**Annex 5**



**Provision of Home Care Services**

**Electronic Monitoring System – Guidance Document**

**March 2016**

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**Section One: Introduction**

1. **What is the Electronic Monitoring System (EMS) and how does it work?**
   1. Bristol City Council (BCC) introduced an EMS in April 2011. When EMS was introduced, the 20 providers that delivered the most number of hours of care for BCC were required to use the system. None of these providers have stopped using EMS and most are still the largest providers of care for BCC, but the picture has changed slightly as some providers have merged and others have started delivering more / less care for BCC.
   2. EMS works by care workers using the service user’s telephone to dial a specific number when they arrive to start the care visit (log in) and when they have completed the visit and are about to leave (log out). Each phone call creates an electronic record of who made the call and the time it was made to show:

a. If the visit occurred

b. What date / time the visit started c. What date / time the visit ended d. How long the visit lasted

e. Who delivered the care

* 1. All of the records created in this way are stored on CallConfirmLive (CCL), but providers are also able to change this data. Where this happens, it will typically be done by an administrator based at the providers office and they can delete a record created by a care worker and add new records (where there is no record or to replace a deleted record). These are known as ‘Software Adjustments’.

1. **How effective is the EMS?**
   1. BCC has worked with providers to establish how they use the system and to get their feedback on what needs to be changed and improved. BCC has also recently undertaken a detailed and comprehensive review of the information on the EMS.
   2. BCC has used this feedback, information and evidence to obtain a complete picture of how different providers, and BCC, use the EMS, which highlights some key findings.

a. BCC needs to be clear with providers about what it expects of them in the way they use EMS and the things they do and don’t do.

b. The lack of guidance from BCC means that in some scenarios providers take actions that are reasonable and fair, but that are different and this creates confusion and inconsistency.

c. Some providers operate exactly the way that BCC wants and requires them to in relation to EMS, with high quality and robust practice and process that ensure all data on EMS is true and accurate.

d. Some providers have poor systems, practice and processes’ relating to the way EMS is used. This leads to incorrect data and payment.

e. Some providers deliberately change the information on EMS to claim a greater payment for delivering care than they are entitled to under the terms of their contract with BCC.

* 1. A key issue that has emerged relates to the level of provider compliance with EMS and the number of software adjustments. These adjustments are used by different providers in many different ways and to varying degrees. This creates the following problems:

a. The inconsistent use of software adjustments means they cannot be relied upon to reflect what actually happened. In the same situations, different providers may take different actions and so it is difficult to draw firm conclusions based on a software adjustment. The record will also be much less reliable than an AURA call (made by the care worker in the service user’s home) as it is created by an administrator in an office anything up to 1 week after the visit took place.

b. The scale of software adjustments means that in some cases whole data sets are unreliable: Some providers use software adjustments for over half of all calls (with the minority being AURA calls) and so no meaningful conclusions can be drawn from this data or how the provider uses EMS.

* 1. EMS was introduced to establish; the accuracy and punctuality of provider’s visits to service users and the exact amount that BCC and the service user should pay for care visits. The issues with the quality of EMS data mean that neither of these objectives can be achieved. This current situation is unacceptable to BCC and this document is being introduced to address this.

1. **What is this document for?**
   1. This is a formal guidance document from BCC to specify its requirements on the use of EMS. The document contains information on BCC’s requirements, guidance on what is expected from providers, information on what providers should / should not to do in common scenarios and a Frequently Asked Questions section.
   2. This document also sets out what BCC will do and includes; a commitment to make EMS an efficient and simple process, actions BCC will take in the event of non- compliance by providers and the use of key performance reports. BCC expects providers to share information in this document with people in their organisation, as appropriate.
   3. The EMS Guidance Document forms part of the contractual agreement between BCC and the provider.
   4. This guidance document does not cover any aspect of the quality of the visit, such as if a visit started on time or if the right care was delivered in the right way. This information can only be used in a meaningful way once the issues around compliance and the quality of EMS data have been addressed.
2. **What does this document seek to achieve?**
   1. The primary purpose of this document is to improve the way that the EMS is used.
   2. This will be achieved by:

a. BCC improving the level of information guidance and clarity for providers b. Providers following this guidance

c. Providers meeting the requirements set by BCC on how the system must be used and the level of compliance that must be achieved.

* 1. The result of this improved practice will be that:

a. Payments by BCC (and service users) to providers for care delivered are accurate.

b. Providers will operate on a level playing field

c. All parties can trust the data produced by EMS and use it to improve quality of care delivered

**Section Two: Provider Compliance**

1. **Introduction**
   1. Under the terms of this new agreement, providers will be required to achieve a ’minimum compliance level’ in the way they record visits on EMS. Providers will be penalised if a certain proportion of the visits they undertake are not recorded in the ‘compliant’ way (by the care worker logging in and out of the service user’s telephone). As set out in 1.2, the current situation is that compliance levels are so low that the data does not provide a robust record of the visits that providers make.
   2. BCC fully understands that there will be situations where a visit cannot be recorded in a compliant way. This is why the minimum compliance level has been set below 100%. Section Two will set out the compliance levels required from providers and Section Three will describe what actions providers must take when calls are non- compliant.
2. **When is a visit compliant or non-compliant?**
   1. For a visit to be compliant, the provider / care worker must:

a. Use the service user’s telephone to electronically record the start time of the visit (logging in), as soon as they arrive in the service user’s home.

b. Use the service user’s telephone to electronically record the end of the visit (logging out), immediately after they have finished delivering care and before they leave the service user’s home.

c. Log in / out correctly, at the right times and using the right codes and procedures.

d. Not alter or change in any way the data created by the care worker.

* 1. A visit will be ‘non-compliant’ in all situations where any of the conditions in 2.2.1 are not met. This will typically be where the care worker does not log in / out at all, where they do so but incorrectly or where they do but the information is subsequently amended or deleted by an administrator. Where any of these actions occur the visit will be non-compliant, regardless of the specific circumstances surrounding the visit or the actions taken by the provider.

1. **Minimum Compliance Level**
   1. The ‘minimum compliance level’ set by BCC is directly linked to AURA entries and will be 85%, with effect from 16th June 2014 and until further notice.
   2. BCC expect providers to attain a 90% AURA compliance level. However BCC will only impose a financial penalty when a provider’s AURA level is below 85%.
   3. A provider’s compliance level will:

a. Include all service users, unless the service user does not have a phone.

Service users with no phone should have this telephone status recorded on the

CallConfirmLive system in the miscellaneous client tab. (See Appendix 4)

b. Relate to a specific 4 week payment period (the dates of each payment period are in Appendix 1). Results from different periods will not be merged

c. Be taken from the standard EMS Report C – Visit Summary, unless there is written confirmation given by BCC that a different report will be used.

* 1. The exact calculation will be:

a. The total number of compliant visits the provider has undertaken in the period, divided by the total number of visits the provider has undertaken in the period.

b. This figure will then be expressed as a percentage.

* 1. A worked example is

a. A provider makes 1000 visits in a period and 820 of these are compliant (AURA

entries).

b. The calculation is (820 / 1000) x (100)

c. Their compliance level will be 82%

1. **Penalties for not achieving Minimum Compliance Level – Evidence**
   1. BCC has undertaken a thorough analysis of how providers record visits, paying particular attention to the level of compliance, what causes a visit to be non- compliant and what effect this has. There is clear evidence from a large sample of compliant visits that the total recorded visit time is approximately 6% less than the total planned visit time. However, when a sample of non-compliant visits are analysed this is not the case and the total recorded visit time is at least as high as the total planned visit time and sometimes higher.
   2. It is also the case that for almost all software adjustments, the start and end times input by the administrator are identical to the planned start and end times. This is in contrast to compliant calls (and what we know of the variability of service delivery), where almost all start and end times are slightly different to the planned start and end times. They are usually a few minutes different either way, such as 09.58 – 10.27 for a planned visit of 10.00 – 10.30.
   3. Based on this evidence, BCC has concluded that providers’ financial benefit from non-compliance and as such, any penalties imposed on providers for failing to meet the minimum compliance level should also be financial.
2. **Penalties for not achieving Minimum Compliance Level – Financial Penalties**
   1. Where a provider has a compliance level that is below the required compliance level (see 2.3 for confirmation of these), BCC will impose a financial penalty, which will be calculated as:

a. The minimum compliance level minus the actual compliance achieved by a provider in that period. The result will be a percentage figure.

b. The payment that is due to be made by BCC to the provider for the delivery of domiciliary care will then be deducted by this percentage figure.

c. This deduction will not be made to the payment relating to this period, but to the payment made for the following period. This will give all parties time to calculate and understand any financial penalty and work through any issues or disagreements about that penalty.

* 1. 2.5.2 A worked example is:

a. During the payment period 6th October 2014 to 2nd November 2014, a provider achieves a compliance level of 82% against a minimum compliance level of

85%. Therefore, the provider is 3% lower than the required compliance level. b. During this period, the provider delivers care that requires BCC to pay them

£30,000. Therefore, the financial penalty is 3% x £30,000, which is £900.

c. BCC will NOT deduct this £900 from the payment it makes to the provider on the 13th November 2014, but it will deduct this amount from the payment it makes to the provider on the 11th December 2014.

* 1. 2.5.3 Summary:

a. 6th October – 2nd November (4 week payment period) – Provider earns £30,000 and has an 82% compliance level, against minimum compliance level of 85%.

b. 13th November (Payment processing date) – Provider is paid £30,000 (minus any deduction from the payment period that ended on 15th October)

c. 11th December (the next payment processing date) – BCC deducts £900 from the payment it makes to the provider.

* 1. The type and level of financial penalties is intended to give providers a significant reason to raise their compliance, but is not intended to be draconian and either make significant amounts of money for BCC, or hit providers hard where they fall just short of the minimum compliance level.
  2. The process has also been set up in a way that gives providers adequate time to raise any concerns they have that information is inaccurate and where penalties do apply, have enough notice to be able to plan for these and manage their cash-flow.
  3. This process is also intended to be transparent, and by using a standard EMS report, all of the information on which the compliance level is based can be accessed by providers quickly and easily through the month.
  4. Please note if a percentage needs rounding up or down to a full percentage BCC will use the following format:

a. 0.50 – 0.99% = rounded up to full 1%

b. 0.01 – 0.49% = rounded down to 0%

c. E.g. 84.50% will be rounded up to 85% compliance level

d. E.g 84.17% will be rounded down to 84% compliance level

* 1. If for any reason, BCC finds the data in Report C: Visit Summary (excludes data for SU’s with no phone) to be inaccurate or unreliable, then it will use the compliance level data from Report B: Compliance Summary (all SU data). This decision can be made automatically and for any payment run period and in almost all cases will show a lower compliance level than Report C.

1. **Penalties for not achieving Minimum Compliance Level – Contractual**

**Penalties**

* 1. BCC will carefully monitor the EMS compliance levels of all providers. Where compliance falls below the minimum required level, financial penalties will apply and these are described in this section. However, it may reach a point where a provider’s use of EMS and their level of compliance are so low and over a sustained period that it gives BCC serious concerns over how that provider operates. Under these circumstances, BCC will work with providers to make them aware of the concerns and to help them address the situation. However, providers need to be aware that where these problems exist, BCC may take action and this could result in BCC ceasing to commission care from that provider.

1. **Non-EMS Services**
   1. There are certain types of services and situations that are currently being added incorrectly to EMS. These create a black ball and have to be investigated and then removed from EMS, creating additional work for all parties.
   2. These are the most commonly added services that must not be added to EMS in future:

a. Sitting services, unless the service is classed as personal care. b. Private service users

c. Private visits

d. Notice periods, unless services are continued during this notice period e. Any other non-EMS services added to EMS (i.e. 24 hour care)

**Section Three: Software Adjustments**

1. **Introduction**
   1. BCC’s discussions with providers and analysis of EMS records have given a good insight into the types of situations when a software adjustment is made. BCC wants to ensure that the data added to EMS reflects exactly the situation that leads to a software adjustment being made. In order to do this, and to bring clarity and transparency to the data, this document will outline specific requirements of providers about when they use software adjustments, how they record them and on EMS and the penalties for not following these requirements.
   2. The way that EMS is currently used by providers makes it difficult to establish why some actions are taken and some things are done in a certain way, where this goes against what is required. These can sometimes appear to be; simple mistakes, a lack of training, poor communication or a deliberate attempt to over claim.
   3. Once this agreement is in place, BCC will not consider why a situation has occurred but will take the action that is set out in this document. BCC believes that this action is fair and proportionate, that providers have been given enough notice and information about how they are required to work and that BCC has factored into this agreement sufficient allowances for providers.
2. **When can software adjustments be used?**
   1. Software adjustments must never be made unless absolutely necessary and as a last resort. They should only be made where not doing so would leave wrong or missing information on EMS.
   2. BCC requires:

a. Providers to take all reasonable steps to minimise the number of software adjustments.

b. Providers to identify and address situations that could increase the number of software adjustments they need to make. This could include, but is not limited to staff training or speaking to service user’s to ensure they give care workers access to their telephone.

c. Care workers to take all reasonable efforts to log in / out and to do so accurately and correctly.

* 1. Software adjustments may be acceptable (if all conditions in 3.2.1 are met), due to:

a. The type of service being provided – E.g. Where this is delivered away from the home (such as a laundry service) and so the care worker does not enter the service user’s home.

b. The circumstances in the service user’s home – E.g. the service user has a telephone but it is not available for the care worker to use

c. A mistake by the care worker / provider – E.g. if the care worker forgets to log in or out

1. **What providers must do when they make a software adjustment**
   1. The care worker must produce a paper record that:

a. States the exact time they started to deliver care

b. States the exact time they completed delivering care

c. States the care worker’s name and relevant ID (e.g. employee number)

d. Is signed by the service user, or someone present on their behalf, to confirm this is a true and accurate record of what took place.

e. Is completed by the care worker immediately after they have completed delivering care and before they leave the service user’s home.

* 1. The administrator must input the details of the visit on EMS at the earliest possible opportunity and exactly as recorded on the time sheet (described in 3.3.1), to include the:

a. Exact time they started to deliver care

b. Exact time they completed delivering care

c. Name and relevant ID (e.g. employee number) of the care worker/s that actually delivered the care.

* 1. The administrator must select a specific reason from the ‘Software Adjustment Reason Code’ drop down list. This reason must be on the BCC list of approved reason codes (in Appendix 1) and must be the reason that best describes why the software adjustment has been made.
  2. Where the reason code selected is ‘Other’, a further free text note must be included to provide specific details of what caused the software adjustment to be made.
  3. BCC reserves the right to withhold payment for this visit where this further information:

a. Is not provided

b. Does not effectively communicate the exact situation

c. Does not give clear and sufficient reasons for the software adjustment.

* 1. For all software adjustments, the requirements described in XXX must be followed, and the requirement in XXX must be where appropriate.
  2. Where any of these requirements are not followed, or are not done in the way that is described, BCC reserves the right to withhold payment from providers for the relevant care visits.

1. **What providers must not do when they make a software adjustment**
   1. Providers must not change any of the information recorded by the care worker unless this is factually incorrect.
   2. This includes, but is not limited to, rounding up the time of the visit (e.g. from 9.58 to 10.00) or using the planned times instead of actual times (10.03 – 10.27 is changed to 10.00 – 10.30).
   3. Providers must not use any reason code other than:

a. The codes stipulated by BCC AND

b. The code that best reflects the situation and circumstances of the visit.

**Section Four: Reconciliation and Data-lock**

1. **Introduction**
   1. Providers are responsible for ensuring their data on EMS is complete and accurate.
   2. To help with this, BCC has set up a process that occurs each week for providers to check their data on EMS and amend this if necessary. Amendments should only be done if absolutely necessary, where it is factually incorrect and in accordance with the requirements to achieve a minimum compliance level. Amendments should also be made within the required period. At present, some providers do what is required of them within the timescales. However, others do not.
   3. This section will describe the process that providers must follow (which is the same as at present), the timescales involved and also the implications for not doing what is required.
2. **Process and timescales**
   1. Within the 4 week payment period there are reconciliation periods, during which time all data must be inputted on to the EMS, checked and amended if necessary.
   2. This first part of the reconciliation period starts on a Monday (day 1) and runs through to Sunday (day 7) and all care visits made between these dates will be part of this reconciliation period. After day 7, providers have some time to review the data on EMS for visits undertaken between day 1 and day 7. This time is known as the ‘reconciliation period’ and runs until 5pm on Thursday (day 11) for the first 3 weeks of the payment period, and runs to 5pm on Tuesday (day 16) for the final week of the payment period. Please refer to the annual payment run calendar (in Appendix 1) for exact dates.
   3. At this point, the data is locked and payment to providers is based on this locked data. BCC will not unlock data for providers after the data lock deadline (unless as described in 4.3.4 – 4.3.7).
   4. The deadline for amendments is 5pm on Thursday (or Tuesday in week 4). This marks the end of the reconciliation period and is known as the data lock deadline. The data on EMS for each provider is locked by BCC and cannot be amended. This data is then used, with data from the other 3 weeks in the payment period, to calculate the total payment made to the provider. The table below summarises these dates.

|  |  |
| --- | --- |
| **Week** | **Deadline for data lock** |
| 1 | Thursday (day 11) at 17.00 |
| 2 | Thursday (day 11) at 17.00 |
| 3 | Thursday (day 11) at 17.00 |
| 4 | Tuesday (day 16) at 17.00 |

* 1. BCC has issued an Annual Payment Run calendar (included with this agreement) with a list of key dates relating to the reconciliation period, data lock and payments.

1. **Requirements of providers**
   1. During the Reconciliation Period, providers will be required to check and if necessary amend their data on EMS. This should be done through the Reconciliation Period and be completed as soon as possible after day 7 when all of the data has been entered for that weekly payment period. Providers should notify BCC as soon as possible of any amendments that need to be made, where appropriate.
   2. By the data lock deadline (days / times shown in table in 4.2.4), all providers must have checked all of their data and made any amendments they think are required. All EMS data will be locked at this point and the payment made to providers will be based on this locked data. Providers will not have an opportunity to go back and change this data. Some providers currently follow this process and do what is required within the timescales, others do not.
   3. Providers need to be aware that BCC will not pay for any differences identified after the data lock deadline. BCC will only pay providers according to the locked data. It is the provider’s responsibility to identify, resolve (or at the very least, begin to resolve) and notify BCC of any unrecorded visits in payment during the reconciliation period and prior to the data lock deadline. Failure to do so could lead to providers not getting paid for care visits, where they are not added to EMS or not done so correctly, within the appropriate timescales.
   4. After the data lock deadline, if providers want this data to be unlocked they must contact BCC in writing to request this. BCC reserves the right to:

a. Decline this request and pay the provider according to the locked data b. Agree to this request but charge the provider for unlocking the data.

* 1. BCC will consider each request to unlock data on a case by case basis. If BCC does unlock the data, the provider will be charged a minimum of £120 (to cover administration and resource costs). The exact amount will be confirmed to the provider in response to their request to unlock the data and prior to any action taking place.
  2. These fees will be deducted from the next payment made by BCC to the provider, unless stated otherwise. This is in line with item 8.13 of the BCC Contract for the Provision of Homecare Service (Spot Purchase) 2005.
  3. BCC will act in a reasonable way in response to requests to unlock data, but providers should not expect BCC to agree to any requests where:

a. The financial amounts are small

b. There is no strong reason or justification for why the amendment wasn’t made during the reconciliation period

c. This is a regular occurrence.

**Section Five: Colour Coded Balls**

1. **Introduction**
   1. The EMS uses a colour coding system on the screen to highlight different situations with different coloured balls. Due to their appearance on the screen these are known as green balls (where the visit is as planned), black balls (where the actual visit does not relate to a planned visit) and yellow balls.
2. **Yellow Balls**
   1. Yellow balls are shown where the total visit time in a weekly period (Monday – Sunday) is above a tolerance threshold set on EMS. BCC currently has this threshold at 110% so where the amount of time spent delivering care to a particular service user in a week is over 110% of the total commissioned time, a yellow ball will appear for that service user. This figure has been set at 110% as BCC acknowledges that there will be fluctuations in the length of each visit and there may even be some situations where a visit is significantly longer than the commissioned time.
   2. Under this new agreement, there will be some additional requirements in relation to how yellow balls are dealt with.
   3. The yellow ball threshold within this agreement will be 110%. Therefore when care delivered is above 110% it will trigger a yellow ball.
   4. For all service users where there is a yellow ball, it is the provider’s responsibility to provide additional information to explain why the total actual care time exceeded the 110% threshold. The provider must:

a. Input a reason on EMS to explain the situation

b. Select one of the ‘Reason Codes for Yellow Balls’ listed in Appendix 2.

c. Choose the reason that best reflects the situation and if appropriate, more than one reason can be selected.

d. Input the reason in the free format text exactly as it reads in Appendix 2 (there is no drop down box as there is for software adjustments)

e. Give any further written information ensure there is a full and accurate statement of the situation that led to the yellow ball.

* 1. Here is exactly how and where this information needs to be input onto the EMS:

a. Open CCL / System / Finance Manager.

b. Choose a date period and click ‘Find Now’.

c. For all service users with a yellow ball, right click to ‘Open Client…’

d. Open the Miscellaneous Tab and click on the date under ‘Notes’ to open up the

‘Client Notes’ tab.

e. Input the relevant yellow ball codes 1- 6 here, plus the corresponding period for identification.

f. Providers can add as many codes and additional notes as required in this box.

* 1. BCC reserves the right to withhold payment, as BCC deems appropriate, where this further information:

a. Is not provided

b. Does not effectively communicate the exact situation

c. Does not give clear and sufficient reasons for the yellow ball.

* 1. BCC also reserves the right to charge an administration fee to providers for resolving any issues that arise as a result of information not being provided as described in 20.4 – 20.5.
  2. If a service user regularly needs additional care then the provider should contact Care Direct and request a review and note this on the client record.

1. **Black Balls**
   1. Black balls appear on EMS when there is no Purchase Order (PO) in place for the period of the visit(s) or the PO assigned has not attracted a charge. It is crucial that no visits are arranged or delivered until the correct paperwork is in place. When providers chase up any paperwork, this must be done through Care Direct and CCFS must be notified of the reason for the black ball and be included into any correspondence with Care Direct.
   2. The minimum requirement is for the provider to have a fax-headed paper from the Support Planning and Brokerage Team stating the agreed start date service, though this alone will not guarantee a PO will be generated and appear on EMS. If a provider receives a notification to start, amend or end visits that is outside the official PO process, they should notify CCFS immediately by:

Emailing: [accfinance.domcare@bristol.gov.uk](mailto:accfinance.domcare@bristol.gov.uk)

Copied to: [support.brokerage@bristol.gov.uk](mailto:support.brokerage@bristol.gov.uk)

With full details of the request and the name of the person who has instructed them.

* 1. When the issue has been corrected, the black ball will be replaced by a green ball (if the PO is ready before data-lock) or a red ball and the provider will be paid in full for these visits. As with all other aspects of the reconciliation period, providers must notify BCC within this period and before the arbitration deadline of any issues.
  2. Once the arbitration deadline has passed and the data has been locked, any further changes to the data are at the discretion of BCC.
  3. There will be times when a provider is expected to set up a care visit before all of the paperwork is in place, out of a duty of care for the service user. To deal with these situations, BCC has created a ‘Black Balls Exception Plan’ in Appendix 3. This contains a list of reasons and scenarios for when a black ball occurs and what providers must do in response. Where these are followed, BCC will pay the providers as required.
  4. Providers must inform CCFS when a black ball should be considered as an exception by BCC during the reconciliation period via email.

1. **Green Balls**
   1. Green balls indicate that the care invoiced is either less than or up to 110% of the commissioned value. All invoiced visits with a green ball and where the provider has reached the minimum EMS compliance level for that payment period will be paid automatically and no further action is required.
2. **Red Balls**
   1. These indicate where a black ball has been authorised and then turns into a red ball.

**Section Six: Scenarios**

1. **Introduction**
   1. Providers will be paid by BCC for the time they are delivering care in a service user’s home. BCC records this as the point between a care worker logging in prior to the start of delivering care and logging out, immediately after completion of them delivering care visit.
   2. BCC will not pay providers for any time travelling between service users, or any time waiting for a care visit to start (e.g. while they park their car, while they wait for a second care worker to arrive or while they wait to get into a service users home. Nor will providers be paid in relation to the commissioned, or planned, visit times, only what actually happens. Therefore care workers must not log in until they are ready to deliver care.
2. **Visit is cancelled by service users within 24 hours of start time, or care worker arrives and cannot deliver care.**
   1. Situation: The provider is contacted to say that the visit is cancelled, or the care worker arrives and quickly establishes that they may not be able to deliver care. This will typically be where:

a. The service user’s plans change and a member of their family call the provider to cancel at short notice.

b. Care worker cannot get into the service user’s home

c. The service user appears too unwell to receive care

d. The family or friends of the service user are present and are providing care themselves or want privacy and ask the care worker to leave.

* 1. The provider / care worker must:

a. Do what they can to learn about these situations in advance and prevent them occurring, or inform their care workers.

b. Arrive at the service user’s home and quickly establish the risk that they will not be able to deliver care (this may be out of their hands if the service user does not let them in or states they cannot, or do not want to, receive care.

c. Not record any information on EMS

d. Leave the service users home promptly after care has been delivered and they have logged out.

e. Make a software adjustment using the commissioned time and length of visit to attract payment for this and using reason code 2a, with additional text to briefly describe the exact situation (e.g. arrived at service user’s home, family were present and said that care was not needed today. Daughter signed time sheet).

* 1. The provider / care worker must not:

a. Turn up at the service user’s home when the visit has been cancelled.

b. Log in if they believe they will not be able to deliver care.

c. Leave the service user’s home if there is any chance that care can be delivered

d. Act in this way if their actions have led to this situation where care cannot be, or is not, delivered (e.g. if the care worker arrives late and the service user is out or if the way they behave causes the service user to ask them to leave).

1. **Care is provided and visit ends early**
   1. Situation: Care worker delivers all the care a service user needs, before the end of the allocated time. This may be because they have done things quicker than expected or the service user does not want / need everything doing for them on that day.
   2. The provider / care worker must:

a. Log in as soon as they arrive in the service user’s home.

b. Deliver all the required care and end the visit once this has been done.

c. Log out, immediately after the care worker has completed the care and before they leave the service user’s home.

d. Consider if the ‘spare time’ can be used to deliver care to the service user at another time that week. (e.g. if a 60 minute visit ends after 40 minutes there is

20 minutes spare time for the provider to use to support the service user).

* 1. The provider / care worker must not:

a. Stay in the service user’s home after the care has been delivered.

b. Delay the time they log out, which must be immediately after they stop delivering care.

* 1. It is acknowledged that some service users may send the care worker away early. If this happens on a regular basis and they cannot resolve the situation, there are two actions that the provider can take to reduce the impact this has on them:

a. Notify BCC who will review the service user’s care plan to see what they actually need and if appropriate, reduce this.

b. Use the time left over from shorter visits to extend other visits to the service user or visit them at another time (e.g. if the visit is for 60 minutes and only

lasts 40 minutes, there is 20 minutes ‘banked time’). The only requirements are that this banked time is used in a way that helps meet the service user’s needs and it must be banked and used in the same weekly payment period (Monday – Sunday) and time-band.

1. **Care worker cannot use the service user’s telephone to log in / out**
   1. Situation: In some cases the care worker cannot log in or out because:

a. The service user does not have a telephone

b. The service user’s telephone cannot be used by the care worker (e.g. it is not working)

c. The service user does not let the care worker use the telephone

* 1. The provider / care worker must:

1. Identify the reason for the care worker not being able to use the phone
2. Formally record on EMS (on the service user’s file) that the service user does not have a telephone
3. Work with service users to make them aware of the benefits of them being able to use the telephone.
4. Notify BCC of situations where BCC may be able to help (e.g. to write to the service user asking them to allow the care worker to use the telephone) or where BCC should know the obstacle facing the provider.
5. Take all reasonable actions to get to a situation where the care workers can use the telephone in as many cases as possible.
6. Use the correct reason codes when making a software adjustment.
7. Use the exact start/ finish time of the visit when making software adjustments.
   1. The provider / care worker must not:

a. Use a ‘catch all’ reason to indicate a problem with the telephone.

b. Mix these situations with ones where the care worker forgets to log in or out

1. **Where a planned future visit will not take place**
   1. Situation: There are times when a visit is planned but it is obvious that this will not go ahead because of the service user’s situation. This could be where a person goes into a hospital and so all parties know that the visits in the next few days will not be needed.
   2. The provider / care worker must:

a. Delete future visits from EMS that they know will definitely not be needed.

* 1. The provider / care worker must not:

a. Delete any visits where the commissioned start time has passed. b. Delete any visits that may still go ahead

**Section Seven: Key Performance Reports**

1. **Introduction**
   1. There are 8 reports that BCC will produce to regularly monitor provider compliance and performance levels. BCC expect providers to be familiar with the data in all of these reports as these will be the main reports that will be discussed at EMS User group meetings.
   2. The 8 reports are divided into two groups and are set out below. A set of 4 reports BCC will regularly look at and analyse at the EMS User group meetings, and another set of 4 reports BCC expects providers to look at in addition to the other reports, to keep informed of how the organisation is performing in a wider sense and to maintain updated information on the CCL system.
2. **Main BCC Reports**
   1. Bristol City Council Report A: Performance Summary – This report provides an overall summary of total planned and actual visits, AURA, remote menu, software and call-back events. It also contains a punctuality summary (visits made within 15 or 30 minutes) and visit duration analysis.
   2. Bristol City Council Report B: Compliance Summary – This report provides information on the number and percentage of visits with a start / end AURA entry, total visits and planned visits.
   3. Bristol City Council Report C: Visit Summary (Excl. Not on Phone) – This report provides a breakdown of different types of visits made (AURA / Software / Remote / Unmatched / Missed) and demonstrates this information with a pie-chart and percentages. It excludes all events with a service user recorded as ‘not on phone’.
   4. Bristol City Council Report D: Reason Code Summary – This report provides a percentage breakdown of which software reasons the providers have used, and how often these reason codes have been chosen. There are 9 different reason codes that providers can choose to explain why a visit was not logged in/ off in the appropriate way, when a Care Worker does not make an AURA entry. Any other reasons listed on the drop-down menu are related to South Gloucestershire due to BCC sharing the database system with this local authority. It is important that providers only choose reasons 1-9 for BCC.
3. **Additional Provider Reports**
   1. Bristol City Council Report E: Care Worker Performance Analysis – This report allows providers to look at its Care Worker compliance and performance levels. It lists Care Workers that have made visits during this period and shows totals for planned, AURA, remote, call-back, unmatched and software visits.
   2. Bristol City Council Report F: Active Clients (2months) – This report lists active clients that have not received a visit in the last 2 months. Providers often have inactive clients listed on EMS. This report enables providers to look at this data and

consider which service users should be removed from EMS to keep the information up-to-date.

* 1. Bristol City Council Report G: Client Missed Visits with Notes – A report showing number of missed visits including any explanation notes attached to each visit.
  2. Bristol City Council Report H: Cancelled Events – This report gives a breakdown of which events (AURA / Software) have been deleted by a user and when this took place.

**Section Eight: Further Guidance**

1. **Administration Charges for Paper Invoices**
   1. BCC have created a system for providers to send invoices electronically via EMS.
   2. This system has been in place for several years and has been set up to provide greater efficiency in processing payments.
   3. However, if a provider chooses to send a paper invoice for whatever reason, BCC will charge an additional £120 administration fee for handling each paper invoice, per service user. This fee will be deducted from any payment due to the provider.
   4. BCC will not accept retrospective invoices which query invoices after the arbitration period (in line with the regular payment process). All providers have been notified that the opportunity for BCC to accept any queries to previous payment shortfalls has now been closed, at the date this guidance was released. This will not affect the process for any existing queries that BCC have already agreed to investigate.
2. **Best Practice**
   1. BCC expect all providers to follow best practice guidelines and to reach the 90% compliance levels set out for EMS. BCC also expects providers to train, encourage and support its staff to make AURA entries and accurately record all visit data, to create an organisational culture of continuous improvement in regards to EMS use, with an aim to surpass the compliance threshold levels set out in this document.
   2. The use and recording via EMS is paramount to ensure a high quality of service provision for the service user. It provides evidence on the length and time that service users are receiving the commissioned service as agreed within each individual care package, monitors safeguarding practises and is in place to protect both the provider and service user when addressing visit attendance. It is a key function of EMS to monitor all of these elements, through the real-time recording of EMS, which provides factual information on all actual visits that take place.
3. **Variations to EMS arrangements**
   1. All variations in this document to previous EMS contractual agreements shall come into effect as of 16th June 2014.
4. **Publishing EMS Data**
   1. BCC will have the right to publish data from any of the Main BCC reports (A-D).
   2. Where BCC does publish data, it will be on the BCC website or in response to a specific request and unless otherwise stated, the data from all providers will be shared in the same report.

**Section Nine: Appendices**

1. **Appendix 1: Reason Code Table for Software Adjustments**

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| **Reason**  **Code** | **When this should / shouldn’t be used** |  |
| 1. Late  cancellation - SU | **Situation:** Provider plans to make the visit but, through no fault of  the provider, the visit is cancelled at short notice.  **Example:** Provider receives less than 24 hours’ notice that the service user does not require the visit as they are staying with family.  **Conditions:** This should NOT be used if the care worker arrives at the home of the service user (under this situation, reason 2a or 3a is used). |
| 2a. Unable to  Start - SU | **Situation:** Care worker arrives at the service user’s home as  requested and in line with service user’s expectations, but the visit does not start.  **Example:** Care worker arrives at service user home on time and as expected but the service user does not answer the door. **Conditions:** By choosing this option, the provider is confirming that their offer to the service user was ‘reasonable’ in relation to the  time of their arrival, care worker sent, approach and attitude of care worker etc.  This should NOT be used where, for whatever reason, the service user declines the visit because the offer to them is ‘unreasonable’ (e.g. care worker too late). |
| 2b. Unable to  End - SU | **Situation:** Care worker begins the visit and acts in a reasonable  way throughout the visit and as requested. However, despite this, the service user ends the visit early.  **Example:** Part way through a visit a member of the service user’s family arrives and asks the care worker to leave.  **Conditions:** If possible, the care worker should log out of the visit. If this is not possible, a software adjustment will need to be made. The purpose of this reason is to establish when and how often visits are ended early by the service user. This will help minimise these situations. |
| 3a. Unable to  Start - Provider | **Situation:** Care worker arrives at the service user’s home within  contractual requirements, but not exactly in line with service user expectations and the service user refuses the visit.  **Example:** Care worker arrives at service user’s home late, but within a reasonable tolerance.  **Conditions:** By choosing this option, the provider is confirming that their offer to the service user was reasonable and that they should be paid for the visit.  However, this was not in accordance with the service user’s expectations around the time of their arrival, the care worker sent. This option should be selected even if the provider feels the reason for this situation is out of their control, e.g. bad traffic. |

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|  | If their offer to the SU is unreasonable, BCC would not pay for this  and no software adjustment should be made. |  |
| 3b. Unable to  End - Provider | **Situation:** Care worker begins the visit and acts in a reasonable  way, but that is not in line with service user expectations and the service user ends the visit early.  **Example**: Care worker arrives at service user’s home on time, but is not the usual care worker. The care worker logs in and the service user subsequently sends them away.  **Conditions:** By choosing this option, the provider is confirming that their offer to the service user was reasonable and that they should be paid for the visit.  However, this was not in accordance with the service user’s expectations around the time of their arrival, the care worker sent. This option should be selected even if the provider feels the reason for this situation is out of their control, e.g. bad traffic. |
| 4. No phone  – SU | **Situation:** Service user does not have a telephone in the house.  **Conditions:** This should only be used where the service user does not have a phone. It should NOT be used where they have a phone that is broken, not in use or that they won’t let the care worker use. |
| 5. Unable to  use phone - SU | **Situation:** Service user has a telephone, but the care worker  cannot use it.  **Example:** Service user does not want care worker to use the telephone or it is broken or the line is dead.  **Conditions:** This should also be used where the service user is on the telephone. It should NOT be used where there is no telephone in the house. |
| 6. Forgot to  log - Provider | **Situation:** The care worker forgets to log in to CCL.  **Example:** Care worker totally forgets to log that they have arrived, or that they have left, and so there are none or 1 AURA entries. **Conditions:** This should NOT be used where the care worker makes an incorrect entry, only where there is no entry and no reason. |
| 7. Logging  error - Provider | **Situation:** Care worker makes an AURA entry but this is incorrect.  **Example:** Care worker logs call on CCL but they use the wrong code or duplicate an entry.  **Conditions:** This should NOT be used where the care worker forgets, or where the problem is due to the phone or CM2000 system. |
| 8. System  error | **Situation:** Care worker attempts to log in but cannot do so  because of a problem apparently related to the CM2000 system. **Example:** Care workers log calls but the office notices that these are not registering.  **Conditions:** This should NOT be used where the care worker makes a mistake or where the problem obviously relates to the telephone (e.g. no dialling tone). It should only be used where the care worker believes the issue relates to the CM2000 system.  If the issue relates to the telephone, the care worker should use the |

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|  | reason 5. |
| 9. Shopping/  Laundry | **Situation:** Care Worker meets service user outside of home.  **Example:** For a particular activity i.e. shopping trip. **Conditions:** This should NOT be used where the care worker forgets, or where the problem is due to the phone or CM2000 system. |

1. **Appendix 2: Reason Code Table for Yellow Balls**
   1. In all incidences where a yellow ball appears, it is the responsibility of the provider to attach a note explaining why the visit took longer than 110% of the commissioned time

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| **Reason Code** | **When this should /**  **shouldn’t be used** | **Action on EMS** |
| 1. SU – Unwell / health  deteriorates | If a service user becomes  unwell in anyway, e.g. has a fall or a MH episode (ranging from panic attack to dementia related incident). | Add code 1. in the  miscellaneous tab. This note should be added under the miscellaneous tab of each specific visit (under the section for notes) so that the CCFS (Finance) team can check  and access this information easily. |
| 2. SU – Wait for medical  assistance | If a service user is unwell  and requires medical assistance, i.e. ambulance or doctor to arrive | Add code 2. in the  miscellaneous tab. |
| 3. SU – Visit away from  home | If the care worker is  delayed returning back to the service user’s home, due to heavy traffic or requires to make a short notice trip to the shops/ laundrette/ pharmacy etc. | Add code 3. in the  miscellaneous tab. |
| 4. SU – Unfinished care  duties | If the care worker is  required to stay on to sort out medication, liaise with professionals, deal with last minute personal care  needs. | Add code 4. in the  miscellaneous tab. |
| 5. SU – Other | Any unexpected incident that causes a delay in leaving that does not | Add code 5. in the miscellaneous tab and a brief description of the |

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|  | directly involve the service  user e.g. family crisis; object breaking that needs tidying up. | reason why the visit lasted  longer than planned. |
| 6. PO Change | For example, where zero  hours are commissioned on the invoice and the new PO has been issued during the invoiced week, but the  older PO is still assigned to the visit. In these circumstances, CCFS will check the hours that correspond to the newer PO. | Add code 6. in the  miscellaneous tab. |

1. **Appendix 3: Black Ball Exception Plan**

**Providers will only be paid for a black ball where there are:**

* 1. Delays in BCC paperwork being ready for:

a. New care packages starting over a weekend or Bank Holidays

b. Revised care packages starting over a weekend or Bank Holidays c. Hospital discharges

d. Emergency cover

e. Key pressure periods agreed during Winter Planning

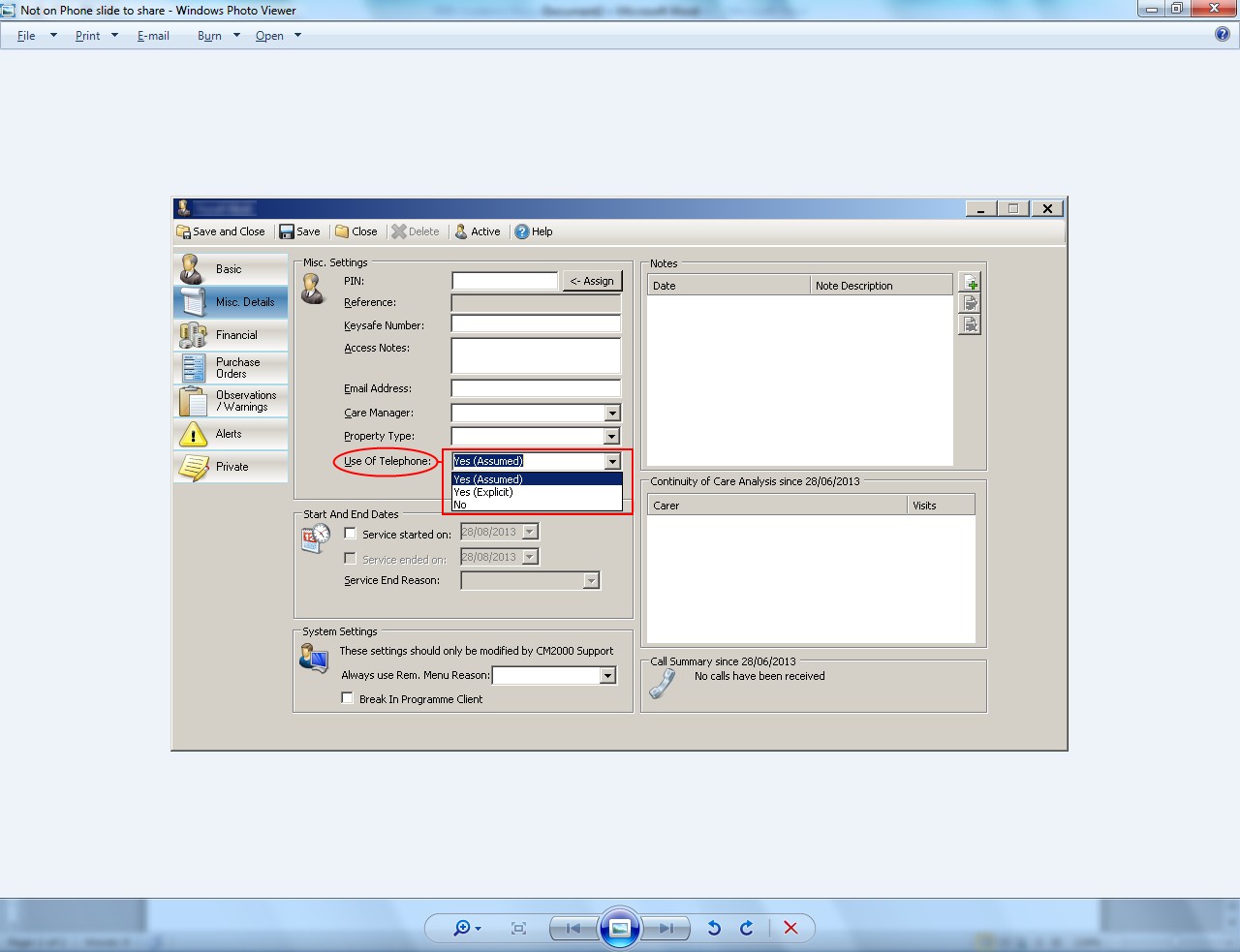
* 1. Delays in a revised PO showing up on the system
  2. A time band issue (rate tables), such as when a visit crosses from day rate into night rate and a zero appears for the payment rate.

**Where these situations occur, in order to be paid a provider must:**

* 1. Demonstrate that they initiated the process to chase up the paperwork (i.e. sent an email to Care Direct requesting this paperwork) and that they have waited a further 3 days since then without receiving the paperwork. This is for new care packages (not historic cases) and where it is a regular care visit.

**Further actions required of providers**

* 1. All black ball exceptions due to PO issue (either no PO or incorrect PO details), will require the provider to inform CCFS prior to arbitration that the black ball should be treated as an exception and requires BCC payment. Once the correct PO has been made available, the provider must send a paper invoice for the amount owed, together with a note stating this paper invoice is for a black ball exception. There is no charge for paper invoices related to black ball exceptions.
  2. Subject to the provider reaching the minimum EMS compliance level for that month,
  3. BCC will pay for these visits at the next available payment run.

1. **Appendix 4: Screenshot – How to list service users with no phone**

Choose ‘No’ for all service users that do not have a telephone.

1. **Appendix 5: BCC and CM2000 Contact Details**

|  |  |
| --- | --- |
| **Client & Carer Financial Services** | [accfinance.domcare@bristol.gov.uk](mailto:accfinance.domcare@bristol.gov.uk)  [tim.smith@bristol.gov.uk](mailto:tim.smith@bristol.gov.uk) |
| **Adult Commissioning Team** | [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)  [lynn.collingbourne@bristol.gov.uk](mailto:lynn.collingbourne@bristol.gov.uk%20) [leon.goddard@bristol.gov.uk](mailto:leon.goddard@bristol.gov.uk) |
| **Support Planning and Brokerage Team** | [support.brokerage@bristol.gov.uk](mailto:support.brokerage@bristol.gov.uk) [ros.cox@bristol.gov.uk](mailto:ros.cox@bristol.gov.uk) |
| **CM2000** | [support@cm2000.com](mailto:support@cm2000.com) |

1. **Appendix 7: EMS Guidance Document Glossary and Abbreviations**
   1. Terms will be used throughout this document that may be unfamiliar or where some people have a different understanding of its meaning to others. These terms have been listed below in the order in which they appear in this document, along with any abbreviations that are used.

|  |  |
| --- | --- |
| Arbitration | A process undertaken by BCC and providers to ensure  that all of the data on EMS is recorded as it should be. |
| AURA visit (also known  as AURA call) | This stands for Advanced Unanswered Ringback  Application. It is the means by which EMS data is collected where the care worker uses the service user’s telephone to log the start and end time of a care visit and this information is then stored on an Electronic Monitoring System.  The phrase AURA call is used to describe where the care worker acts exactly as they should in recording the information correctly. This may also be referred to as a  ‘compliant call’ to indicate that everything happened as it should. |
| Bristol City Council  (BCC) | The organisation that has overall responsibility for  arranging and funding services, in this case home care services, to ensure people in Bristol receive services appropriate to their needs.  BCC ‘commissions’ other organisations to deliver these services on its behalf and will be referred to as the  ‘Commissioner’. |
| Call Confirm Live System  (CCL) | The name for CM2000’s Electronic Monitoring System. |
| Care | This is the help that is provided to a service user by a  care worker. |
| Care Monitoring 2000  (CM2000) | The supplier of the specific Electronic Monitoring  System that BCC uses. |
| Commissioner | An organisation that enters into an agreement to purchase services (commissioner) from another organisation to deliver services (provider).  In this context Bristol City Council commissions home care services from independent providers who then deliver these services to people in their own homes. |
| Compliant Visit | Where the care worker correctly records the start AND end of the visit using the real-time electronic system (AURA visit) and where no changes are made to this |

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|  | information. |
| Data Lock Deadline | The point in any weekly payment period when data is  locked and cannot be amended by a provider. This marks the end of the Reconciliation Period. |
| Electronic Monitoring  System (EMS) | This is the generic name of a system that allows care  workers to electronically record details of their visits to service users. |
| Minimum Compliance | The level of EMS compliance a provider must achieve  to avoid BCC imposing penalties on them. This level must be achieved for each 4 week payment period. |
| Non-compliant visit | A visit to a service user, where any aspect of the visit  (could be the start OR the end) is not recorded correctly by the care worker in line with the requirements of this document. |
| Payment Period | A 4 week period that is used by BCC to calculate  payments made to providers. Payments are made soon after the end of this 4 week period for all care delivered within the payment period.  A weekly payment period runs from Monday to Sunday.  4 of these weekly periods make up a 4 week payment period. |
| Provider/s | This term is used to describe an organisation that  delivers home care services. |
| Purchase Order (PO) | A document that states the commissioned hours for each service user and defines the agreed services between BCC and providers. It includes the PO number, service user details, service type, start date, price, days and times for the required visits. |
| Reason / Reason Code | Information that is recorded on EMS by a provider to  explain the situation that has occurred and led to a software adjustment or yellow ball.  This document describes what is required of providers in these circumstances in relation to; the reasons they can select from, the exact text they must provide and how this must be done. |
| Reconciliation Period | A period of time starting on Monday (day 1) of each  week. This period ends on the following Thursday (day  11) for the first 3 weeks of the payment period and on  Tuesday (day 16) on the 4th and final week of the |

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|  | payment period.  During this period providers must; input, check and amend if necessary all data relating to visits in the weekly payment period (which runs from day 1 – day 7). |
| Service User | A person that receives a social care service that is  arranged and funded (at least in part) by BCC.  In this document, the term will specifically relate to the people that receive a home care service. |
| Software Adjustment  (sometimes referred to as manual adjustments) | Any change to the information on EMS that is made in  any way other than the care worker logging in / out.  There are many ways in which a software adjustment will occur, but a typical scenario is where a care worker forgets to log out and the administrator at the provider’s office adds this information onto EMS to show when the care worker left a service user’s home. |