**SCHEDULE 1** **- Service Specification**

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| **Tender** | NCCT43137 |
| **Service** | Technology Enabled Care (TEC) |
| **Commissioner Lead** | Chris Scott |
| **Period** | Commences 1st April 2026 for up to 5 years (3+2) |

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# Introduction

* 1. Norfolk County Council (NCC) intends to fully integrated Technology Enabled Care (TEC) assessment and prescribing within its Adult Social Care (ASC) Prevention and Care Support services.
  2. We aim to embed TEC into care planning to support a preventative, person-centred, and strengths-based approach. This aligns with NCC’s wider strategic priorities to innovate service delivery, promote independence, and achieve better outcomes for residents.
  3. To facilitate this, we require a Provider who will act as Lead Provider (hereinafter referred to as ‘the Provider’) to be responsible for the comprehensive delivery of the new TEC service. While the Provider may engage in collaborative arrangements with other entities (subject to compliance and our approval) the contractual relationship shall exist solely between NCC and the Lead Provider.
  4. ASC is undergoing significant change, driven by increasing service demand and a growing population. As of 2024, Norfolk’s population was approximately 935,000, with 25% aged 65 and over. This demographic is projected to rise to 28% by 2030, with the total population expected to reach 974,000.
  5. The opportunity to utilise technology and innovation whilst maintaining high-quality care services has never been greater. This new TEC model aligns with NCC’s strategic commitment to the principles of the Care Act 2014, particularly the statutory duty to operate in a preventative manner and to promote Strengths-Based Practice. We want to support residents to remain in their communities, thereby preventing, reducing, and delaying the need for commissioned health and care services.
  6. Strategically, ASC is committed to adopting a Human Learning Systems (HLS) approach, guided by the mission “To empower residents and communities to live their best life as they define it, by fostering independence, building strong partnerships, tailoring support, and learning continuously”.

TEC is recognised as a key enabler in achieving ASC’s aims. Beyond the provision of equipment and services, the new TEC Provider will also provide a central hub supporting both Service Users and staff, while delivering reassurance to families and driving innovation in care delivery.

The Provider will establish collaborative working practices with NCC and any future partners, including (but not restricted to):

* NCC’s ASC, Children’s, IT and Strategy and Transformation departments
* Community alarm providers
* Equipment manufacturers
* 3rd Party change partners
* Service Users and their communities
* Hospitals
* Community Health and Mental Health Providers
* Care providers
* The NHS/ICBs
* Registered social landlords/housing associations
* The Provider will collaborate with member organisations including TSA and ADASS.
  1. The Provider shall deliver a fully managed service encompassing all aspects of TEC to meet our strategic needs, the Provider taking overall responsibility for service delivery and for supporting NCC in achieving strategic transformation. This includes, but is not limited to:
  + Developing collaborative working practices to maximise the use of technology and data, shifting the focus from long-term care to prevention and early intervention.
  + Establishing a model for prescribing TEC and Virtual Care solutions, including for individuals who self-fund their care.
  + Embedding mechanisms for realising the benefits of TEC, including measurable cashable and non-cashable savings from reducing, preventing or delaying formal care provision.
  1. The Provider will demonstrate agility and innovation and have a proven track record in delivering performance and management information to evidence the effectiveness of the service.
  2. The new TEC contract will replace the existing contracts for Assistive Technology (AT) and Virtual Care. Elements of this new service are commonly known elsewhere as assistive technology, telecare, community alarms, monitoring, care technology, alarm response centres and virtual (remote) care.
  3. In this contract, NCC does not intend to mandate the use of equipment or software from specific manufacturers. Instead, this service is tech-agnostic and solution focused. We require equipment, systems and apps with the necessary functionality and interoperability to connect, integrate and work across various platforms. The Provider must ensure that all equipment and services are fully integrated and function seamlessly together, regardless of the underlying technology. We therefore require the use of open standards and modular solutions that can adapt to different environments and technologies.
  4. The Provider must avoid vendor lock-in and ensure that solutions are scalable and adaptable. The Provider must ensure that equipment and services are up to date, continually reviewed and refreshed and that the benefit of new technology can be achieved for both parties. Testing for cross-platform compatibility and system integration is essential.
  5. To assist with pricing and provide clarity on the equipment we intend to use from the outset of the contract, we have proposed an initial standard equipment catalogue, based on our current offering (see Schedule 2 ‘Pricing Form and Proposed Equipment List’). Suppliers may propose close technical equivalents (CTEs) on the pricing form which will be reviewed as part of the evaluation process. The final decision on whether a proposed item qualifies as a CTE for pricing evaluation purposes will be made by NCC.
  6. The Provider shall maintain an accessible digital platform to allow all Norfolk residents to easily obtain information about the services offered, including access pathways for both NCC-funded and self-funded (private pay) individuals.
  7. The referral model for TEC will transition from a specialist team-led approach to one where TEC is embedded within the broader care needs assessment process. The Provider will:
* Collaborate with ASC’s change management teams and other Providers to build confidence in the new service.
* Support staff (especially Referrers/Trusted Assessors) in selecting appropriate equipment and services to meet assessed needs and outcomes.
* Provide the services and equipment as required by this Specification.
  1. As part of mobilisation and the ongoing delivery of the service, the Provider shall co-design operational processes with NCC to ensure that staff within both organisations select suitable equipment and services to meet identified needs and outcomes.
  2. Data and system integration is vital for the success of this service. The Provider’s system will integrate with our case management system (currently Liquid Logic). This integration will facilitate the 2-way sharing of data including Service User information and equipment and service details. A daily extract of Service User data will be transmitted to NCC’s Data Warehouse.
  3. It is expected that tools such as Artificial Intelligence (AI), Machine Learning (ML) and Robotic Process Automation (RPA) will be utilised by both the Provider and NCC in the delivery of this contract. No charges shall be levied by either party for the use of such technologies.
  4. NCC acknowledges that the devolution and local government reorganisation by central Government is underway and affects Norfolk and Suffolk, pursuant to the English Devolution White Paper. This may result in changes to the structure of local government and councils in Norfolk which could necessitate the novation of this contract in the future.

# Scope

## Service Users

* + 1. At the commencement of the contract and for the duration of the first year, the Service Users referred by NCC will be Adults aged 18 years and over who live in Norfolk. These individuals will have been identified as requiring support due to age-related needs (referred to as Older People) or due to other eligible needs including but not limited to those with Mental Health and Learning Disabilities needs.

The majority of referrals will be for people who have been assessed by ASC as having either short-term or long-term care needs. Some of those referred may subsequently transition to private pay arrangements as self-funding clients. The list below is a typical list of needs that the service will need to meet:

* + Older People age 65 and over
  + Physical or sensory impairment
  + Learning Disability or Autism
  + Mental Health conditions
  + Dementia
  + Drug and Alcohol Dependency
  + Other vulnerabilities or impairments
    1. The Service is required to meet the needs of diverse user groups, for example by

providing language and communication support or arranging visits compatible with religious preferences (e.g. avoiding certain days). Groups include (but are not limited to):

* + - Black and ethnic minority communities
    - Religious communities
    - Service Users with visual and/or hearing impairments, including deafblind Service Users
    - End of life/palliative care
    - Service Users with communication difficulties
    - Non-English speakers
    - Service Users with British Sign Language (BSL) as their first language
    - Service Users with learning and/or physical disabilities and/or mental health

issues, including dementia

* + 1. The Provider will, by virtue of its publicly advertised services, attract individuals who wish to access TEC services on a self-funded basis without referral through ASC. The Provider shall support any Norfolk resident to rent or purchase equipment, with rental prices being the same as those charged to NCC whether or not they pay privately.
    2. From the second year onward, NCC reserves the right to vary the scope of this contract to include the provision of services to Children and Young People and to work with other providers of care and support and people with different needs. Such variations may include, but are not limited to:
* An increase in service volume.
* A change in the type and specification of equipment provided.
* The inclusion of additional referring partners such as other Local Authorities, the Norfolk and Waveney Integrated Care Board (ICB), the National Health Service (NHS), the Department of Health, Voluntary and Community Sector organisations.
* Working in partnership with other Providers.
  + 1. The table below shows previous demand for the existing service during the 2024/25 financial year. This data is provided to inform prospective Providers and is not an estimation of future service volumes.

|  |  |  |
| --- | --- | --- |
| **Type** | **Orders (24/25)** | **24/25 Unique Service Users** |
| **AT Orders** | 4993 | 3,609 |
| **AT Collections** | 1,628 | 1,424 |
| **Connections to Alarm Monitoring** | 818 | 818 |
|  | | |
| **Virtual Care** | **Referrals**  **July 24 to June 25** | **Active Service Users**  **(as at June 2025)** |
| Virtual Care – with video calls | 218 | 137 |

In 2024/25, the majority of equipment issued was from the core catalogue, with a smaller proportion of non-catalogue (special) equipment. It is anticipated that this distribution will remain broadly consistent throughout the duration of the contract. It is estimated that up to 1,500 practitioners will eventually require access and training to prescribe TEC, with approximately 600 to be trained in the first phase. The Provider must provide suitable training for all prescribers, depending on their preferences, accessibility requirements, working patterns and so on. Training methods may include in-person and online group and individual training, e-learning and ‘train-the-trainer’ methods and users will be supported by guides and tools in the system itself.

Schedule 2 ‘Pricing Form and Proposed Equipment List’ provides actual volume data for the year April 2024 to March 2025 and indicative estimates for the contract period. The estimated volumes are indicative and have been calculated based on the 24/25 actual volumes, with assumptions and profiling for each year and taking into account the merging of two contracts and the changes to those contract models. These indicative volumes may fluctuate up or down and are not guaranteed.

## Payment Model

The contractual requirements and associated payment terms for this service primarily relate to the service elements listed as Items 1, 2, 3 and 4 in the table below. Item 5 is included here to allow for future service development only.

|  |  |  |
| --- | --- | --- |
| **Ref** | **Service** | **Payment Terms/Model** |
|  | All | 30 days monthly in arrears from receipt of a valid and undisputed invoice. Refer to the Terms and Conditions for further details. |
| **1** | TEC Equipment, including Community Alarms and Virtual Care devices | Rental model, with rent charged monthly per item to include software, network connections and subscriptions.  Variable cost depending on actual items and quantities loaned and the length of those loan periods.  Virtual Care Service Users and any Virtual Care tablet devices that NCC owns are to transfer to the new Virtual Care service. |
| **2** | Monitoring and Response Service (MRS)  Including Virtual Care services | Fixed Cost, charged monthly.  For the overall operation of the MRS including proactive monitoring and review, Virtual Care, the contact centre, technical support and data management, provision and analysis. |
| The provision of the Monitoring, Alarm and Response service to individuals is included within the rental price for the relevant TEC Equipment (alarms/sensors etc) and is charged monthly via the equipment rental charge.  The majority (approx. 84%) of MRS Service Users receiving community alarm services will pay the Provider direct, including for delivery and collection fees. The remainder will be paid for by NCC (see 4.5).  The provision of Virtual Care video calls and other Virtual Care services will be charged monthly, per person. |
| **3** | Change Management | Fixed Cost, charged monthly |
| **4** | Expert support resource | Fixed Cost, charged monthly |
| **6** | Additional/New Services | Included there to enable future service enhancements; payment terms for any additional services to be agreed upon variation of the contract and will adhere to the same 30 day payment terms. |

## Service Principles

Prevention is a key focus of our new TEC service. Types of Prevention are:

**Primary prevention/promoting wellbeing**

• Aimed at individuals with no specific social care needs or symptoms of illness.

• Focuses on maintaining independence, good health, and promoting wellbeing.

**Secondary prevention**

• Identifies individuals at risk to interrupt or slow down deterioration and improve their current situation.

**Tertiary prevention**

• Minimises disability or deterioration from established health conditions or complex social care needs.

• Focuses on maximising independence through rehabilitation/reablement services and joint case management.

## Services

* + 1. Monitoring and Response Service (MRS)
       1. The Monitoring and Response Service (MRS) shall provide comprehensive support to Service Users through both reactive and proactive services. In addition to the services provided by a ‘traditional’ Alarm Response Centre (ARC) which provides reactive response, for this contract the MRS is required to deliver a proactive service model that includes:
       - Real-time monitoring and reactive response to alarm activations, sensors and other equipment.
       - Proactive alerts, reporting and interventions as required. This may extend to supporting timely case reviews and early interventions by Practitioners.
       - Virtual Care including scheduled and unscheduled video care calls, prompts, reminders and monitoring via a secure and suitable app on a provided device.
       1. The MRS will capture, store, analyse and export Service User data to NCC systems to inform care planning and enable responsive, preventative support including timely case reviews and interventions. The Provider will collaborate with other community alarm providers to obtain, collate and share data for Norfolk residents who give their permission to do so.
       2. Virtual Care primarily supports routine care needs, including reminders to eat and drink, medication prompts and wellbeing checks through video care calls, other reminders/prompts and monitoring. Service Users can use the devices to make and receive video calls to their chosen contacts.
       3. NCC’s strategic objective is to reduce reliance on scheduled video calls, particularly for tasks such as medication support, by leveraging advancements in Virtual Care technology and other methods of contact and prompting.
    2. Change Management

Change management is key to the successful implementation and ongoing evolution of TEC. The Provider shall deliver ongoing Change Management support throughout the duration of the contract.

To deliver these outcomes, the Provider shall work collaboratively with NCC and its partners, including any third-party change management Provider procured by NCC. The Provider’s role shall focus specifically on change management activities directly related to the delivery and integration of the TEC service.

Change management support will commence in January 2026, as part of contract mobilisation and prior to the main service commencement date of 1 April 2026. The cost for providing change management support between January 2026 and March 2026 shall be incorporated in the change management fee for the year 25/26 and no additional payment will be made for this period. For the avoidance of doubt, the first invoice for any goods or services provided will not be payable until May 2026.

* + 1. Legacy Customers

The Provider’s responsibility for existing Service Users (Legacy Customers) will be for:

* Support and maintenance of AT and Virtual Care equipment already on issue to them, with the exception of community alarms which remain the responsibility of the current alarm provider.
* Obtaining and sharing monitoring and alarm data for in collaboration with their current service providers.
* Responding to new Referrals for Legacy Customers due to a change in need identified by either the Provider or NCC and agreed with the NCC TEC Team.
* Transfer of Virtual Care Service Users to the new Provider within 2 months. There shall be no additional charge for managing the transfer and any existing equipment that remains the property of NCC must be utilised either for Virtual Care or to support other Service Users.
  + 1. Specialist Expertise

Dedicated contract specific expert staffing resource must be provided for this contract. This is to provide expert advice and support, working closely with colleagues and the TEC Team. They will ensure the appropriate prescription of equipment and lead on the effective re-use of equipment. They will recommend and demonstrate new equipment, facilitate Test and Learn events and deliver training. This resource will be up to date with the latest Technology developments in a way that we cannot expect our referrers to be.

# Outcomes

* 1. TEC supports the ambition to reduce, prevent, and delay the need for long term care and support. Residents will be provided with the most appropriate equipment and services to enable them to live as independently as possible.
  2. In response to a person’s assessed needs the TEC Service shall provide and maintain the most appropriate and cost-effective equipment and Services for that person, in the right place, at the right time. The service will demonstrate and develop the use of innovative technology that adds value and maximises positive outcomes for individuals, their families, and carers throughout all life stages.
  3. Outcomes for the Person
* I feel that the equipment and services provided are really helping me to live independently and are making life better.
* I received equipment that works well and was delivered on time. The technician was punctual, polite, efficient and tidy and explained how everything works.
* I understand what the equipment is for and how to use it, and now I feel safer and better supported. I know that the equipment is connected to someone who can help me when I need it.
* I have always been treated with courtesy, respect and dignity, they have recognised my needs and supported me.
* My views help to improve the service, and I feel listened to.
* I know who to contact to return equipment when I no longer require it.
  1. Outcomes for Referrers
* I know that I can access the best equipment and services possible through the TEC service and that they will be punctual and efficient.
* I feel involved in improving the TEC service, my views and experience are valued.
* The support is great and very easy to find, including telephone, web and e-mail access, with helpful resources to guide me and expert support when I need it.
* I feel well informed and confident to assess how TEC can support someone.
* The referral process is straightforward, and the information provided helps me to review someone’s needs, alerting me to changes.
* I can easily access the Service User, order and equipment information that I need.
  1. Outcomes for Commissioners
* People feel safer and are able to live independently, supported by TEC. The equipment provided is excellent value for money overall, taking into account factors including functionality, ease of use and whole life cost.
* Data and management information is excellent, accurate, up to date and easily accessed. Insightful analytics, dashboards and reports are available.
* The referral process is well managed and directs people to self-service options appropriately.
* Costs are kept within the funding available, with appropriate controls in place to manage this effectively.
* The Provider is seen as a flexible, enabling partner, co-designing processes and driving innovation.
* Failed deliveries and collections are minimal, regularly reviewed and changes made to further reduce these. The reasons are reported clearly and are substantiated by data.
* The Provider achieves a high level of equipment re-use.

# Requirements

## Overview of requirements

|  |  |
| --- | --- |
| **1** | **TEC Equipment Rental Charges**  Included in the rental cost is all hardware, software, licensing, subscriptions, network connections and the provision of monitoring and alarm services as required for each device. It includes Community Alarm and Virtual Care devices. |
| **2** | **Contract Specific Expertise (TEC expert resource)** |
| **3** | **Monitoring and Response Service (MRS)**  Alarm response,proactive monitoring and review, contact centre, technical support and data provision/analysis and export.  Note: this price does not include the provision of monitoring, alarm and Virtual Care services to individuals. These are covered in 1 & 4. |
| **4** | **Virtual Care Service.**  Part of the MRS service but priced separately. Provision for up to 2 video calls per person per day (on average).  Note: this price does not include the cost of devices, software, licensing and subscriptions. They are charged as part of the equipment rental cost. |
| **5** | **Change Management** |

* + 1. The requirement is for a fully managed service, including all elements of:
* The purchase, logistics, ordering, delivery, installation, maintenance, collection, storage, refurbishment, recycling and re-use of a range of technology and equipment.
* Advice, training and support for Trusted Assessors to raise referrals or orders and a system to enable them to do so.
* All costs related to software, apps, data management, advanced data analysis and reporting and system integrations.
* Provision of a data platform to ensure tracking, management and realisation of the financial and non-financial benefits of the service.
* A monitoring and response service (MRS). Responding to activations of alarms and sensors, providing Virtual Care services including remote video calls and using data effectively to support users proactively.
* Providing data and analysis to NCC, including daily data export to our data warehouse and providing insightful reviews of Service Users on a regular and frequent basis.
* Continuous innovation and service development.
* An accessible platform for all Norfolk residents to find information about the TEC service and how to access it, whether funded or self-funded.
  + 1. The equipment and related services to be provided are defined as Standard and Non-Standard (also called Special Items). Schedule 2 ‘Pricing Form and Proposed Equipment List’ provides past volume data showing the equipment provided in the year April 2024 to March 2025, and the proposed catalogue. It is expected that the type of equipment issued will change in the future and the Provider must determine the best equipment, in conjunction with the Commissioners and based on experience and industry knowledge of current and future technology.
    2. Our intention is to issue digital equipment, due to the ambition to connect it to the new MRS, and also the impact of Digital Switchover. However, the Provider must support any Service Users who still have analogue equipment; providing advice and guidance whether the equipment requires repair, replacement or return.
    3. Equipment must have sufficient options for connectivity so that it will work even in cases where there is limited or no wifi or mobile network connectivity available.
    4. Equipment will comply with the relevant British Standards or equivalent.
    5. All equipment will be of satisfactory quality, fit for purpose, safe and capable of being operational 24 hours a day, 365 days a year.
    6. The Provider shall have a business continuity plan in place that includes, but is not limited to, all infrastructure failures, power failure, telephony and network failure, staff absence, natural disasters, pandemics and anything else that may affect the Provider’s ability to deliver the service.

## Standard Equipment

* + 1. Telecare

Sensors and/or other equipment which connect to a monitoring centre and provide 24/7 access to support in an emergency. Telecare may also proactively monitor the person’s home environment and/or activities to facilitate preventative care.

* + 1. Stand-Alone Equipment

Sensors and equipment which do not alert to an external monitoring service. This category includes equipment to alert another person in the home, prompt a person or otherwise support a person to live safely in their own home.

* + 1. GPS Devices

Equipment which can receive and transmit a GPS signal. This equipment can be used to passively monitor a person’s location and raise an alert when events such as location, speed or a fall exceed pre-set parameters; or it can be used actively by the person to request assistance.

* + 1. Home Activity Monitoring

Sensors installed in the home which passively monitor a person’s activity. Data can be accessed via an app or online platform to allow for preventative support. Home Activity Monitoring may also raise alerts when an event exceeds pre-set parameters.

* + 1. Smart Home/Internet of Things (IOT)

Conventional consumer technology which can be used to complement services. This may include Smart Speakers, Virtual Assistants, Apps and other interactive tools to create reminders or track aspects of daily living. It may also include smart home devices which allow a person to control lighting, adjust temperature or even open curtains.

## Non-Standard Equipment

* + 1. Virtual Care Equipment (the Virtual Care service is provided through the MRS – see 4.5)
       1. At the commencement of this contract, we require the Provider to provide secure video devices (such as a touchscreen tablet device) for Virtual Care, with a simplified, secure user interface to allow the person to contact friends and family, browse the internet, access specific apps, receive prompts and reminders and scheduled video care calls. For example, the device could assist someone to prepare food, set a reminder to do something, use home appliances or access exercise programs. We expect Virtual Care to quickly develop to provide the service on the user’s own device or using other technologies and methods. Bidders can provide a price for these potential developments as costed options on Schedule 2 ‘Pricing Form and Proposed Equipment List’.
       2. The devices need to work in any Norfolk location, including areas where there is limited or no internet or mobile network service or the Service User does not have a suitable internet connection available. This will include the provision of a suitable SIM card or other solution which will be provided at no extra cost.
       3. Connected sensors and other devices may be specified to provide additional support and information and these must connect through the video device which will function as the hub. This is to avoid the situation where a person could have multiple hubs installed and equipment that does not integrate seamlessly.

Virtual Care can include but not be limited to:

* + - Medication support and/or prompting
    - Welfare checks, including whether a person has eaten or had a drink
    - Social support and companionship
    - Meal preparation assistance, where it can be supported via this method
      1. We wish to explore developments and opportunities within the provision of Virtual Care, including:

1. Via an app on the person’s own device. Requires the provision of a suitable app/software that connects to the Provider's portal.
2. Another care provider uses the app/software and supplied device to provide the Virtual Care. Requires the provision of a suitable app/software that connects to the Provider's portal and tablet devices.
3. Another care provider utilises the Provider’s app/software to provide Virtual Care on the person’s own device. Requires the provision of a suitable app/software that connects to the Provider's systems.
4. How NCC staff and partners can use the technology, for example to contact the Service User via video calls using the Provider’s software.

1, 2 and 3 are priced as Costed Options on Schedule 2 ‘Pricing Form and Proposed Equipment List’.

* + - 1. Virtual Care is a fast-developing area, and one in which we expect to see innovation and change. There is potential for it to develop as a 24/7 provision, also to be utilised by or to work in partnership with another health or care provider. We wish to remain at the forefront of this developing service, including the use of machine learning and AI as part of both the delivery of the service and the analysis of customer information.
    1. Any other equipment not on the standard list

For example: Specials, Test and Learn, Trials and Pilots. Equipment may at first be non-standard, but could later move to the standard list following review or successful trial/s.

* + 1. Apps, software and other services or subscriptions

At present, we are unable to define specific requirements for this type of provision. However, we anticipate a potential need for such solutions within the next five years. In particular, we foresee the value of mobile applications that support:

* Independent living
* Educational development
* Health management
* Overall wellbeing

Should such a need arise, the process for evaluating, approving, and funding these applications will follow the established procedures for adding new items to the catalogue or for approving one-off special items. The payment model and procurement process or contract variation will be discussed and agreed upon at the appropriate time.

## Contract Specific Expertise

In addition to the Provider’s general expertise, customer service and the MRS, we require dedicated TEC subject matter expert resource to be provided for this contract of a minimum of 1.25 FTE. This resource will:

* Provide guidance and expert support to referrers and the TEC Team, addressing any queries regarding equipment or services and highlighting how these solutions can enhance the wellbeing and independence of Norfolk residents.
* Ensure the appropriate prescription of equipment and put in place controls to prevent over-prescription.
* Drive the effective re-use of equipment.
* Recommend and demonstrate new equipment.
* Facilitate Test and Learn events and deliver training.
* Provide expertise in assistive technology and Virtual Care, maintaining up-to-date knowledge of emerging technologies and developments to exceed that of frontline practitioners.

We recognise that there is no industry standard qualification for this type of role. The Government is launching a Level 5 Qualification relevant to this area, and we expect staff in this role to achieve this qualification if and when it is available.

We anticipate that an individual with the appropriate knowledge and experience would operate at a level equivalent to NHS Band 5 or 6, such as an Occupational Therapist with specialist expertise in this field. However, prior NHS employment is not a prerequisite, and a variety of career backgrounds may be equally suited to this role, depending on relevant experience and knowledge.

Norfolk County Council welcomes a collaborative approach to shaping the specific model of support and defining the role’s requirements. The cost for this specialist resource must be entered in Schedule 2: ‘Pricing Form and Proposed Equipment List’.

## Monitoring and Response Service (MRS)

* + 1. The MRS will operate as the hub to provide monitoring, alarm response, Virtual Care, a contact centre, data services and Service User and staff support, being a central point of contact for all including the TEC team and commissioners. It will also co-ordinate and collaborate with other alarm providers to obtain data for Legacy Customers (with their permission). The MRS service will include:
       - A TSA-accredited Monitoring & Alarm Response Service and contact centre, operating 24 hours a day, 365 days a year to deliver responsive monitoring and alarm services.
       - The central point of contact for queries and support, providing assistance to NCC and partner organisation staff.
       - Continuous proactive monitoring of data from sensors, alerts, alarm activations, Virtual Care and other smart technologies.
       - Appropriately trained staff with knowledge of Norfolk, including geography, culture, population and health, social care and emergency services to monitor, triage and respond to calls and activations from connected equipment.
       - Data and information about our Service Users, sourced from the tech they have been provided with. This data will be from all connected equipment and will be shared with NCC’s data warehouse and Liquid Logic system daily.
       - Using data to regularly review Service Users and their engagement with the service, providing this to NCC in a clear and concise format on a regular and frequent basis.
       - A portal to access live data and information about Service Users, equipment, monitoring, Virtual Care and savings/benefits tracking.
       - Bi-directional data sharing to ensure that both Parties have up to date Service User information. The Provider will analyse the data held on their systems and make recommendations for service design, future planning and delivery based on this. NCC will share Service User information from our case management system.
       - Virtual Care - video care calls, prompts, reminders and monitoring via a secure and suitable app on a provided device or the user’s own device. See also 4.3.1.
    2. The majority of Service Users utilising the MRS community alarm service will pay the Provider directly for the service only, with around 16% expected to be paid for by NCC, though this is not a fixed percentage and may fluctuate. NCC will determine who pays as part of the referral process.

Self-funding (private pay) Service Users will be able to use this MRS or any other community alarm services if they so choose and we require the Provider to put in place data sharing agreements with the other Providers that our residents may opt to use, subject to the necessary permission being granted by the Service Users. The Provider will obtain, collate and make this data available to NCC as one dataset.

* + 1. Continuous proactive monitoring of data from sensors, alerts, alarm activations, Virtual Care and other smart technologies. By analysing behavioural patterns and detecting changes, anomalies and deviations, the Provider will identify when intervention is required and predict future needs and outcomes.

When an event is detected, the system will ensure immediate and appropriate notification to the right responders. It is not sufficient to rely on named contacts e.g. family and friends to be the only people to act on the notifications and alerts. This will ensure no critical alert is missed and people receive timely assistance. The policy and processes to deliver this proactive service will be agreed during mobilisation.

* + 1. For Virtual Care, we anticipate that NCC will pay for the majority or all of the Service Users utilising the service, however it must also be available to self-funders and our policy on funding for this service may change in the future. NCC reserves the right to require self-funders to or any other Service User to pay the Provider directly in full or in part for this service, if and when any change is made to this policy. This decision will be linked to the savings and benefits identified.
    2. Our current Virtual Care service is provided by Alcove Ltd, utilising portable touchscreen tablet devices with a proprietary secure user interface/app and scheduled remote video calls from a team of carers.
    3. Virtual Care video calls average up to 2 per person per day; not all Service Users receive calls every day, and some receive more than 2 calls per day. They also receive prompts on the device and can use the device to stay in video contact with friends, family, care providers and for NCC to contact them.
    4. Virtual Care video calls vary in length. They are usually no more than 15 minutes, and can often be shorter depending on the reason for the care calls and the needs of the person.
    5. Peripheral equipment, for example a falls button or sensors can be connected to the Virtual Device which acts as a hub for this purpose.
    6. The Provider must ensure the seamless transition of existing Virtual Care Service Users to the new provision by the end of May 2026; a two month transition period. Some Service Users and their carers and families may be anxious about this change, and the Provider must provide a high level of support for all affected.
    7. Virtual Care can include but not be limited to:
    - Medication support and/or prompting
    - Welfare checks, including whether a person has eaten or had a drink
    - Social support and companionship
    - Meal preparation assistance, where it can be supported via this method
    1. When a Service User is not engaging with Virtual Care, the Provider will work with NCC or the home care provider to establish why, resolve any issues and support the Service User. This includes any support required to resolve a lack of confidence or trust in the technology.
    2. The Provider will work with NCC to address any concerns or questions about an individual or process, for example if you are unable to get hold of a Service User or their named contacts. We will provide contact details for this purpose.
    3. When the Provider identifies that Virtual Care is unsuitable or not the most appropriate solution for someone, there is an expectation that an open and transparent discussion is held with NCC before any action is taken to cancel the service. The outcome of this discussion will be recorded on the Provider’s system and the Service User’s case file.
    4. The Virtual Care system shall permit NCC staff to video call Service Users via the portal (on any device) and to see, via the same portal, call records and information from connected equipment such as sensors.

## Change Management Support

* + 1. The Provider will provide ongoing Change Management support to ensure that the new TEC service develops to meet the Strategy and Aims of NCC, and ASC in particular. The Provider will work closely with NCC to deliver against the aims described in Section 1, commencing in January 2026.
    2. The Provider’s responsibilities shall include, but not be limited to:
    - Developing and continuously improving the TEC service in alignment with the strategic aims and objectives outlined in this specification. Identifying areas for improvement and providing evidence of positive outcomes.
    - Demonstrating that the service is effective, preventative savings are being made and outcomes are being met, including collecting and analysing feedback from Service Users and Referrers.
    - Making the service easy to use. Creating a seamless workflow between NCC systems and the Provider’s systems.
    - Ensuring that all stakeholders are trained and enabled to use the TEC service effectively, in line with their role.
    - Fostering a culture of innovation, exploration and continuous learning to support Norfolk residents with TEC. Encourage the use of new technologies and data-driven approaches.
    - Analysing and sharing data effectively to predict current and future needs, trends and demand, providing to NCC detailed and accurate data about Service Users and how they use equipment and services.
    1. The need for this will be greatest between January 2026 and March 2028, though the Provider is expected to provide Change Management resource throughout the life of the contract. Currently, Assistive Technology orders are generated by a specialist team and the new approach represents a fundamental shift in the design of the organisation, ways of working and the capture of benefits achieved through the use of TEC.

The associated internal change management plan to support this covers two key phases over a 5 year period. The TEC Provider will be involved to a lesser extent in Phase 1 (from January 2026), with greater involvement in delivering the changes from Phase 2 and ongoing.

* + 1. Phase 1 – Getting Ready (Now to end of March 2026):
* Continue to deliver in year savings
* Ensuring front line workers are ready to make referrals to the new provider
* Deliver small scale TEC pilots to provide incremental insight to evolve our internal processes and learn how best to engage colleagues

During Phase 1, the key changes expected are:

| **From** | **To** |
| --- | --- |
| TEC is promoted by a few | TEC is promoted throughout ASC |
| Stand-alone TEC service focused on assessments and ordering equipment | Integrated TEC Service which enables others to talk to about and promote appropriate TEC solutions |
| Low knowledge of TEC | Increased knowledge of TEC and what the new processes/systems/ways of working will be |
| Referrals made to AT team | Front-line staff will be trained as ‘Trusted Assessors’ and this will become part of their responsibilities, aligning with a strengths-based approach to practice. |
| Inconsistent tracking of savings | A robust approach to track savings and benefits will be agreed |
| Limited data on residents who are using TEC | We understand which residents are using TEC and what their experience has been |

* + 1. Phase 2 - Embedding the Change (April 2026 onwards):

During Phase 2, the key changes expected are:

| **From** | **To** |
| --- | --- |
| TEC is promoted by a few | TEC becomes an integral part of care and is promoted by many |
| Stand-alone TEC service focused on assessments and ordering equipment | Integrated TEC Service which enables others to talk to about and promote appropriate TEC solutions |
| Providing equipment that’s not needed due to risk aversion | TEC that meets the needs of person and their individual circumstances |
| Defined and complex TEC catalogue that meets the needs of a few | A solution-focused, flexible and tech-agnostic approach which meets the needs of many |
| Residents/carers and family members can’t self-serve and don’t know where to return equipment | Residents/carers and family members can self-serve easily through one Provider and know how to contact them for help |
| Disparate & complicated information on the AT offer | Simple TEC offer which is integrated into the right processes, teams and systems |
| Limited/no information for those people who are digitally excluded | Residents can find information about TEC through alternative channels |
| Current tracking of savings related to current provider | Robust tracking of savings based on evidence from the future provider and our social care recording system |
| Limited data on residents who are using TEC | We understand which residents are using TEC and what their experience has been  Tracking the benefit to our residents and their wellbeing |
| Transactional provider delivering a service | Improved monitoring and joint understanding of supplier performance, challenges and opportunities  Provider has a dynamic, up-to-date catalogue and is involved in the assessment and referral process  Focused on needs and outcomes, not just provision of equipment |

* + 1. Change Objectives:
* From January 2026, to work in partnership with any Internal Change Management partner/s and colleagues in ASC to build on the interventions to date and co-create and deliver a change readiness and embedding programme that enables the service to be ready for the ‘Go Live’ date of 1 April 2026 and supports the embedding of the changes from April 2026 onwards.
* To deliver the change in a way which aligns with Human Learning Systems practice and principles to encourage learning, centred on the individual needs of a person and connected to the wider system.
* To enable Norfolk residents to live independently for longer so they can live their best life for as long as possible.
* To ultimately prevent, reduce and delay more expensive packages of care.



# Hours of Operation

| 5.1 **Hours of Operation** | | |
| --- | --- | --- |
| **Service Area** | **Times** | **Operating Days** |
| **Customer Service, Information and Support** | 0800 to 1800 | Mon-Fri excl. Bank Holidays |
| **Equipment Service**  Deliveries, Installations, Collections, Maintenance and Repairs etc | 0900 to 1800 | Mon-Fri excl. Bank Holidays |
| **Staff Support**  Supporting NCC’s Trusted Assessors, TEC Team and other staff with Referrals, Ordering and Equipment queries, including System/Technical Support. | 0800 to 1800 | Mon-Fri excl. Bank Holidays |
| **Emergencies** | 24 Hour | 365 days a year |
| **Out of Hours Support**  (For customers and staff) | 1800 to 0800  24 Hour | Mon-Fri excl. Bank Holidays  All other days |
| **Proactive Data Monitoring** | 24 Hour | 365 days a year |
| **Response to Alarm/Sensor Activations** | 24 Hour | 365 days a year |
| **Virtual Care Service**  **(Calls and Support)**  (A costed option for additional hours between 2100 to 2300 is required. See Schedule 2). | 0700 to 2100 | 365 days a year |

* 1. For Virtual Care services, the Provider shall provide (as standard) the Service during the hours of 0700 and 2100, 365 days a year including Bank Holidays. Outside these hours, the Service User should be able to use the device to contact NCC’s out of hours number for support from Adult Social Care, or the MRS if they are in receipt of this service and require an alarm response.
  2. The Provider may opt to work outside of the core hours in 5.1 in order to meet performance targets at no additional cost to the Commissioning Organisation, however Service Users must not be inconvenienced or unduly affected by this. For example, deliveries and installations outside these hours must be reasonable and agreed with the Service User in advance.
  3. Commissioners reserve the right, subject to pricing submitted in Schedule 2 ‘Pricing Form and Proposed Equipment List’, to:
* Introduce 6 or 7 day working in the future if it is deemed necessary (where the service is not already 24/7).
* Require the equipment service to operate over Bank Holiday periods as referenced in 3.2.8. (where the service is not already 24/7).
* Vary the operating hours for any part of the service.

# Contact and Support

* 1. For Customer Service, the Provider will provide a range of communication options to meet the needs of all Partners and customers of this contract. The options must be accessible and include but not be not limited to; telephone calls (charged at free or local rate and utilising Interactive Voice Response Technology), video calls, website and app chat and contact form, text messaging and email.
  2. NCC and Partners must be able to contact the Provider 24/7, 365 days a year with the hours of operation for each specific service area in accordance with 5.1 and Schedule 6 ‘KPIs’.
  3. The response required to Telephone calls is also determined within 5.1. The Provider must have an effective triage system to ensure that emergency calls receive an appropriate response.
  4. For Customer Monitoring and Response Services, the Service Users/referrers must be able to receive immediate in person support via a telephone call or other device.
  5. The detail of 5.1 will be finalised within Schedule 5 ‘Mobilisation Plan’, during Mobilisation, thereby forming a contractual term.
  6. The Provider will respond within 48 hours to any query from Service Users regarding how to use the equipment or whether it is working correctly.
  7. The service provided to self-funding Service Users and their carers must include expert advice and guidance on the suitability of equipment and services, and will not be limited to the Provider’s own self-pay offer.

# Staffing

* 1. The Provider is responsible for determining the staffing required. The Provider must ensure that within its staffing model there are sufficient dedicated and qualified staff to provide the full range of equipment and services described in this specification, including Virtual Care calls and the MRS service.
  2. The Provider shall employ trained staff to assess what equipment and services the Service User needs, alongside the use of any tools such as machine learning or AI.
  3. The Provider shall seek to employ a diverse workforce, including offering apprenticeships and shall offer guaranteed interviews to disadvantaged individuals (including current or formerly Looked After Children, ex-services personnel and those who have a registered disability) if they meet the minimum criteria for the post.
  4. The Provider will be a Disability Confident employer.
  5. The Provider is responsible for the competency of staff to fulfill all required duties. The Provider must ensure their staff receive specific training that NCC identifies as important to meeting its wider priorities. Training should include, for all staff:
  + Safeguarding of Adults and Children so staff are aware of their responsibilities and how to raise concerns.
  + Modern Slavery training – awareness and understanding of modern slavery and how to raise concerns.
  + General Data Protection Regulation for the correct handling of data including personal details.
  + Equality and Diversity
  + Dementia
  + Learning Disabilities and Autism
  + Mental Health Awareness
  + Medication
  + Manual Handling
  + Emergency First Aid Training for all staff who visit a Service User’s home. They must have access to a small workplace First Aid kit compliant to BS8599-1:2019 at all times.
  1. The Provider must ensure that higher level training is provided as appropriate for the role, especially for staff providing direct support to Service Users. For example, Tier 1 training may be sufficient for some roles, whereas for those providing Virtual Care video care calls, Tier 2 is required. See [The Oliver McGowan draft code of practice on statutory learning disability and autism training - GOV.UK](https://www.gov.uk/government/publications/oliver-mcgowan-code-of-practice/the-oliver-mcgowan-draft-code-of-practice-on-statutory-learning-disability-and-autism-training#annex-a-examples-of-roles-mapped-to-tiers-in-the-core-capabilities-frameworks) for further information.
  2. All staff must be Disclosure and Barring Service (DBS) checked as appropriate and staff who visit Service Users in their homes must undertake the Enhanced DBS check.
  3. The list in 7.5 above is not an exhaustive list and it is the responsibility of the provider to ensure that staff receive the appropriate training to be able to deliver the service required. For further information on the training and standards, please refer to the Care Certificate information currently available on the Skills for care website <https://www.skillsforcare.org.uk/Developing-your-workforce/Guide-to-developing-your-staff/Guide-to-developing-your-staff.aspx>

This sets out the agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

# Premises

* 1. The Provider shall meet the full costs of providing and managing the Premises required to operate the Service and will be responsible for all building-related costs such as utilities, insurance, business rates and security. Norfolk is a large rural county and due consideration must be given to the logistics of delivering, installing, maintaining and collecting equipment across this area. The Provider will not receive a separate management fee to cover these costs.
  2. Warehouse arrangements will have sufficient space for all operations and make provision for equipment storage, cleaning, refurbishment, recycling, waste management and parking. Provision must be sufficient to have capacity for the future growth of the service.
  3. Provider premises must be accessible to all, with arrangements to accommodate all disability and issues of equality.

The Provider shall ensure the Premises comply with all relevant legislation, policies, and guidance. The Provider will be entirely responsible for Premises matters, extending across Health & Safety, Building Regulations and include infection control and the provision of PPE.

* 1. The Premises will be equipped with sufficient equipment to undertake cleaning, refurbishment, repair, recycling and disposal. The Provider will have contingency arrangements in place to mitigate for any cleaning equipment failure.
  2. The Premises must have a dedicated, accessible space suitable for demonstrating equipment in a realistic environment, our intention being to cease to maintain our current ‘smart flat’. Depending on the location of the Premises, the Provider will sometimes be required to arrange and fund mobile training sessions within Norfolk for NCC staff or residents. This is to ensure equity of access and to reduce the burden of travel for NCC staff.

# Delivery & Installation

* 1. The Provider shall deliver, and where appropriate, assemble, adjust (within agreed parameters), fit, install, accessorise, and demonstrate the functionality of the equipment, leaving it in a safe, clean, configured, tested and ready-to-use state.
  2. The Provider’s ordering system shall have functionality to record specific delivery instructions given by Referrers on each individual order.
  3. Contact with Service Users is the responsibility of the Provider who shall be flexible, reflecting the request of the Service User but also meeting any additional requirements, including but not limited to Easy Read material and translation services.
  4. Arrangements for equipment deliveries and installations shall include the date and a 2-hour window for the expected arrival time.
  5. Where a Referrer requests that a Third Party is present during the delivery, especially for Virtual Care where it is usual to have the main responder present, the Provider shall agree a delivery date that is convenient for all parties.
  6. Should special equipment require specialist assembly, adjustment, installation or repair by a Third Party, the Provider shall configure the equipment offsite if practicable and agree a delivery date that is convenient for all parties.
  7. During standard working hours, the Provider shall deliver equipment within the following response times (‘Day’ means Business Day):

|  |  |
| --- | --- |
| **Delivery Speed** | **Order received by (Cut-off time)** |
| Next Day | 16:00 Monday to Friday |
| 5 Day Delivery | 16:00 Monday to Friday |
| 10 Day Delivery - Virtual Care Only | 16:00 Monday to Friday |
| Special Items - 21 days  *(Purchase within 2 days)* | 16:00 Monday to Friday |

* 1. Delivery response times shall be calculated from the date and time the order was approved/authorised. Orders received after the cut-off time shall be classed as being received the following working day.
  2. The Provider shall deliver all equipment for a Service User during the same visit, combining orders where practicable and appropriate to do so (which may mean that some items are delivered more quickly than requested). There will be no additional charge for this.
  3. No charge will be incurred for an order if it is cancelled before dispatch to the Service User.
  4. In the case of failed deliveries, where this is proven to not be the fault of the Provider, NCC will pay 80% of the normal delivery cost. Where it is the fault of the Provider, there will be no charge.
  5. The Provider will replace any equipment which is damaged during transportation or installation on the same working day wherever possible. The replacement will not incur an additional cost to NCC.
  6. The Provider will ensure equipment is assembled, adjusted, fitted, installed, and accessorised in accordance with the manufacturers’ instructions and any additional instructions on the referral or order and involve Service Users in the positioning of equipment.
  7. The Provider will deploy competent and suitably trained staff with the correct knowledge, skill and tools to deliver the requirements listed within the order.
  8. The Provider will undertake inspections, tests, and checks on equipment in accordance with the manufacturer’s instructions and any other relevant guidance, to ensure it is working correctly.
  9. The Provider will advise Service Users on and demonstrate the safe use, cleaning, and routine maintenance of equipment, in accordance with the manufacturers’ instructions and any other relevant guidance. Issue Service Users with the manufacturers’ instructions and any other relevant guidance and advise Service Users of any actions that may invalidate equipment warranties.
  10. The Provider will seek advice from the referrer if the Provider does not think the Service User can comprehend the instructions. The advice given may result in the Provider being asked to take action to ensure the equipment is not used.
  11. The Provider will ensure equipment is labelled with a unique code and label including the Provider’s contact details, where it is possible to fit this onto the equipment.
  12. The Provider will provide advice to Service Users on how to contact the Provider to report a fault or to arrange collection. Inform Service Users of any planned maintenance and/or testing that is required.
  13. The Provider will obtain confirmation from the Service Users of proof and satisfaction of delivery, also confirming that Service Users are aware that:
* Equipment is on loan and for their sole use, and they may be charged for replacement if the equipment is not returned or is damaged.
* They must contact the Provider when the equipment is no longer required or needs to be repaired or replaced.
  1. The Provider will keep disruption and inconvenience to a minimum and take every care not to cause any damage to the Service User’s home, leaving the Service User’s home or other delivery location clean and free from any dust, debris or damage caused during the delivery. The Provider shall ‘make good’ any damage to the property caused by the Provider and leave it in same condition as it was prior to the delivery or installation.
  2. The Provider may experience unsuccessful deliveries due to several reasons including but not limited to:
* Service Users being unavailable to receive deliveries.
* Service Users refusing to accept equipment.
* The equipment is unsuitable for the intended purpose or installation location.
  1. If a Service User is unavailable to receive a delivery, the Provider must:
  + Return the equipment to its premises.
  + Leave a calling card requesting the Service User to make contact within 3 working days to rearrange delivery.
  + Attempt to contact the Service User at least three times, on three different days.

If no resolution is found after 3 working days, the order shall be cancelled and the Referrer informed of the failed delivery and subsequent cancellation.

* 1. Should a Service User refuse to accept equipment, the Provider shall attempt to contact the Referrer immediately for advice, before returning equipment to its Premises. Referrers shall be responsible for follow-up action with Service Users to resolve any problems. If no resolution is found after 3 working days, the order shall be cancelled and the Referrer informed of the failed delivery and subsequent cancellation.
  2. If the equipment is found to be unsuitable for the intended purpose or location, the Provider shall attempt to contact the Referrer or TEC Team immediately for advice before returning the equipment to its Premises if the issue cannot be resolved on site. If no resolution is found after 3 working days, the order shall be cancelled and the Referrer informed of the failed delivery and subsequent cancellation.
  3. The Provider shall have appropriate delivery mechanisms in place to transport equipment efficiently and safely in accordance with legislation, policies, and any other relevant guidance. This includes but is not limited to: The Carriage of Dangerous Goods by Road Regulations 1996.
  4. The Provider shall provide policies and procedures for the management and transportation of equipment. This includes policies and procedures for Service Users and Referrers required to transport equipment.
  5. The Provider shall have appropriate segregation controls in place for transporting decontaminated and contaminated equipment, to prevent cross-contamination.
  6. The Provider shall consider the use of postal and courier services where appropriate, in order to reduce cost, meet service level targets, increase convenience for the Service User and achieve environmental aims.

# Joint Visits

* 1. The Provider shall ensure that suitably qualified and competent staff are available to attend joint home visits when requested by Norfolk County Council (“NCC”). These visits may be required to:
  + Determine the appropriate equipment to meet an individual’s assessed needs
  + Permit installation to take place when the Service User presents a risk to themselves or others and cannot be visited by a lone worker.
  1. Joint visits will typically be conducted alongside an NCC staff member but may, in some cases, involve a family member or other authorised representative. NCC will be responsible for triaging and maintaining a record of all joint visit requests. Such visits will only be arranged where there is clear and justifiable cause, and NCC will take reasonable steps to ensure that requests are kept to a minimum. The Provider shall undertake all joint visits at no additional cost to NCC.
  2. The Provider shall coordinate and agree the scheduling of joint visits in accordance with any specific requirements outlined in the request. In the event that a scheduled visit must be cancelled, the Provider shall:
* Provide a minimum of three (3) hours’ notice to the designated NCC lead contact
* Clearly state the reason for the cancellation
* Propose a provisional date and time for rescheduling the visit

# Planned Maintenance and Testing

* 1. The Provider is responsible for contacting Service Users, the person named on the referral or other named contacts as appropriate to arrange for planned maintenance and testing. The contact method should reflect the current requirements and preferences of the Service User, extending to Easy Read format if required.
  2. The Provider shall undertake planned maintenance and testing on equipment in accordance with the manufacturer’s original specifications, instructions, regulations, testing and any other relevant guidance. Testing shall include Portable Appliance Testing (PAT) in accordance with the Institute of Electricity Engineers (IEE) Code of Practice. The Provider shall also act on planned maintenance and testing updates from manufacturers.
  3. The Provider shall work with NCC during mobilisation to agree the Planned Maintenance and Testing Programme and shall undertake planned maintenance and testing in accordance with the timescales set out in the agreed Programme. The payment for planned maintenance will be included in the equipment rental price as priced by the Provider in the Pricing Form & Proposed Equipment List and will not attract an additional payment.
  4. Equipment requiring planned maintenance and testing will be agreed with the Provider during Mobilisation. NCC reserves the right to change the list of equipment requiring planned maintenance and testing.
  5. The Provider shall share with the TEC Manager prior to introducing new equipment, the programme of planned maintenance and testing of the item, and if the item is subsequently introduced to the Service will also update the agreed Planned Maintenance and Testing Programme accordingly.
  6. Where, for any reason, equipment requires specialist planned maintenance and testing beyond the expertise of the Provider, the Provider shall arrange for an approved Third Party to undertake the work at the Provider’s cost.
  7. It is expected that all unplanned maintenance will be undertaken within the Service User’s home. The Provider will anticipate the risk of equipment being irreparable or beyond economic repair, ensuring a replacement item is available and immediately removing the failed item
  8. The Provider shall obtain confirmation from the Service User or their representative as proof of satisfactory planned maintenance and/or testing.
  9. The Provider shall label equipment with past and future maintenance and/or testing dates and maintain accurate records of all planned maintenance and testing undertaken.
  10. The Provider will lead with the reporting of unsafe equipment as required by the MHRA, manufacturer and any other relevant bodies, notifying the TEC Team of the action taken and required follow up.

# Unplanned Repairs

* 1. The Provider shall respond to requests for unplanned repairs from Service Users, Referrers, and other sources and be responsible for determining if the item is the responsibility of this TEC contract. For Response times, see the list of KPIs in Schedule 6 ‘KPIs’.

For items in scope of repair by this contract, the Provider shall undertake repairs on equipment to return it to the manufacturer’s original specifications and ensure it complies with any relevant standards and testing. This usually requires replacing the item for the Service User then either refurbishing or disposing of the faulty item. To avoid inconvenience and risk to the Service User, the Provider will anticipate the risk of equipment being irreparable or beyond economic repair, ensuring a replacement item is available and immediately removing the failed item.

* 1. Legacy Customers. By exception, this may include equipment issued by the previous Provider/s, and these Legacy Customers must also be advised of the other options available to them including renting additional equipment from their current alarm provider and private pay retail purchases through this TEC contract. Some Legacy Customers may require a new assessment if their needs have changed.
  2. If the request for repair results in a requirement for a change of equipment, or additional equipment, the Provider must follow the process agreed during mobilisation, which may include re-assessment. It is for the Provider to identify the urgency of the change request.
  3. The Provider shall inform the TEC Team when an item has had more than 3 repairs or exchanges within a 12-month period, providing recommendations to resolve any issues identified.
  4. The Provider shall undertake unplanned repairs in accordance with any warranty cover, manufacturer’s instructions, regulations, and any other relevant guidance, seeking and meeting the cost of any specialist advice or repairs required. Where, for any reason, equipment requires specialist repair and testing beyond the expertise of the Provider, the Provider shall arrange for an approved Third Party to undertake the work at the Provider’s cost.
  5. In all instances, unplanned repair response times shall be calculated from the time the Provider is notified of a fault.
  6. To avoid inconvenience and risk to the Service User, the Provider will anticipate the risk of equipment being irreparable or beyond economic repair, ensuring a replacement item is available and immediately removing the failed item.
  7. The Provider shall obtain confirmation from the Service User or their representative as proof of satisfactory planned maintenance and/or testing.
  8. The Provider shall maintain accurate records of unplanned repairs undertaken.
  9. As part of the repair process, the Provider will lead with the reporting of unsafe equipment as required by the MHRA, manufacturer and any other relevant bodies, notifying the TEC Manager and TEC Subject Matter Expert of the action taken and required follow up.

# Safety Warnings, Alerts and Recalls

* 1. The Provider shall lead with the actions required when a safety warning, alert and/or recall is issued by the MHRA, Manufacturer and other relevant organisations in a timely and appropriate way. The TEC Team will be proactively notified and kept informed of progress.
  2. Using the IT system, the Provider shall track individual items of equipment for safety warning, alert and recall purposes.
  3. The Provider shall, when applicable, discuss the warning, alert, or recall with the TEC Team and shall:
* Issue new instructions to affected Service Users.
* Repair, modify or test the equipment on-site.
* Collect the equipment and repair, modify, or test it, and then return it or deliver a replacement.
  1. The Provider shall ensure that the impact on Service Users is minimised as far as reasonably practicable and shall in addition use its best endeavors to ensure that no Service User is left without equipment which is necessary for toileting, moving or handling.
  2. The Provider shall quarantine recalled equipment in its Premises, store it separately and clearly label it as such.
  3. Where any equipment requires maintenance, testing or repair, the Provider shall clearly label items according to their state of repair.
  4. The Provider shall report any adverse incidents to the MHRA in accordance with MHRA reporting procedures, and to the TEC Team.

# Collection

* 1. During the rental period, ownership of the equipment will remain with the Provider.

For all equipment issued including non-standard (non-catalogue/special equipment), the ownership will always remain with the Provider. NCC will only be charged for the rental of equipment whilst with a Service User who still requires the equipment or service. The Provider will not apply any other fees for procurement, storage, repairs or other charges in relation to the provision of non-standard equipment.

* 1. The Provider shall collect equipment upon request from Service Users, Referrers and other staff and will actively manage and respond to the expiry of loan periods on the Provider’s system.
  2. The Provider shall ensure that the collection process is sensitive to the needs of the family, e.g. when arranging a time for collection and in cases where the Service User has died.
  3. Upon receiving a request for collection, the Provider shall respond as follows:

(‘Day’ means Business Day)

|  |  |
| --- | --- |
| **Response Time** | **Collection request received by (Cut-off time)** |
| 1 Day (24 hr) - Emergency Only | 1600, Monday to Friday |
| 5 Day (Standard) | 1600, Monday to Friday |

(‘Day’ means Business Day)

* 1. Emergency Only requests are defined as:
* A family specifically requests an emergency collection following the death of the Service User. For example, because the tenancy is being relinquished or the house is being sold immediately.
* The presence of the equipment is hampering the installation of other equipment.
* A Practitioner requests collection because there is a safety concern.
* The Service User no longer requires the equipment, and its presence is causing distress or inconvenience.
  1. When the loan period expires, the Provider shall contact the Service User to determine whether the item is still required. If the item is no longer required, the Provider shall arrange to collect within 5 business days. If the item is still required or there is uncertainty, the item should not be collected, and the Provider should contact the Referrer for approval to extend the loan period. If the Service User or their main contacts cannot be contacted, the Provider should contact their Social Worker or the original Referrer to seek assistance.
  2. Collection response times shall be calculated from the time that a request for collection is received by the Provider, providing it is before the cutoff time (1600) on a standard business day. If the request is received after the cutoff time, it shall be treated as the next business day.
  3. The Provider shall ensure all equipment to be collected from a Service User is collected at the same time, combining orders as necessary to achieve this.
  4. The Provider shall make good any damage and leave removal and collection locations safe, clean and free from any dust, waste and debris created during collection.
  5. The Provider shall obtain confirmation from the Service User as proof of satisfactory collection.
  6. Should a failed collection occur because a Service User is unavailable, the Provider shall advise the Service User by the most suitable method to contact the Provider within 3 business days to rearrange delivery. The Provider shall follow up after contact is not made within 3 days.
  7. The Provider shall make every effort to collect the equipment within the timeframe specified on the order (either standard or fast collection) and NCC will not continue to pay rental fees after this time unless the delay is the fault of NCC or our Service Users, for example where the Service User causes exceptional delay to the collection. In that event, the Provider must provide evidence that they are not at fault. Collection by courier must provide proof of posting.
  8. The Provider shall provide a facility for Service Users, Referrers, and others to return loaned equipment directly to its Premises.
  9. The Provider shall maintain accurate records of all collections undertaken and any items returned directly by the Service User.



# Decontamination

* 1. The Provider shall assume that all used equipment is contaminated, regardless of where it has been in the system, and shall decontaminate and test it before re-using, recycling or otherwise disposing of the equipment.
  2. The Provider shall decontaminate equipment within timescales that ensure Service response times are met.
  3. The Provider shall have appropriate segregation controls in place and provide dedicated and suitable decontamination facilities for the decontamination of equipment.
  4. The Provider shall decontaminate equipment in accordance with all relevant legislation, regulations, or guidance, such as the Medicines and Healthcare products Regulatory Agency (MHRA) guidance, and the Code of Practice for the Prevention and Control of Healthcare Associated Infections.
  5. The Provider shall apply different decontamination methods to address varying levels of contamination, depending on the type of equipment, risk assessment classification, and use. For example, decontamination methods could include cleaning, cleaning followed by disinfection and/or sterilisation.
  6. The Provider shall make available a protocol describing the decontamination process for different equipment products.
  7. The Provider shall clearly label decontaminated equipment and undertake quality control checks on decontaminated equipment to ensure it has been appropriately decontaminated.
  8. The Provider shall ensure timely notification of decontamination and infection control issues to the Commissioner of Health Care Acquired Infections.

# Refurbishment

* 1. The Provider shall assess the equipment and determine whether it should be refurbished and re-used or disposed of. All items to be re-used shall be refurbished and tested before returning to stock. This shall include but not be limited to testing, repairing faults, rebuilding and configuring.
  2. The following scenarios may apply:
  + Items where the extent of the damage to/deterioration of and or failure of the item causes it to be unable to be cost effective to reuse.
  + Damage to the items prevents effective decontamination sufficient to be reused.
  + The item has been removed from the standard equipment catalogue list.
  1. The Provider shall refurbish equipment within timescales that ensure Service response times are met.
  2. The Provider shall refurbish equipment to standards that meet manufacturer’s specifications, health and safety, MHRA, infection control, and any other relevant legislation, requirements or guidance.
  3. The Provider shall have appropriate segregation controls in place for the refurbishment of equipment.
  4. The Provider shall undertake quality control checks on refurbished equipment to ensure it is appropriately refurbished prior to returning it to stock for re-issue.



# Disposal

* 1. The Provider shall effectively and actively re-use equipment wherever possible and keep disposal to a minimum. This includes re-using parts from equipment that is beyond repair, to repair other equipment.
  2. In all instances of disposal, the Provider is responsible for determining the requirements for the disposal of equipment. All personal data must be removed from the equipment before disposal or re-use.
  3. The Provider shall check the warranty period for all stock identified for disposal, first determining when it is appropriate to pursue a replacement under warranty and then leading with the process of replacement.
  4. NCC and the Provider will agree how disposal is managed for individual items of equipment as part of the development of Schedule 5 ‘Mobilisation Plan’.
  5. The Provider shall maintain an accurate record of all disposals and this must be easily accessed by NCC.
  6. The Provider shall dispose of equipment in accordance with both legal requirements (including Waste Electrical and Electronic Equipment Directive (WEEE) 2018) and the commitments made within Schedule 10 ‘Ethical Sourcing Policies and Procedures’.

# Equipment Sourcing and Catalogue Management

* 1. All equipment must be sourced in accordance with Schedule 10 ‘Ethical Sourcing Policies and Procedures’ and relevant legislation. The Provider shall strategically manage its procurement supply chain to ensure the best possible value for money.
  2. The IT system shall include an online catalogue containing real-time information about the entire range of equipment and related services available, including non-standard equipment. We have included a proposed initial catalogue of standard equipment in Schedule 2 ‘Pricing Form and Proposed Equipment List’ and the catalogue will be agreed during implementation.
  3. As a minimum the catalogue shall include the following information about each product:
  + Name
  + Manufacturer code or reference number
  + Technical specification
  + Photograph(s) and Videos
  + Accessories
  + Rental Price
  + Stock availability
  + Alternative products
  + Guidance, safety notices, alerts, and warnings (where appropriate)
  + Links to user instructions, including virtual demonstrations.
  1. The Provider shall update the catalogue within 1 business day of:
  + Introduction of a new product
  + Removal of an existing product
  + Return of a used product that is not already in the catalogue
  + A change to an existing catalogue product’s information
  1. The Provider shall ensure the catalogue is accessible to everyone who requires access to it, including but not limited to: Referrers/Trusted Assessors, the TEC Team, and other key individuals identified by the Commissioners.
  2. Close Technical Equivalents (CTEs) are defined as products that match the key characteristics of the manufacturer’s specification of the original product and must be approved by NCC before inclusion in the catalogue. We have included manufacturer and product details in Schedule 2 ‘Pricing Form and Proposed Equipment List’, however Providers can suggest CTEs and we expect the catalogue to change and be updated regularly.
  3. The Provider shall propose new or alternative products that are more cost-effective or offer improved functionality. They must actively explore and test new technologies, working with diverse suppliers to ensure innovation and best value. Innovation is key to the success of this contract and the Provider will be proactive in this area.

The standard equipment list will be jointly reviewed by both parties at least annually, with more frequent updates expected as new technologies emerge. Usage data will inform these reviews. The review may result in:

* Additional or alternative products being added to the catalogue, including CTEs
* Products being removed from the catalogue
  1. NCC may request demonstrations or trials of new equipment before approval and reserve the right to add new products to the catalogue at their discretion. This may include contacting suppliers directly, conducting benchmarking and subsequently adding products to the catalogue at their discretion and subject to compatibility.
  2. The Provider must seek approval from the TEC Business Manager before adding new products. NCC reserves the right to refuse or remove items from the catalogue for any reason, including where they are not satisfied with the rental price and any associated costs, or that the product meets NCC’s requirements.
  3. New products will typically undergo trials, pilots, or Test and Learn exercises before catalogue inclusion.
  4. The Provider shall ensure all equipment complies with the specifications and codes of practice issued by relevant organisations including but not limited to the British Standards Institution and the Medical and Health Care Regulatory Agency (MHRA).
  5. The Provider must maintain sufficient stock of standard equipment to meet response times and demand.
  6. Alternative products may be suggested to Referrers if they better meet the Service User’s needs, resolve stock issues or offer cost savings.
  7. Special equipment orders must be placed within 2 business days and delivered in line with the KPIs in Schedule 6 ‘KPIs’.

# Inflation and Product Pricing

* 1. All equipment prices including rental, delivery and collection prices shall be held firm for the first 2 years, with uplifts in subsequent years as defined in the Terms and Conditions. The prices entered for the Expert Resource, Monitoring & Response Service (MRS) and Change Management elements must be held firm for the life of the contract and will not be subject to an uplift.

Equipment shall be provided at cost price with no markup, the Provider being paid for the service through the rental, delivery and collection charges only. Rental prices shall be set according to the prices stated in Schedule 2 ‘Pricing Form and Proposed Equipment List’.

* 1. The Provider must evidence that they have taken all reasonable steps to achieve the best possible pricing by competitively tendering the requirements and using their buying power across contracts whenever possible.
  2. For the avoidance of doubt, the rental prices can only change after the first 2 years and with NCC’s formal agreement, which will not be unreasonably withheld. For further details, please refer to the Terms and Conditions. The price for new, replacement or additional items must be formally agreed with NCC prior to adding to the catalogue. Pricing for new items and CTEs must be in line with the prices submitted in this tender for items of the same type.

# Stock Management

* 1. The Provider shall provide an accurate inventory of equipment in stock and on loan in the community. An electronic stock control system must be used to manage stock, deliveries, and collections across all storage sites. All equipment must have a unique code and clear labelling and information for Service Users
  2. The Provider shall manage stock levels to meet Service response times and as defined in Schedule 6 ‘KPIs’.
  3. The Provider shall put in place contingency plans to resolve stock issues promptly and effectively.
  4. The Provider is responsible for working directly with suppliers to address stock issues. If a product is out of stock and no alternative is available within the required response time, the Provider must:
* Prioritise orders by urgency and then by order date.
* Notify the TEC Team and update the ordering system within 1 business day.
* Inform Referrers of the delay and provide an estimated restock date.
  1. Regular stock checks (at least quarterly) must be carried out to ensure accuracy and identify losses. Any stock from the previous provider that belongs to NCC will be reviewed and either scrapped, sold, retained, or transferred, as decided by NCC.
  2. Equipment already in the community at the start of the contract remains NCC property. Once collected by the Provider, it becomes their responsibility and must be processed for reuse, refurbishment or disposal in the same way as other rental stock.



# Ordering

* 1. The Provider’s IT system shall permit Referrers/Trusted Assessors to raise referrals and orders to the Provider using various devices, therefore the system must be device/platform agnostic, that is, compatible with all commonly used devices and operating systems. Access to the system must be accessible to everyone who requires it, as determined by the TEC Manager.

It is our intention to integrate referral and ordering with our systems including the case management system (currently Liquid Logic) and this will be developed during the mobilisation stage prior to the commencement of the service.

* 1. The Provider’s system must permit Referrers/Trusted Assessors who do not work directly for NCC to raise referrals and/or orders directly to the Provider, because they may not have access to NCC systems.
  2. The Provider will work in partnership with NCC to develop and streamline the referral and ordering process. A full business continuity plan must be developed to ensure that orders and referrals can still be made in exceptional circumstances such as power outage or system failure for either or both parties.
  3. Access will be for, but not limited to, the following parties:
  + Referrers/Trusted Assessors for the purpose of making referrals, placing orders and undertaking reviews.
  + The TEC Team and other NCC staff for contract management, performance and monitoring.
  + Other external parties. Access may be granted to other individuals or organisations not directly employed by NCC, provided that written agreement is obtained from NCC.
  1. The Provider shall only accept referrals and orders from Referrers/Trusted Assessors using secure, individual user accounts. It is the Provider’s responsibility to ensure sufficient security measures are in place to prevent unauthorised access and to record the actions taken by individuals within the system.
  2. Access shall be role-based and (if required) authorisation levels. Authorisation levels shall control the maximum values, delivery and collection speeds and/or the range of equipment or services that each role can order. Access to the Provider’s system must only be granted upon the request of the TEC Business Manager and delegates.
  3. The TEC team shall be responsible for agreeing the user access structure for the Referrers, including their authorisation levels.
  4. The Provider shall provide back-up referral and ordering processes for use in emergencies, including but not limited to telephone and e-mail. All back-up facilities shall be able to cope with the normal (business as usual) daily volumes.
  5. The Provider shall maintain an accurate database of the users of the IT system, including but not limited to: Referrers/Trusted Assessors, the TEC Team and other key staff. The Provider shall use the IT system to track the location of individual items of equipment, and to track the history of each item including order details.
  6. The Provider shall work with the Commissioners to ensure that Referrers/Trusted Assessors choose the right products, first time, by providing suitable advice, information and training on the equipment in the catalogue, across all items whether standard or non-standard.

# IT Systems, Data and Reporting

* 1. The Company shall ensure the IT system complies with all relevant legislation, policies and guidance, including the Data Protection Act 2018 (UK) and the General Data Protection Act 2016 (EU).
  2. Schedule 4 ‘Data Processing’ and Schedule 9 ‘IT System, Data and Integration’ provide further detail on IT system, data and data protection requirements.
  3. There shall be a single point of contact for IT system users who require support. The single point of contact shall be provided by the Provider and shall be available throughout the standard working hours as a minimum, with any support systems or online portals available 24/7. See section 5 (Hours of Operation) for more detail.
  4. The Provider shall make the best possible efforts to resolve IT system faults and failures within 4 hours of faults and failures occurring. Downtime is expected to be less than 0.1% of the time.
  5. The Provider shall maintain accurate records of system faults, failures and downtime including actions taken and outcomes.
  6. The Provider shall produce reports and dashboards to show the performance of the contract against KPIs, order volumes and other information. System users will be able to access and configure dashboards to show the key information and alerts that they require. The Provider must allocated sufficient resource to support this activity.
  7. The Provider will provide through a portal weekly, monthly and quarterly reports detailing referral and ordering, equipment and service provision, performance against targets/KPIs, including but not limited to trends up or down, RAG rating, areas of concern, cost and geographical information. Reports shall be able to be downloaded/extracted for use outside the portal. Reports will include user satisfaction based on user feedback.
  8. The full initial reporting requirements will be agreed during the Mobilisation phase and the development of reporting and analytics will continue throughout the life of contract.
  9. Reporting will be in these categories:
     + Operational reporting and user dashboards (the information and alerts that referrers and managers need).
     + Contract performance and management (the information the TEC Team and Commissioners need to manage the contract and budget, e.g. KPIs and financial).
     + Data extract (where we need to join it with data from other sources or it is more complex/bespoke).
     + Integration with our Care System (currently Liquid Logic) to enable bi-directional data sharing and reporting.
  10. The Provider shall maintain high quality data that is validated, consistent and accurate. This involves identifying, addressing, and preventing errors in the data held in the Provider’s system.
  11. The Provider shall perform data cleansing as necessary to fix errors, inaccuracies, inconsistencies and duplication, whether identified by NCC or the Provider and including the initial upload of data during mobilisation. The system shall employ data validation and controls to minimise duplication and errors, especially user errors, ensuring the data is accurate and well formatted.
  12. For the MRS, the Provider will share data and information on these customers, and those using other alarm response services, subject to their agreement and in compliance with the General Data Protection Regulations. The Provider will manage these data sharing agreements.
  13. The Provider will provide a portal for Service Users or persons acting on their behalf so they can access an account detailing their equipment/service provision, information about the equipment, news about the TEC service, scheduled deliveries and collections and costs (private pay only) and personal/account details. The portal will also include the ability to make contact to request help with the service.
  14. A close-up of a document

      AI-generated content may be incorrect.
  15. At the end or termination of the Contract the Provider shall without charge cooperate fully with NCC and any new Provider to extract data and facilitate data migration to any new system or systems as instructed by NCC. All data will be required.

# Carbon Reduction

* 1. The Provider shall produce a comprehensive Carbon Reduction Plan which:
* Aligns with Norfolk County Council’s Carbon Zero Plan, supporting the Council’s commitment to achieving net zero carbon emissions.
* Forms Schedule 12 of this Agreement.
* Is included as a key deliverable in Schedule 5 ‘Mobilisation Plan’ and must be submitted within the agreed mobilisation period.
  1. The Carbon Reduction Plan must also:
* Set clear, measurable targets for reducing carbon emissions across all areas of service delivery, including transport, logistics, energy use, and procurement.
* Detail specific actions and timelines for achieving these targets, including short, medium, and long-term goals.
* Include baseline carbon data and a methodology for tracking and reporting progress annually.
* Demonstrate how low-carbon technologies and practices (e.g. electric vehicles, energy-efficient equipment, sustainable packaging) will be integrated into operations.
* Outline staff training and awareness initiatives to embed sustainability into day-to-day practices.
* Identify opportunities for innovation and continuous improvement in reducing environmental impact.
* Comply with all relevant environmental legislation and best practice standards, including any updates issued by the Council during the contract term.

The Provider will be required to review and update the Carbon Reduction Plan annually, or more frequently if requested by NCC, and to report progress as part of regular contract performance reviews.

# Policies

* 1. The Provider will have in place, or be working towards, policies and procedures which promote the wellbeing and safety of Staff and Customers.
  2. Policy requirements are detailed within the Contract Terms and Conditions and should extend to areas such as but not limited to Lone Working, Safeguarding and Whistleblowing.
  3. All policies and procedures shall be clearly dated and regularly reviewed, with stated objectives and a named person with responsibility for the implementation of the policy/procedure and arrangements for monitoring, review, and development.
  4. Policies and procedures will support operational practice and reflect new and revised legislation.
  5. The Provider will have a complaints procedure in place which complies with, or exceeds, the Council’s standards as detailed within the Contract.
  6. The Provider will, upon request, share information with the TEC Business Manager and/or delegates to ensure that complaints can be dealt with in a timely manner.
  7. Complaints and Compliments will be jointly reviewed as part of the continuous development of TEC

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