



Item No. 15

Meeting Date Wednesday 14th June 2023

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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Contract Management Framework for Social Care Purchased Services

Purpose of Report:	<p>To advise the IJB Finance, Audit and Scrutiny Committee of the recent audit and review undertaken of the current Contract Management Framework for social care purchased services.</p> <p>To seek approval from the Committee for the proposed updates to the Contract Management Framework and related activities.</p> <p>To seek approval that the Contract Management Framework is reviewed annually, with the next review by March 2025 to allow time for the implementation of this updated Framework.</p>
Background/Engagement:	<p>Contract Management activities are carried out in conjunction with partner providers and other stakeholders as appropriate. Consultation with colleagues and partners was undertaken as part of this review.</p>
Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input checked="" type="checkbox"/></p>

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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none">a) note the contents of this report;b) approve the updated Contract Management Framework and implementation plan; andc) approve that the Contract Management Framework is reviewed annually, with the next review by March 2025 to allow time for the implementation of this updated Framework.
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Relevance to Integration Joint Board Strategic Plan:

Purchased social care services are critical to the successful delivery of the IJB Strategic Plan. The effective management of contracts for purchased service provision requires a robust and proportionate framework to ensure the delivery and sustainability of high quality social care services. Contract Management activity, including Service Reviews, also contributes to improvements in the commissioning and procurement of future social care services.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Purchased social care services contribute to all 9 outcomes.
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Personnel:	None
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Carers:	None
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Provider Organisations:	Provider organisations are equal partners in the delivery of social care services and integral to the review of services. Partner providers have been consulted as part of this review and all purchased services would be contract managed in accordance with the revised Contract Management Framework.
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Equalities:	None
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Fairer Scotland Compliance:	None
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Financial:	None
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Legal:	Future tender and contract documents will reflect the updated contract management arrangements, and any remedial action required in relation to the performance of purchased services may be identified through the CMF.
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	Robust application of the updated Contract Management Framework should result in improved identification and mitigation of risks in purchased services.
Implications for Glasgow City Council:	Glasgow City Council is the contracting authority for social care services purchased for the HSCP.
Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose

- 1.1. To advise the IJB Finance, Audit and Scrutiny Committee of the recent audit and review undertaken on the current Contract Management Framework for social care purchased services.
- 1.2. To seek approval from the Committee for the proposed updates to the Contract Management Framework and related activities.
- 1.3. To seek approval that the Contract Management Framework is reviewed annually, with the next review by March 2025 to allow time for the implementation of this updated Framework.

2. Background

- 2.1. Purchased services accounts for c.49% of the Glasgow City HSCP social care budget. These services are contracted via Glasgow City Council (GCC) with oversight of contract performance by the HSCP's Commissioning team through the Contract Management Framework (CMF).
- 2.2. The current CMF has been in place since 2012 with a significant update implemented in 2018 following approval by the IJB¹.
- 2.3. GCC Internal Audit began an evaluation of CMF practice in late 2022. In parallel a review of the CMF was carried out by Commissioning as part of the development plan agreed by the IJB on 22nd April 2022² and as indicated in the Social Care Purchased Services – Review Activity³ agreed by the FASC on 8th February 2023.

3. Audit findings and review of the CMF

- 3.1. Areas of good practice within contract management activity were identified, and Audit reported that a reasonable level of assurance is in place and generally operating effectively.
- 3.2. It was recognised by Audit that the agreed processes for the monitoring of purchased care services had been changed significantly during the pandemic,

¹ [Proof of Concept Outcome - Review and Reform of Social Care Contracts](#)

² [Social Care Commissioning and Procurement 2022/23](#)

³ [Social Care Purchased Services – Review Activity](#)

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and this was taken into account when making recommendations for improvement as undernoted.

- Ensure that provider service returns are received within the required timescales.
 - Ensure that all contracts are accurately recorded on the Contract Management Console (CMC).
 - Maintain a record of the training received by staff for both the CMF and CMC.
 - Update the CMF document on a regular basis and include document version control.
 - Ensure that care manager concern forms are recorded as closed once the actions have been completed.
- 3.3. Commissioning staff have examined best practice in other local authority areas as well as the Procurement Journey⁴ published by the Scottish Government. Consultation was undertaken with Care Management teams, partner providers, Business Development, and GCC Internal Audit to obtain their views on current and future arrangements for contract monitoring.
- 3.4. A key issue that emerged in the review process, also highlighted during the Covid-19 pandemic, was the lack of proportionality in the current Framework. Currently all purchased services, irrespective of performance and risks, are required to receive the same level of monitoring and oversight. This results in monitoring activity being poorly aligned to risk.
- 3.5. The Covid-19 pandemic substantially restricted the ability of Commissioning staff to visit commissioned services to complete the mandatory on-site oversight required in the current CMF. There is little flexibility for alternative innovative monitoring arrangements in the framework as currently constructed.

4. Proposal for an updated Contract Management Framework

- 4.1. The proposed updates to the CMF seek to improve consistency and effectiveness by targeting Commissioning interventions where risks are highest and to allow more flexible monitoring arrangements in higher performing services.
- 4.2. The following key changes are proposed:
- A revised risk assessment based on 16 risk factors to be undertaken a minimum of twice yearly in line with the timescales of the Provider Service Return (PSR).
 - Red/Amber/Green reporting on the level of risk for each contract.
 - New recording template for action planning where a contract has a risk rating of Amber or Red.
 - Updated templates to ensure consistency of practice and facilitate analysis and reporting.
 - Use of virtual meetings for contract meetings where appropriate within the risk assessment. Mandatory on-site visits to be retained where services

⁴ [Procurement Journey](#)

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are being provided from a council / HSCP property to ensure that relevant property checks can be undertaken.

- 4.3. Significant updates have also been made to the Service Review process contained within the CMF. These changes will improve recording practice, and new staff procedures will be developed to ensure reviews are completed in line with agreed timescales and best practice. The updated review document also emphasises the need to agree and implement actions in collaboration with partner providers.
- 4.4. The review of the CMF and learning from the pandemic identified a need to strengthen oversight of providers who operate across multiple care groups and contracts. To remedy this and to strengthen oversight, a new supplier management process is proposed to coordinate monitoring and risk. A lead officer will be appointed for each provider who operates across multiple care groups and who will be responsible for reviewing the risk position for each contract and analysing the aggregate risk to the council / HSCP.

5. Implementation

- 5.1. An implementation plan has been drafted and is attached as Appendix 2 to this report.
- 5.2. The implementation of the revised framework will be complete for the contract monitoring cycle that commences in October 2023. The Head of Commissioning will have lead responsibility for the implementation plan.
- 5.3. Changes are proposed to both the Provider Service Return and the Contract Management Console. This will involve Commissioning working closely with Business Development to modify existing systems and ensure that the audit recommendations are completed.
- 5.4. Commissioning staff will be provided with updated guidance and training to support the revised CMF. The use of the Council's online training platform to deliver CMF training will be explored with Learning and Development.

6. Recommendations

- 6.1. The IJB Finance, Audit and Scrutiny is asked to:
 - a) note the contents of this report;
 - b) approve the updated Contract Management Framework and implementation plan; and
 - c) approve that the Contract Management Framework is reviewed annually, with the next review by March 2025 to allow time for the implementation of this updated Framework.

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Glasgow City Health & Social Care Partnership

Contract Management Framework for Social Care Purchased Services

April 2023

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1 INTRODUCTION

Glasgow City Health and Social Care Partnership [“the HSCP”] spends approximately 50% of its social care budget with externally contracted partner providers annually.

Contract and Supplier Management activity is vital to delivering service provision which meets the HSCP’s strategic objectives and improves outcomes for the citizens of Glasgow. This document details the HSCP’s Contract Management Framework [CMF] which provides a consistent and comprehensive structure within which the HSCP will monitor and manage the performance of contracts and partner providers across the range of services funded by the Partnership.

The CMF is designed to complement and be informed by regulatory organisations and statutory procedures including the Care Inspectorate, Health Improvement Scotland, Adult Support & Protection and Child Protection legislation. The CMF will augment all of these approaches and avoid where possible duplication.

Glasgow City Council is the contracting authority for the HSCP’s social care contracts. This document refers to the HSCP, but the role of the Council as the contracting authority must be accounted for when using this Framework.

HSCP Commissioning places a significant focus on collaborative and partnership working and through our development plan⁵ will continue to review and improve our internal processes. These changes along with the HSCP’s Strategic Plan⁶ and Glasgow City Council’s Sustainable Procurement Strategy⁷ provide the context under which contract and supplier management will operate in Glasgow.

Contract Management is the process of effectively managing the creation, implementation, and review of contracts. It provides a method to monitor performance under the contract whilst managing risk.

Supplier Management refers to working with providers across their whole range of contracts with GCHSCP. In this Framework, Supplier Management is referred to as Provider Relationship Management to reflect the importance of relationship building and collaborative working with partner providers.

Contract Management and Provider Relationship Management are linked. Effective Provider Relationship Management requires effective and robust Contract Management methodology/approaches to be in place.

The CMF allows Commissioning Officers to work closely with social care partner providers, colleagues, service users and relevant stakeholders to maximise the quality of services whilst ensuring best value is delivered.

⁵ [Social Care Planned Procurement 2023-24 and Commissioning Service Development Plan](#)

⁶ [Strategic and Locality Plans | Glasgow City Health and Social Care Partnership \(hscp.scot\)](#)

⁷ [Corporate Procurement Strategy & Annual Procurement Report - Glasgow City Council](#)

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The use of a consistent risk-based approach to contract management aims to proactively identify and manage risks to effective service delivery. Alongside an approach which promotes collaborative working, this will support:

- Resources being effectively targeted
- Early identification of potential issues and areas for improvement
- Joint working with relevant partners to resolve issues
- Recognition and promotion of mutual interests in service improvement
- Identification and sharing of good practice

Consistent use of this Framework will result in improvements in future Commissioning activity and ensure that future contracts and other innovative procurement activities are delivered to the highest standards.

The Contract Management Framework is aligned with best practice across Scotland including other Local Authority models and the Scottish Procurement Journey⁸ methodology including Best Practice guidance⁹.

2 BENEFITS OF CONTRACT & PARTNER PROVIDER RELATIONSHIP MANAGEMENT

Working collaboratively with providers and partners can deliver benefits by:

- promoting constructive and transparent relationships
- monitoring, managing and continuously improving provider's contractual performance, ensuring overall compliance to Key Performance Indicators and Strategic Outcomes.
- working collaboratively to implement improvement action plans in the event of underperformance.
- supporting achievement of best value
- ensuring that all relevant parties understand their roles and responsibilities in relation to the contract
- providing environment and opportunities for innovation
- reviewing the operation of the contract to identify lessons learned to inform future services or strategies
- developing sustainable procurement benefits with partners
- measuring and maximising the Community Benefits available through the contract

⁸ <https://www.procurementjourney.scot/>

⁹ [Procurement of care and support services: best practice guidance - updated June 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/procurement-of-care-and-support-services/best-practice-guidance-2021/pages/12.aspx)

3 DEFINITIONS, ROLES, & RESPONSIBILITIES

Contract – Applies to agreements to purchase and provide services irrespective of tendering and purchasing route. Contracts will contain the terms and conditions that outline the requirements for performance management and the purpose of this framework.

Commissioning Officer – The agreed key point of contact for the Council to manage and monitor performance against the Contract terms, specification, and KPIs under the CMF. The Commissioning Officer will normally carry out both Contract Management and Provider Relationship Management activities.

Commissioning Manager – Takes the lead role on Contract strategy, directing monitoring and review activity in alignment with HSCP Strategic Plans. The Commissioning Manager is also responsible for owning appropriate actions where issues are identified and assessed as a significant risk.

Contract Management - The process by which the HSCP ensures that a Service complies with the terms and conditions of contracts including any agreed performance indicators.

Enhanced Monitoring – Refers to escalation actions, such as increased frequency of monitoring visits, undertaken by Commissioning staff where increased risks have been identified. The aim of Enhanced Monitoring is to ensure that risks are reduced and service performance improved.

Head of Commissioning – Has overall responsibility for the activities of Commissioning staff under this Framework and provides leadership and guidance.

Partner Provider - The organisation responsible for service delivery under the Contract. They will identify a key point of contact to work with the Commissioning Officer to meet the obligations of the contract including monitoring the Contract Management Framework

Principal Officer – Responsible for allocating Commissioning Officers to carry out actions under the Contract Management Framework. The Principal Officer is responsible for reviewing CMF Risk Assessments where an elevated risk has been identified and, in discussion with others, agree appropriate escalation actions.

Provider Relationship Management - Refers to Supplier Management activity and to collaborating with providers across their whole range of contracts with GCHSCP.

Provider Service Return – Known as the PSR, this is the core information requested from partner providers on a biannual cycle. There is flexibility within the return to ensure that the data collected is relevant to the Service and Contract.

Routine Monitoring – Refers to actions taken to robustly monitor and assess risk and performance of the contract at a service.

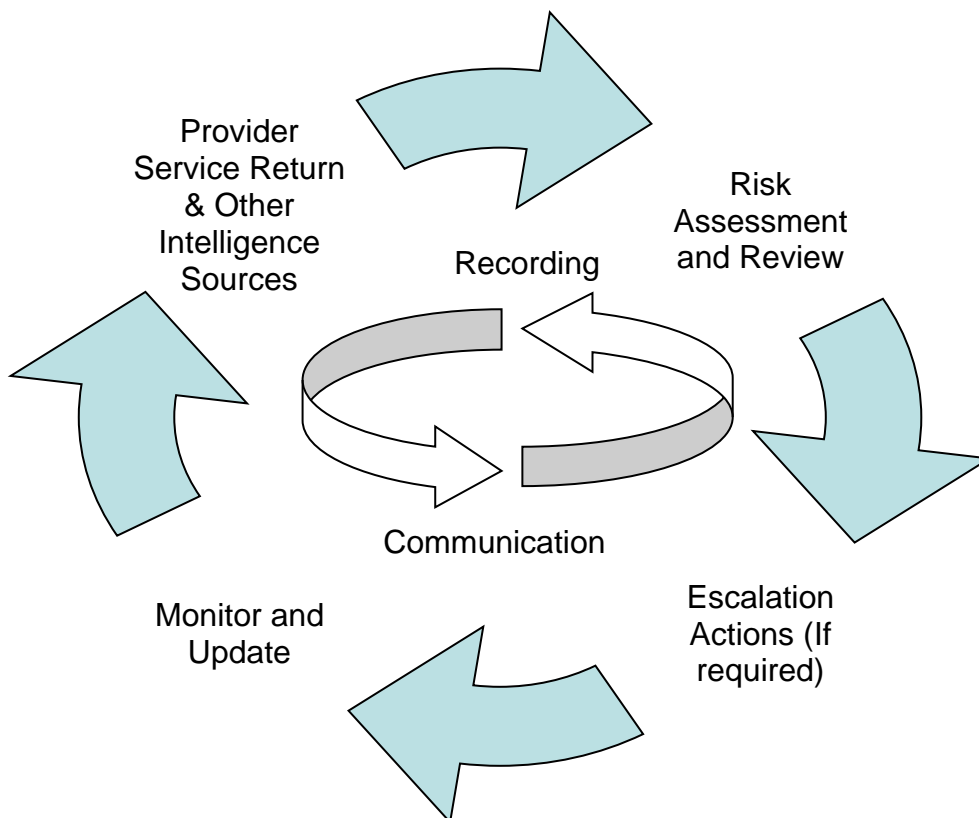
Service – What is delivered under the Contract by the Provider. Monitoring of the Provider's performance of the Service and compliance with the Contract is the central task of this Framework.

4 PRINCIPLES OF THE CONTRACT MANAGEMENT FRAMEWORK

Contract Management activity includes the processes of gathering and analysing core information on Contracts and Services.

The CMF is based on a biannual cycle of monitoring activity however there is the flexibility to carry out additional ad hoc activity as required or mandated by circumstances.

The cycle of activity in this Framework is outlined below



The outer cycle shows a continuous progression of activity; information gathering (e.g. the Provider Service Return), Assessment, Actions, and Monitoring. The inner cycle shows the key principles of effective communication and timely, accurate recording.

Where a partner provider delivers Services under a single Contract across multiple care groups then the Commissioning team which has the largest percentage of spend under the Contract will lead on the management of the contract under the CMF. The Provider Relationship Management requirements at Section 9 must be followed in these circumstances.

Where a Provider delivers Services across multiple Contracts and care groups, then each Commissioning team will manage their Services with mandatory Provider

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Relationship Management actions under Section 9 of this Framework in place to coordinate a HSCP wide view of the Provider's performance and any associated risks.

A suite of documents has been developed to support and manage the CMF and are included as appendices.

5 ESTABLISHING CONTRACT & SUPPLIER MANAGEMENT

It is important that, as part of procurement activity, Contract Management arrangements are planned to ensure effective measures are in place at Contract award.

Commissioning Officers who will be responsible for Contract Management will be identified as part of Contract mobilisation plans. This will allow the officer to familiarise themselves with the terms of the Contract and Service arrangements including relevant Key Performance Indicators and other quality assurance measurements.

Key stakeholders such as statutory agencies, regulators or service user organisations should be identified as early as possible. Commissioning Officers should aim to minimise duplication with other regulatory bodies, for example the Care Inspectorate, and ensure that monitoring activity is proportionate to any identified risks.

Provider representatives identified through the Contract award process will be contacted as soon as practicable to establish effective communication routes. There requires to be clear communication of the Provider's responsibilities to ensure compliance with the Contract's terms and conditions and the performance metrics and other quality assurance measurements.

6. CONTRACT MANAGEMENT ACTIVITY OVERVIEW

The Contract Management Framework is based on a biannual cycle of information gathering and risk assessment.

The biannual cycle will be achieved through the Provider Service Return [PSR]. The information in the PSR along with additional data and intelligence gathered by the Commissioning Officer (such as reports from partner providers, communication with care managers, service concerns etc.) will be used to complete a Risk Review & Assessment that will establish the level of risk for the Service for that period.

Additional actions beyond the Risk Review & Assessment will only be required where escalated or substantial risks are identified.

Available additional actions include escalation to the Principal Officer via the Enhanced Monitoring Report, the agreement of an Action Plan with a Partner Provider, and consideration of the need to undertake a Service Review.

6.1 RISK REVIEW & ASSESSMENT

The core activity within the CMF is to review and assess a Service's risks and performance using the Risk Review & Assessment form. This mandatory activity is completed on a biannual basis after receipt of the PSR.

Risk reviews will be based on the PSR for the Service and other relevant information should also be ingathered. This may include feedback from operational colleagues or other relevant data.

Commissioning Officers will reflect on the previous Risk Assessment (if available) and ensure that the outcomes of any previous actions are noted, and outstanding issues carried forward.

Commissioning Officers have the flexibility to complete the Risk Review & Assessment as a 'desktop' exercise where they deem that they have sufficient information available to make an accurate and robust risk assessment decision. However, Commissioning Officers must consider whether the risk assessment process could be improved by direct discussions with the Partner Provider.

The outcome of the Risk Review & Assessment must always be shared and discussed with the Partner Provider.

6.2 RISK ASSESSMENT

As part of the Risk Review & Assessment form, the Commissioning Officer will complete a Risk Assessment using the template provided at Appendix 2.

The Risk Assessment will produce a risk score which will identify the appropriate risk rating for the service.

In addition, the following risk areas are core to the risk assessment process:

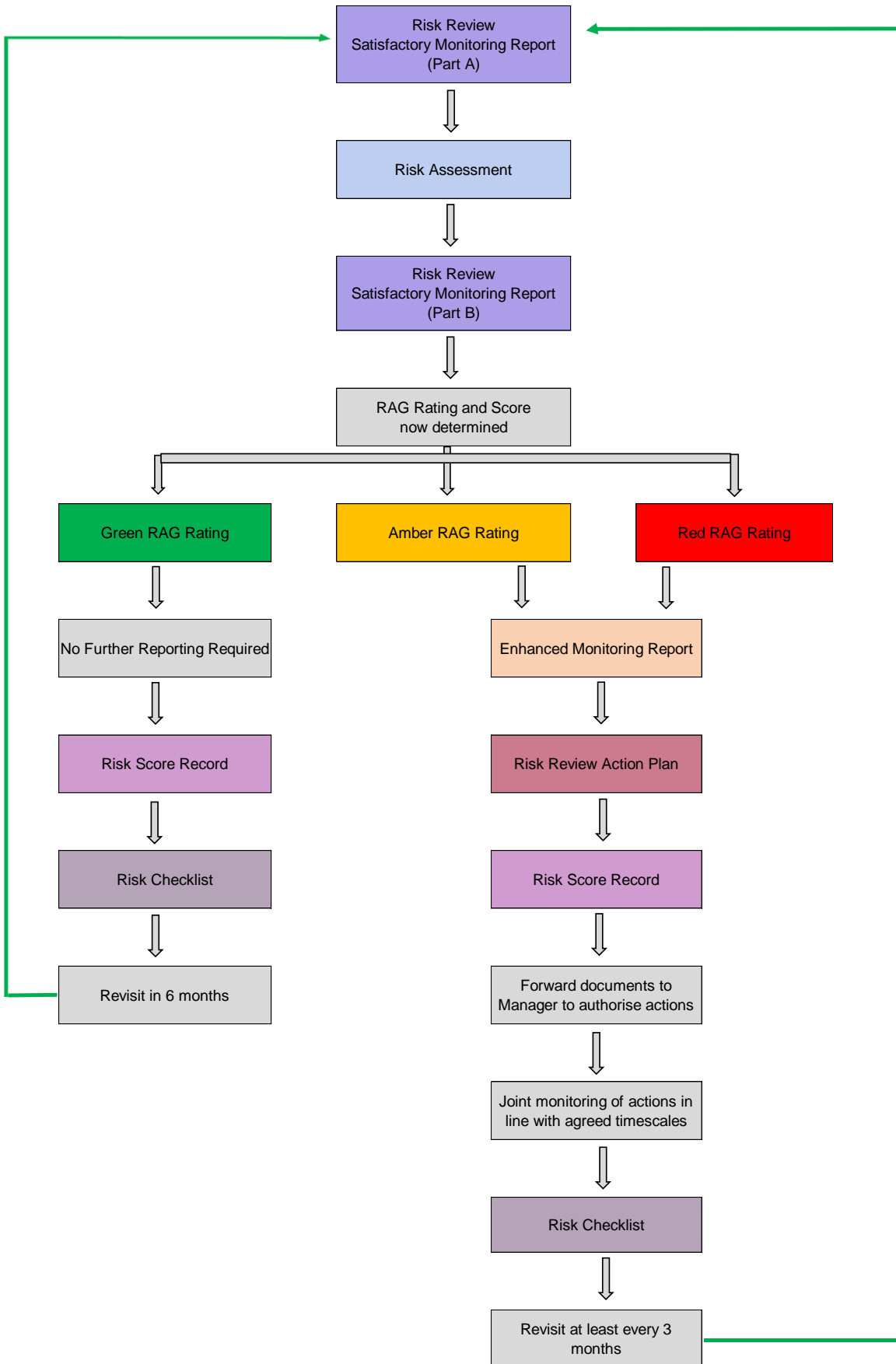
- Meeting KPIs
- Service Concerns
- Care Inspectorate (or other regulator)
- Financial Assessment

A finding of high risk (i.e. a score of 10) in two or more of these core risk areas will result in an automatic rating of Substantial risk irrespective of the overall Proportionate Risk Score for the service. In addition, consistently poor adherence or compliance by the Provider to the requirements of the CMF will result in a Substantial risk rating.

A visual representation of this process is shown on the following page:

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GCHSCP Contract Management Framework: Risk Assessment Process



6.3 RISK RATING

Glasgow City HSCP expects that Services will normally be delivered at a Satisfactory (Green) Risk level.

Prompt action must be taken to ensure that Services do not operate at an Enhanced or Substantial Risk level for extended periods of time or through the life of a Contract.

The factors below are not exhaustive lists. Each assessment and review must be completed based on the available information and circumstances present with actions taken as required.

The three levels of risk are:

Satisfactory Risk – Green on a R/A/G scale – Routine Monitoring

Whilst it is expected that minimal interventions will be required for Satisfactory Risk Services, Commissioning Officers will be vigilant for early indications of increased risk or deteriorating performance and take appropriate steps with the partner provider to prevent greater problems emerging at a later stage.

Those services assessed as Satisfactory Risk will not require the completion of a formal Action Plan.

Possible Factors

- Contract is being delivered within or exceeding expectations with only minor, resolvable issues which do not materially affect service delivery or outcomes.
- Partner Provider engages with the HSCP appropriately
- Service Users are effectively engaged with by the Partner Provider
- No Financial issues identified.
- Regulator is satisfied with service delivery
- Complaints and Partner Provider concern activity does not disclose any concerns

Escalated Risk – Amber on a R/A/G scale – Enhanced Monitoring

Where it has been assessed that the level of risk has increased to a level where there is an impact on the delivery of the Contract or Service under the Contract then an assessment of Escalated Risk is appropriate.

The Enhanced Monitoring Form is the formal record of the issues and risks present at a Service and must be completed whenever escalated risks are present. Where escalated risks are assessed, the Enhanced Monitoring form will always be subject to review and agreement by a Principal Officer.

It will be appropriate to conduct Contract Management Meeting where a Service has been an assessment of Escalated Risk. Section 6.5 provides further information about Contract Management Meetings.

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Actions to mitigate the identified risks and move the Service back to a Satisfactory level of risk must be identified along with clear timescales for progress.

An Action Plan must be drafted following the Contract Management meeting and agreed with the Partner Provider.

It is the responsibility of the Commissioning Officer to keep colleagues aware of progress with the Action Plan. This includes consultation and information sharing with relevant Care Managers within Operational teams.

Possible Factors

- Some barriers to Contract delivery with outcomes being missed. Multiple or non-trivial issues identified
- Lack of engagement with risks and issues not remedied by the Partner Provider
- Possible financial concerns with the Partner Provider or Contract
- ASP/CP concerns raised by operational colleagues
- Regulator has concerns about aspects of service delivery including a reduction in grading scores
- Service concerns
- Complaints

Substantial Risk – Red on a R/A/G scale – Enhanced Monitoring

Where the risk level has increased to the extent that there are concerns about the safety and wellbeing of service users, a threat to the future stability of the Service or Contract, or other serious adverse outcomes then an assessment of Substantial Risk is appropriate.

The Enhanced Monitoring Form is the formal record of the issues and risks present at a Service and must be completed whenever substantial risks are present. Where substantial risks are assessed, the Enhanced Monitoring Form will always be subject to review and agreement by a Commissioning Manager. Identified risks and proposed next steps will be agreed as part of that process.

Consideration will be given to holding a multi-disciplinary meeting involving appropriate external agencies such as the Care Inspectorate. Clear communication routes with the Partner Provider will be in place to ensure any immediate risks are addressed.

Relevant information must be shared with Care Managers within Operational teams including Review or Quality Assurance teams and Health colleagues as appropriate. These colleagues may be invited to any multi-disciplinary meeting arranged.

The Commissioning Manager will be responsible for directing activity by Commissioning to reduce the identified risks.

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The Head of Commissioning will be kept informed of actions in relation to the Service.

All Services with a Substantial risk rating will have an Action Plan. This will detail the actions proposed to mitigate risks and progress the Service towards a Satisfactory level. The Action Plan must be kept updated until the Service has return to a satisfactory level of risk.

The Commissioning Manager will decide, in consultation with other involved parties, when it is appropriate to review the risks at a Service and consider reducing the assessed risk level.

Regular Contract Management Meetings will be held between the Partner Provider and relevant staff from Commissioning, with and others invited where a multi-disciplinary approach is deemed to be appropriate. The aim of these meetings is to review the Action Plan and agree future actions.

Possible Factors

- Significant barriers to Contract delivery with few or no outcomes or KPIs being met.
- Multiple significant or critical issues identified
- Behaviour by the Partner Provider including a failure to engage with monitoring activity and/or a refusal to accept risks and issues
- Significant financial concerns that could endanger service delivery
- Large Scale Investigation or significant ASP/CP concerns
- Regulator has issued an Improvement Notice or taken other similar action

6.4 PROVIDER SERVICE RETURN (PSR)

Partner providers will supply information and data via the Provider Service Return. The PSR includes a core data set for all contracted services and is supplemented by care group or service type questions that will be context dependent. These additional questions will reflect key strategic objectives and performance measurements within the relevant contracts. Questions will be subject to periodic review to ensure continued relevancy.

Aligned to the overall biannual cycle of the Contract Management Framework, the PSR is issued twice per year in October and April.

Where a Partner Provider has failed to submit the PSR, it is the responsibility of the Commissioning Officer to raise non-completion with the Partner Provider, identifying the reasons for non-completion and agreeing a plan to ensure future returns are submitted. Unless exceptional circumstances apply, the Partner Provider will also be asked to submit an 'offline' return for that period using the same questions as the PSR. Two consecutive non-completions of the PSR will result in an escalation of the risk rating for the service and enhanced monitoring actions being required.

A Risk Review & Assessment will be undertaken where the Service has failed to return the PSR, and this could impact on the risk score

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6.5 CONTRACT MANAGEMENT MEETINGS

Contract Management Meetings are an important part of the Contract and Partner Provider Relationship Management processes and provide the Commissioning Officer and the Partner Provider with an opportunity to discuss areas of good practice, identified problems, undertake checks on policies, and agree actions that will seek to improve Service delivery under the Contract. This is particularly important where Escalated or Substantial risks have been identified.

The Commissioning Officer will agree the frequency of Contract Management meetings with the Partner Provider, but the following minimum levels must be met

- Within the start up / contract mobilisation period of the Contract
- Within the first six months of a Contract
- Where an assessment of Substantial Risk has been made
- When a Service Review is being completed
- When Contract exit actions are being undertaken

The aim of Contract Management Meetings is to explore risks already identified, to confirm whether there are additional risks present, and to resolve issues through discussion with Partner Providers. It is therefore advisable to hold the Contract Management Meeting at the Service or Partner Provider's office to allow access to relevant evidence and where appropriate to gain the views of the users of the Service. Commissioning Officers and Partner Providers have discretion to agree the most suitable venue for the meeting, this may include an alternative location or the use of virtual meetings.

Commissioning Officers must balance the convenience and flexibility of virtual meetings with limitations to their ability to obtain in person experience of the Service. Where the service is being delivered from a council / HSCP property the contract management meetings must be held on site in the property.

It is important that the record of the meeting is shared with the Partner Provider to ensure clear communication and allow collaboration to achieve the agreed outcomes.

6.6 RECORDING

It is essential that activity under this Framework is recorded accurately and consistently. This allows the HSCP to have assurance and evidence that Contracts are being effectively monitored and appropriate Services are being delivered.

The full list of templates under this Framework are contained in the appendices to this document. These documents will ensure consistent practice across all Contracts for the HSCP and be supplemented by electronic recording through the HSCP's approved software.

6.7 FINANCE

Financial due diligence and assessments are conducted during the tender process and establish that finance related risks are acceptable at Contract commencement.

To ensure ongoing compliance with financial requirements, additional checks may be carried out by Finance while the Service operates under the Contract. The frequency of these appraisals will be agreed with the relevant HSCP Finance team and will reflect the length, complexity, and risk profile of the Service.

Ad hoc checks by HSCP Finance may also be requested where escalation actions are being undertaken under this Framework. In these circumstances a representative from HSCP Finance will be included in multi-disciplinary discussions as part of the escalation actions.

7 COMMUNICATION

It is essential that communication with the Partner Provider is clear and unambiguous. Commissioning Officers will regularly review the arrangements for communicating with the Partner Provider to ensure that they remain effective.

Officers and Partner Providers must be vigilant that documents containing personal or sensitive information are not communicated by insecure routes.

8 SERVICE REVIEWS

Service Reviews may be completed on a planned or unplanned basis.

The process for review is identical regardless of whether the review has been planned following mandatory timescales or has been directed in response to increased risks, a serious specific issue, or due to a strategic decision.

A Service Review report template is contained at Appendix 7. The Service Review report must be completed for all reviews and give clear recommendations.

The officer authorising the outcome of a review will be either a Principal Officer or Commissioning Manager dependent on the circumstances and level of risk present.

Where more than one Commissioning team is involved in the review then lead responsibility will be aligned to the team with responsibility for Partner Provider Relationship Management activity.

Given the range of reasons for a Service Review (examples include an unscheduled review due to a Large Scale Investigation, or the potential termination of contract), there is flexibility for Commissioning teams to determine the most appropriate people to be involved in the review process and be present at review meetings. This should be recorded and communicated with the partner provider

The outcome of the Review must be clearly communicated with the Partner Provider as soon as practicable after completion of the Review.

8.1 PURPOSE OF REVIEWS

The purpose of a Service Review is to assess the performance of a Service and Partner Provider and their contribution towards the agreed outcomes of the Contract. It enables the HSCP to reach a decision regarding the nature of any ongoing involvement with the Partner Provider, to identify areas of good practice or recognise where improvement is required.

For Reviews to be effective, it is important that Commissioning works collaboratively with operational colleagues including Care Managers, Review teams, Health staff, and other appropriate parties such as the Care Inspectorate.

Collaboration with Partner Providers is also essential to the successful completion of a review. It is essential that the view of the Provider is recorded on the form and considered prior to authorisation of the review.

This collaborative approach will be reflected in the Review recommendations which may include, but not be limited to, the following options:

- Extend the Contract with the option for an action plan
- Seek to vary the Contract
- Terminate the Contract
- Redesign/reconfigure the Service
- Commence tender activity for an alternative
- Suspension of referrals/admissions
- Consider reviewing individual Service Users
- Alert colleagues and other statutory bodies
- Any other actions deemed to be appropriate

Once the proposed actions have been authorised, the outcome will be shared with the Partner Provider. Any actions needed to address urgent issues should not be delayed until an Action Plan is agreed and can be progressed in advance of the conclusion of the Review, subject to the approval of the relevant Commissioning Manager.

8.2 PLANNED REVIEWS

Planned Reviews must take place within a timescale that allows sufficient time to plan future service provision. Reviews must be scheduled to ensure that the outcome will assist future decisions in relation to the Contract. Care must be taken to schedule reviews in a reasonable timescale where a contract term is less than three years.

A planned review may also take place to align with the HSCP's programme of individual Service User reviews. Where a Service Review is being planned on this basis then the Commissioning officer will liaise with the Partner Provider and the relevant HSCP review team.

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Where a Contract exists on a rolling basis with no end date (e.g. the National Care Home Contract) OR has a term of more than 3 years then the period between Service Reviews must not exceed 3 years.

8.3 UNPLANNED REVIEWS

Where specific issues have arisen, heightened risks are emerging or have been confirmed, it may be necessary to conduct an unplanned Review. In these circumstances the process and template are identical to a planned review.

Commissioning Officers should ensure that the issues or risks that prompted the unplanned review are reflected in the findings and recommendations of the Service Review form.

Other than following an assessment of substantial risk, an unplanned review may also be appropriate in the following circumstances*:

- Receipt of complaint(s) or patterns/trends which suggest significant dissatisfaction with a service
- Where significant concerns are raised about a service by service users or their representatives, care managers, the media, the public etc
- Notification of serious concerns by another party, such as the Care Inspectorate or other local authorities
- Potential breakdown of the service, which would potentially have significant budgetary impact or requirement for reconfiguration
- Where the model of service no longer complies with Glasgow City Council's strategic or service objectives.
- Where changes to legislation affect existing arrangements or the Partner Providers ability to provide a service
- Where there is evidence that the Partner Provider is in breach of the terms and conditions of the contract.
- Where changes in the service affects its overall cost, leading to concerns about the viability or cost of the service.

*Note this is not an exhaustive list of possible factors and each decision on whether to commence a Service Review must be based on the circumstances present.

9. PROVIDER RELATIONSHIP MANAGEMENT

The aim of Provider Relationship Management activity is to ensure that the HSCP takes a holistic and coherent approach to issues and risks that may affect multiple Contracts and Care Groups. It is a vital task within the Contract Management Framework and a template for recording Provider Relationship Management is at Appendix 6 of this document.

As noted at Section 4 above, where a partner provider delivers Services across more than one care group then a designated Officer will be responsible for recording and sharing relevant information within Commissioning. They will also be responsible for

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co-ordinating HSCP activity in relation to any identified risks or concerns with the Partner Provider's performance.

All Commissioning teams with a relationship with the Partner Provider will be made aware of any significant information or any risks that may have been identified. This will involve keeping the Partner Provider Relationship template and other electronic records updated to allow access to accurate and up to date information by Commissioning staff.

It is the responsibility of all Commissioning staff to ensure that the lead Commissioning Officer is made aware of any relevant issues and concerns as well as the actions being taken to resolve these issues.

10. CONTRACT EXIT

As a Contract progresses towards its end date, all parties to the Contract are responsible for working collaboratively towards the fulfilment and exit of the Contract whilst planning for future service delivery if required.

Planning for Contract exit must commence at the earliest possible stage to identify possible risks, any de-commissioning requirements and ensure continuity of Service. Any strategy for Contract exit must include a planned Service Review. Where a Contract will be in place for less than three years, then a Contract Exit review should be planned as part of the Contract Mobilisation actions. This ensures that all parties can prepare for the Service Review.

A key aim of the exit strategy will be to ensure minimum disruption to Service delivery and to Service Users.

The relevant Commissioning Officer will ensure that the Partner Provider is aware of the following requirements in relation to Contract exit:

- An obligation to continue delivering the Service at the same level of quality and to continue to comply with all the obligations in the contract
- Confidentiality on any communications regarding the termination of the Contract
- The transfer or deletion as appropriate of all sensitive or confidential data including any Service User information
- Cooperate with any transition arrangements to a new Service or Partner Provider
- Determining an acceptable method by which the supplier will destroy and remove the Council's proprietary information
- The return or transfer of each party's assets
- Ensuring that the Partner Provider's key personnel with relevant knowledge and expertise remain to deliver the Service during any transition
- The agreed treatment of employees and any obligations to inform or consult under TUPE.
- Identify any costs including but not limited to compensation for transition activities, undelivered services, outstanding invoices

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A lessons learned exercise should be carried out if early termination of a contract occurs. The outcome of this exercise will be used to inform subsequent procurement actions and service delivery.

Appendices

Appendix 1 – Risk Assessment & Review Process

Appendix 2 – Risk Review

Appendix 3 – Risk Assessment

Appendix 4 – Enhanced Monitoring Form

Appendix 5 – Action Plan

Appendix 6 – Risk Score Record

Appendix 7 – Provider Relationship Management Record

Appendix 8 – Service Review Report

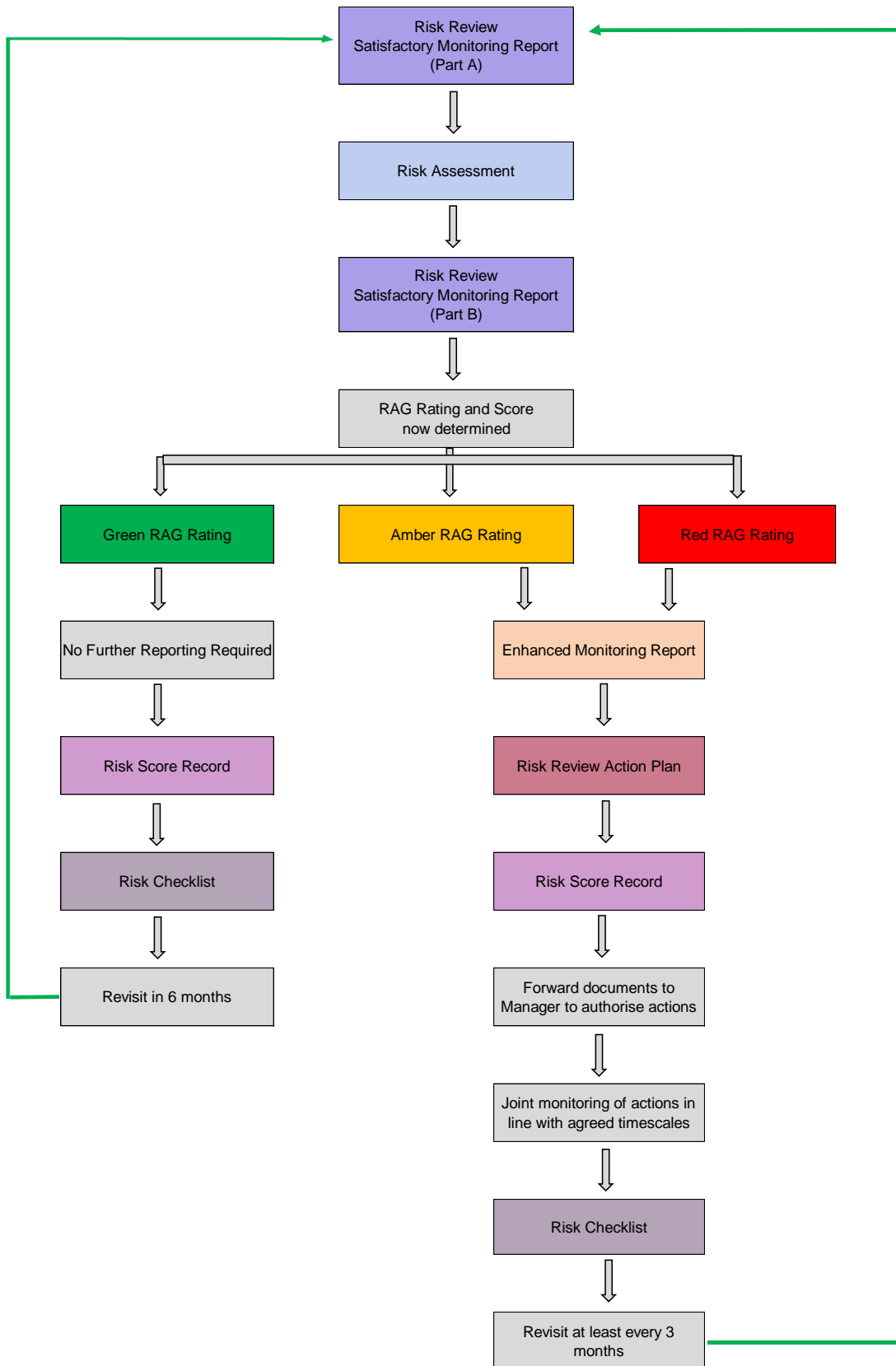
Appendix 9 – Strategic Key Performance Indicators

Appendix 10 – Contract Management Meeting Record

Appendix 11 – Version Control

Appendix 1: Process

GCHSCP Contract Management Framework: Risk Assessment Process



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Appendix 2: Risk Review

GCHSCP Contract Management Framework: Risk Review

PART A

SERVICE DETAILS

Service Details	Care Group	
	Partner Provider Name	
	Service Name	
	Primary Contract Name	
	Primary Contract Type	
	Additional Contract Name	
	Additional Contract Type	
	Summary of Service	

MANDATORY PSR ACTIVITY

Mandatory PSR Activity	Period 1 PSR	Due	Submitted	Period 1 = April to September
	Period 2 PSR			Period 2 = October to March
	Any Risks / Concerns Identified			
	Actions Taken To Resolve			

PREVIOUS RISK REVIEW

Previous Risk Review	Date of Previous Review	
	Previous Risk Rating	
	Previous Risk Score	
	Commissioning Officer	
	Concerns Identified	
	Actions Identified	
Update		

Now complete the Risk Assessment on the next tab before completing the details in the next section (PART B)

PART B

CURRENT RISK REVIEW

Latest Risk Review	Date of Current Review	
	Risk Assessment Rating	
	Risk Score	
	Commissioning Officer	
	Reason for Risk Review	
	Any Concerns Identified	
	Proposed Actions	
	Areas of Good Practice	
CMC Updated		
Provider Notified		

**Satisfactory [Green] Risk Rating = No Further Reporting required
See checklist for next steps**

**Escalated [Amber] / Substantial [Red] Risk Rating = Complete Stage 3 - Enhanced Monitoring Report must be completed
(add EDRMS Link to Word Documents for Report & Action Plan)**

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Appendix 3: Risk Assessment

GCHSCP Contract Management Framework: Risk Assessment

RISK LEVEL
 Select a level of risk from 2 to 10 where 2 is the lowest and 10 is highest - 0 must only be selected where a risk area is not relevant to the service. 0 is not to be selected to indicate a low risk
 The descriptors below with scores of 2, 4, 6, 8 and 10 scores give guidance to aid scoring. Services can be allocated any score from 2 to 10 so can, for example, be awarded a score of 7 for a risk area where it is assessed that this score most accurately reflects the situation.
 Note: See guidance below in relation to Core Areas of Risk

SERVICE & CONTRACT		Risk Level Indicators					ENTER RISK SCORE
		2	4	6	8	10	Level of Risk
Service Type / Risk	Support and/or advice only	Low levels of social care and clients able to self-advocate	Low levels of social care and clients unable to self-advocate	High level of social care and/or complex needs	High level of social care and/or complex needs delivered in a group living setting		
	Contract/Service Spec in place clearly outlining service requirements and obligations of provider including property/lease considerations		Contract/Service Spec in place but requires review or is unclear. Property/lease arrangements are adequate.		No Contract or Service Spec in place. Property/lease arrangements cause concern or are unclear.		

PERFORMANCE		Risk Level Indicators					ENTER RISK SCORE
		2	4	6	8	10	Level of Risk
Meeting KPIs	All Contract KPIs (or Strategic KPIs) are being met or exceeded	The majority of Contract KPIs (or Strategic KPIs) are being met or exceeded	Around half of Contract KPIs (or Strategic KPIs) are being met or exceeded	A minority of Contract KPIs (or Strategic KPIs) are being met or exceeded	None of the Contract KPIs (or Strategic KPIs) are being met or exceeded		
	No Service Concerns raised	Service Concerns received which relate to minor concerns which the service has resolved or is addressing	Service Concerns received which relate to minor concerns and these have not been resolved or being adequately addressed	Service Concerns received which relate to significant concerns but which the service has resolved or is addressing	Service Concerns received which relate to significant concerns and there have been no steps to adequately address them		

COLLABORATION		Risk Level Indicators					ENTER RISK SCORE
		2	4	6	8	10	Level of Risk
Partnership Feedback	Colleagues and partners have provided only positive feedback about the service	Colleagues and partners have provided broadly positive feedback with concerns being minor	Colleagues and partners have provided mixed feedback	Colleagues and partners have provided broadly negative feedback or raised major concerns	Colleagues and partners have provided only negative feedback about the service including major concerns		
	Service model clearly fits with HSCP strategic priorities	Service model largely fits with HSCP strategic priorities	Service in process of transitioning to fit HSCP strategic priorities	Service model not aligned with HSCP strategic priorities, but provider willing to update	Service model not aligned with HSCP strategic priorities and provider reluctant or unable to update		
Working Relationships	Partner Provider fully understands and works towards HSCP Strategic Priorities		Partner Provider has some understanding of HSCP Strategic Priorities and works collaboratively		Partner Provider has little or no understanding of the HSCP Strategic Priorities and does not collaborate well		
	Service always demonstrates that they strive for continuous improvement		Some evidence that the Service demonstrates a culture of continuous improvement		Little evidence that the Service demonstrates that they seek to continually improving service delivery.		

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EQUALITY & CO-PRODUCTION						
Risk Level Indicators						
	2	4	6	8	10	Level of Risk
Equality Diversity & Inclusion Lived Experience Input	Service actively seeks out and implements best practice in relation to EDI including reviewing policies and practice.		Service has adequate EDI policies and practice which may require updating or development		Service does not have adequate EDI policies or does not implement them into practice	
	Service actively encourages and robustly utilises the input of current and/or former Service Users		Service carries out some activities to encourage the input of current and/or former Service Users and uses it in a limited way		Service does not encourage or utilise the input of current and/or former Service Users	

MANAGEMENT & STAFFING						
Risk Level Indicators						
	2	4	6	8	10	Level of Risk
Staffing Levels Management & Training Compliance	Service does not experience staff shortages	Service rarely has staff shortages but prompt action is taken to ensure continuity of service delivery	Service rarely has staff shortages and there can be difficulty in resolving them with some impact on service delivery	Service frequently has staff shortages which causes some impact on service delivery	Service often has staff shortages and this has a significant impact on service delivery	
	Management demonstrates competence with no concerns evident		Some weaknesses in management identified but the provider is working to address them		Significant weaknesses in management identified and inadequate plans in place to address them	
	All staff members are appropriately trained		Over 80% of staff members appropriately trained		Less than 80% of staff members appropriately trained	

REGULATORY INFO						
Risk Level Indicators						
	2	4	6	8	10	Level of Risk
Care Inspectorate or other regulator	Care Inspectorate or other Regulator assesses delivery of care and support as very good or excellent or equivalent.		Care Inspectorate or other Regulator assesses delivery of care and support as adequate or good or equivalent		Care Inspectorate or other Regulator assesses delivery of care and support as weak or unsatisfactory or equivalent	

FINANCIAL						
Risk Level Indicators						
	2	4	6	8	10	Level of Risk
Annual Spend	Under £100k	£100k>£225k	£225k>£665k	£665k>£1M	£1M+	
Financial Assessment	Finance colleagues have no concerns about service and / or parent organisation (green finance rating).		Finance colleagues have some concerns about service and / or parent organisation (amber finance rating).		Finance colleagues have significant concerns about service and / or parent organisation (red finance rating).	

Risk Ratings:	0 to 50 = Satisfactory	50 to 75 = Escalated	75 to 100 = Substantial	Proportionate Risk Score	0
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CORE AREAS OF RISK

The following criteria are defined as core to the assessment of risk. Any provider must automatically be assessed as a Substantial Risk if they score two or more maximum scores of 10 in these areas irrespective of their overall score
Scores will automatically be copied from the selection above

Meeting KPIs	0
Service Concerns	0
Care Inspectorate or other regulator	0
Financial Assessment	0

Assessed Risk Rating:

Now complete Part B of Risk Review

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Appendix 4: Enhanced Monitoring Report

<p>GCHSCP Contract Management Framework: Enhanced Monitoring Report</p>
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Complete when Risk Assessment outcome is Escalated (Amber) or Substantial (Red)

Report Details	Report To	
	Commissioning Officer	
	Provider Name	
	Service Name	
	Summary of Service	

Previous Risk	Date of Previous Risk Assessment	
	Previous Risk Rating	
	Previous Risk Score	

Current Risk	Date of Current Risk Assessment	
	New Risk Rating	
	New Risk Score	

Background Information	Outline of identified issues and related risk(s)	
	View of Partner Provider	
	Opinion and actions of colleagues and partners	
	Actions previously taken to address and mitigate risk(s)	<ol style="list-style-type: none"> 1. 2.

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Details and Actions	Summary View of Commissioning Officer	
	Proposed Next Actions	<ol style="list-style-type: none"> 1. 2.

Authorisation	Proposed Actions Agreed	Yes/No
	Authorising Officer's Comments and Amendments	
	Authorisation Date	

Next Steps	Actions Taken and Update	
	Further Escalation Actions Required	Yes/No

Note: Complete Action Plan

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Appendix 5: Action Plan

GCHSCP Contract Management Framework: Action Plan

Provider Name	
Service Name	

Task	By Whom	Due Date	Progress / Completion Notes	Completion Date
1.				
2.				
3.				
4.				
5.				
6.				

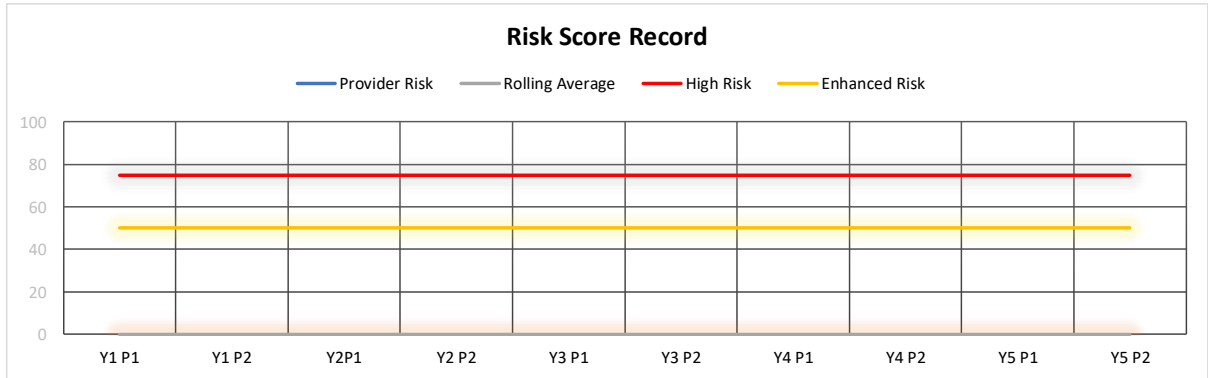
Appendix 6: Risk Score Record

GCHSCP Contract Management Framework - Risk Score Record

Provider Name:

Guidance - Update the Period row in the next free column with the year and number of report (e.g. '2022 - 1' would be the first risk assessment score in 2022 or '2024 - 2' would be the second assessment in 2024). Enter the risk score from the completed risk assessment in the Provider Risk row. No other values require to be updated.

Period	Y1 P1	Y1 P2	Y2P1	Y2 P2	Y3 P1	Y3 P2	Y4 P1	Y4 P2	Y5 P1	Y5 P2
Provider Risk										
Rolling Average	0	0	0	0	0	0	0	0	0	0
High Risk	80	80	80	80	80	80	80	80	80	80
Enhanced Risk	60	60	60	60	60	60	60	60	60	60



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Appendix 7: Provider Relationship Management Record

GCHSCP Contract Management Framework: Provider Relationship Record

Provider Name	
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Lead Commissioning Team	
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Lead Officer	
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Involved Commissioning Teams	Care Group	Service Name	Brief Description of Service

Identified Provider Issues	Responsible Officer	Issue / Concern	Action

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Appendix 8: Service Review Report

<p>GCHSCP Contract Management Framework: Service Review Report</p>

Service Details	Partner Provider Name	
	Service Name	
	Provider Representative(s)	
	Service Type	
	Main Service User Group	Choose an item.

Report Details	Date of Report	
	Report To	
	Senior Officer	
	Summary of Service	
	Type of Review	Choose an item.
	If unplanned, why is the review required? (Examples: LSI, Serious Concern Raised, Provider given notice on contract)	
	Specific Aims of the Review	
	Date of Previous Review (if any)	

Contract Details	Primary Contract Name	
	Primary Contract Type	
	Contract Start Date	
	Contract End Date (if applicable)	

Contract Due Diligence	Property / Lease Arrangements	
	Safeguarding Policies	
	Insurance	
	Health & Safety	
	Equality, Diversity & Inclusion	

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PSR Compliance	Any Risks / Concerns Identified from PSR Returns?	
	Actions Taken to Resolve	

Collaboration and Oversight	Service User feedback on service	
	Care Inspectorate (or other regulator) view of service	
	Care Management view	
	Health colleagues view	
	Other involved Organisation Comments (provide detail)	
	What steps has the provider taken to ensure meaningful engagement with current users of the service?	

Finance	Date of most recent assessment by Finance	
	Any risks or concerns identified by Finance	
	Finance issues raised by Provider	

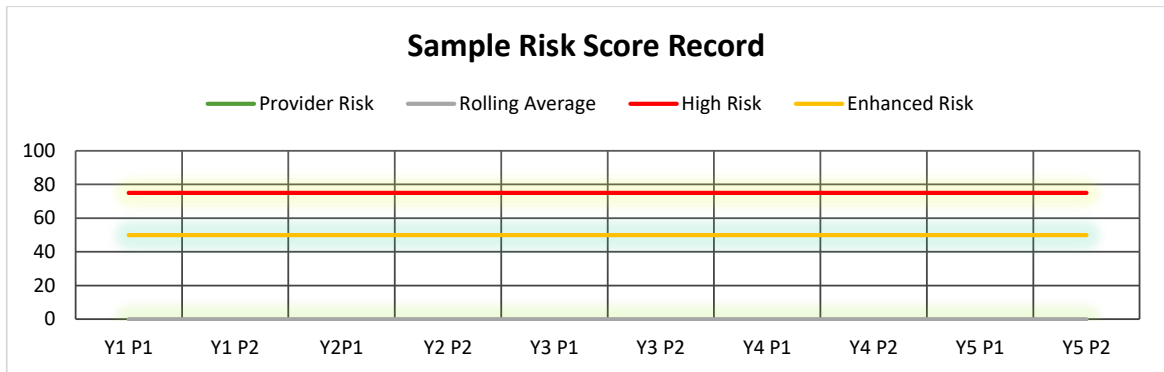
Governance	Any risks or concerns relating to management of the service	
	Details of any complaint activity relating to the provider or service	
	Have any concerns been raised through the Service Concerns Process?	
	If Yes, then provide details	

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Staffing	Any risks or concerns relating to staffing in the service	
	Actions being taken by the provider to mitigate any staffing risks	

Risk History	Risk Reviews	Risk Review 1 (Oldest)	Risk Review 2	Risk Review 3	Risk Review 4	Risk Review 5	Risk Review 6 (Latest)
	Date of Review						
	Risk Rating						
	Risk Score						

Note: The chart from the latest Risk Score Record requires to be included below and replace blank sample



Contract KPIs	Detail the relevant KPIs in the contract?	
	Are there concerns about the provider's performance in relation to these KPIs?	Choose an item.
	If Yes, then provide details	

Where a Contract does not have KPIs then use GCHSCP Strategic KPI list

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Chronology of Actions & Outcomes in relevant period	Note in chronological order any areas of concern identified during risk assessments and actions taken to mitigate/resolve those concerns.	
	Outcomes of actions taken to address concerns	

Good Practice	Any areas of good practice which have been identified?	
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Review Findings	View of Senior Officer	
	Proposed Next Steps	

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Authorisation	Authorising Officer's Comments and Amendments	
	Proposed Actions Agreed	
	Authorisation Date	
	Communication with Provider	

Complete Action Plan if required

Appendix 9: Strategic Key Performance Indicators

GCHSCP Contract Management Framework: Strategic KPIs

Strategic KPI Label	KPI Description	Exceeding Expectations	Meeting Expectations	Minor Concerns	Major Concerns	Not Performing
1 Fit For Purpose	To what extent does the Service Provider provide services which are compliant with the specification?	The services received meet all expectations and requirements and the Service Provider goes above and beyond to ensure an excellent quality service.	The services received meet all expectations and requirements.	Since the last assessment there has been a small number of issues relating to the services received. The Commissioning Officer has notified the Provider of these issues but has confidence they will be resolved.	Since the last assessment there has been a significant number of issues relating to the services received. The Commissioning Officer has notified the Service Provider of these issues but has concerns about how these will be resolved.	Since the last assessment there has been many issues relating to the services received. The Service Provider has failed to respond adequately to communication from the HSCP.
2 Continual Improvement / Innovation	To what extent does the Service Provider work with the HSCP to identify opportunities for continual improvement or innovation?	Service Provider suggests potential improvements / innovations on their own initiative.	Service Provider cooperates with the Commissioning Officer on potential improvements / innovations.	The HSCP may have to prompt the Service Provider to support potential improvements / innovations	The Council has received little communication or feedback from the Service Provider on the performance of the Contract and if there is any potential improvements / innovations.	The Service Provider is not cooperating with the HSCP on measuring the performance of the Contract and if there is any potential improvements / innovations.
3 Cost Reduction Initiatives	To what extent does the Service Provider work with the HSCP in suggesting and responding to cost reduction initiatives?	Service Provider suggests cost reduction initiatives on their own initiative.	Service Provider cooperates with the Commissioning Officer on cost reduction initiatives.	The HSCP may have to prompt the Service Providers to support potential cost reduction initiatives.	The HSCP has received little communication or feedback from the Service Provider on the performance of the Contract and if there is any potential cost reduction initiatives.	The Service Provider is not cooperating with the HSCP on measuring the performance of the Contract and if there is any potential cost reduction initiatives.
4 Communication	How effectively does the Service Provider manage communications and ensure that it responds to issues or enquiries within agreed timescales?	The Commissioning Officer and key stakeholders receive all relevant information within agreed timescales. The Service Provider ensures there is a clear process to communicate with the HSCP.	The Service Provider communicates well and responds to queries in a timely manner. There is a process for communication between the Service Provider and the HSCP.	Since the last assessment there has been a small number of concerns in relation to communication. The Commissioning Officer has notified the Service Provider of these concerns.	Since the last assessment there has been a significant number of concerns in relation to communication. The Commissioning Officer has notified the Service Provider of these concerns.	Since the last assessment there has been many issues relating to communication. The Service Provider has failed to respond adequately to contact from the HSCP.
5 Complaints	To what extent does the Service Provider ensure that complaints or disputes are minimised; and that when they arise they are dealt with efficiently, without the need to escalate; and that corrective action is taken if required?	Since the last assessment no complaints have been recorded. The Service Provider goes above and beyond to ensure any issues are monitored or resolved efficiently before a complaint is raised and implements processes to ensure issues do not re-occur.	Since the last assessment there may have been a small number of complaints. The Service Provider responds adequately and timeously to these complaints and seeks to resolve them at the earliest possible stage.	Since the last assessment there has been a small number of complaints. The Commissioning Officer has some concerns over how these complaints have been responded to by the Service Provider.	Since the last assessment there has been a number of complaints. The Commissioning Officer has some significant concerns over how these complaints have been responded to by the Service Provider.	Since the last assessment there has been a significant number of complaints. The Commissioning Officer has substantial concerns over how these complaints have been responded to and communication with the Service Provider.
6 Sustainable Processes	Does the Service Provider show commitment to sustainable practices where practical, e.g. reducing carbon footprint or championing sustainable initiatives?	Service Provider is proactive in supporting Sustainable practices and communicates these with the Commissioning Officer	Service Provider follows sustainable developments and is committed to improving practice.	The Service Provider has a policy on sustainable practices but there have been no developments or action since the last assessment.	The HSCP has received little feedback from the Service Provider in relation to Sustainability. It is not clear if the Service Provider is committed to sustainability	The HSCP has received no feedback from the Service Provider in relation to Sustainability during the previous 12 months. The Service Provider has not established a commitment to Sustainable practices.

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Appendix 10: Contract Management Meeting Record

GCHSCP Contract Management Framework: Contract Management Meeting Record

Provider/Service Name	
Contract(s)	
Commissioning Team	
Provider Rep(s)	
Commissioning Rep(s)	
Date of Meeting	

	Notes	Action/Outcome
1 Review of Previous Minutes & Actions		
2 Provider Update		
3 HSCP Update		
4 Risk Review		
5 Finance		
6 Property/Lease		
7 Complaints and Concerns		
8 Good Practice		
9 Actions for Improvement		
10 Next Steps		

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Appendix 11 – Version Control

Version Number	Purpose/Change	Author	Date
0.1	Initial draft	Commissioning Development	26/04/2023

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Appendix 2

Implementation Plan - Contract Management Framework

Aim

To define and monitor actions to ensure that the updated Contract Management Framework [CMF] is implemented for the contract monitoring period of October 2023 – March 2024.

Principal Tasks

The effective implementation of the updated CMF requires several key actions. This reflects that the CMF is complex and requires Commissioning staff to closely cooperate with colleagues and external partners.

Task	Description	Responsible	Target Date
Staff Guidance	Comprehensive documents that will guide Commissioning staff through the updated Framework	Commissioning Development	August 2023
Commissioning Training	Mix of in-person and remote training for Commissioning staff including the use of GOLD	Commissioning Development; Learning & Development	August 2023
Provider Service Return Transformation	Update current PSR to be more flexible and relevant without increasing the burden on Partner Providers	All Commissioning Teams; Business Development	September 2023
Contract Management Console Updates	Where flexibility for HSCP to amend system, update CMC options and action lists	Commissioning Development; Business Improvement Team	October 2023
Partner Provider Engagement	Using written communication and MS Teams to update Providers on changes to CMF and any practice implications	All Commissioning Teams	September 2023
Internal HSCP Communication	Update Finance, Care Management, and other relevant colleagues on changes to CMF	Commissioning Development	October 2023
Initial Review and Lessons Learned	Provide an early audit of compliance and identify any early issues to be remedied	Commissioning Development	January 2024

Appendix 2

Risks

The principal risks to successful implementation of the updated framework are

- System limitations of the PSR and CMC that prevent or reduce ability of these systems to support the updated CMF.
- Delays in staff training impact implementation timetable
- Low levels of Partner Provider engagement leading to poor compliance with data and information requests

Should the PSR and CMC systems be unable to be updated as outlined in this plan then the existing versions will be used with appropriate guidance for staff until a longer term IT solution is available.

Work will be undertaken by the Commissioning Development team to minimise and mitigate other risks during the implementation period of the updated CMF.

Responsible Officers

Lead responsibility for the implementation of the CMF will sit with the Head of Commissioning. Under their direction, the Commissioning Development team will take forward implementation actions and ensure regular progress reports are produced. Escalation actions will be taken if risks could be impact on delivery of the CMF.