legal to do so.

## **7.17. EQUIPMENT COLLECTIONS**

- 7.17.1. The Provider will give the collection of equipment a highest priority after equipment deliveries. Service users must be supported to return their unwanted Community Equipment when it is no longer needed. Service users should be able to organise collections directly with the service or advised the most convenient location for dropping off equipment in person where this is safe to do so.
- 7.17.2. The Provider will be proactive in ensuring that returned equipment collection rates are maximised. There is an expectation that on average credits will mitigate 50% of gross spending levels and variance from this will be clearly presented within monthly management reports with supporting collection and recycling information. All community equipment will be

collected, when requested, however service users will be encouraged to return simple equipment (such as crutches) to the prescribing organisation or to other suitable locations.

- 7.17.3. The Provider will liaise with the Service User, Carer or Prescriber to agree the time and date of a collection which will be completed within the target time. Where a collection is requested due to the death of a service user then the Provider will liaise sensitively with relatives and carers and respond flexibly to minimise their inconvenience on all occasions.
- 7.17.4. The Provider will collect only those items indicated as no longer needed by a service user or carer unless there is an overriding health and safety concern if the equipment remains in situ. The Prescriber will be informed where a service user or carer refuses the collection of equipment, as requested by a Prescriber.
- 7.17.5. The Provider will keep an accurate record of all equipment collected from a service user and all equipment that may remain in situ. All equipment that is collected, together with all equipment that is found to be lost in the community, will be removed from reports of stock in the community.
- 7.17.6. For standard contract items, any returned equipment should be assessed by a competent person as soon as practicable as to whether the equipment can be re-issued based on:
- 7.17.6.1. The level of infection control risk
  - 7.17.6.2. The functional and visual quality of the item
  - 7.17.6.3. The status of any warranty
  - 7.17.6.4. The cost of any repair being economic when compared to the value of the item
  - 7.17.6.5. Any further factors as agreed with the Commissioner
- 7.17.7. The Provider has the discretion to dispose in the most sustainable manner low-cost items (up to £100 in value) that are unfit for reissue and those items higher cost items that cannot be retained at the service due to infection control issues. All such items assessed as unfit for issue will be documented and reported to the Commissioner monthly. The Commissioner reserves the right to undertake spot checks of low-cost items allocated for scrapping. The overriding criteria for the scrapping of equipment is that it is unsafe for reissue.
- 7.17.8. Where a high-cost item of equipment is considered by the Provider as being unfit for issue based on the criteria in 7.17.6 above and does not pose an infection control risk, then this will be placed in quarantine so it can be assessed by clinical advisor/s on behalf of the Commissioner unless otherwise agreed.
- 7.17.9. If a collection is undertaken at the same time as a delivery to a single address or location, only a single charge may be made at which either charge is the higher rate (delivery or collection). This will also apply if a delivery is undertaken at the same time as a collection.
- 7.17.10. The Provider will provide the facility for safe delivery and collection of equipment from the same vehicle. If collections and deliveries are undertaken from the same vehicle, then effective infection control measures should be employed to avoid cross-contamination

## **7.18. EQUIPMENT RECYCLING**

- 7.18.1. The Provider will clean, decontaminate, maintain and repair community equipment returned back to the service to facilitate its re-use.

- 7.18.2. The Provider will ensure that it implements appropriate recycling procedures guided by manufacturer recommendations, infection control guidelines, Control of Substances Hazardous to Health (COSHH) and all other relevant legislation.
- 7.18.3. The Provider will ensure that all relevant staff members are trained and competent in decontamination, infection control and recycling procedures.
- 7.18.4. The Provider will prioritise non-chemical or environmentally friendly means of decontamination where this is safe to do so.
- 7.18.5. The Provider will undertake an annual audit of compliance with statutory obligations relating to the provision of the Service involving appropriate, independent professional advice wherever possible. Infection control procedures will be reviewed annually with input from a recognised infection control specialist.
- 7.18.6. All cleaned and refurbished equipment will as a minimum meet the relevant infection control, health and safety and servicing standards before it is re-issued. Where advised by current infection control guidance the Provider will ensure that equipment identified as an infection risk is sterilised using clinically accepted methods and disposed of according to current legislation.
- 7.18.7. The Provider will employ the most environmentally sustainable methods to facilitate the highest standards of service provision which includes the recycling of equipment.
- 7.18.8. Maintenance and recycling histories will be kept on all refurbished equipment held at the service or in the community and will be available to the Commissioner of the service on demand. This information will be linked to a unique barcode number.
- 7.18.9. All recycled equipment will undergo a quality control inspection and its suitability for reissue will be certificated by the Provider. Recycled equipment will then be issued as if it is new with the Provider supplying a full 12-month warranty from the date of issue or for any lesser period needed to extend an existing manufacturer's warranty up to a 12-month period. If an item of equipment under warranty breaks down, then the Provider is expected to repair or replace the item free of charge.
- 7.18.10. The Provider will agree with the Commissioner in consultation with the Advisory Group and Agreed Partners when a catalogue item of equipment has reached its useful lifespan and needs to be discontinued from the service catalogue.
- 7.18.11. When an item of equipment cannot be reused the Provider will ensure that it is decontaminated and disposed of in a way that maximises the recycling of its constituent spare parts and raw materials.

## **7.19. ROUTINE MAINTENANCE OF EQUIPMENT**

- 7.19.1. The Provider will undertake the maintenance of equipment according to the manufacturer's Instructions or legislative requirements as confirmed with the Commissioner and Agreed Partners. Maintenance will be undertaken by an appropriately qualified and competent technician employed or contracted by the Provider.
- 7.19.2. Slings that are also present together with lifting equipment are to be inspected at the same time and a record of this made available to users of the equipment. Any faulty contract slings should be replaced like for like. Faulty non-contact slings should be brought to the attention of the appropriate prescriber for them to assess and replace as needed.

- 7.19.3. The Provider will ensure that all regular maintenance activity is linked to equipment as a part of the ordering process of all standard and non-standard items where this is a legislative requirement.
- 7.19.4. The Provider will inform the Medicines and Healthcare Products Regulatory Agency (MHRA) of any equipment design fault that could cause death or injury identified as a part of the service's routine repair, maintenance, recycling or scrapping procedures.
- 7.19.5. The service will have a comprehensive and effective procedure for responding the alert and field notices issued by MHRA. The Provider will report to the Commissioner any action taken in respect to MHRA alerts monthly.
- 7.19.6. The maintenance history will be held and be accessible for all issued equipment.
- 7.19.7. The Provider will submit monthly maintenance reports which will indicate as a minimum:
- 7.19.7.1. The maintenance visits undertaking in the month
  - 7.19.7.2. Any maintenance visits missed and the reasons for it
  - 7.19.7.3. The return dates for any missed maintenance visits
  - 7.19.7.4. Equipment faults identified and repaired during maintenance visits
- 7.19.8. Maintenance will be organised to occur within 14 days either side of the actual required maintenance date unless there is a justifiable reason to harmonise the maintenance of items of equipment at a single address. Maintenance of equipment that facilitates the delivery of domiciliary care will be prioritised as a Same Day response where lack of maintenance is preventing the provision of care.
- 7.19.9. The Provider will ensure there is a planned maintenance programme at least 3 months in advance of the required works and that the service user is given at least 1 weeks' notice of a planned maintenance visit and this is confirmed by phone on the day of the visit.
- 7.19.10. Where a service user misses a scheduled maintenance visit then the Provider will strive to book a repeat visit by phone within 5 working days. Where the service user cannot be contacted by phone or else misses a repeat visit then the Provider will write to the service user with another visit date. Where the service user misses this date then the Provider will refer the situation to the appropriate Prescriber.
- 7.19.11. Where there are specific security considerations related to visits to a service users' home, such as the use of key safe codes, then these should be indicated by the Prescriber at the time the equipment is ordered. The Provider will prioritise service user confidentiality and the safeguarding vulnerable adults and children in its provision of the service

## **7.20. CUSTOMER SERVICES**

- 7.20.1. The Core Operating Hours will be Monday to Friday from 07:00 to 18:00 and Saturday from 08:00 to 16:30. Saturdays will be used primarily for the delivery and collection of Community Equipment.
- 7.20.2. The service will include an Out of Hours Emergency Service which will operate at all times outside of the Core Operating Hours. 7 days a week 12 months a year including Bank Holidays. The Out of Hours Service will be accessible by but limited to telephone. The expected response time is within 4 hours.
- 7.20.3. The Out of Hours Emergency Delivery Service will be for the supply or repair of equipment where there is a serious and immediate risk to the Service User, with critical consequences

to their health, safety, or welfare if they are deprived of the use of community equipment before the next working day.

- 7.20.4. The Provider will have the discretion when assessing the priority of Out of Hours Emergency Service Requests but must prioritise service user safety at all times.
- 7.20.5. Out of Hours Provision should be considered only where access to equipment from peripheral stores is not available.
- 7.20.6. The Provider will communicate effectively with Prescribers, Service Users and Carers by providing a responsive in-house Customer Support Team.
- 7.20.7. The Customer Support Team will have a coordinating role that ensures that all services are delivered to the quality and standard documented within this specification.
- 7.20.8. The Customer Support Team's communication function will be supported by current and fit for purpose information and communication technology which as much as possible supports the self-service of customers.
- 7.20.9. The Provider will ensure that there is sufficient telephone capacity to allow multiple incoming calls to be dealt with. The Provider will report average telephone queue times monthly as a minimum.
- 7.20.10. The Customer Support Team's functions will include the co-ordination of delivery, collection, repair and maintenance appointments and the answering of incoming enquiries from Service users and Prescribers where these cannot be resolved via Online order tracking.
- 7.20.11. The Provider will have access to translators and interpreters as required to communicate with Service Users and their Carers for who English is not their first language.
- 7.20.12. The Provider will have the ability to translate all online and written material developed for the purposes of delivering the Service into languages as requested by the Commissioner.
- 7.20.13. The Customer Service Team will provide support and advice on the use of the online ordering system including the provision of training materials to new users of the system.
- 7.20.14. The Customer Support Team will support prescribers in the procurement of non-contract specials including communicating with equipment suppliers in respect of delivery timescales and accurate invoicing.

## **7.21. SERVICE REPORTING**

- 7.21.1. The Provider will maintain a database from which a range of information will be accessible via a secure on-line connection linked to the on-line ordering system. Reporting will always include the ability to select out appropriate service information by a range of fields. Reports will be viewable by the Commissioner and Agreed Partners with information and data being presented in agreed formats which allow meaningful manipulation and analysis.
- 7.21.2. **The details of reports, and the datasets included within these, will be agreed with the Commissioner prior to the start of the service.**
- 7.21.3. As a guide the Provider will provide the following non-exclusive list of required reports:



- 7.21.3.1. A comprehensive activity history showing a detailed and meaningful account of all charged and uncharged activity carried out by the Provider in the pursuance of service that will be delivered in accordance with this specification.
- 7.21.3.2. An accurate account of past and present users of the service to a level of detail necessary to deliver the service and provide necessary post-delivery equipment testing and maintenance. Additional information will be included only in accordance with the Data Protection Act 2018 and where this assists the service in ensuring that community equipment is delivered in compliance with equal opportunities and anti-oppressive legislation as amended from time to time.
- 7.21.3.3. A repair and maintenance report including details of what has been maintained, the details of the maintenance, what has been repaired or replaced and why a repair or replacement was necessary.
- 7.21.3.4. An equipment delivery and collection report that states activity times together with reason codes when anticipated timescales are not met or activity is not completed.
- 7.21.3.5. An out of hours deliveries report will include the stated reason for the call out, the response time and any follow up activity needed.
- 7.21.3.6. An Itemised recycling and equipment disposal activity report.
- 7.21.3.7. Equipment stock reports including contract and non-contract stock holding (including values and volumes) both at the service and held by service users within the community.
- 7.21.3.8. A report showing independent assessments completed by service driver assessments logging the work carried out and the duration of the assessment visit.

7.21.4. The Provider will ensure that financial information contained within reports will be accurate, auditable and will conform to the financial model agreed with between the Provider and the Commissioner.

7.21.5. The Provider is responsible for the maintenance of data security and integrity and will regularly audit the data held to ensure that it remains accurate and avoids unnecessary duplication or inaccuracy.

7.21.6. The Provider will in activities involving the storage of personal information comply with the provisions of the Data Protection Act (DPA) 2018.

## **8. OTHER REQUIREMENTS OF THE SERVICE.**

### **8.1. ORGANISATIONAL COMMUNICATION**

- 8.1.1. Before the commencement of the service the Provider will inform the Commissioner of the names, email addresses and contact details (including office and mobile telephone numbers) of the manager and any deputies directly responsible for the management of the Service.
- 8.1.2. The Provider will supply its organisational chart to the Commissioner at the start of the service and will notify the Commissioner as and when any changes occur to this structure.

- 8.1.3. The Provider is required to work honestly, transparently and in good faith with the Commissioner and Agreed Partners in the provision of the service. This working relationship will be based on a “no surprises” principle where service challenges are addressed openly and in good time.
- 8.1.4. The Provider will undertake regular communication with the Commissioner and the Agreed Partners to the service and will attend monthly Partnership Board meetings to report on but not limited to service performance, complaints, compliments and service developments.
- 8.1.5. The Provider will ensure that branding of the service is compatible with the aims and objectives of the Commissioner and Agreed Partners. The use of logos will comply with the appropriate branding guidance of the Commissioner and Agreed Partners.

## **9. PERFORMANCE STANDARDS**

### **9.1. VALUES OF THE SERVICE**

- 9.1.1. Transparency – the Service will be provided on a ‘no surprises’ basis where operational challenges are discussed and resolved in open discussion with the Commissioner and Agreed Partners.
- 9.1.2. Quality - There is a commitment to Quality Assurance and Continuous Business Improvement.
- 9.1.3. Effectiveness – the delivery of equipment to service users will be the most effective solution to that service user’s needs as assessed by a person with an appropriate level of competence.
- 9.1.4. Responsiveness - equipment will be delivered within timescales that are agreed with the Commissioner and will be proportionate to the level of need of referred service users. Where Service Users have a time or time periods specified by the provider then the expectation is that this commitment is met.
- 9.1.5. Choice - the service users’ right to choice and self-determination will be respected and wherever practicable will be facilitated.
- 9.1.6. Access – the service will promote the appropriate use of community equipment for all individuals, whether funded or self-funding, to increase independence and avoid unnecessary hospital admission.

### **9.2. KEY PERFORMANCE INDICATORS AND TARGETS**

- 9.2.1. The Provider will supply any information necessary to support the reporting of National and Local Key Performance Indicators as defined by the Commissioner and Agreed Partners; The Provider will be required to meet any future Performance Indicators that may be developed by the Commissioner and Agreed Partners in consultation with the Provider.
- 9.2.2. Key Performance Indicators and targets will be kept under continuous review and amended as required over the life of the Contract and in consultation with the Provider.

9.2.3. The Service Provider must meet the following targets as a minimum. Verified Non-Provider faults will be excluded from performance calculations as will new non-contact equipment deliveries where these are not specifically being measured:

- 9.2.3.1. 100% Same Day and Next Day deliveries are to be completed on time.
- 9.2.3.2. 90% of standard 3 Day Deliveries are to be completed on time.
- 9.2.3.3. 98% of Deliveries are completed within 7 days
- 9.2.3.4. 100% of Urgent Next Day Collections are completed on time.
- 9.2.3.5. 95% of Standard 5 Day collections are completed on time.
- 9.2.3.6. 100% of Out of Hours call out jobs are completed within 4 hours.
- 9.2.3.7. 100% of pre-scheduled time slotted deliveries completed on time.
- 9.2.3.8. 95% 3 Day Standard grab / banister rail installations to be completed on time.
- 9.2.3.9. 95% of Gantry Hoists installed within 3 working days.
- 9.2.3.10. 95% of Ceiling Track Surveys completed within 7 working days.
- 9.2.3.11. 95% of Ceiling Track Hoists installed within 14 working days of order being placed.
- 9.2.3.12. 95% of Specialist Adaptations requiring building modification within 14 days of an order being placed.
- 9.2.3.13. 95% of supplier estimated Non-Contract Equipment delivery times communicated to prescribers within 3 working days of an order being placed.
- 9.2.3.14. 95% of Non-Contract equipment delivered within 3 working days from its arrival from suppliers into the service.
- 9.2.3.15. 100% of Non-Contract equipment delivered directly to Service Users will be logged on the system and Planned Preventative Maintenance set up as appropriate within 3 days of confirmation of arrival.
- 9.2.3.16. 95% of recycled Non-Contract delivered within 3 days once fit for reissue.
- 9.2.3.17. 100% of urgent equipment repairs or faulty equipment replacement to be completed on the same day that the problem is reported
- 9.2.3.18. 95% of non-urgent repairs or faulty equipment replacements to be completed within 3 working days from when this is reported.
- 9.2.3.19. 100% of urgent Planned Preventative Maintenance to ensure Domiciliary Care can be provided to be completed on the same day.
- 9.2.3.20. 95% of Planned Preventative Maintenance to be delivered within 14 days of its due date.

9.2.4. Delivery Fault codes used by the Provider will be audited monthly to ensure that these are being used appropriately.

9.2.5. Failure to meet all Performance Indicators will require the Provider to implement a remedial plan and progress report to the Commissioner and Agreed Partners. Sustained failure to meet Performance indicators will be seen as a breach of Agreement.

### **9.3. SERVICE USER-BASED PERFORMANCE STANDARDS**

#### **9.3.1. User Complaints (Including Prescriber complaints)**

9.3.1.1. The Provider will establish a procedure to receive and respond to, within agreed timescales, complaints compliments and queries where these are connected with the provision of the Pan-Dorset (Bournemouth, Christchurch, Poole and Dorset) Integrated Equip For Living Service as specified in Clause 22 (Complaints, Representations and Compliments) of the Agreement. This Complaints process will also examine complaints from all users of the service such as carers and prescribing staff from Health and Social Care Organisations.

9.3.1.2. As a guide it would be expected that a complaint, compliment or query would be acknowledged within two working days and where a complaint needed further investigation this process would be completed within 10 working days or the complainant notified of the timescales where this is not practical given the complexity of the issues.

9.3.1.3. The provider will provide evidence that service users have been supported to voice reasonable concerns about the service and that they have been satisfied with actions taken by the provider to address these concerns.

9.3.1.4. The Provider will be expected to account for both low and high levels of complaints.

9.3.1.5. The Provider will demonstrate every three months or as agreed with the Commissioner and Agreed Partners how complaint statistics are substantively used in service development to improve service delivery to its customers.

#### **9.3.2. Quality Assurance Assessments**

9.3.2.1. The Providers performance will be reviewed by the Commissioner against this Core Specification and the Agreement on or around the anniversary of the start of the contract.

9.3.2.2. The Provider will undertake customer satisfaction surveys and other quality initiatives on a 6 monthly basis or as agreed by the Commissioner. It is expected that 95% of Customers will be at least satisfied with the service they have received.

9.3.2.3. The Provider will undertake Prescriber satisfaction surveys and other quality initiatives on a 12 monthly basis or as agreed by the Commissioner. It is expected that 95% of Prescribers will be at least satisfied with the service they have received.

9.3.2.4. The Provider will demonstrate every three months or as agreed with the Commissioner how assessments and Customer and Prescriber satisfaction surveys have been substantively used in service development to improve service delivery to our customers.

### **9.3.3. Customer Service Monitoring**

9.3.3.1. The Provider will ensure that there is a record kept of communication into the service irrespective of its source. The service will maintain a live customer support scorecard that will measure:

9.3.3.1.1. The average time taken to answer an incoming call.

9.3.3.1.2. The number of calls from Service Users and separately the number of calls from Prescribers.

9.3.3.1.3. The types of queries coming into the service via telephone and, separately, via email.

9.3.3.1.4. The number of call backs requested and the average time that these happen within.

9.3.3.1.5. The number of calls per week abandoned by the caller before the service can answer.

9.3.3.1.6. The number of jobs resolved by a single telephone conversation.

9.3.3.1.7. The mean time taken after a call to complete the administration generated by a call.

9.3.3.1.8. The average time that customers are put on hold while a query is being resolved.

## **9.4. TIME-BASED STANDARDS OR TARGETS**

### **9.4.1. Availability of Service**

9.4.1.1. The Provider will operate to three levels of service provision, normal, emergency and out of hours. Normal hours of service will be between 07.00 -18.00 Monday to Fridays (less bank holidays) and 8.00 to 16.30 Saturdays. Out of hours provision will be at times where a delivery is not possible within normal working hours. The Out of Hours service will operate outside of normal working hours for emergency requests and a 4 hour response is expected.

### **9.4.2. Reporting timetable**

9.4.2.1. Records of performance as detailed are to be maintained and submitted monthly to the Commissioner and Agreed Partners.

## **10. REVIEW AND MONITORING PROCESS**

### **10.1. SERVICE REVIEW AND INSPECTION**

10.1.1. The Commissioner will review the service at least once on annual basis or as agreed by the Commissioner.

10.1.2. The Provider will attend monthly meetings with the Commissioner and Agreed Partners to present evidence that the service is meeting the performance Indicators in 9.2 above. In addition, the Provider will report on service development issues and respond to ad hoc enquiries related to service delivery performance.

10.1.3. The Commissioner reserves the right to monitor the delivery of the service by but not limited to the following methods:

- Service User and Prescriber feedback
- Inspection of complaints and compliments records
- Feedback from the service clinical advisory group
- Inspection of delivery and collection records
- Evidence of policies, procedures, other records and assessments
- Evidence that policies and procedures are put into practice
- Inspection of insurance documents
- Inspection of Health and Safety records
- Inspections of the Providers vehicles, facilities and buildings
- Inspection of equipment
- Inspection of equipment servicing and maintenance records
- Inspection of recycling and scrap activity records
- Inspection of staff training and Induction records
- Evidence of audits and resulting action plans.
- Inspection of the Providers Business Continuity Plan
- Results of Satisfaction Surveys from Service users and Prescribers
- Information from other Quality Assurance Initiatives as agreed with the Commissioner.

## **11. OTHER OPERATIONAL MEETINGS**

11.1. The Provider will attend and contribute to additional meetings as convened by the Commissioner or Agreed Partners to address service delivery issues.

## **12. SERVICE CONTINGENCY**

12.1. The Provider will ensure reliable contingency arrangements as specified in Clause 5 (Service Continuity) of the Agreement. These contingencies will also include the following non-exclusive list:

- 12.1.1. Disruption of information and communication technology
- 12.1.2. Interruptions in the supply of community equipment
- 12.1.3. Restrictions as a consequence of Infection Control measures
- 12.1.4. Staffing level issues caused by sickness
- 12.1.5. Vehicular accident or breakdown.

## **13. ENSURING EQUALITY**

13.1. Eligible Service Users will have equal access to Community Equipment Services free from discrimination, prejudice, harassment and social exclusion.

- 13.2.** The Provider will demonstrate compliance with Clause 25 (Discrimination) of the Agreement and with any future additions or amendments to legislation promoting equality and specifically the Equality Act 2010.
- 13.3.** The Provider will issue its own written policies covering equal opportunities, anti-discriminatory practice and combating harassment.
- 13.4.** The Providers recruitment and selection policies will aim to eliminate unfair discrimination in staff recruitment (see 8.1 Staffing) to ensure people with protected characteristics are represented within the service staff team.
- 13.5.** The Provider will ensure that all service staff complete compulsory equality and diversity training.

#### **14. Termination**

- 14.1** The supplier will be required to handover to the Council any data in an editable format (specified by the Council) and in a timely manner to support any reasonable request including but not limited to service review, re-procurement and data transfer to a new supplier.

## Appendix A

### **Pan-Dorset (Bournemouth, Christchurch, Poole And Dorset) Integrated Equip For Living Service 85% Credit Model**

- a) Equipment will be supplied at the supply cost price to the provider.
- b) All Contract Equipment will be owned by the provider until it is issued for loan in the community.
- c) On issuing an item of equipment the purchaser will be liable for 100% of the cost price of a new item of equipment.
- d) Equipment (including recycled equipment) will be issued 'as new' with a full years (12 months) parts and labour warranty.
- e) All items returned to the service will be cleaned to industry accepted infection control standards.
- f) Returned Items under £100 each that are unfit for issue will be reported to the purchaser and scrapped. The Commissioner reserves the right to spot check equipment being scrapped.
- g) Returned Items over £100 each unfit for reissue will be quarantined with scrapping being agreed with the Commissioner.
- h) Returned items suitable for recycling will be inspected, repaired, maintained, as appropriate, according to the agreed pricing structure.
- i) Equipment meeting the agreed standard of cleanliness and quality will be returned to the shelves.
- j) 85% of the cost price of an item of recycled equipment will be credited to the Commissioner as soon as it is returned to provider's stock.
- k) There will be no unreasonable delay in returning recycled equipment back into the provider's stock.
- l) There will be no unreasonable withholding of credits.
- m) Where recycled equipment fails to be prescribed so as to increase stock holding then an action plan will be agreed between the provider and the purchaser to mutually manage any stock liabilities created.
- n) The cost of delivering the service will only be recovered via the 15% retained from the value of recycled equipment and from agreed service activity charges.
- o) Items of returned non-contract equipment will be cleaned and managed on behalf of the Commissioner and Agreed Partners.
- p) Non- contract equipment will be owned by the Purchaser and will be made available for reissue at zero equipment cost (but subject to the cost of maintenance, repair and delivery). Non-Contact equipment will not be included within the credit model. It is expected that the provider will be able to provide enhanced support for Non-Contact Equipment, particularly



paediatric equipment.

- q) Non-contract equipment will only be scrapped with the agreement of the Commissioner.