

SCHEDULE 15 – QUALITY ASSURANCE FRAMEWORK

1. INTRODUCTION

- 1.1 The Care Act 2014 set out a range of measures, in order that citizens can choose from a diverse range of high quality care and support Services; to drive up the overall quality of care in the market; and put citizen needs and outcomes centre stage.
- 1.2 The quality assurance framework and the provisions of this **Schedule 15** aim to deliver or facilitate the following:
- 1.2.1 Continued transparency and information about the quality of care Services through the publication of Provider quality ratings.
 - 1.2.2 Assist citizens and commissioners to make informed choices when purchasing care and provide peace of mind.
 - 1.2.3 Drive up quality across the market.
 - 1.2.4 Support market shaping activity through the acquisition of improved market information.
- 1.3 This Schedule concerns the quality assurance framework and system of Provider Quality Ratings which Birmingham City Council (the Council) is putting in place for those organisations who contract with it through the relevant Framework Agreement or Flexible Contracting Arrangement within which this Schedule sits.
- 1.4 This Schedule sets out:
- 1.4.1 The quality framework and its component parts.
 - 1.4.2 The methodology and mechanism used to calculate the overall Provider Quality Rating.
 - 1.4.3 The process, conditions, expectations and responsibilities.
 - 1.4.4 How the Council will use the Provider Quality Ratings in its commissioning activity.

2. OVERARCHING PRINCIPLES

- 2.1 The Quality Assurance Framework is supported by a number of overarching principles:
- 2.1.1 The delivery of outcomes for Service Users and Citizens are at the forefront of care delivery.
 - 2.1.2 Care Providers are responsible for ensuring they deliver good quality care.
 - 2.1.3 The Council has a duty to provide assurance of and to drive up the overall quality of care in the city.

- 2.1.4 The Council aspires only to do business with good quality Providers. It does not intend to contract with those Providers that are unable to sustain consistently good quality Services.
- 2.1.5 The Council will provide a range of support to Providers to improve Services but not indefinitely.
- 2.1.6 The Council will incentivise high quality provision.
- 2.1.7 The Council will measure the overall quality of provision by taking into account a range of opinions to provide a balanced view.
- 2.1.8 Quality will be measured against contractual terms and conditions, core standards and the delivery of outcomes.
- 2.1.9 The quality assurance framework mechanism and how it operates is transparent and clear.

3. OUTCOMES

3.1 The Quality Assurance Framework is focussed on the delivery of outcomes to both Citizens and commissioners of care and support. In order to ensure that the Quality Assurance Framework is consistent with the key priorities of national and local government, it has been aligned to the 4 outcome domains detailed within the Department of Health's Adult Social Care Outcomes Framework (ASCOF). These are:

- 3.1.1 Enhancing quality of life for people with care and support needs
- 3.1.2 Delaying and reducing the need for care and support
- 3.1.3 Ensuring that people have a positive experience of care
- 3.1.4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

4. THE PROVIDER QUALITY RATING SYSTEM

4.1 Quality of provision will be measured and each Service given an overall Provider Quality Rating of either 'Gold', 'Silver', 'Bronze' or 'Inadequate'. The statements below reflect what Services in the different bands will look like:

4.2 'Gold'

- 4.2.1 People describe the Service as exceptional and distinctive, with staff going out of their way to meet personal preferences and individual outcomes.
- 4.2.2 The Provider is striving to be a leader in their field.
- 4.2.3 The Provider exceeds the standards set down by the Care Quality Commission (CQC), and contractual terms and core standards.
- 4.2.4 The exceptional level of Service is delivered consistently over time.

4.3 'Silver'

- 4.3.1 People describe the Service as good and that it meets their needs and delivers good outcomes.
- 4.3.2 The Provider meets the standards set down by CQC, and contractual terms and core standards.
- 4.3.3 The good level of Service is delivered consistently over time.

4.4 'Bronze'

- 4.4.1 People describe the Service as not always good and that it does not always meet their needs or deliver good outcomes.
- 4.4.2 The Provider is not fully meeting all of the standards set down by CQC and contractual terms and core standards. Improvement is required.
- 4.4.3 A good level of Service is not consistent over time.

4.5 'Inadequate'

- 4.5.1 The Provider does not meet key standards set by CQC and contractual terms and core standards.
- 4.5.2 People using the Service are not safe and they are at risk of harm.
- 4.5.3 Significant improvement is required, the Service will be at risk of losing its Registration.

5. WHAT INFORMATION WILL DRIVE THE RATING?

5.1 The Quality Assurance Framework aims to capture a range of views on the quality of Services and use them to produce a single Provider Quality Rating that can be used to inform care commissioning processes and facilitate Service Users and Citizens to make informed choices. The Provider Quality Rating system will therefore draw upon a balanced range of data sources:

- 5.1.1 The view of the regulator: the CQC inspection rating
- 5.1.2 The view of the Commissioner: Birmingham City Council or NHS inspection/ rating
- 5.1.3 The view of the citizen or Service User: Customer feedback and social worker feedback
- 5.1.4 The view of the Provider: Provider Quality Assurance Statement

6. THE CQC INSPECTION RATING

6.1 The CQC carries out inspections and rates Providers against a defined framework which asks whether the Service is safe, effective, caring, responsive and well-led.

6.2 The CQC rates Providers as 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'.

7. BIRMINGHAM CITY COUNCIL INSPECTION RATING

7.1 Birmingham City Council carries out inspections and will rate Providers against terms and conditions in the relevant Framework Agreement or Flexible Contracting Arrangement to which this Schedule applies, and 5 care domains covering 16 core care standards.

7.2 The core standards are split between 5 domains

- 7.2.1 Involvement and information;
- 7.2.2 Personalised care and support;
- 7.2.3 Safeguarding and safety;
- 7.2.4 Suitability of staffing;
- 7.2.5 Quality of management;

7.3 The 16 core care standards are:

- 7.3.1 Respecting and involving Service Users
- 7.3.2 Consent
- 7.3.3 Care and welfare of Service Users
- 7.3.4 Meeting nutritional needs
- 7.3.5 Co-operate with other Providers
- 7.3.6 Safeguarding people who use the Service from abuse
- 7.3.7 Cleanliness and infection control
- 7.3.8 Management of medicines
- 7.3.9 Safety and suitability of premises
- 7.3.10 Safety, availability and suitability of equipment
- 7.3.11 Requirements relating to staff recruitment
- 7.3.12 Staffing and staff deployment
- 7.3.13 Supporting staff
- 7.3.14 Assessing and monitoring the quality of Service provision
- 7.3.15 Complaints

7.3.16 Records

7.4 The Council will rate Providers as 'Gold', 'Silver', 'Bronze', or 'Inadequate'.

7.4.1 An overall Gold rating will be awarded if a minimum of 2 care domains are rated Gold and all other care domains are rated Silver.

7.4.2 An overall Silver rating will be awarded if a minimum of 4 care domains are rated Silver or above, no more than 1 care domain is rated Bronze, and no care domains are rated Inadequate.

7.4.3 An overall Bronze rating will be awarded if 2 or more care domains are rated Bronze and no more than 1 care domain is rated Inadequate.

7.4.4 An overall Inadequate rating will be awarded if 2 or more care domains are rated inadequate.

7.5 The Council will use an inspection toolkit which sets out the core standards and the range of criteria by which delivery of these standards is measured. The inspection toolkit and accompanying guidance sets out the combination of criteria and evidence that must be met to achieve either Gold, Silver, Bronze or Inadequate ratings. The Council shall publish the toolkit and guidance.

7.6 The Council may at any point amend the criteria or evidence requirements in the inspection toolkit to reflect changes in legislation or quality expectations. The Council will inform the Provider of any changes to the inspection toolkit in advance of their next inspection.

8. NHS INSPECTION RATING

8.1 The Birmingham Clinical Commissioning Groups (CCG's) will monitor the quality of provision in Care Homes With Nursing, which provide care and support to Citizens eligible for Funded Nursing Care or Continuing Health Care. The CCG's will carry out inspections which will rate Providers against terms and conditions defined in the relevant Framework Agreement or Flexible Contracting Arrangement to which this schedule applies, and core care standards. The inspection will use a toolkit detailing the standards and the evidence required in the following domains:

8.1.1 Environment

8.1.2 Patient Experience

8.1.3 Patient Safety

8.1.4 Admission and Discharge

8.1.5 Care Planning

8.1.6 Workforce

8.1.7 Management

8.2 The CCG's may at any point amend the criteria or evidence requirements in the inspection toolkit to reflect changes in legislation or quality expectations. The CCG's will inform the Provider of any changes to the inspection toolkit in advance of their next inspection.

8.3 The CCG inspection will award the following ratings:

8.3.1 'Bright Green - Best achievement award' – for a score of greater than 95% across all domains

8.3.2 'Green - Compliance award' – for a score of 95% and above

8.3.3 'Amber - Partial compliance award' – for a score between 85% and 94%

8.3.4 'Red - Minimal compliance award' - for a score between 60% and 84%

9. CUSTOMER FEEDBACK

9.1 Customer feedback will be used to evaluate what Service Users and Citizens think about the Service they use, how the Service involves and consults with Service Users and Citizens and how responsive the Service is. The Council will take into account customer feedback using the following methods:

9.1.1 The Council will inspect the Service delivery against the 'Involvement and information' and 'Personalised care and support' domain core standards.

9.1.2 The Council will use data gathered through the social work Assessment and Review process about how well the Provider delivers outcomes for Service Users, whether the Service User feels their needs are being met and whether they would recommend the Service to a friend or family member.

9.1.3 The Council will use customer feedback data recorded on the Healthwatch website, in relation to the following:

9.1.3.1 How likely people are to recommend the Service to friends and family if they needed similar care or treatment? (Known as the Friends and Family Test)

9.1.3.2 How people rate their overall experience of this Service – star rating.

9.1.3.3 Service User's description of their experience of the Service.

9.1.4 The Council may take into account customer feedback recorded via alternative means where it feels that the feedback is relevant.

9.2 Customer feedback will be rated on the following basis:

9.2.1 'Gold'

9.2.1.1 There is consistent overwhelming recommendation of the Service evidenced through Healthwatch customer feedback data.

- 9.2.1.2 Consistent overwhelming positive outcome delivery and recommendation feedback is gathered by social workers through the Service User assessment and review process.
- 9.2.1.3 The Service provides 'Gold' standard evidence in the 'Involvement and information', and 'Personalised care and support' core standard inspection domains.
- 9.2.2 'Silver'
 - 9.2.2.1 The Provider evidences achievement of the core standards in the 'Involvement and information', and 'Personalised care and support' inspection domains.
 - 9.2.2.2 There is recommendation of the Service evidenced through Healthwatch customer feedback data.
 - 9.2.2.3 Positive outcome delivery and recommendation feedback is gathered by social workers through the Service User assessment and review process.
- 9.2.3 'Bronze'
 - 9.2.3.1 The Provider evidences part-achievement of the core standards in the 'Involvement and information', and 'Personalised care and support' inspection domains.
 - 9.2.3.2 Inconsistent outcome delivery and recommendation feedback is gathered by social workers through the Service User assessment and review process.
 - 9.2.3.3 Inconsistent customer feedback is evidenced through Healthwatch customer feedback data.
- 9.2.4 'Inadequate'
 - 9.2.4.1 Provider evidences that they do not achieve the core standards in the 'Involvement and information', and 'Personalised care and support' inspection domains.
 - 9.2.4.2 Poor outcome delivery and recommendation feedback is gathered by social workers through the Service User assessment and review process.
 - 9.2.4.3 Poor customer feedback is evidenced through Healthwatch customer feedback data.

10. PROVIDER QUALITY ASSURANCE STATEMENT

- 10.1 At the request of the Council and usually in advance of a quality assurance inspection, Providers will submit a Provider Quality Assurance Statement (PQAS) and/or a Joint

Quality Assurance Framework (JQAF) pre-inspection questionnaire in the case of Care Homes with Nursing services. The PQAS will represent the Provider's view of their Service delivery against the core care standards and their declaration to Commissioners that contractual terms, conditions and core standards are being met. Providers will use the PQAS to identify openly and transparently those core standards they are not fully meeting and what action is being taken to address this.

- 10.2 The PQAS will align with the Council's inspection toolkit and the core care standards, and shall be published alongside the inspection toolkit and associated guidance.
- 10.3 The Council may at any point make changes to the PQAS and will inform the Provider of these changes in advance of their next PQAS submission being due.
- 10.4 The PQAS will assign the Provider a rating of 'Gold', 'Silver', 'Bronze' or 'Inadequate'.
- 10.5 The Council will validate evidence submitted by the Provider through the PQAS at its next inspection of the Service.
- 10.6 If the Council is unable to validate a significant body of evidence or the Provider is judged to have significantly falsified its PQAS this will result in the Provider receiving an Inadequate rating. The Provider will become subject to the process for managing provision judged to be Inadequate detailed in paragraph 13 of this Schedule 15. The Council may consider a breach of contract has occurred unless the Provider can give a legitimate reason for this failure which is acceptable to the Council and as a result the Provider will be Suspended as detailed in Schedule 11 – Contract Management.
- 10.7 Failure to submit the PQAS within the timescales requested will result in the Provider receiving an Inadequate rating. The Provider will become subject to the process for managing provision judged to be Inadequate detailed in paragraph 13 of this Schedule 15. The Council may consider a breach of contract has occurred unless the Provider can give a legitimate reason for this failure which is acceptable to the Council and as a result the Provider will be Suspended as detailed in Schedule 11 – Contract Management.
- 10.8 Consistent failure to submit the PQAS within the timescales requested may result in the Termination of the Individual Agreement and/or Flexible Contracting Arrangement and/or the Framework Agreement in accordance with Schedule 10 (Non Take up of Service, Absence of the Service User, notice Periods and Termination and Related Payments).

11. MECHANISM FOR CALCULATING THE OVERALL QUALITY RATING

- 11.1 Each Provider will receive an annual inspection to be delivered by one of the following bodies: The CQC, The Council or the CCG's. Where a Provider has been rated as Gold the Service will receive an inspection on a bi-annual frequency.
- 11.2 The overall quality rating will be calculated based upon the most recent full inspection of the Provider whether that is carried out by the CQC, the Council or the CCG's. The inspection will take into account the Customer Feedback and Provider Quality Assurance Statement elements described in paragraphs 9 and 10 of this Schedule 15.

11.3 The table below sets out how the outcomes of the 3 inspection regimes align.

Overall Quality rating	CQC inspection outcome	Council inspection outcome	NHS inspection outcome
Gold	Outstanding	Gold	Bright Green (best achievement)
Silver	Good	Silver	Green (compliance)
Bronze	Requires Improvement	Bronze	Amber (partial compliance)
Inadequate	Inadequate	Inadequate	Red (minimal compliance)

12. PROCESS FOR MANAGING PROVISION JUDGED TO BE BRONZE QUALITY

- 12.1 Where an inspection has identified that the Provider has an overall quality rating of Bronze the Provider will be required to submit an Improvement Action Plan (IAP) in a format defined by the Council or the relevant inspecting body, which describes the actions it will undertake to improve the Service. The Provider will submit its IAP to the body that carried out the inspection within 7 days of the request.
- 12.2 The relevant inspecting body will approve the IAP when it is satisfied the actions and timescales identified are sufficient to deliver the requisite improvement. In approving the IAP the Council or other inspecting body shall act reasonably and in line with the terms and conditions of the contract. The Provider will share the approved IAP with the Council.
- 12.3 It is the Provider's responsibility to carry out the actions in the IAP within the approved timescales. When the Provider is satisfied that it has completed the actions identified in the IAP and sustained the necessary improvements it will submit a request for re-inspection of its Services by the relevant inspecting body.
- 12.3 A re-inspection will be carried out to validate that the IAP actions have been carried out and that the necessary improvements have been sustained.
- 12.4 Where the Council is able to validate, either through its own inspection or one carried out by the CQC or the CCG's, that the Provider has made the necessary improvements, the Council shall amend the Provider's quality rating to Silver.
- 12.5 If the Provider either fails to submit an acceptable IAP or fails to implement the actions within the timescales identified within an approved IAP, then the Provider will be given an Inadequate quality rating and will be subject to the process for managing provision

judged to be Inadequate detailed in section 13 of this schedule. As a result the Provider will be Suspended as detailed in Schedule 11 – Contract Management.

- 12.6 Similarly, if the inspecting body, during the re-inspection of the Service, is unable to validate that the Provider has implemented the actions identified within an approved IAP, then the Provider will be given an Inadequate quality rating and will be subject to the process for managing provision judged to be Inadequate detailed in section 13 of this schedule. As a result the Provider will be Suspended as detailed in Schedule 11 – Contract Management.

13. PROCESS FOR MANAGING PROVISION JUDGED TO BE INADEQUATE QUALITY

- 13.1 Where an inspection has identified that the Provider has an overall quality rating of Inadequate it will carry out and comply with the Council's, CQC's or CCG's instructions and processes to ensure that the people in its care are safe and free from the risk of harm.
- 13.2 The Provider will be Suspended (as detailed in Schedule 11 – Contract Management) immediately from bidding for and accepting new placements or care packages, until the Inadequate rating is removed by the relevant inspecting body.
- 13.3 In cases where the inspecting body is confident that the necessary improvement in quality can be achieved in an acceptable timeframe, the Provider will be required to submit an Improvement Action Plan (IAP) in a format defined by the Council which describes the actions and timescales it will undertake to improve the Service. The Provider will submit its IAP to the body that carried out the inspection within 7 days of the request or any other timescale acting reasonably.
- 13.4 The relevant inspecting body will approve the IAP when it is satisfied the actions and timescales identified are sufficient to deliver the requisite improvement. In approving the IAP the Council or other inspecting body shall act reasonably and in line with the terms and conditions of the contract. The Provider will share the approved IAP with the Council.
- 13.5 It is the Provider's responsibility to carry out the actions in the IAP within the approved timescales. When the Provider is satisfied that it has completed the actions identified in the IAP and sustained the necessary improvements it will submit a request for re-inspection of its Services by the relevant inspecting body.
- 13.6 A re-inspection will be carried out to validate that the IAP actions have been carried out and that the necessary improvements have been sustained.
- 13.7 Where the relevant inspecting body is able to validate that the Provider has made the necessary improvements, the Provider's Quality Rating shall be amended to Bronze. The Provider shall then be subject to the process for managing provision judged to be Bronze quality detailed in paragraph 12 of this Schedule 15.
- 13.8 If the Provider either fails to submit an acceptable IAP or fails to implement the actions within the timescales identified within an approved IAP, then this may result in

Termination of the Individual Agreement and/or Flexible Contracting Arrangement and/or the Framework Agreement in accordance with Schedule 10 (Non Take up of Service, Absence of the Service User, notice Periods and Termination and Related Payments).

- 13.9 Similarly, if the inspecting body, during the re-inspection of the Service, is unable to validate that the Provider has implemented the actions within the timescales identified within an approved IAP, then this may result in Termination of the Individual Agreement and/or Flexible Contracting Arrangement and/or the Framework Agreement in accordance with Schedule 10 (Non Take up of Service, Absence of the Service User, notice Periods and Termination and Related Payments).

14. CHANGES TO THE PROVIDER'S QUALITY RATING BETWEEN ANNUAL INSPECTIONS – DECLINE IN SERVICE QUALITY

- 14.1 Negative intelligence gained about the Service may trigger a focussed inspection by the Council, CQC or the CCG's.
- 14.2 A focussed inspection may be triggered, although not exclusively, by one or more of the following:
- 14.2.1 An unusually high number of concerns or deficiencies which are deemed to present a clear, significant or immediate risk to Service Users such as quality or safeguarding alerts / issues;
 - 14.2.2 A series of concerns or deficiencies which individually may not present a clear, significant or immediate risk but present a pattern which indicates an increasing likelihood of clear, significant or immediate risk to Service Users;
 - 14.2.3 Evidence of a breach of contract;
 - 14.2.4 An accumulation of concerns or deficiencies in a rolling three month period that triggers non-compliance;
 - 14.2.5 CQC serving an improvement or enforcement notice;
 - 14.2.6 High volumes of complaints or concerns received;
 - 14.2.7 Feedback from Service User and relative meetings and/or questionnaires that is deemed to present a clear, significant or immediate risk to Service Users;
 - 14.2.8 Evidence of financial instability through credit alerts which is likely to place care provision at risk; and/or
 - 14.2.9 Consistent feedback from reviews that citizen's outcomes are not being met.
- 14.3 Where the focussed inspection identifies elements of the Service that have fallen below the level identified at the last full inspection, the Provider's rating may be adjusted accordingly.

- 14.4 In situations where a focussed inspection judges the overall quality of the provision to be Bronze or Inadequate then the Provider will be subject to the processes for managing provision judged to be Bronze or Inadequate quality detailed in paragraphs 12 and 13 of this Schedule 15.

15. ARRANGEMENTS FOR PROVIDERS LOCATED OUTSIDE OF THE BIRMINGHAM CITY COUNCIL TAX BOUNDARY

- 15.1 If the Provider's CQC registered location falls outside of the Birmingham City Council Tax boundary it will be determined to be an Out of City Provider.

- 15.2 The following quality assurance arrangements shall apply to Out of City Providers.

- 15.3 Home Support for adults and home support for children and young people with disabilities

- 15.3.1 Out of City Providers of Home Support shall be subject to the same quality assurance process as those Providers located within the Birmingham City Council Tax boundary and described in paragraphs 1 to 14 of this Schedule 15.

- 15.4 Care and Support (Supported Living) and Care Homes With and Without Nursing Services (Adults)

- 15.4.1 Out of City Providers of Care and Support (Supported Living) and Care Homes With and Without Nursing Services (Adults) shall be subject to the following quality assurance process:

- 15.4.2 The Council will not routinely carry out inspections of the Service and will instead use the outcome of the most recent CQC inspection to determine the overall quality rating of the Provider.

- 15.4.3 If the Provider is inspected either by the Council, CQC, host Local Authority or host CCG and the quality is judged to be Bronze or Inadequate then the Provider will be expected to comply with the process outlined in paragraphs 12 and 13 of this Schedule 15. The Council may rely on evidence from the CQC, the host Local Authority, or host CCG to determine whether the Provider has successfully implemented its IAP.

- 15.4.4 The Provider is required to complete the PQAS described in paragraph 10 of this Schedule 15.

- 15.4.5 If the Council or CCG receives negative intelligence about the Service of the type described in paragraph 13 of this Schedule 15 it may carry out an inspection of the Service, but it may choose to rely solely on information received from the host local authority, host CCG or CQC when considering actions it may take should the quality of provision be judged to be Bronze or Inadequate.

- 15.4.6 In situations where a focussed inspection judges the overall quality of the provision to be Bronze or Inadequate then the Provider will be subject to the processes for managing provision judged to be Bronze or Inadequate quality

detailed in paragraph 12 and 13 of this Schedule 15. The Council or CCG may rely solely on evidence from the CQC, host Local Authority or host CCG to determine whether the Provider has successfully implemented its IAP.

16 INTEGRATION OF THE QUALITY RATING INTO THE MICRO-TENDERING AND WORK ALLOCATION PROCESS

- 16.1 The Provider's quality rating will be used when the Council evaluates individual offers for care packages received through its Micro-Tendering process.
- 16.2 Where multiple Providers bid for a care package the Provider with the highest quality rating will win the tender. The Council will take into account the rating awarded to the 5 individual CQC or Council care domains in addition to the overall Provider Quality Rating when determining the highest quality bid.
- 16.3 Where there is no clear difference between the Provider Quality Ratings of more than one Provider making an offer for the package, the following processes to determine the successful bidder will apply:
 - 16.3.1 Home Support - the Provider with highest rated customer feedback will win the tender. The customer feedback rating for this purpose will be calculated as described in paragraph 16.4.
 - 16.3.2 Care Homes With and Without Nursing Services (Adults) – firstly, the Citizen will be invited to choose which of Providers wins the tender. Where it is not possible for the Citizen to choose or they decline to do so then the Provider with the highest rated customer feedback will win the tender. The customer feedback rating for this purpose will be calculated as described in paragraph 16.4.
 - 16.3.3 Care and Support (Supported Living) – firstly, the citizen will be invited to choose which of the top-ranked Providers delivers their Service. Where it is not possible for the citizen to choose or they decline to do so then the Provider with the highest rated customer feedback will win the tender. The customer feedback rating for this purpose will be calculated as described in paragraph 16.4.
- 16.4 The Provider's customer feedback rating will be based on data gathered by Social Workers during individual case Reviews. It will be calculated by combining the percentage of outcomes described by the citizen as 'fully met' and the percentage of citizens who would recommend the Provider to a friend or family member.

17 PUBLICATION OF THE QUALITY RATING

- 15.1 The Council will publish on its website or via any other suitable means each Provider's Quality Rating and any information about the Provider which it decides is relevant to the quality of the provision and in the public interest.
- 15.2 The Council may at any time share quality assurance data held about the Provider with other organisations and individuals as it sees fit.

15.3 Marketing materials will be made available to the Provider to communicate its quality rating. Providers will be required to make all Service Users aware, whether funded by Birmingham City Council or not, of their quality rating.