



SCHEDULE 3

TRUSTED ASSESSOR SERVICE – PROVIDED BY INDEPENDENT TRANSFER OF CARE COORDINATORS

**6th January 2020 – 31st March 2021
(With the option to extend for 1x 9 months)**

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Definitions

Definitions within this service specification are defined below:

Term	Definition
Commissioner(s)	The commissioning organisation and lead is Cheshire East Borough Council. The Commissioners include authorised representatives of the Council including the Contract Manager.
Lead Provider/ Provider	Refers to the Provider who is responsible for the management, coordination, provision and delivery of the Service.
Provider Partners	Refers to the partners of the Provider (if any) that shall be providing the Service in this specification in collaboration or partnership with the Provider
MPs	An MP is a person who has been elected to represent the people from a particular area in the House of Commons. MP is an abbreviation for 'Member of Parliament'.
Cllrs	Councillors are elected to the local council to represent their local community, so they must either live or work in the area.
LSAB	Local Safeguarding Adults Board - the overarching purpose of an SAB is to help and safeguard adults with care and support needs. It does this by: assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
HWB	A Health and Wellbeing Board is an Organisation. A Health and Wellbeing Board (HWB) is a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities
LHW	Local Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. ... LHW also provide or signpost people to information to help them make choices about

	health and care services.
DTOC	Delayed Transfer of Care (DTOC) A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. ... They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients.

1.0 Introduction and Context

1.1 Introduction

1. The trusted assessment model is a key element of the eight [High Impact Changes](#) in order to support the timely transfer of patients to the most appropriate care setting and to effect a reduction in the number of delayed transfers of care. The model is being supported nationally by the emergency Care Improvement Programme. It is also mandated in the Five Year Forward View.
2. A trusted assessment is completed through formal agreement by a member of staff with the required competency levels, who has been 'trusted to undertake assessments' on behalf of other organisations'. For example this could be via an Independent Transfer of Care Co-ordinator (IToCC).
3. Delays are caused in the hospital by service users/patients waiting for nursing & residential homes to assess their needs. This proposal aims to commission trusted assessment service to reduce hospital delays.

1.2 Service vision

1. Delayed transfers of care can have a significant negative impact on the service user, for example, placing them at greater risk of infection and muscle deterioration. Occupying a hospital bed when the person is ready to return to the care home setting also has capacity, resource and financial implications for the hospital trust.
2. Following a period of in-patient care, and prior to an individual's discharge to a Care Setting, practitioners are required to undertake a statutory assessment or review to determine eligibility. Additionally, a separate assessment is required for individuals who are discharged into a Care Setting to enable a safe discharge.
3. Currently, a high proportion of care providers assess the individual in the hospital setting, using their own assessment tools. However, due to their own capacity and resource issues, this can sometimes contribute to delayed discharges. The purpose of the IToCC is to support and facilitate safe transfers into care settings and to avoid discharge delays within hospitals.

1.3 Overall aims and purpose of the service

1. The overall aim of this service is to develop and establish a trusted assessor service in Cheshire East, this service will provide a trusted assessment function through Independent Transfer of Care Coordinators. This service will initially work with existing care home residents who have been admitted to hospital and require assessment prior to transferring back to the care home. This service will in part help reduce patient length of stay as well as contributing to a reduction in Delayed Transfers of Care.
2. As admissions to hospital from care homes occur, IToCCs will be informed that a care home admission has arrived they will then liaise with the care home to understand the reason for the admission. Once the reason for the admission is understood the IToCC will engage with a

range of health and social care staff (as required) to facilitate the person's return to the care home. This may involve improving communication between health, social care and care home colleagues, arranging a review of current support needs or facilitating the introduction of new support arrangements and arranging for care home staff to visit the person whilst in hospital.

1.4 The commissioners

1. The trusted assessor service is being commissioned by Cheshire East Council.
2. The Contract Manager will work closely with the successful Service Provider(s) to ensure a holistic, high quality service is being delivered to Service Users. For this way of working to be successful, all parties need to be clear about their roles and responsibilities. By agreeing to work closely together, the Council and the Provider(s) are making a commitment to:
 - Recognise and support the role and contribution of Carers
 - Value the workforce and create an environment in which skills can be developed and career opportunities accessed
 - Share key objectives
 - Enable Service Users to remain in their home of choice
 - Promote independence and reduce dependency
 - Collaborate for mutual benefit
 - Communicate with each other clearly and regularly
 - Be open, honest and transparent with each other and treat each other with respect
 - Listen to, and understand, each other's point of view
 - Share relevant information, expertise and plans
 - Monitor the performance of both parties
 - Work together to plan and shape the social care workforce to deliver on new types of services.

1.5 National and local policy

1. The Service Provider[s] shall at all times conform to relevant external standards or best practice guidance as issued by Department of Health, Public Health England, National Institute of Care and Excellence [NICE], the Local Government Association and other respected evidence based evaluation bodies.
2. The Service Provider[s] will monitor changes in local and national policy and to adapt the service, performance, outcome and output monitoring arrangements to reflect continued service development in line with such policy. The Provider[s] will ensure that the Services delivered in Cheshire East reflect such best practice and are compliant.
3. The Provider(s) must adhere to the following list of standards and good practice (this list is none exhaustive and may be added to over the period of the Contract) where appropriate:
 - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 (as agreed with the individual inspector from the Care Quality Commission or Care Standards Inspectorate Wales or any other successor bodies)
 - The National Service Framework for Older People

- The National Service Framework for Mental Health
- Department of Health (DOH) Guidance as issued
- The Care Act 2014
- National Institute of Clinical Excellence (NICE) Standards – as issued from time to time
- The UKHCA code of practice – United Kingdom Home Care Association
- European General Data Protection Regulations (GDPR)
- UK Data Protection Act
- Think Local, Act Personal
- Health and Safety at Work Act 1974
- North West Adult Safeguarding Policy
- Making Safeguarding Personal
- Learning Disabilities: the Health Charter for Social Care Providers
- The Safeguarding Vulnerable Groups Act 2006
- The Mental Capacity Act 2005
- Deprivation of Liberty Safeguards
- Dignity in Care 2010
- Health and Social Care Act 2008 (Registration of Regulated Activities / Regulations 2010)
- Freedom of Information Act
- The Equality Act 2010
- Ambitions for Palliative and End of Life Care 2015 -2020
- Putting People First
- Vision for Adult Social Care
- Capable Communities and active citizens
- The Human Rights Act 1998
- The Protection of Freedoms Act 2012 (DBS requirements)
- The Social Care Commitment

1.6 Service Providers own Policies / Procedures

1. The Service Provider[s] is expected to have policies and Standard Operating Procedures in relation to the following and to keep these in line with prevailing legislation, national guidance or Council policy
2. As a minimum, there should be the following policies, procedures and plans in place:
 - Health and Safety Policy including Lone Working
 - Safeguarding / Adults at Risk Policy
 - Complaints Policy
 - DBS Policy
 - Infection Control Policy
 - Risk Assessment Policy
 - Data Protection / Confidentiality Policy
 - Whistleblowing Policy

- Supervision, Appraisal and Employee Development Policy
- Receipt of Gifts Policy
- Managing Challenging Behaviour Policy
- Business Continuity Management Plan (localised to Cheshire East)
- Social Media Policy
- Referral Policy/Procedure
- Freedom of Information Policy

1.7 Statutory requirements

1. The contract may be terminated with immediate effect if new Service Users cannot be supported by the Service Provider[s]

1.8 Service demand/ evidence base

1. Service users and patients waiting to be discharged from hospital into residential and care homes could experience hospital-related functional decline. Hospital-related functional decline in older patients has detrimental consequences for many patients. The following list shows some of the issues associated with increased length of stay:
 - A stay in hospital over 10 days leads to 10 years of muscle ageing for some people who are most at risk.
 - 35% of 70-year-old patients experience functional decline during hospital admission in comparison with their pre-illness baseline; for people over 90 this increases to 65%.
 - Extensive use of audit tools has shown 20% to 25% of admissions and 50% of bed days do not require an 'acute' hospital bed as these patients' medical needs could be met at a more appropriate, usually lower, level of care.ⁱ¹
2. The deployment of IToCC's could contribute to the reduction of lengths of stay and delays experienced by service users and patients waiting to be discharged from hospital into residential and nursing care homes. This information would be collected throughout the course of the pilot.
3. The IToCC will aim to ultimately provide a better patient and carer experience by providing a smoother, safer discharge and outcome. By providing an end-to-end process this will facilitate and avoid unnecessary delays, increase bed flow and reduce mis-communication between hospitals and care providers.

1.9 Need for the service

1. Delays are caused in the hospital by service users/patients waiting for nursing and residential care homes to assess their needs. This proposal aims to employ trusted assessors to reduce hospital delays. This proposal will bring about the following benefits:
 - Improved health and wellbeing for service users,

¹ https://improvement.nhs.uk/documents/2898/Guide_to_reducing_long_hospital_stays_FINAL_v2.pdf

- Meet a national requirement as noted through the Better Care Fund to implement this High Impact Change,
 - Improved performance,
 - Ensure greater efficiency and
 - Generate savings for the system.
2. Delayed Transfer of Care is an area of concern that is affecting large areas of the United Kingdom and Cheshire East is no exception. The DToC target for Cheshire East is 733 days per month and within these 498 delayed days will be attributable to the NHS and 235 delayed days will be attributable to Social Care. On a daily basis the DToC expectation is that there will be a total of 24 delayed days, this is made up of 17 delayed days attributable to the NHS and 8 days attributable to Social Care.
 3. The following table shows the number of delays where service users have been waiting for a care home assessment for Mid Cheshire Hospital Trust only. The data covers the period July-October 2018.
 4. Table 1 – total delayed days per month awaiting care home assessment

Month	Total days
July	266
August	213
September	206
October	281

5. The table shows information for Leighton Hospital and covers 35 nursing homes for the period 2018. The data shows the total number of delayed days for a four month period is 966 and over the course of the year this would suggest the approximate number of delayed days as 2,898.
6. The Council and partners recognise the challenge for care homes, they do not always have the available resource to release staff to go to the hospital and carry out an assessment of the service user/patient. The deployment of an external organisation which will employ two Independent Transfer of Care Coordinators will add an additional level of resource which will be able to quality assure the assessments carried out by the Integrated Discharge Team to ensure that their needs can be appropriately met by the nursing and residential care homes.

2.0 High Level Service Outcomes

2.1 Service aims and outcomes - Local, Public Health, National

- Provide a consistent and high quality Service which is person-centred, flexible, reliable and responsive.
- Maximise Service Users' self-care abilities, independence and well being
- Acknowledge that Service Users have the right to take risks in their lives and to enjoy a lifestyle of their choosing

2.2 Service principles

1. The deployment of IToCC's could contribute to the reduction of lengths of stay and delays experienced by service users and patients waiting to be discharged from hospital into residential and nursing care homes. This information would be collected throughout the course of the pilot.
2. The IToCC will aim to ultimately provide a better patient and carer experience by providing a smoother, safer discharge from hospital into a care setting and improved outcomes for the service user or patient. Providing an end-to-end process will facilitate and avoid unnecessary delays, increase bed flow and reduce mis-communication between hospitals and care setting providers.

2.3 Service values

1. The following Service values and approaches underpin the Service aims and ethos which the Provider[s] is to adhere to:
 - Openness and trustworthiness
 - A commitment to quality
 - Dignity and respect
 - Collaboration
 - Communication
 - Personalisation
 - Compassion and empathy towards all Service Users
 - Providing support for individuals or groups facing greater social or economic barriers
 - Third sector engagement
 - Community engagement
 - Market development
 - Professionalism

2.4 Social values

1. Provider[s] will be expected to identify targets within their model aligned to one or more of the following social value objectives:

- **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills;
 - **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage Providers to source labour from within Cheshire East;
 - **Promote participation and citizen engagement** – encourage resident participation and promote active citizenship;
 - **Build the capacity and sustainability of the voluntary and community sector** – practical support for local voluntary and community groups;
 - **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the borough;
 - **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources.
2. Provider[s] will undertake Cost Benefit Analysis (CBA) for their identified social value targets, which will be monitored through the contract monitoring process. Benchmarking for CBA will be undertaken by the Provider once the contract has been awarded.

3.0 Service Requirement and Deliverables

3.1 Service model

1. The Council / Clinical Commissioning Groups requires that all Service Providers and their employees delivering services under this Contract are fully aware of the Content of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 (or any other successor regulations / standards), and will provide their services to the standards as agreed with their individual Inspector from the Care Quality Commission (CQC) or Care and Social Services Inspectorate Wales (CSSIW)(or any other successor bodies).
2. The Service provided is only for Adults and Older People.
3. The service will be required to support the prevention of extended lengths of hospital stay. This will be achieved through a multidisciplinary and integrated approach from both health and social care services.
4. The Service Provider[s] must be able to provide accurate activity data.
5. The Provider[s] organisation's ITOCC's will work with hospital ward and discharge staff to increase their confidence and understanding in relation to discharge planning processes. This will include liaison with care homes to understand their needs and requirements to ensure quality assessments are completed. As relationships with care homes strengthen ITOCC's will liaise with care home staff to determine discharge decisions prior to completing care home pre-assessments on their behalf to facilitate timely discharges.
6. The service is required to be at full capacity on 01/04/2020 if not earlier.

3.2 Operational service model requirements/ service areas

1. The primary responsibility of the ITOCC is to act as an independent and unbiased liaison on behalf of care providers in relation to undertaking assessments of the situations surrounding a safe discharge which do not include statutory assessments, but which meet the needs of the individual. Other responsibilities include liaising with the care homes to obtain information about the patient and facilitate flow of information between the hospital, the home, Adult Social Care and the hospital Discharge Team.

3.3 Service description/ pathways

1. A trusted assessment is completed through formal agreement by a member of staff with the required competency levels, who has been 'trusted to undertake assessments' on behalf of other organisations'. For example this could be Independent Transfer of Care Co-ordinator's.

3.4 Additional services/ service development

1. One of the activities carried out by the commissioned Provider[s] would be to ensure adequate and effective roll-out of the model to the care home market. The service could be promoted through the Registered Managers Forum so that all care homes are aware of the pilot.CCGs

have identified some care homes that would be willing to be involved with the pilot as this is a quick win. Further engagement could be made with those homes experiencing under performance. A Memorandum of Understanding (MOU) will be agreed between each care home and the IToCC's support Provider.

3.5 Mobilisation

1. The Council requires the Provider[s] to carry out certain initial Services prior to formal commencement of the Service. These initial Services or Mobilisation Services will include (but not be limited to) the following actions:
 - Identified key contacts
 - Service delivery model
 - IT implementation
 - Recruitment
 - Management and staffing structure
 - Set up including locations and resources
 - Communication and engagement plans with care homes etc.
 - Governance arrangements and agreements
 - Robust planning, risk and project management
 - Developing a performance framework to monitor and report the impact of the pilot.
2. In preparation for the period of mobilisation, the Provider[s] shall provide a detailed mobilisation plan identifying what actions they intend to achieve in relation to the requirements set out within this Specification. The commissioner will require this plan for review and approval at the point of contract award.
3. These Mobilisation Services will be performed from the Mobilisation Date as detailed in the Agreement and will need to be completed by the formal Commencement Date of the Agreement. The provider will be at full capacity by 01/04/2020 if not sooner.
4. A communication plan is also required that sets out a robust approach to the transition management for wider professionals, current service users, potential service users and other key stakeholders including elected members and governance groups.
5. During the mobilisation period, a programme of meetings will be arranged with the current commissioned Provider and the other relevant partners to review roles, responsibilities and working practices.

4.0 Service Standards and Delivery

4.1 Service specific requirements/ service delivery expectations

1. Following the introduction of the Care Act 2014, it is imperative that the care services commissioned by the Council focus on more than just meeting immediate needs. The Services must also have a clear focus on providing care that:
 - Identifies achievable short term outcomes for each Service User
 - Works with Service Users and all other stakeholders to realise their outcomes
 - Has an enablement focus in the delivery of care, to enable Service Users to meet their own needs wherever possible
 - Reduces reliance upon all services as far as possible and promotes self help where appropriate.
 - Prevents or delays the need for Service Users to require more intensive service provision (either within the community or within a residential setting)
 - Successfully engages with other services available in the community and helps signpost Service Users to access appropriate additional Services that will benefit them to live more independent lives

4.2 Assessment and support planning

1. Following a period of in-patient care, and prior to an individual's discharge to a Care Setting, practitioners are required to undertake an assessment or review to determine eligibility.
2. Currently, a high proportion of Care providers assess the individual in the hospital setting, using their own assessment tools. However, due to their own capacity and resource issues, this can sometimes contribute to delayed discharges. The purpose of the ITOCC is to support and facilitate safe transfers into care settings and to avoid discharge delays within hospitals.

4.3 Referral, accessibility and acceptance criteria

1. IToCC's will attend daily Triage meetings when they are in the hospital as this will help them to identify patients that have come from care homes. They will receive daily admission reports (from MCHfT trust) for care home clients that have been admitted overnight. As IToCC are the conduit between the hospital and the care home they will support the discharge planning process as soon as the individual has been admitted and will follow through the patients until medically ready to leave hospital. Regular contact will be made with the care home to ensure the necessary information is collected and shared with care home staff to facilitate a timely discharge. ITOCCs will not complete health or social care assessments.

4.4 Discharge/ exit from service

1. The commissioned organisation would be specified to build strong links with health and social care colleagues. The commissioned organisations IToCC's would be co-located within the

hospital discharge teams to provide this. As admissions from care homes occur, IToCCs will liaise with the care home to understand the reason for the admission. Once the reason for the admission is understood the IToCC will engage with a range of health and social care staff (as required) to facilitate the person's return to the care home. This may involve improving communication between health, social care and care home colleagues, arranging a review of current support needs or facilitating the introduction of new support arrangements and arranging for care home staff to visit the person whilst in hospital.

4.5 Exclusions

1. The service will start with existing known service users who already have a care home place as the service offer expands the service user cohort will increase to those new service users who require a placement.
2. A person shall not be an eligible adult and therefore shall not be entitled to access services if:
 1. They are aged under eighteen (18) years of age, provided that this exclusion shall not apply to young adults in transition from the Council's children's services department to Social Care and Health, who may be referred to the Provider[s] from Sixteen (16) years of age as part of their transition plan;
3. The person will be excluded if they are registered at a GP surgery outside of the geographical footprint covered by the Cheshire East Health and Wellbeing Board.

4.6 Location and access to services

1. The service would have the potential to cover the entire Cheshire East footprint. There would be one worker who would be primarily based at Macclesfield hospital and one based at Leighton hospital. The commissioned Provider[s] IToCC's would be co-located with hospital discharge teams to facilitate use of the hospital discharge planning processes and systems, such as MCHfT new IDT system and care home admission daily report. Staff would need to be able to cover sickness and annual leave across the Cheshire East footprint.

4.7 Operating hours

1. The service would operate from 9 am until 4pm. (with structured weekend and evening work to support the NHS drive to a seven-day working week). The IToCC's would be flexible to meet the needs of the service as well as care homes. The time of operation would be flexible and dependent on the requirements to discharge service users.

4.8 Waiting times and prioritisation

1. The commissioned Provider[s] would be asked to initially support existing care home clients; this will help to develop strong relationships with care homes. As trust develops there is an expectation that IToCCs will support assessments for new care home clients.
2. Initially the Provider[s] organisation's IToCCs will work with hospital ward and discharge staff to increase their confidence and understanding in relation to discharge planning processes. This will include liaison with care homes to understand their needs and requirements to ensure

quality assessments are completed. As relationships with care homes strengthen IToCCs will liaise with care home staff to determine discharge decisions prior to completing care home pre-assessments on their behalf to facilitate timely discharges.

3. The IToCC's would work with colleagues to appropriately prioritise service users. This would take into account Daily Situation Reports (SitReps). The IToCC's will also collect performance information which in turn will help develop standard response times for example the time between referral to assessment.

4.9 Accommodation/ premises

1. The commissioned Provider[s] would be required to provide: one IToCC for South Cheshire CCG footprint and one for East Cheshire CCG footprint. Both will be employed for 30 hours a week and shift patterns will be developed to support a 7 day service.

4.10 Communications, marketing and branding

1. The Provider[s] will ensure that there is Communication Plan that sets out a robust approach to the transition management for wider professionals, current service users / patients, potential service users / patients, MPs, Cllrs, LSAB, HWB, LHW will be required. A Communications Plan will be developed by the Provider[s] and will be updated and reviewed quarterly during the contract review meetings. The Communications Plan will clearly describe activities for the promotion of the Service, as well as local external facing campaigns. The communication plan will include how the provider intends to communicate and promote the service to care homes including activities to build trust within the marketplace.
2. The Provider[s] will ensure proactive and innovative approaches to marketing and communications with all stakeholders to provide information, advice and ensure social marketing is maximised and behaviour change secured within Cheshire East.
3. The marketing strategy will be reviewed annually to ensure approaches' are current and in line with evidence based practice in achieving behaviour change and in providing safe care and support. Provider[s] will work with commissioners and take account of service user / patient, parent, partner, carer, and wider stakeholder experiences in the review of the marketing strategy. As well as work proactively with others involved in health, Care and Wellbeing campaigns to ensure communication coherence.
4. Communication channels for all professionals are required, and Provider[s] will ensure communications are in place and current service information / developments are shared. The Provider[s] will ensure the maintenance of an effective, efficient, proactive and robust professional network – linking closely with other connected service providers on a regular basis to ensure the highest quality of care / support for service users / patients, parents, partners, families and carers.

4.11 Service Interdependencies

1. Provider[s] will ensure that the service establishes working arrangement. Initially the provider organisation's IToCCs will work with hospital ward and discharge staff to increase their

confidence and understanding in relation to discharge planning processes. This will include liaison with care homes to understand their needs and requirements to ensure quality assessments are completed. As relationships with care homes strengthen IToCCs will liaise with care home staff to determine discharge decisions and prior to completing care home pre-assessments on their behalf to facilitate timely discharges.

2. Providers[s] are required to note that there may well be other significant interdependencies and therefore this is not restrictive. The service will establish clear interface working arrangements with wider services to ensure that we maximise system wide outcomes for children, young people, families, adults and communities. With clear and safe transition arrangements from this services involvement with service users / patients.

4.12 Equality of access to services and rural geography

1. Provider[s] will ensure that access to services by individuals, considers the needs of specific groups to ensure that disadvantage does not occur. Provider[s] will need to demonstrate their understanding of the population and geography of Cheshire East to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct ethnic groups, gender, age, disability, and sexuality as it does for our towns, villages and rural populations. Provider[s] understanding of modes of transport and transport routes, acceptable service delivery locations for children, young people, families, adults and communities will be vital in ensuring flexible, mobile, and outreach service delivery, at accessible times, and in locations that best meets need.
2. Provider[s] will ensure that the needs of service users / patients from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements, these groups are as follows:
 - Ex-service personnel
 - People with a Learning Disability
 - Lesbian, Gay, Bisexual, Transgender
 - Black and minority ethnic groups
3. Please note that this list is not exhaustive and may not apply in full in some service delivery locally (*as agreed by the Commissioner*).
4. Interpretation services for non-English speaking people, hearing impaired/deaf or blind must be a part of the services provided.

4.13 Using information technology

1. It is the expectation that the service Provider[s] will provide its employees with the appropriate technology to mobile work from a number of work sites which include the hospital as well as care homes.
2. The Provider[s] organisation would be required to provide its staff with their own laptops and mobile phones. Access to the hospital's Wi-Fi and IT systems for patient data will be granted and NHS email addresses will be provided to ensure patient information can be securely transferable. Training will be provided on the necessary IT policies. In order to access the IT

systems the provider would be required to sign an information sharing agreement with the Integrated Discharge Team, hospital trusts and local authority where necessary.

3. The use of new technology in the provision of the new service for service user records, making appointments, reminding about appointments will be delivered in a way that supports the new service delivery model reflecting how service users now access information and services. The Provider[s] will provide evidence based, innovative services whilst maximising both physical and virtual service access options through the use of new technology.

5.0 Workforce

5.1 Workforce requirements/ structure

1. In order to identify and deliver outcomes to Service Users with a range of needs, Service Providers will be required to ensure that they have appropriate numbers of employees who are trained and skilled to provide the Services defined (as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or any other successor regulations / standards)) and the ability to regularly review all Service Users such that it can identify and manage urgent adjustments in Services as needed and therefore, report these appropriately to the Council.
2. Service Providers must ensure that their organisational frameworks support the improvement of Service provision and are delivered in line with national guidance and legislation in relation to these areas.
3. The commissioned Provider[s] would be required to provide: one IToCC for South Cheshire footprint and one for East Cheshire CCG footprint. Both will be employed initially for 30 hours a week and shift patterns will be developed to support a 7 day service.

5.2 Workforce management

1. The Provider[s] must be able to evidence that it is developing effective leadership at all levels of the organisation by encouraging and supporting Employees to develop leadership skills and competencies through training, supervision and reflective learning
2. The Provider[s] will be responsible for the careful selection and the appropriate support of employees to work with Service Users covered by this specification. Support will include arrangements for consultation and supervision from managerial employees.
3. The Provider[s] must ensure that each Employee receives supervision at an agreed frequency, as a minimum the Council requires that each worker is to have a one to one supervision every 3 months and appraisals that take place annually, and that there is a documented system in place for the monitoring and recording of this. These will include individual support sessions, appraisals of performance, skills and knowledge. The Council would need to have access to such information on request to support the Quality Assurance process.

5.3 Recruitment

1. It is the Service Provider[s] responsibility to recruit and retain a workforce with the skills to meet the needs of the Service Users being supported.
2. The Service Provider[s] shall ensure that it has safe recruitment procedures in place which ensure two satisfactory / suitable written references are obtained, in respect of all prospective employees. Also, as stated in Regulation 19 – Fit and Proper persons employed of CQC's Fundamental Standards "satisfactory evidence of conduct in previous employment / education (ideally information related to conduct in Health and Social care and with children and vulnerable adults" and "other checks deemed appropriate by the Provider"

5.4 Mandatory training

1. Service Providers will ensure that all Employees are trained and competent to undertake their roles and have received induction and core training as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations / standards) and also comply with the requirements under the Care Certificate Standards (or any other successor standards). All Service Providers should meet National Vocational Qualification (NVQ) or Quality Credit Framework (QCF) requirements as agreed with their individual Inspector from CQC / CSSIW.
2. Core training must be provided to all new Employees and refresher training must be provided for existing Employees in line with any prevailing statutory requirements.
3. This must include (but is not exhaustive to)
 - An introduction to the principles, nature and quality standards of the service as outlined in this Specification
 - An introduction to the policies, procedures and codes of practice of the service Provider[s]
 - Mobility and Falls Prevention
 - Safeguarding / Adult Protection including how to recognise and report abuse, and an understating of Deprivation of Liberty Safeguards
 - Health and Safety including Lone Working
 - Moving and handling training (Practical aspect by a qualified trainer)
 - Infection Control
 - Mental Capacity Act awareness
 - Dementia Awareness
 - Equality and Diversity including the Equalities Act
 - Dealing with Challenging Behaviour
 - First Aid
 - Fire Safety
 - UK Data Protection Act and European General Data Protection Regulations (GDPR) awareness
 - Factual recording
 - Communication
 - Care Act awareness

5.5 Workforce development

1. An ongoing programme of training must be made available which enables Employees to continuously improve their skills and knowledge. Training for Employees should be developed in line with the changing best practice guidance, any changes to legislation and required working practices of the Council.
2. The above list is not exhaustive and a training programme is to be developed, delivered, evaluated and revised in the response to the needs of Service Users. The above training can either be provided internally by the Provider or via an external trainer, but shall include an

assessment of the competency of the Employees with regards each particular subject. Where external training is provided a certificate (or other evidence of attendance and competency) from the training organisation will suffice as an assessment of competency.

3. The Provider, through consultation and discussion with Employees and the Council, shall identify other training that may be appropriate. The training options shall be relevant to the Service Users as identified in their care plan and reflect desired outcomes for example Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Service Users.
4. The Provider shall seek specialist support in its delivery of training where appropriate, including from health / clinical professionals.
5. The Provider should develop and maintain an information source / system of wider training opportunities to reduce risks to Service Users / Patients and to develop Employees, for example, training by the Council and / or NHS.
6. A range of relevant training courses are available to book through the Cheshire East Workforce Development Team by emailing trainingbookings@cheshireeast.gov.uk to request a course booking proforma and to obtain a quote for the charges required for each course.

5.6 Identification

1. The Service Provider will provide to, and will require its Employees to have and wear, when carrying out their duties, an identification badge. The Service Provider will also need to ensure that the Employees are dressed appropriately.

5.7 Travel/ use of vehicle

1. In circumstances where any employee uses any vehicle in the course of their employment in relation to the provision of the Service (i.e. to travel to Service Users' homes in order to carry out care visits), then the Provider shall ensure compliance with the following provisions:
 - The driver of the vehicle in question must have a valid driving licence;
 - The vehicle in question must have a current M.O.T Certificate (if this is required by law) and be in a good road worthy condition;
 - The vehicle in question must have proper and adequate insurance cover (i.e. the trusted assessor must have an appropriate business use extension to their own motor vehicle insurance if not covered by insurance provided by the business)
 - Where transport is provided by the Provider for a Service User either with mobility problems or impairment or who would otherwise experience significant difficulty in using public transport, the transport should be appropriate and safe. Safe operating procedures must be in place for assisting the Service User with regard to this. The Provider must ensure that any vehicle utilised in the provision of a transport service must comply with the necessary legislation, the manufacturer's recommendations and the licensing arrangements required in respect of the vehicle and its use and any appropriate insurance is in place.

6.0 Service Improvement

6.1 Service feedback, engagement and co-production

1. Engagement and co-production with stakeholders (particularly Service User engagement and co-production) must be a core principle within the Trusted Assessor Service. Engagement and co-production must be embedded within the service practice to ensure that Service Users feel valued and listened to. The Provider must demonstrate how engagement and co-production has contributed to service development and improvement. The Provider must engage with Service Users as follows:
 - The design, development and improvement of the service (co-design)
 - The evaluation and review of service performance and pathways (co-evaluation)
 - The delivery of services e.g. peers, champions and volunteers (co-delivery)

6.2 Continuous service improvement

1. The Council's vision is one of partnership and a collaborative approach to service design and delivery. Future systems and processes may require continuous development to meet the changing needs of the population, to support the market and to adhere to legislation, policy and best practice.

7.0 Contract Management and Quality Assurance Standards

7.1 Quality specific standards

1. The Provider is expected to have in place robust governance framework and supporting processes, which ensure that it is compliant with appropriate legal requirements and standards. We would expect the governance framework to include but not be limited to the following:
 - Communication between service users, families, parents, carers and staff (including managers and clinicians);
 - Communication between staff across wider services, including clinicians and managerial staff;
 - Effective reporting and monitoring mechanisms for issues of concern whether relating to the service users, or people connected or employees;
 - Service user recording;
 - Working with families and carers;
 - Service IT / data recording and storage systems;
 - Child Protection & Adult Protection – Safeguarding;
 - Reporting and monitoring of incidents and accidents to staff, volunteers and service users [including the management of violence and domestic violence];
 - Health & Safety Inspection, and fire safety;
 - Infection Control;
 - Complaints and Compliments management for paid staff, volunteers and service users;
 - Service user engagement and co-production;
 - Equality of opportunity in service provision, recruitment and employment;
 - Information sharing and Information Security;
 - Policies relating to confidentiality of information;
 - Codes of conduct for staff and service users;
2. All appropriate policies and protocols must be in place following contract award and prior to the service mobilisation phase being completed. The Contract Manager would expect to receive information and assurance that these are current and in place [including with sub contracted services]. Clear and routine review arrangements to maintain effective governance would also be expected. Service users must be made aware of the range of policies which may impact upon their support and be given access to them should they wish.

7.1.1 Quality Assurance

1. The Provider is required to complete quality assurance checks in relation to Service delivery to ensure that outcomes are being met and that contract compliance is achieved.
 - The Provider will have quality assurance processes which clearly includes the standards and indicators to be achieved and monitored on a continuous basis by the Provider to ensure that the Service is delivered in accordance with the best interests of the Service User
 - The quality assurance processes will include the standards required, the method of attaining the standards and the audit procedure

- The quality assurance processes will analyse feedback and measure the success of the Service in meeting the requirements set out in this Service Specification and the Monitoring Schedule
- There must be various means for Service Users to supply feedback with regards to Service delivery and outcomes being met. These methods need to take into account Service Users and their preferences as to the mechanism of feedback (questionnaire, interview, phone call, Service review etc.) and the most appropriate format (i.e. language, pictorial, font size)
- When negative written feedback is received by the Provider, either formally or informally, a formal written response from the Provider will be supplied noting its receipt and the action that will follow. This feedback will be copied to the Council
- The Provider will be committed to continuous Service development

7.2 Performance management

7.2.1 Performance management reporting

1. The Provider is required to complete performance checks in relation to Service delivery to ensure that outcomes and contract compliance are being met.
- The Provider is responsible for having performance and quality assurance processes that are capable of providing evidence of achieving outcomes, quality of Service and Key Performance Indicators
 - It is the Providers' responsibility to submit performance and quality information as per the Performance Monitoring Schedule and failure to complete and return the required information will be dealt with under Service failure and contractual action
 - The Council may choose to further verify submitted claims through feedback from Service Users, Council Staff, Health staff, Care Home staff, Provider staff interviews and/or feedback as required
 - The Provider must have robust business continuity and contingency plans in place with regards to all levels of Service interruption or disruption. If Service interruption or disruption occurs, the Provider is to notify the Council immediately and ensure that alternative provision is sought
 - The Provider will need to evidence ongoing business viability in order that risks or threats to Service delivery are minimised and any threat to the Service User, the local branch, the overall organisation or the Council is highlighted well in advance to the Council of any potential or actual incident
 - The Provider will allow inspection (insofar as it is relevant to the provision of care and the financial stability of the Provider) of financial records upon being given reasonable notice in writing. This shall include details of rates of pay for care staff to ensure legal compliance and any other information deemed necessary by the Council to ascertain the stability of The Provider workforce or business
 - The Provider must ensure that their nominated managers attend reviews, multi-disciplinary meetings and submit monitoring information to The Council
 - The Council reserves the right to review or amend the contract management and quality assurance process during the contract term with one months' notice

2. Reporting requirements may change over the lifetime of this contract to embrace wider governance reporting structure requirements e.g. The Contract Manager will hold monthly contract monitoring meetings for the first six months and will then revert to every six months following this. The Provider will also be required to attend provider forums and work in partnership with service user forums. The Commissioner will co-produce contract metrics with the Provider. Performance reporting requirements include:
- **Wider system**
 - The percentage (%) of bed days saved as result of the IToCC
 - The percentage (%) of discharges using the IToCC
 - The percentage (%) of re-admittances to hospital
 - The percentage (%) of homes using process
 - Training needs of care homes
 - Number of bed days lost coded to 'Awaiting care home assessment'
 - Length of stay (LOS) for admissions from care homes supported by the IToCCs
 - **Service efficiency**
 - Number of assessments completed
 - No of discharges facilitated by the IToCCs (current care home resident/ new care home resident)
 - Time from referral/ assessment to actual discharge
 - Average time to complete each assessment
 - **Stakeholder feedback**
 - Compliments and complaints - from health, social care and care home providers

7.2.2 Underperformance by provider

1. Should the Council identify that a Provider is underperforming against the terms of the Agreement:
 - The Provider must produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance
 - Suspension of referrals to the Provider will be initiated where any monitoring or feedback obtained exposes performance issues or incidents relating to breaches in Service delivery, which may also include safeguarding incidents
 - Suspension of referrals to the Provider will be initiated whereby an active informal Improvement Notice or formal Default Notice is in place or the Provider is under Large Scale Safeguarding Enquiry (LSE) procedures
 - Where there has been a serious breach or multiples breaches which may affect Service User safety and wellbeing, the Council retains the right to move existing Provider business to alternative Providers. This may be via a staggered approach or moving the business as a whole and is at the Councils discretion
2. Where improvements are evidenced and the required standard reached, referrals will be resumed to The Provider, initially with a phased approach which will be decided by the Council.

7.3 Complaints, compliments and ombudsman investigations

7.3.1 Complaints and compliments

1. The Provider will have a written Complaints Policy which is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Provider will ensure that Service Users or their representatives are aware of the Complaints Policy and how to use it.
2. A copy of the Provider's Complaints Procedure will be made available to the Service User as standard practice from the commencement of Service delivery and will form part of the Service User guide within the individuals'
3. Where the complaint is received by the Council, the Council reserves the right to determine the conduct of these complaints.
4. Service Users referred to the Provider by the Council have a legal right to submit a complaint directly to the Council and to utilise its complaints procedure. The Provider will ensure that the Service User is aware of this right from the commencement of Service delivery.
5. The Provider will (at its own expense) co-operate fully with the Council at all times to enable the Council to investigate any complaint which is referred to it under this section.
6. All complaints and compliments received by the Provider from Service Users must be recorded and will be made available to the Council upon request.

7.3.2 Ombudsman investigations

1. The Council is under a legal obligation by virtue of the Local Government Acts, to observe the rights and powers of the Local Government and Social Care Ombudsman, who has independent and impartial powers to require persons to provide information and/or produce documents for the purposes of carrying out investigations into relevant matters that may have been referred to him for adjudication when maladministration has been alleged against the Council.
2. The Provider shall make available any documentation or allow to be interviewed any of the Provider's Staff and assist at all times the Ombudsman or their staff and shall co-operate with any enquires that are requested by the Ombudsman or his staff in investigating any complaints whatsoever.
3. Upon determination of any case by the Ombudsman in which the Provider has been involved or has been implicated, the Council shall forward copies of these determinations to the Provider for comments before reporting the details to the relevant Committees of the Council. The Provider shall indemnify the Council against any compensation damages, costs or expenses which the Council shall incur or bear in consequence of any claim of maladministration where such maladministration arises from the negligent act or omission by or on behalf of the Provider resulting from failure to observe and perform the obligations under this Agreement.
4. The Provider shall comply with all recommendations, in so far as the Law allows, made by the Ombudsman as to the changes of methods or procedures for service delivery if requested to do so in writing by the Council.

5. All Providers are to comply and co-operate with any Ombudsman investigations which occur as a result of a complaint being made.

7.4 Whistleblowing

1. The Provider must ensure that all staff are aware of the Whistleblowing policy and must be able to demonstrate to the Council that all staff understand what this policy is.
2. The Provider shall, throughout the Contract Period, maintain a system allowing Staff to have a means of ensuring that they can raise concerns relating to the care or treatment of the Service Users or the management of the Provider with an independent person.
3. Any member of Staff, raising a legitimate concern, will be entitled to remain anonymous and will not be subject to any reprisal for highlighting such concerns. The exception to anonymity is where the concern escalates to a situation where this is no longer possible i.e. where there is Police or Court action.
4. The Provider should have robust Whistleblowing policies, procedures and processes in place for all staff within the organisation. This will be available to the Council upon request.

7.5 Managing Information

7.5.1 Commissioner rights to information

1. The commissioner requires the Provider to provide timely information to support commissioning activities locally, sub regionally and nationally. The information must comply with none identifiable information requirements. This applies to the provision of service return information, and invoice payment backing data. However where there are specific safeguarding, operational risks relating to individual service users and or employees then the Provider and the commissioner must share information to determine the appropriate management of the situation to ensure appropriate safeguarding actions.
2. The service brand name will be determined with the commissioner and the commissioner will own the name. The Provider in connection with the delivery of the service will not, use, manufacture, supply or deliver services that may infringe any intellectual property rights. All intellectual property rights developed for the purpose of providing services under this contract shall belong to the commissioner.
3. The Provider must fully indemnify the commissioner against losses, action, claims, proceedings, expenses, costs and damages arising from a breach of information governance. The Provider must defend at its expense any claim or action brought against the commissioner alleging that there has been, in connection to the delivery of the service infringements of copyright, patent, registered design, design right or trademark or other intellectual property rights and must pay all costs and damages.

7.5.2 Commissioner information requests

1. The Provider will be responsible on behalf of the commissioner for preparing responses to MP letters, Compliments and Complaints, Freedom of Information requests for the commissioner's approval where these relate solely or partially to the service.

7.5.3 Expectations in using systems

1. The Provider will operate an appropriate IT system that enables safe prescribing, safe storage of clinical information and case records, allows for effective data collection and analysis for both local, sub regional and national monitoring requirements. This should include service user consent to store and share information with significant others as part of the treatment and support arrangements e.g. for example with family, parents and carers, and subject to effective governance and secure transfer arrangements with other partners involved in supporting their recovery.
2. The Provider will need to understand the IT systems used by the local Health, Social Care, and Criminal Justice system to consider the most effective system for the service to be delivered.

7.5.4 Record keeping

1. The Provider will:
 - Create and keep records which are adequate, consistent and necessary for statutory, legal and business requirements;
 - Achieve a systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle;
 - Provide systems which maintain appropriate confidentiality, security and integrity for records and their storage and use;
 - Provide clear and efficient access for employees and others who have a legitimate right of access to the records in compliance with current Information Governance (IG) legislation;
 - To provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management;
 - Compliance to current Cheshire East policies and NHS Code of Practice;
 - Comply with IG requirements for any future service transition arrangements.

7.5.5 Storage of information

1. The Provider has a duty to make arrangements for the safe-keeping and eventual disposal of their records [note – legal compliance for disposal of records must be set out in the policy for approval under the governance framework].

7.6 Policies and procedures

2. The Provider will have clear policies, procedures and documents which will be supplied to the Council as and when requested. Updated versions are to be supplied during each Annual Monitoring Return to the Council. As a minimum, there should be the following policies, procedures and plans in place:

- Health and Safety Policy including Lone Working
- Safeguarding / Vulnerable Adults Policy
- Complaints Policy
- Manual Handling / Moving and Handling Policy
- DBS Policy
- Infection Control Policy
- Risk Assessment Policy
- Data Protection / Confidentiality Policy

8.0 Governance Requirements

8.1 Legal compliance

The Provider will ensure that the service is fully compliant with all relevant legislation and regulations. The service will lead to improvements in health and wellbeing, abstinence and recovery. The service will be delivered within the allocated budget. Failure to meet agreed targets would result in the commissioner requiring a remedial time specific action plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions. For services that are not registerable, inspection arrangements will be through other routes such as Local Health Watch, and via the Commissioners right to enter services at any time.

8.2 Lead provider / consortia / multiple or joint providers

The Provider[s] must ensure strong organisational governance and compliance of any/all sub-contracted services covering all aspects of service delivery in the community and from exit from inpatient treatment and or release from custody / prison. This should include but not be limited to:

- confidential and appropriate communication between services;
- communication with service users, parent / carers and families;
- communication between staff and services;
- effective reporting arrangements;
- effective service user record keeping;
- service data and access to record arrangements;
- data protection;
- incident reporting;
- safeguarding;
- health and safety;
- whistle blowing;
- recruitment;
- risk management;
- compliance with the human rights act;
- Equal opportunities.

8.3 Service sustainability and business continuity

The Provider will produce a Sustainable Development / Business Continuity plan prior to the commencement of the contract that is then subsequently reviewed at least annually.

Key personnel, particularly managers, must be familiar and up to date with the legislation, there Plan should include how the Service will achieve the following:

- Compliance with the requirements of the Climate Change Act (2008) and all other environmental legislation;

- Compliance with the Sustainable Development Strategy for the NHS, Public Health and Social Care System 2014-2020 and any future updates.

Resilience and business continuity plans are essential and it is expected that the Provider will report at least annually to the Commissioner on their currency and use.

8.4 Strategic governance

The service is expected to maintain an effective and proactive stakeholder network and strategic partnerships, including Clinical, Criminal Justice, Social Care partners in order to inform improvement and development of the service within the wider system.

8.5 Information governance

The Provider will comply with the Information Governance (IG) Toolkit

<https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx>.

This integrates the overlapping obligations to ensure confidentiality, security and accuracy when handling confidential information set out in:

- The EU General Data Protection Regulation
- The Data Protection Act 2018;
- The common law duty of confidentiality;
- The Confidentiality NHS Code of Practice;
- The NHS Care Record Guarantee for England;
- The Social Care Record Guarantee for England;
- The ISO/IEC 27000 series of information security standards;
- The Information Security NHS Code of Practice
- The Records Management NHS Code of Practice;
- The Freedom of Information Act 2000.

Patient identifiable data (PID) will only be accessed by authorised staff where the service user has given explicit consent. Where consent is not given by the individual service user only anonymised or aggregate data will be accessed. Patient confidential data (PCD) will only be accessed where it is absolutely necessary to support or facilitate the service user's care. All PCD will be handled in accordance with the Information Governance (IG) Toolkit

<https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx>. This includes:

- Ensure that agencies comply with their responsibilities to inform service users of the uses of their information and the agencies it is shared with;
- Protect and keep in the strictest confidence all information;
- Use the confidential information only for the purpose of supporting or facilitating the care of the service user;
- Notify the Commissioner immediately upon learning of any improper disclosure or misuse of any confidential information, login and passwords. Also to take whatever steps are reasonable to halt and otherwise remedy, if possible, any such breach of security. Also to

take appropriate steps to regain the confidential information, and to prevent any further disclosures or misuses;

- Ensure that the service Provider has a current data protection notification, which is updated on an annual basis;
- Ensure that all members of staff are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these e.g. the NHS Confidentiality Code of Practice;
- Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;
- Regular confidentiality audits will be carried out to ensure that security measures remain appropriate and up to date. All audits will be carried out in accordance with the Information Commissioner's Office (ICO) Confidentiality Audit Guidance.

8.6 Clinical governance

Appropriate and robust clinical governance arrangements are of paramount importance to the commissioner and it is intended that these will be monitored through contract monitoring arrangements and through any other Clinical Governance forum arrangement deemed appropriate by the commissioner. We would expect compliance with NHS Standards and Clinical Governance arrangements and protocols in line with NICE, NHS and Public Health England guidance, local Government Association.

The Provider will ensure that the service has robust mechanisms in place to manage all aspects of clinical governance including medicines management and other aspects of shared care and complete care pathway services. Such arrangements will account for but not be limited to:

- Safeguarding incidents and concerns – suspected and occurred abuse / violence;
- Serious untoward incidents (SUI) – clinical incidents that do not fall under the definition requiring safeguarding processes to be followed, including staff vacancies and absences that cause service disruption and compromise minimum safety requirements determined by the Provider;
- Risk prevention and management;
- Medicines management;
- Service Inspection and Registration;
- Safe service transitions between Providers;
- Policies and procedures including Audit and Clinical Governance, and Clinical Supervision;
- Medical and clinical interventions it delivers including psychosocial interventions ensuring that these are evidence based and delivered by appropriately qualified, experienced and supervised practitioners;
- To utilise evidence based assessment tools to assess the nature and severity of substance misuse.

All processes should include escalation and notification of events to the Provider who will be responsible for assuring the commissioner of the services compliance with clinical governance standards and policies and learning from any breaches or serious incidents.

The Provider must report all serious and untoward incidents (SUIs), complaints and compliments to the commissioner. Where compliments and less serious complaints occur these can be reported as part of the quarterly monitoring cycle. However serious complaints, untoward incidents and safeguarding occurrences must be reported to the commissioner at the first available opportunity.

The Provider must adhere to local prescribing governance arrangements and ensure compliance with requirements of the relevant Controlled Drugs Accountable Officers (CDAOs).

8.7 External inspections

The Provider will be responsible for registration and meeting the inspection requirements of inspectorates including CQC. There is an expectation that the service will contribute to wider children and families OFSTED inspections required by the commissioner. Local Health Watch also has enter and view responsibilities for adult health and social care services and compliance here is also expected.

Appendix one – Draft trusted assessor job advert



Independent Transfer of Care Co-ordinator advert

Are you looking for the next challenge? Then we may have an exciting opportunity for you!

As part of our ongoing commitment in East Cheshire to improve the discharge process for patients transferring to a care setting following a stay in acute hospitals, we are looking to appoint 2 x Independent Transfer of Care Co-ordinators, (ITOCC) one to be based at Leighton Hospital and one at Macclesfield District General Hospital.

You will support people to leave hospital safely, and will liaise with local providers, (including visiting them) as needed. As part of the move towards a 7-day working week in health and care, you will also be required to work flexibly.

We are looking to appoint a motivated recruit who may have a nursing qualification but needs to have the knowledge and experience of the management of providing care, as well as seeing themselves as a trailblazer to support safer Hospital Discharge. The role is for 30 hours a week (with structured weekend and evening work to support the NHS drive to a seven-day working week).

The primary responsibility of the ITOCC is to act as an independent and unbiased liaison on behalf of care providers in relation to undertaking assessments of the situations surrounding a safe discharge which do not include statutory assessments, but which meet the needs of the individual. Other responsibilities include liaising with the care home to obtain information about the patient and facilitate flow of information between the hospital, the home, Adult Social Care and the Discharge team. You will need excellent communication and influencing skills as well as a passion for placing the individual at the centre of decisions about care.

The candidate we are searching for needs to be able to adapt to changes in health and social care, be a team player, have outstanding communication and negotiation skills. They also need to have the ability to understand assessments of care including medical diagnosis and the impact that may have on care provision.

If you think that you could embrace this challenging but fulfilling role, contact us for more details or post your CV to apply. Interviews will take place during the week beginning 26th November 2018 and we would like the successful candidate to be in post as soon as soon as possible.

Job Type: Fixed term initially till end November 2019 (contract subject to extension following pilot evaluation)

Hours: 30hrs per week

Salary: £15.50 / hr



Job Description - Independent Transfer of Care Co-ordinator (ITOCC)

Following a period of in-patient care, and prior to an individual's discharge to a Care Setting, practitioners are required to undertake a statutory assessment or review to determine eligibility. Additionally, a separate assessment is required for individuals who are discharged into a Care setting to enable a safe discharge. Currently, a high proportion of Care providers assess the individual in the hospital setting, using their own assessment tools. However, due to their own capacity and resource issues, this can sometimes contribute to delayed discharges. The purpose of the ITOCC is to support and facilitate safe transfers into care settings and to avoid discharge delays from hospitals.

Outcome:

Support and facilitate safe, effective and timely transfers from Acute Hospital settings into Care by working effectively with the integrated discharge team whilst remaining independent.

Job Description:

- To liaise between the integrated hospital discharge teams and care providers in order to facilitate safe and timely transfers
- To work alongside Care providers in order to obtain 'buy in' to developing and using a generic assessment tool.
- To ensure that Care providers who prefer to undertake their own assessments, carry them out in a timely manner i.e. not contributing to delayed discharges using appropriate assessment tools.
- To be transparent with the Care assessments with all those involved.
- To keep all assessments undertaken for the purposes of quality control and evidence in electronic formats and disseminated only to appropriate staff in Health or Adult Care.
- To identify bottlenecks in processes and implement solutions to aid in reducing delayed discharges into care, adhering to the principles of continuous improvement.
- To raise the profile of the role with Care Providers through appropriate mechanisms.
- To work with Care Providers where individuals have repeated episodes or have a higher than average volume of individuals entering through the named hospitals to try to reduce admittance.

-
- To complete accurate and timely recording of performance to support completion of KPI reporting.

Role and Responsibilities for a Independent Transfer of Care Co-ordinator (IToCC)

The ITOCC completes assessments on behalf of Care Providers, when they are unable to get to the hospital within a reasonable time frame once a patient has been declared medically fit.

The ITOCC is not assessing the suitability of the care provision, simply acting on behalf of the care provider (i.e. a care home).

Decisions on placements are made as normal by the Social Worker and clinical discharge practitioners in conjunction with the patient and their families ensuring choice.

When a patient is returning to a care setting, the Adult Social Care team (ASC) within the hospital are required to carry out a placement review to ensure continuing suitability of the placement. The ITOCC liaises with ASC to ensure this has been done.

The Care Providers can then determine from the information supplied in the assessment if they are able to meet the person's needs and if they will accept the return or placement.

The Providers are able to opt out from the services of the ITOCC when it is offered.

Assessment

An assessment is carried out on site at Hospital after obtaining consent from the Provider to act on their behalf by:

1. Obtaining consent from the patient or representative to the assessment and to sharing with the designated care provider.
2. Talking to the patient and their family if they wish to be involved.
3. Observing the patient
4. Reading the nursing notes.
5. Talking to the nurse in charge of the patients care.

The assessment is sent to the care home either by Fax or encrypted email, dependant on their preference. This is followed up with a telephone call to clarify any points.

The provider will then determine from the information supplied in the assessment if they can meet the person's needs and if they will accept the return or a new placement.

The ITOCC cannot recommend a care provider.

Expectations

The ITOCC cannot make decisions on behalf of the Care Provider.

The ITOCC cannot make recommendations regarding a patient's discharge pathway

The ITOCC cannot complete Health Care Checklists

ITOCs should collect and collate data regarding hospital admissions from care providers including the collection of data to show delays, pre and post referral

ITOCs should help to expedite safe discharges to minimise bed voids and prevent readmission.

Person Specification - Independent Transfer of Care Co-ordinator (ITOC)

ESSENTIAL		DESIRABLE	
<u>Skills and experience</u>			
Excellent organisational skills	<i>E1</i>	Experience off working within a multi-disciplinary and multi organisational teams	<i>D1</i>
Able to work on own initiative and as part of a team	<i>E2</i>		
Excellent communication skills both written and verbal	<i>E3</i>	Experience of working at a senior level in health or social care delivery	<i>D2</i>
Assessed service users' needs with social care settings	<i>E4</i>	Assessed people's needs from a Hospital setting	<i>D3</i>
To have or be willing to work towards working knowledge of CQC regulations	<i>E5</i>	Good working knowledge of CQC regulations	<i>D4</i>
Excellent interpersonal and communication skills both verbal and written	<i>E6</i>	Experience of Change Management	<i>D5</i>
Problem solving ability including working innovatively	<i>E7</i>	Ability to motivate other professionals to meet the person-centred outcomes for individuals and families	<i>D6</i>
Ability to travel	<i>E8</i>		
Working knowledge of the North West Adult Safeguarding Policy	<i>E9</i>	Experiences of working within older peoples' services	<i>D7</i>
Self-motivated and able to respond to flexible needs.	<i>E10</i>	Experience of working with adults with additional needs	<i>D8</i>
Understanding of data protection (GDPR)	<i>E11</i>		

<p><u>Education/Qualifications</u></p> <p>Level 3 health and social care or equivalent</p> <p>Evidence of recent personal and professional development</p>	<p><i>E13</i></p> <p><i>E14</i></p>	<p>Current registration with NMC</p> <p>Social work qualification</p> <p>Attained or working towards Level 5 Leadership and Management or equivalent</p>	<p><i>D9</i></p> <p><i>D10</i></p> <p><i>D11</i></p>
<p><u>Values and behaviours</u></p> <p>Ability to ensure that social care values are embedded in practice at all times including</p> <ul style="list-style-type: none"> • Caring. • Dignity and respect. • Learning and reflection <p>Understanding of Equality and diversity.</p>	<p><i>E15</i></p> <p><i>E16</i></p>	<p>The ability to demonstrate empathy</p>	<p><i>D12</i></p>

Appendix three – Draft Memorandum of Understanding

Independent Transfer of Care Co-ordinator (IToCC) Memorandum of Understanding between empowered partners in care and (insert name of home/care provider)

This Memorandum of Understanding (MOU) sets out the terms and understanding between this trusted assessment provider (insert name) and the above named Home/Care Provider for the IToCC to undertake an independent assessment of the situation at discharge for people returning to their care or considering utilising their care provision.

Background

The IToCC scheme is a “best practice” imitative commissioned by Cheshire East Council, Eastern Cheshire CCG and South Cheshire CCG. The scheme will help assist care providers to confirm that they can meet the needs of patients who have been admitted into hospital. The providers will use the information provided by the IToCC to assure themselves of the full picture and therefore maintain the best interests of those needing care.

The IToCC will with the Care Provider to familiarise themselves with the premises/locations and the detail required within the assessment. Whilst doing this the IToCC will liaise with hospital staff within Leighton hospital and Macclesfield District General Hospital.

The IToCC will aim to ultimately provide a better patient and carer experience by providing a smoother, safer discharge and outcome. By providing an end-to-end process this will facilitate and avoid unnecessary delays, increase bed flow and reduce mis-communication between hospitals and care providers.

Purpose

This MOU will support the IToCC to facilitate the transfer from hospital into Care within the Cheshire East Health and Wellbeing footprint. The IToCC will act as an independent representative of care providers who have signed up to the scheme. They will be individually authorised to carry out assessments of the situation in readiness for discharge; this will include case finding, patient tracking from the time of admission, liaising widely between hospital resources/departments, patients, families and care providers in order to ensure safe effective discharge.

Reporting

Monthly contractual reporting will be submitted to the commissioner of this service for review with the potential to inform and change future practice.

Duration

This service is a pilot for a 12 month period, and it is anticipated that the service provision will evolve in line with the needs of all stakeholders with the potential for a permanent placement.

Contact information

Care provider	
Location	
Named representative	
Position	
Telephone	
Email	
Signature of agreement	
Date	