

G-Cloud 15 Service Summary

Contents

Purpose of this Document.....	4
Service Overview (high level)	4
How the Platform Is Structured	6
Modular Adoption	6
Intended Use	6
How Buyers Typically Use This Document	6
Service Boundaries	7
How to Read the Rest of This Document	7
Section 1.0 Consolidated Care Banking Offers	7
1.1 Operational AI & Workforce Enablement	7
1.2. Commissioning, Brokerage, Payments & Market Management	8
1.3. Statutory & Commissioned Services (Health & Social Care)	8
1.4 Community Care & Provider-Facing Solutions	9
1.5. Transformational Demand Planning & System-Wide Flow	9
1.6. NHS Spine & National Services Integration	10
1.7. Customer-Specific Use Cases & Digital Entry Points	10
1.8. Data Services, Quality Improvement & Corrective Actions.....	10
1.9. Assurance, Appeals & System Oversight	11
Section 2 : Platform's functional capability domains	11
2.1 Workflow /pathway management	12
2.2 Data Capture and Document Management	13
2.3 Data, Information Management, Reporting and Dashboards.....	14
2.4 Integration with National and Local Systems, Information Governance, Security and Assurance	16
2.5 User Portals and Digital Referral Management.....	17
2.6 Patient Placement, Brokerage and Market Management	19
2.7 Digital Contracting, Invoicing, Payments and Financial Control.....	20
2.8 Reviews, Appeals and Case Management.....	21
2.9 Supporting Services	22
Service Features	22
Help Desk	23
Account Management Function.....	23
Assurance of Supply	23
Maintenance	24
Business Continuity	24
Data Migration	25
Implementation.....	27
Development partnership	30
Section 3 Typical Platform Applications and G-Cloud Service Slices	31
3.1 Statutory Care Pathway Services (Primary Entry Points)	32
3.2 Commissioning, Brokerage and Payment Services	32
3.3 Operational AI & Workforce Enablement (Optional Enhancements)	32
3.4 System-Wide Transformation and Discharge Management	32
3.1.1 All Age Continuing Care (AACC).....	34
3.1.2 Adult Continuing Care (CHC)	36

3.1.3 Children and Young Person Continuing Care (CYPCC).....	39
3.1.4 Digital Referral and Care Pathway Management Service	40
3.1.5 Integrated Care Pathway Service (ICPS)	42
3.1.6 Section 117 Aftercare Services	43
3.1.7 Social Prescribing	44
3.1.8 Safeguarding	46
3.1.9 Personal Health Budgets (PHB)	47
3.1.10 Personal Budgets (PB)	48
3.1.11 Integrated Personalised Commissioning (IPC)	49
3.1.12 Discharge Management	50
3.2.1 Dynamic Purchasing System (DPS) Enablement Platform.....	52
3.2.2 Brokerage (Source-to-Pay)	53
3.2.3 DPS Enablement, Managed Payments, and Combined Service	54
3.2.4 DPS Enablement platform	55
3.2.5 Managed Payments Service	56
3.2.6 Dynamic Purchasing & Managed Payments Service	58
3.3 Operational Artificial Intelligence & Workforce Enablement	60
3.3.1 Artificial Intelligence Administrator (Enabling Service).....	62
3.3.2 AI-Assisted Structured Clinical & Care Evidence Summarisation Service.....	63
3.3.3 AI-Assisted Clinical Document Review and Summarisation Service.....	66
3.3.4 AI-Assisted Clinical and Non-Clinical Consultation Transcription and Document Automation Service	69
3.3.5 AI-Assisted Review and Reassessment Scheduling Service for Health and Care	72
3.3.6 AI Assisted Operations, Reporting and Conversational Analytics Service.....	75
3.3.7 AI Assisted Clinical Documentation, Decision Support and Analytics Services	78
3.4.1 AI-Enabled Hospital Discharge and Flow Management Platform	81
3.5.1 Custom Platform Configuration Modules	85
Part 4 Social value	87
Social Value Alignment and Assessment Framework	87
Social Value Commitments	88
1. Fighting Climate Change.....	88
2. Tackling Workforce Inequality	89
3. Health, Wellbeing and Resilience.....	89
4. Skills, Employment and Economic Inclusion	90
5. Digital Inclusion & Access to Services	90
6. Ethical Supply Chains & Modern Slavery Prevention	91
7. Community Benefit & Volunteering.....	91
8. Social Value Through Service Design (System-Wide Impact)	92
Governance & Accountability (Applies to All Themes)	93
Vertergi Intelligence service information.....	93

Purpose of this Document

This document describes the Care Banking platform and its modular capabilities for use by NHS Integrated Care Boards (ICBs), Local Authorities (LA) and partner organisations. It is intended to support understanding of the overall service scope and how individual components may be purchased and adopted through the G Cloud framework.

This document is organised into four parts: platform architecture (Section 1), functional capability domains (Section 2), named services and configuration modules (Section 3), and social value commitments (Part 4).

Part 1 (Sections 1.0–1.9) sets out the Care Banking platform architecture and consolidated capability model. It explains how the core components : operational AI, commissioning and brokerage, statutory health and social care services, community enablement, national integrations and assurance work together within a single, unified platform.

Part 2 (Section 2) provides detailed descriptions of the platform’s functional capability domains. This includes workflow and pathway management, data capture and document management, reporting and analytics, integrations and information governance, user portals, brokerage and market management, digital contracting and payments, reviews and case management, and operational delivery (including service desk, migration, implementation, continuity and support). optional modules, and operational and implementation details (including help desk, onboarding, data migration, performance metrics and ongoing support).

Part 3 (Section 3) describes the Typical Platform Applications and G-Cloud Service Slices. This section sets out the named, orderable G-Cloud services that buyers may procure individually or in combination. These slices represent common statutory pathways, commissioning and payment services, optional AI-enabled enhancements, and system-wide discharge and flow solutions. Each service slice is delivered using the same Care Banking platform described in Parts 1 and 2 and references only the incremental scope specific to that service.

Part 4 (sections 4) set out social value commitments,

Configuration modules are set out in Section 3.5.1 within Part 3; there is no separate Part 5.

Buyers should use the contents page to locate the specific capability or service slice they require. The summary section at the front of this document is provided to explain how these parts fit together and how Care Banking can be adopted modularly without fragmentation.

The summary page below is provided to explain how those sections and capabilities fit together.

Service Overview (high level)

Care Banking is delivered as a single, cloud-based digital platform supporting commissioning, case management, brokerage, payments and assurance across health and social care.



The platform enables organisations to:

- Continue delivering existing statutory services (for example CHC, AACC, Personal Budgets, adult and children's social care packages, safeguarding, and discharge management) while incrementally developing more integrated, system-wide ways of working
- Support collaboration across NHS and Local Authority boundaries as organisational structures and support services consolidate
- Transform operational services through better coordination of operational pathways and effective implementation of multiple forms of artificial intelligence : transcribing, scheduling, reviewing, analysing, summarising and reporting.
- Transform discharge management by enabling admission-led, AI-assisted planning across acute, community and social care, supporting early identification of complex needs, parallel planning, and coordinated discharge to assess without bypassing professional judgement.

All capabilities described in this document operate on a shared case record, workflow engine and governance framework, enabling modular adoption of services without fragmentation as needs change or scale.

Optional AI-assisted capabilities are delivered through a central AI Administrator that orchestrates, governs and audits all AI activity. AI services may be used standalone or to enhance individual pathways, while remaining fully subject to statutory processes, professional control and information governance requirements.

The platform integrates with multiple systems in : ICBs, Acute Trust, Local Authority, GP medical record, community and national NHS systems, supporting admission-led discharge planning and end-to-end coordination from acute care through to community commissioning and payment.

Care Banking is designed to allow ICBs and Local Authorities to continue operating established services without disruption, while providing a digital foundation to support more integrated, system-wide approaches over time.

Summary

Care Banking is a unified digital platform supporting operational efficiency, statutory commissioning, community delivery and system-wide transformation across health and social care.

The platform incorporates optional, governed AI-assisted capabilities that enhance workforce productivity, information management and operational insight across all pathways. AI is applied through a central orchestration layer, ensuring transparency, auditability and professional oversight, and is designed to reduce administrative burden, improve timeliness and support decision-making without bypassing statutory processes or replacing clinical or professional judgement.

The AI capabilities can be used as a stand alone service

How the Platform Is Structured

The Care Banking offer described in this document is organised into the following logical components:

1. Operational Enablement, including optional AI-assisted capabilities to reduce administrative burden
2. Commissioning, Brokerage, Payments and Market Management, supporting NHS and Local Authority operating models
3. Statutory and Commissioned Services, covering health and social care pathways : AACC, OHB, S117
4. Community and Provider-Facing Solutions, supporting delivery and coordination
5. System-Wide Demand Planning and Flow, including admission-led discharge planning
6. National and Enabling Services, including NHS Spine integration and data services
7. Assurance, Appeals and Oversight, supporting statutory and audit requirements

Each component is described in detail in the sections that follow.

Modular Adoption

Care Banking is delivered as a single SaaS platform with configurable modules.

- Buyers may adopt individual services or combinations of services
- Services share common data, workflows and reporting
- No bespoke development is required for standard deployments
- Organisations can change operating models over time without replacing the platform

This modular approach supports both short-term operational needs and longer-term transformation.

Intended Use

The platform is designed for use by:

- NHS Integrated Care Boards (ICBs)
- Local Authorities
- Joint NHS / Local Authority commissioning arrangements
- Acute Trusts (for discharge and flow coordination)
- Community health and social care partners

It supports both health and social care responsibilities and joint working where required.

How Buyers Typically Use This Document

Example:

Typical Buying Scenarios

- ICB CHC team: Procure Adult CHC service (3.1.2), optionally add Brokerage (3.2.2) and AI Evidence Summarisation (3.3.2)
- Discharge programme: Procure Discharge Management (3.4.1), integrate with existing systems, optionally add AI Scheduling

- LA finance team: Procure Brokerage + Managed Payments (3.2.2 / 3.2.6)

We would recommend using the Care pathway call off for maximum flexibility

Service Boundaries

Care Banking:

- Is not a GP clinical system or Electronic Patient Record
- Does not replace acute or primary care clinical systems
- Regulatory status is determined for each module against its documented intended purpose and functionality. Any medical-device functionality is supplied within the applicable conformity, registration and clinical-safety requirements; human review does not by itself determine regulatory status.

Where AI-assisted capabilities are used, they are optional, auditable and subject to human oversight. AI does not make automated eligibility or clinical decisions.

How to Read the Rest of This Document

Part 1, Sections 1.0–1.9, describes the Care Banking platform architecture, governance model and core capabilities that apply across all services.

Part 2 describes the functional capability domains delivered by the platform, including operational AI, commissioning and brokerage, statutory care pathways, community enablement. implementation, assurance, integration and operations and system-wide discharge transformation.

Part 3 defines the individual G-Cloud service slices that may be procured independently or in combination. Each service slice is delivered using the Care Banking platform described in Parts 1 and 2 and references only the incremental scope specific to that service.

Section 1.0 Consolidated Care Banking Offers

1.1 Operational AI & Workforce Enablement

(Optional, governed, human-controlled)

Care Banking provides a suite of operational AI capabilities designed to reduce administrative burden and protect delivery capacity across health, social and community care services. These capabilities can be used standalone or to enhance any Care Banking service, and are governed through a central AI administration layer.

This includes:

- Consultation transcription (clinical and non-clinical)
- Automated form population and document generation
- Clinical and care document review and summarisation
- Structured evidence and DST support
- Review, reassessment and appointment scheduling
- Operational analytics eg do “x”(enrol patient) and the agent will complete the task,
- conversational and management analytics
- AI-assisted business intelligence and reporting capability, supporting trend analysis, forecasting and operational insight. Including drafting of management or board reports, from a single request.
- AI-assisted operations, vertergi intelligence – meeting management, care capture, contact centre, project centre, timesheets, absence

All AI-assisted activity is auditable, transparent and subject to professional oversight.

1.2. Commissioning, Brokerage, Payments & Market Management

(For ICBs and Local Authorities)

Care Banking provides a single platform for commissioning, sourcing, contracting and paying for care across health and social care markets. Multiple operating models are supported and can be used independently or in combination, allowing organisations to evolve without re- procurement or system change.

This includes:

- Standard brokerage workflows
- Individualised Agreement (IA) workflows
- AQP and non-AQP models
- Dynamic Purchasing Systems (DPS), including:

- o Single-category DPS

- o Multi-category DPS

- o Hybrid DPS models

(Note different payment models are available for the DPS supporting software)

- Contract management, invoicing and payments
- Virtual wallets
- Prepaid cards
- Discharge payment cards
- Prepaid card management (where required)

The same commissioning and payments infrastructure supports both NHS and Local Authority use.

1.3. Statutory & Commissioned Services (Health & Social Care)

Care Banking supports the full range of statutory and commissioned services delivered by ICBs and Local Authorities, using a shared case record, workflow engine and governance framework. This can be custom design or off the shelf services, typical use cases are set out below:

Supported services include:

Health

- All-Age Continuing Care (AACC)
- Adult Continuing Healthcare (CHC)
- Children and Young People's Continuing Care
- Children's transitions (health to adult services)
- Section 117 Aftercare
- Section 75 pooled budget arrangements
- Personal Health Budgets (ICB)
- Personal Budgets (Local Authority)
- Integrated Personal Budgets (joint LA / ICB)
- Safeguarding
- Social Prescribing
- Acquired Brain Injury (ABI) pathway
- Neuro-rehabilitation pathways
- PupOC / children's placement oversight (where applicable)

Social care

- Social care assessment and care and support planning (Care Act 2014)
- Adult social care packages (residential, nursing and domiciliary care)
- Children with Disabilities (CWD) services
- Children's social care placements (residential, foster care and supported living)
- Preparing for Adulthood (PfA) and transition to adult services
- Personal Budgets (Local Authority)
- Direct Payments
- Integrated / joint personal budgets (Local Authority and NHS)
- Reablement and rehabilitation services
- Intermediate care and step-down services
- Specialist adult social care pathways, including complex needs
- Safeguarding Adults (Care Act duties)
- Safeguarding Children (statutory safeguarding responsibilities)
- Section 117 Aftercare (Local Authority responsibilities)
- Pooled budget and joint commissioning arrangements (including Section 75)
- Community prevention and early help services
- Social prescribing and community navigation
- Market management and provider oversight
- Placement commissioning, monitoring and assurance
- Financial assessment and contributions management
- Direct payment card and prepaid card management

All services can be delivered individually or in combination, without fragmentation of data, reporting or oversight.

1.4 Community Care & Provider-Facing Solutions

Care Banking supports coordination with community-based services and provider organisations, enabling closer alignment between commissioning and delivery.

This includes digital support for:

- Community care providers
- Care homes
- Domiciliary care
- Virtual wards
- Placement and package management
- Ongoing monitoring and assurance
- Specialist pathways including eg ABI and neuro-rehabilitation

1.5. Transformational Demand Planning & System-Wide Flow

(Health, Community and Social Care)

Care Banking provides advanced, AI-enabled capabilities to support system-wide demand planning and flow management, particularly focused on discharge and complex care.

This includes:

- Admission-led discharge planning
- Discharge to Assess (D2A) orchestration
- Early identification of CHC and complex care needs
- Parallel planning across health, community and social care
- Predictive and re-forecasting models for capacity and demand
- Winter preparedness and surge planning

These capabilities support a move from reactive discharge management to proactive, system- wide coordination.

1.6. NHS Spine & National Services Integration

(Enabling services)

Care Banking integrates with NHS national services to support accurate identification, interoperability and safe data exchange across care settings.

This includes support for:

- Spine Connection Services
- Spine services via HSCN connectivity
- Spine Secure Integration Platform (RIP)
- Clinical Record Viewer (CRV)
- Address validation and demographic verification
- NHS Number and PDS-related services
- GP Record access : SystmOne & Emis
- Trust integration Cerner

These services are used where required to support referrals, verification, discharge planning and cross-organisational coordination.

1.7. Customer-Specific Use Cases & Digital Entry Points

Care Banking supports a range of configurable, customer-specific use cases that enable digital access and operational flexibility without bespoke development.

This includes:

- Electronic forms (E-Forms)
- Digital referral portals (including DRAR-style models)
- Section 117 and Section 75 workflows
- Discharge and care planning
- Discharge-related payment cards and support mechanisms
- Customer Specific use case (modular component design)
- Day rate development, inline with GCloud rate card

These use cases can be configured to align with local operating models and policies.

1.8. Data Services, Quality Improvement & Corrective Actions

Care Banking includes dedicated services to improve data quality, correct historic issues and support migration or assurance activity.

This includes:

- Data cleansing and formatting exercises
- Data Migration
- Artificial Intelligence quality validation on large data sets
- Correction of patient import errors or reformatting
- Targeted data improvement activities for:
 - o FNC records
 - o CHC residential and nursing care
 - o CHC domiciliary care
 - o Children's Continuing Care
- Structured corrective action plans following data quality review

These services support safer decision-making, improved reporting and regulatory assurance.

1.9. Assurance, Appeals & System Oversight

Care Banking includes built-in capabilities to support assurance, transparency and challenge across commissioned services.

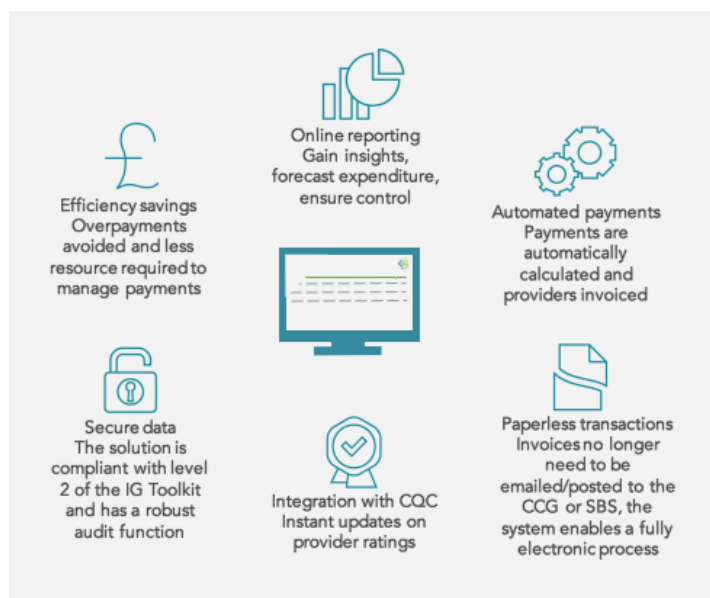
This includes:

- CHC appeals and disputes support
- Period of Previous Unassessed Care (PuPOC)
- Reviews and reassessments
- Financial assurance and audit reporting
- Population-level reporting and benchmarking
- Place or local based reporting and cohort reporting
- Mandated national reporting data sets

These capabilities support statutory duties, audit requirements and executive oversight without requiring separate reporting tools.

Section 2 : Platform's functional capability domains

Our solution offers a number of key benefits



- Fully Digitised
- Dedicated clinical and financial management pathway support. Incorporating supplier management protocols (can be tailored to local pathways, within 30 minutes)
- A complete end to end service.
- Designed in partnership with Providers, Heath Commissioners and the Local Authority
- A full Source to Pay Solution
- Complaint with all relevant standards
- Provider and bed management functionality
- Flexible reporting functions.
- Enables the rapid addition of new providers to the market pace, as part of the discharge process.
- ISFE 2.0 compliant and supports all national reporting types eg PLDS, Quarterly returns etc

The pathway management solution from Care Banking consists of nine elements:

1 Workflow /pathway management, 2 Data capture and document management, 3 Data and information management including reporting and dashboards, 4 Capturing and administrating patient documentation, 5 E-forms, referral portals 6 Patient Placement management and Market management (including bed capacity), 7 Digital Contracting, Invoicing and payments, 8 Ongoing case management. Adult and Children care services are supported with seamless switching between service types. 9 Vertergi Intelligence Assistants, Artificial Intelligence support

2.1 Workflow /pathway management

The workflow solution

Care Banking has designed a digital platform for a whole system approach, helping to reduce the risks and inefficiencies associated with manual systems, part digitised systems or poorly integrated operational systems, eg Acute trust systems, Social care systems, Community care systems, GP and ICB systems. A single platform approach makes data collection, storage and retrieval quick and simple, while reducing the opportunity for errors, while enabling operational systems to remain in place. The latest iteration of our platform has been redesign to expand on our core technologies in clinical assessments, brokerage and payments to focus on system wide transformation aligned to our major markets in All Age Continuing healthcare and discharge management.

The updated platform supports the management of end-to-end workflows across acute, community and social care settings, enabling system-wide coordination while remaining compatible with existing operational models.

The platform enables discharge planning and complex care coordination to commence at the point of admission within the acute trust. This allows Continuing Healthcare (CHC), community and social care planning activities to run in parallel with the patient's treatment plan, rather than sequentially at the point of discharge. Brokerage, contracting and sourcing activity can therefore begin earlier, reducing delays and improving overall bed utilisation.

By supporting admission-led, parallel workflows, the platform helps acute trusts and commissioners improve efficiency during periods of pressure, including winter and surge demand, while maintaining appropriate clinical and professional oversight.

Care Banking can be adopted incrementally. Organisations may initially deploy the platform to support individual pathways such as All-Age Continuing Care (AACC), Adult CHC, Section 117 Aftercare, neuro-rehabilitation, social care placements, rehabilitation services or Personal Budgets. Over time, use of the platform can be expanded to support broader system-wide workflows, including discharge management and integrated commissioning across health and social care.

This approach allows organisations to address immediate operational challenges such as delayed discharges and constrained bed capacity while retaining the option to progressively enable more integrated, system-wide transformation as confidence, capacity and organisational readiness increase.

This approach aligns with NHS England guidance on discharge planning, which emphasises early identification of post-acute needs, Discharge to Assess, and parallel working across acute, community and social care. By enabling discharge planning for AACC, community and social care workflows to begin at the point of admission, Care Banking supports the principle that patients should be assessed for longer-term needs in the most appropriate setting, rather than remaining in acute beds. The platform facilitates earlier coordination, reduces avoidable delays caused by sequential processes, and supports system-wide flow by ensuring that

commissioning, brokerage and care sourcing activity progresses alongside clinical treatment, in line with NHS England expectations for safe, timely and effective discharge.

All workflows and pathways can be supported by optional AI-assisted capabilities, delivered through the Care Banking Artificial Intelligence Administrator. The AI Administrator acts as an orchestration and governance layer, ensuring that AI services are applied consistently across pathways while remaining fully auditable and subject to professional oversight.

AI-assisted capabilities support pathway delivery by reducing duplication, improving timeliness and increasing operational efficiency, including the use of Vertergi Intelligence Assistant for operational tasks and business analysis tasks. These tools support earlier information capture, structured review of existing records, automated document preparation, scheduling of reviews and reassessments, improved operational reporting and the Vertergi Intelligence Assistant with multi function capability. AI services may be used selectively within individual pathways such as AACC, CHC, Section 117, neuro-rehabilitation or social care placements or applied more broadly to support system-wide workflows, including discharge planning and community coordination. At no point do AI services bypass statutory processes or replace professional judgement.

Within each workflow, Care Banking maintains a single, continuous patient record as individuals move between pathways or services. Role Based Access Controls (RBAC) determine how users can flag issues, store documents, configure data views and access information, ensuring that visibility and permissions align with professional role and organisational responsibility.

The patient record supports structured and unstructured data, including mandatory national datasets, clinical and care notes, contracts and associated documentation. Where appropriate, data is pseudonymised in line with RBAC rules and information governance requirements. The platform integrates with NHS national services to validate patient demographics, identify the responsible commissioner and support safe, auditable information exchange. This provides users with a consistent end-to-end view of pathway activity and supports operational monitoring, assurance and reporting across discharge and ongoing care workflows.

2.2 Data Capture and Document Management

Care Banking supports the secure capture, management and use of data and documentation across health and social care pathways. The platform is designed to support complex workflows that rely on information from multiple sources, including GP records, community services, acute trusts, clinical and care assessments, and the provider market data such as contracts, pricing, capacity and activity.

The platform manages the full document lifecycle, including capture, validation, use, storage, retention and disposal inline with NHS and local government regulations. It supports the transition from paper-based processes to digital-first working while remaining compatible with existing operational practices where required.

Digital forms and structured data capture

Care Banking supports configurable digital forms (E-Forms) that can be used across pathways such as CHC, AACC, Social Services, discharge management, Section 117, social care placements and Personal Budgets. Forms can be pre-populated using available patient demographics and reference data, reducing manual entry and improving data quality. Submitted forms automatically populate the underlying case record, ensuring that clinical, care and contractual information is captured once and reused consistently across workflows.

Digital forms can be used by a range of organisations, including acute trusts, mental health services, community teams and Local Authorities, to support electronic referrals, assessments and care planning. Where required, paper-based documentation can also be managed within the same architecture, ensuring continuity during transition to fully digital processes.

Community provider, patient and partner documentation

In addition to internal document management, Care Banking supports the controlled collection and sharing of documentation from community care providers and partner organisations, including care homes, domiciliary care providers and voluntary sector services.

Dedicated portals are available for care providers, acute trusts and patients, enabling mandated documentation to be submitted digitally as part of assessments, discharge planning and ongoing care management. This accelerates the collection of evidence required for decision-making, reduces manual follow-up, and improves visibility of key documents for authorised parties such as social workers, clinicians and patients or their representatives.

The platform enables commissioners to configure how, when and by whom documentation is requested, shared and reviewed. This allows document flows to be aligned to local policy, pathway design and assurance requirements, while maintaining consistency and auditability across organisations.

Document management and patient record linkage

All documentation within Care Banking is linked to a single, continuous patient record, allowing documents to move with individuals as they progress between pathways or services. This

ensures that clinical assessments, care plans, contracts, correspondence and supporting evidence remain visible and accessible to authorised users throughout the lifecycle of care.

Documents are stored securely and can be filtered and retrieved using automated routines based on document type, pathway, date or workflow stage. This supports efficient case management, multidisciplinary working and audit activity without reliance on separate document repositories.

Governance, validation and electronic signatures

For governance and assurance purposes, Care Banking supports electronic signatures for relevant documentation, including assessments, multidisciplinary decision records and contractual documents. This supports formal approval processes and reduces reliance on manual handling.

The platform integrates with NHS national services to support validation of patient demographics and identification of the responsible commissioner, ensuring that records are accurate and aligned to statutory and contractual requirements.

Security, resilience and information governance

Access to data and documents is controlled through Role Based Access Controls (RBAC), ensuring that users only see information appropriate to their role and organisational responsibility. Where required, data can be pseudonymised in line with information governance policies.

All documents and associated data are securely stored and backed up to ensure resilience and continuity of service, supporting operational reliability, audit assurance and compliance with NHS and Local Authority information governance requirements.

2.3 Data, Information Management, Reporting and Dashboards

Care Banking provides comprehensive data and information management capabilities to support operational delivery, assurance, performance monitoring and statutory reporting across health and social care pathways.

The platform captures structured and unstructured data from all workflows, enabling timely access to information for clinicians, commissioners, operational teams and finance users. Reporting and dashboards are configurable to reflect local operating models, pathway design and governance requirements.

Reporting and dashboards

Care Banking includes a comprehensive suite of reporting and dashboard tools designed to support both routine operational management and formal assurance requirements. These include:

- Pre-configured operational reports, supporting day-to-day management of pathways such as CHC, AACC, discharge management, Section 117 and social care placements
- Financial and activity reports, supporting monitoring of spend, contracts, provider activity and payment assurance

- Performance dashboards, providing real-time visibility of workflow status, caseloads, delays, reviews and key milestones
- Audit and governance reports, supporting internal review, external audit and regulatory assurance
- National reporting eg PLDS, NHS quarterly returns, or social care returns

Reports and dashboards can be viewed within the platform or exported in standard formats, including Excel, PDF or Word.

Power BI integration

Care Banking supports integration with Microsoft Power BI, enabling organisations to develop advanced analytical reports and dashboards using their existing Power BI capability. Power BI reports can be securely published into the Care Banking reporting suite, allowing users to access advanced analytics alongside standard operational and statutory reports within a single platform.

This approach enables organisations to combine Care Banking data with wider organisational datasets where required, while maintaining appropriate access controls and information governance.

User-led query reporting and scheduling

The platform supports both simple user-led query reporting and more advanced SQL-based reporting for authorised users. This enables flexible analysis ranging from straightforward operational queries to complex, multi-dimensional reports.

Reports can be scheduled for automatic distribution, for example generating and sending reports to defined users or groups on a regular basis (such as weekly or monthly), supporting routine operational oversight and management reporting without manual intervention.

Benchmarking and statutory reporting

Where national or regional reporting requirements apply, Care Banking supports benchmarking and statutory reporting aligned to NHS England, Department of Health and Local Authority requirements. Reporting structures can be adapted as datasets or guidance evolve, ensuring continuity without system reconfiguration.

AI-assisted reporting and insight

As described in the Operational AI & Workforce Enablement section, Care Banking includes AI- assisted reporting capabilities that allow authorised users to request reports or insights using natural language input, via the Vertergi Intelligence Assistant. These requests can return validated or unvalidated outputs, clearly identified as such, which may be reviewed, refined and approved by users. The assistant contains contact centre, project centre, meeting manager, organisation intelligence, timesheets and absence

AI-assisted analysis can support exploration of trends, patterns and potential implications across pathways and services. Outputs can be transformed into draft management or board- level reports, which users can edit, contextualise and finalise before use. This capability is designed to support insight generation and decision-making while maintaining transparency, professional oversight and governance.

Audit history and information governance

All user activity within the platform is recorded through a comprehensive audit trail. Actions such as record creation, updates, approvals, contract changes and invoice processing are user- and time-stamped, providing full traceability.

Audit logs support internal governance processes and external assurance, including compliance with the NHS Data Security and Protection Toolkit. Audit data is retained and archived in line with information governance and retention policies.

The combination of structured data capture, reporting, dashboards and audit history provides commissioners and delivery partners with a robust, transparent and defensible view of service delivery, financial control and data quality across health and social care pathways.

2.4 Integration with National and Local Systems, Information Governance, Security and Assurance

Care Banking is designed to operate as part of the wider health and social care digital ecosystem, integrating with national, regional and local systems while maintaining robust information governance, security, resilience and assurance controls.

Integration with national and local systems

The platform integrates with key national NHS services to support accurate identification, validation and coordination of care. This includes integration with NHS Spine services to support patient demographic validation, identification of the responsible commissioner and safe, auditable information exchange.

Care Banking supports integration with GP clinical systems via nationally approved interfaces, enabling relevant information to be accessed within commissioning, discharge and care coordination workflows in line with local information sharing agreements.

At a local level, the platform integrates with Acute Trust systems, Local Authority systems, community service platforms and provider systems as required, we have standard APIs for this data transfer and can support bi directional data exchanges. This enables information to flow across organisational boundaries while allowing existing operational and clinical systems to remain in place, aligned to local digital architecture, maturity and governance models.

Information governance and data protection

Care Banking is designed to operate in compliance with UK GDPR, the Data Protection Act 2018 and NHS information governance requirements. The platform supports the secure processing of personal and special category data across health and social care pathways.

Role Based Access Controls (RBAC) ensure that users can only access information appropriate to their role, organisation and responsibilities. All access and activity within the platform is logged through comprehensive audit trails, supporting transparency, accountability and auditability.

Data retention and disposal are managed in line with the NHS Records Management Code of Practice and Local Authority retention policies. Where required, data can be pseudonymised in accordance with commissioning and information governance requirements.

Security, assurance and accreditation

Care Banking operates a mature and independently assured security, quality and environmental management framework. The platform and supporting organisational processes are accredited and assured through:

- ISO/IEC 27001 – Information Security Management
- ISO 9001 – Quality Management
- ISO 14001 – Environmental Management
- Cyber Essentials and Cyber Essentials Plus
- CREST-approved annual penetration testing
- NHS Data Security and Protection Toolkit (DSPT) compliance
- Digital Technology Assessment Criteria (DTAC) assessment documentation for buyer assurance; this is not a blanket NHS England product approval or certification

Current certificates, assessment records, dates and scope are available for buyer verification. Each claim applies only to the organisation, product and activities covered by the relevant evidence; assessment does not constitute blanket approval of every optional module.

Cloud hosting, resilience and scalability

Care Banking is delivered using secure cloud hosting across two independent UK-based data centres, providing geographic resilience and high availability. The platform is designed with automated failover and advanced switchover capabilities, ensuring continuity of service in the event of infrastructure or service disruption.

The hosting architecture supports automatic scaling to meet changes in demand, enabling the platform to maintain performance during periods of peak operational pressure, such as winter surges or large-scale discharge activity. Data is hosted in the UK and protected through encryption in transit and at rest, secure authentication controls and continuous monitoring.

These arrangements support NHS and Local Authority requirements for data residency, availability, resilience and operational continuity.

Secure development, incident management and business continuity

Care Banking operates a secure development lifecycle (SDLC), including controlled change management, security testing, vulnerability management and regular review of code and configuration changes.

Documented incident response and breach management procedures are in place, aligned with NHS and regulatory expectations. Business continuity and disaster recovery arrangements support service resilience, with defined recovery objectives and regular testing to ensure continued availability of critical services.

Insurance and organisational risk management

Care Banking maintains appropriate levels of insurance in line with NHS and Local Authority contracting requirements, including:

- Professional Indemnity Insurance
- Public Liability Insurance
- Employers' Liability Insurance
- Cyber insurance

These arrangements provide additional assurance in relation to operational, contractual and cyber risk.

Supporting safe information sharing across organisations

By combining controlled system integration with strong information governance, independently assured security controls and resilient hosting, Care Banking enables safe and proportionate information sharing across ICBs, Acute Trusts, Local Authorities, community providers and partner organisations.

This integrated approach supports effective collaboration across health and social care while ensuring that information is shared lawfully, securely and in accordance with professional, contractual and regulatory expectations.

Further detail on certifications, policies and assurance evidence can be provided on request or as part of procurement clarification or mobilisation.

2.5 User Portals and Digital Referral Management

Care Banking provides a suite of role-specific portals that support secure, efficient interaction with the platform by different organisations and user groups across health and social care. These portals enable consistent data capture, controlled information sharing and streamlined workflows, while ensuring that all information feeds into a single, governed case record.

Commissioner and statutory organisation portals

The platform includes dedicated portals tailored to the needs of statutory organisations, including:

- Commissioner portals for ICBs and Local Authorities, supporting oversight of referrals, assessments, commissioning activity, brokerage, payments and assurance

- Acute Trust portals, enabling early referral, discharge planning and submission of clinical and discharge documentation at the point of admission or during inpatient care
- Local Authority and District Authority portals, supporting social care assessment, placement activity, safeguarding and care coordination
- Community Trust and Mental Health Trust portals, enabling referral, assessment input and ongoing coordination across pathways
- Patient portal for nominated patient representatives to view and share information on a patient.
- Payment portals: PHB, Discharge, Virtual Wallet, Prepaid cards

Access within each portal is controlled through Role Based Access Controls (RBAC), ensuring users only see and act on information appropriate to their role, organisation and regulatory responsibilities.

Care Home and Domiciliary Care provider portals

Care Banking provides dedicated portals for care homes, domiciliary care providers and community care organisations, enabling secure participation in assessment, discharge and ongoing care workflows.

These portals allow community providers to:

- Upload and view documentation required for assessments, placements and reviews
- Share mandated documentation with commissioners, social workers and CHC teams
- Receive and respond to requests for information as part of discharge or care planning workflows

Where appropriate and subject to regulatory approval, information sharing agreements and RBAC controls, the portal can also provide controlled access to relevant clinical information.

For example, a care home may be able to view medication information from a GP record to support safe admission, or upload clinical notes and observations for review by social workers or CHC nurse assessors.

All access and activity is auditable, ensuring transparency and compliance with information governance requirements. This approach reduces reliance on email and paper-based processes, speeds up decision-making and improves coordination between system partners.

Digital Referrals Assessment and Reviews (DRAR)

Care Banking supports Digital Referrals, Assessment and Reviews (DRAR), enabling electronic referrals into the platform from acute, community, mental health and partner organisations.

The digital referral portal allows authorised users to submit referrals and supporting documentation directly into Care Banking without the need for separate emails or attachments. Referrals are submitted using configurable digital forms (E-Forms), ensuring mandatory fields are completed and data quality is maintained.

Where appropriate, referral forms can be pre-populated using available patient demographics and reference data. Electronic signatures support governance and validation. Once submitted, referral information is written directly into the system database and workflow, enabling immediate progression without additional administrative intervention.

Supporting digitised workflows and faster discharge

By replacing paper-based referral, documentation and discharge processes with digital portals and forms, Care Banking supports faster, more reliable movement of patients through assessment, discharge and placement workflows. This improves visibility for all parties involved and enables earlier coordination across health and social care.

The portal capability can be used as a standalone entry point into individual pathways—such as AACC, CHC, Section 117 or social care placements—or as part of wider system-wide workflows supporting admission-led discharge planning and integrated care coordination.

Integration and flexibility

In addition to portal-based access, Care Banking supports integration interfaces that allow referrals and documentation to be submitted from external systems where required. This provides flexibility for organisations with differing digital maturity while maintaining a consistent governance and workflow model within the platform eg eRs.

2.6 Patient Placement, Brokerage and Market Management

Care Banking provides a comprehensive patient placement, brokerage and market management capability supporting commissioning, sourcing, contracting and payment across health and social care pathways.

The platform is designed to give commissioners and operational teams a single, governed view of the care market, while supporting flexible brokerage models that reflect local policy, pathway design and provider arrangements.

Brokerage models and commissioning routes

Care Banking supports multiple brokerage and commissioning approaches, which can operate independently or in combination within the same system. These include:

- Standard brokerage workflows, supporting manual or semi-automated placement and contracting
- Individual Placement Agreement (IPA) workflows, combining clinical and financial management with configurable approval hierarchies
- Any Qualified Provider (AQP) and non-AQP commissioning models
- Dynamic Purchasing System (DPS) models, including multiple variants to reflect local rules and supplier frameworks

Brokerage workflows are fully configurable, allowing organisations to define approval routes, financial thresholds, clinical sign-off requirements and escalation paths in line with local governance. This enables commissioners to balance control, efficiency and flexibility without changing systems.

Individual Placement Agreement (IPA) workflow

The IPA workflow supports the end-to-end management of placements requiring combined clinical and financial approval. Requests can be assessed, approved and monitored through a defined hierarchy, ensuring that decisions align with clinical need, commissioning policy and delegated financial authority.

IPA workflows can be configured to meet local requirements, including multi-stage approvals, parallel clinical and financial review, and integration with contract and payment processes. This supports transparent decision-making and auditable governance across complex placements.

Market management and provider oversight

Care Banking includes an e-marketplace and service directory that provides visibility of available providers, services and capacity. Providers can be filtered by service type, regulatory status, location, quality indicators and commissioning eligibility.

This enables commissioners to:

- Monitor market capacity and service availability
- Compare qualified and non-qualified providers
- Support consistent sourcing decisions across pathways

Provider profiles, service rates, contract terms and historical activity are maintained within the platform, supporting audit, assurance and market management activity.



Source to Pay (S2P) and automation

Once a placement or service is confirmed, Care Banking supports the full Source to Pay (S2P) process, including contract creation (both the Master framework eg NHS England Standard contract terms and the call off contract eg Supa or IPA), activity tracking, invoicing and payment. Contracts and associated documentation are linked to the individual patient record, ensuring traceability and auditability.

Where appropriate, elements of the brokerage and S2P process can be automated, for example routing approvals, generating contracts or validating invoices. Automation can be applied selectively, allowing organisations to retain manual control where required while improving efficiency in high-volume or low-risk scenarios.

Supporting multiple pathways and future transformation

The brokerage and market management capability supports a wide range of pathways, including AACC, Adult CHC, Section 117, neuro-rehabilitation, social care placements, rehabilitation services and Personal Budgets. Organisations may deploy the platform to support individual pathways initially, while retaining the option to expand to a more integrated, system-wide brokerage and commissioning model over time.

This approach enables immediate operational benefit while supporting longer-term transformation as commissioning models, provider markets and organisational structures evolve.

2.7 Digital Contracting, Invoicing, Payments and Financial Control

Care Banking provides a fully digital, end-to-end capability for managing contracts, invoicing, payments and financial control across health and social care pathways. The platform replaces paper-based processes, fragmented spreadsheets and manual validation with a single, governed workflow that improves financial assurance, transparency and operational efficiency.

Digital contracting and provider engagement

Once a placement or service is approved through the brokerage workflow, Care Banking automatically generates and manages the associated digital contract. Contracts are linked directly to the individual case record, agreed rates and provider profile, ensuring consistency, traceability and auditability.

Providers interact with the platform through secure portals, enabling them to view contracts, submit activity, upload supporting documentation and respond to queries without reliance on email or paper processes. This reduces administrative burden while improving accuracy and timeliness.

Flexible rate structures and uplifts

Care Banking supports a wide range of rate and payment structures commonly used in community and social care, including time-based increments (for example 15-minute, 30-minute, 45-minute, hourly and weekly rates), as well as unit-based pricing aligned to local commissioning models.

The platform supports both annual uplifts and retrospective uplifts, enabling rate changes to be applied accurately across existing contracts and historical activity where required. This ensures financial adjustments are applied consistently and transparently, without manual reworking of contracts or invoices.

An annual table of agreed rates can be configured and approved at the start of the financial year. This enables audit committees and finance teams to formally sign off rate levels in advance, reducing delays, disputes and operational friction during the year.

Invoicing, validation and payment processing

Invoices are submitted electronically and validated against agreed contracts, approved activity, rate tables and commissioning rules. This removes many of the traditional causes of error and dispute associated with manual brokerage and payment processes.

Care Banking supports partial payment of provider services where required, allowing commissioners to release payment for validated activity while resolving outstanding queries. This helps avoid stuck invoices, improves provider cash flow and maintains operational continuity.

Commissioners retain full visibility of all liabilities, including committed, accrued and paid amounts, supporting effective financial management and forecasting.

Financial controls, rules and assurance

The platform incorporates configurable financial control rules that link payment routines to compliance and assurance requirements. For example, payments can be automatically restricted if required provider documentation such as insurance, regulatory registration or contract acceptance is not present or has expired within the provider portal.

All financial control rules, approval hierarchies and enforcement thresholds are configurable at client level, enabling organisations to align the system with local policy, delegated authority and risk appetite.

Market oversight and value

By managing contracts, activity and payments within a single integrated platform, Care Banking provides commissioners with a transparent and defensible view of financial commitments and liabilities. Compared with legacy approaches, customers typically achieve significant cost savings over the contract term through reduced manual processing, improved validation and tighter financial control. These efficiencies are achieved through operational improvement and assurance, rather than changes to care delivery.

Scalable and flexible adoption

The digital contracting, invoicing, payment and financial control capability can be applied to individual pathways or extended across multiple services and commissioning models. This allows organisations to realise immediate benefits while retaining the flexibility to expand use of the platform as commissioning arrangements and market complexity evolve.

2.8 Reviews, Appeals and Case Management

Care Banking provides a comprehensive case management and review capability that supports individuals across multiple pathways within a single, continuous patient record. The platform is designed to reflect real-world care delivery, where individuals may receive support across health and social care services simultaneously or move between pathways over time.

Single patient record and multi-pathway management

Each individual is represented by a single patient record within Care Banking. Patients can be associated with multiple pathways at the same time without duplication of records. For example, an individual may receive support through Adult CHC and a Personal Health Budget, or through Social Care services alongside Reablement. All activity, documentation and decisions remain linked to the same patient record.

This approach ensures continuity, reduces duplication and enables all authorised professionals involved in an individual's care to work from a shared, up-to-date view of needs, plans and decisions.

Case allocation, assessment and review

Discharge planners, clinicians, social workers and assessors can be registered within the platform and allocated responsibility for cases in line with Role Based Access Controls (RBAC). Users can capture and maintain structured and unstructured information, including assessments, care plans, notes, reviewed needs and supporting documentation.

All information entered is stored within the patient record and is immediately available to authorised users across pathways. This supports timely reviews, coordinated decision-making and consistent documentation throughout the lifecycle of care.

Reviews, monitoring and ongoing assurance

Care Banking supports scheduled and ad-hoc reviews across pathways, ensuring that care packages remain aligned to assessed needs and commissioning decisions. Reviews, actions and outcomes are recorded within the patient record, providing a clear audit trail and supporting ongoing monitoring and assurance.

The use of a single, shared care plan enables patients, professionals and partner organisations to contribute to and view a consistent record of the individual's care objectives, actions and contingency arrangements, subject to appropriate access controls.

PupOC and children's pathways

The platform supports Previously Unassessed Periods of Care (PuPOC) and children's pathways, enabling oversight and review of historic care periods and interim or transitional arrangements where assessments are ongoing. Activity is recorded within the same patient record for visibility, governance and continuity.

Transition pathways (children to adult services)

Care Banking includes support for transition pathways, enabling children and young people to move safely from children's services into adult services. During transition, an individual may remain within a Children and Young People (CYP) pathway while also being visible to adult service teams, such as Adult CHC assessors, as appropriate.

This allows adult teams to view relevant case history, assessments and plans during the transition period, while ensuring that statutory responsibility remains correctly aligned until the point of transition. The transition is managed within the same patient record, avoiding duplication and ensuring continuity of information and decision-making.

Supporting coordinated, person-centred care

By maintaining a single patient record across reviews, pathways and transitions, Care Banking enables coordinated, person-centred case management across health and social care. This approach supports better continuity, safer transitions and more effective long-term planning, while remaining fully aligned with statutory responsibilities and information governance requirements.

2.9 Supporting Services

Our solutions are supported by a dedicated account manager who has access to a range of healthcare experts that will work with you to ensure we enable effective digital transformation for your organisation.

Our relationship with clients doesn't end after implementation. Dedicated Customer Success Managers (CSMs) work closely with each ICB to optimize workflows, refine operations, and continuously improve service delivery. We offer quarterly performance reviews, monthly account meetings, AI-driven optimization workshops, and real-time support to ensure clients derive the maximum value from their Care Banking solution. We also support clients with post-implementation training and feature enhancement guidance.

Upon contract award we will establish an onboarding team, who will work with you to ensure a simple and effective transition. Once onboarded we will run weekly operational review meetings and a final transition closure meeting to document and resolve any issues, upon resolution the contract will hand over to the support team. Our support team is available to answer all customer queries.

Service Features

- Dedicated support team handling operational reviews and issue resolution.
- Standard onboarding and transition planning.
- Dedicated Customer Success Managers (CSMs): Assigned to each ICB, ensuring proactive engagement and tailored support.
- Quarterly Performance Reviews: Structured reports on system utilization,

issue resolution trends, and upcoming feature enhancements. • Proactive System Monitoring: AI-driven monitoring to detect and resolve issues before they impact service delivery. • User Adoption & Training Webinars: Regular educational sessions to optimize system usage. • Post-Implementation Optimization Support: Ensuring maximum return on investment through workflow refinements and automation insights. • Advanced Performance Analytics & Benchmarking Reports: AI-driven insights comparing ICB performance with best practice standards.

Help Desk

- Standard help desk support available during office hours. • Priority setting, 1- 5. Priority 1 Critical issues resolved within 1 hour. Priority 5 Service requests added to the priority update matrix and considered during sprint planning. • 24/7 Priority Support Help Desk: Providing round-the-clock assistance for critical incidents. • Guaranteed 1-Hour Response Times for Critical Issues: Ensuring rapid incident resolution. • Dedicated NHS-Specific Support Line: Direct access to NHS workflow specialists.
- Live Chat & AI-Driven Knowledge Base: Self-service options for instant issue resolution. If requested by the client, some customer do not wish to utilise this service so its only provided on request • Incident Reporting Dashboard: Real-time tracking of support tickets, resolutions, and response performance. Monthly reports circulated and discussed as part of the service review. • VIP Concierge Service for ICBs: Direct escalation to senior engineers for high-priority issues. • End-to-End Support SLA Transparency: Publicly available SLA metrics for accountability.

Care Banking offers comprehensive support services, ensuring that users have access to assistance whenever needed. Our helpdesk is available 24/7 with engineering support from 8:00 AM to 6:00 PM, Monday to Friday. Extended hours, Weekend working and a VIP service direct to engineers is also available. Support requests can be submitted through multiple channels, including email, telephone, or our online helpdesk portal. Users can also log incidents and service requests directly or via our team on their behalf.

- Incident Prioritization: Users can nominate the priority of their incidents, ensuring that critical issues are addressed swiftly. • Request Tracking: The system allows users to track the full history and progress of their requests via the online portal, ensuring full transparency throughout the resolution process. In addition to standard helpdesk support, we also provide escalation procedures to address high-priority incidents with minimal delay.

Account Management Function

- Standard account management services with monthly engagement. • A Named Senior Account Manager for Each ICB: Ensuring personalized service and continuity. • Customizable Roadmap Planning: Aligning platform enhancements with NHS Digital priorities and CHC requirements. • All developments and service requests are managed in line with ISO9001 which Care Banking is accredited to • Client-Driven Development Pipeline: Customers can submit feature requests with transparent tracking and prioritization. • Annual Digital Transformation Workshop: Offering AI-driven process automation insights, efficiency reports, and strategic recommendations. • Dedicated NHS Working Group: Facilitating best-practice sharing between ICBs utilizing Care Banking. • Industry Leadership Engagement: Direct collaboration with NHS Digital and policy leaders to influence regulatory alignment.

Assurance of Supply

- Standard business continuity and backup protocols in place.
- 99.99% Uptime Guarantee: Leveraging redundant cloud hosting and failover architecture. • Automated Disaster Recovery Testing (Every 6 Months): Comprehensive reporting provided to ICBs. • ISO 27001, Cyber Essentials Plus, and NHS DSP Toolkit Compliance: Ensuring the highest security standards. • Integrated Financial Assurance Module: Automating payment validation against care delivery. • Automated Service Continuity in the Event of an Outage: Seamless switching to backup systems for uninterrupted service. • Dedicated Business Continuity Advisor: Assigned to each ICB for operational resilience planning. • Multi-Layered AI Threat Detection & Mitigation: Proactively monitoring security risks and automating responses. • Market leading hosting via AWS.

Our solution is available 24/7/365, ensuring that users can rely on uninterrupted access to Care Banking at all times. This high availability is supported by a combination of infrastructure resilience and proactive monitoring to prevent potential disruptions.

Maintenance

Scheduled downtime for essential maintenance or system upgrades may occasionally be required. To minimize disruption, these maintenance windows are kept to a minimum and scheduled outside core hours, typically between 18:00 and 06:00 UK time, Monday to Friday.

- **Scheduled Downtime:** We aim to provide users with at least 7 days' notice in advance of any scheduled downtime.
- **Emergency Maintenance:** If emergency maintenance is necessary, we will use reasonable endeavours to provide prior notice and will aim to keep downtime to an absolute minimum. Our proactive monitoring system ensures we respond quickly and efficiently to maintain service continuity.

Care Banking is committed to delivering reliable and responsive support while ensuring minimal service disruption through well-planned maintenance schedules.

Business Continuity

Our Business Continuity and Disaster Recovery Plan (BCDRP) complies with ISO27001. Our BCDRP mitigates the potential impact of incidents on our clients and Vertergi Group, and supports a rapid recovery back to normal working operations. This includes the risks associated with the unavailability of staff and IT/communications systems. Our BCDRP has successfully supported our Clients since 2018.

a. Robust resilience/failover mechanisms:

Our infrastructure comprises two cloud platforms:

- Our Care Banking platform hosted by Amazon Web Services (AWS)
- Our business applications hosted Google Workplace.

Both the AWS and Google infrastructure deliver the highest levels of redundancy and resiliency. Both deliver industry best 99.99% uptime service levels and no single point of failure. Their data centres provide:

- 24x7x365 full service monitoring and alerting
- Electricity generator backups
- Early fire detection/gas fire suppression
- Full video surveillance/recording
- Physical security measures/restricted access
- ISO27000 compliance.

Our AWS and Google based systems are always active, and mirrored across multiple geographically diverse, EU-based data centres. This allows failure of a single centre or multiple systems with zero data or service loss. Our use of AWS and Google systems and data centres significantly reduces the risk of systems failure. All data operations (e.g., "submit patient") are transaction based, and designed and tested to be resilient.

Equipment/software/server clustering/virtual servers

We use AWS and Google's global infrastructure and services to ensure reliability, scalability and guaranteed high availability. We do not operate any servers ourselves.

For the Care Banking platform, we use Amazon Elastic Compute Cloud (EC2) instances for application and database servers. The Amazon Relational Database Service (RDS) is used for database management. It handles database software maintenance, patching, backups, and resilience. We use Auto Scaling Groups to ensure our capacity automatically adjusts to traffic demand. This minimises the risk of server overload and ensures consistent performance. Elastic Load Balancers distribute incoming traffic across the multiple web servers within the Auto Scaling Groups, enhancing the platform's fault tolerance and distributing load.

We use multiple Virtual Private Clouds (VPCs) in separate geographic locations for network isolation and security. Each VPC encapsulates the entire infrastructure of the platform, including EC2 instances and RDS databases. Database redundancy is achieved through Amazon Multi-Availability Zone (Multi-AZ) deployments, which create redundant database instances. This ensures high availability and failover support in case of database server failures. We use Google Workplace for all day-to-day business applications such as email,

word processing and spreadsheets. Our finance, legal, HR, sales and marketing systems are all hosted in the Google Cloud or are vendor-hosted SaaS applications.

All employees use encrypted laptops with multi-factor authentication. We have password protocols, including length and complexity, and our systems force regular password changes. Our approach ensures data is protected at rest and in transit.

c. Failover testing and business continuity plans: We carry out regular failover testing using the failover and disaster recovery tools provided by AWS and Google. Our system administrators run failover scenarios to ensure we meet our Recovery Time Objectives (RTOs) and Recovery Point Objectives (RPOs). Our approach to failover testing and our results are audited per our ISO27001 accreditation.

Our BCDRP includes a risk assessment and risk register regime to determine the likelihood and impact of all identified risks. Risks are ranked according to likelihood and severity, with mitigation measures identified and implemented. All risks have a named owner and the risk register is reviewed by senior management monthly. We will collaborate with NEL ICB to ensure all contract risks are identified, mitigated and monitored.

The BCDRP sets out the roles, responsibilities and actions taken in the event of an incident. We regularly test our disaster recovery plans to ensure they are adequate, and carry out annual emergency planning exercises as a shared event with our clients to simulate a major disruption.

All staff and subcontractors receive BCDRP training during their induction so they understand their responsibilities during a BCDRP incident. Staff get regular updates and annual refresher training. We carry out annual scenario-based testing and our BCDRP is audited externally as part of our ISO27001 accreditation. BCDRP arrangements are also reviewed following any incidents.

Vertergi Group has formal processes to review all incidents and ensure lessons learnt are cascaded throughout the company and shared with suppliers and clients. We have a formal, structured communication plan within the BCDRP. The communication plan includes an escalation process, showing who should be told about each type of event, including client contacts.

d. Business continuity framework: Our business continuity framework is aligned to ISO22301. This framework ensures we operate and maintain processes, capabilities and response structures to ensure our business continues operating despite any disruption. As part of our business continuity framework, we monitor and review the performance of our BCDRP and make continual improvements based on qualitative and quantitative measures.

e. Cyber framework and PEN Testing: Vertergi Group holds Cyber Essentials Plus, the highest level of certification offered under the Cyber Essentials scheme. Our cyber framework has been technically assessed to ensure compliance with the standard.

AWS and Google carry out vulnerability management for their cloud-based services. Their vulnerability management processes actively scan for security threats using a combination of commercially available and purpose-built in-house tools, intensive automated and manual penetration efforts, quality assurance processes, software security reviews, and external audits.

Vertergi Group carries out annual penetration testing using a CREST approved, third-party provider. We carry out regular audits of our security controls, processes and procedures with particular emphasis on data protection and our Security Management Plan.

We review testing reports and categorise/prioritise findings based on the severity/impact to our systems. We develop action plans to address the findings, with time-bound actions allocated to named individuals. Further system testing is carried out to ensure the identified vulnerabilities have been remedied, ensuring our systems are compliant and security continuously improves. Where necessary, further training is provided to staff to embed any behaviour changes required (e.g., scam/phishing training).

Data Migration

Vertergi Group has a track record of undertaking complex data migrations from single and multiple legacy systems. In 2022, we carried out a simultaneous migration of the Bedford and Milton Keynes CHC systems from two different Broadcast versions to Vertergi Group's platform. The migrations involved a mix of

structured and unstructured Broadcare data for a population of approximately 800,000 individuals. All records were successfully migrated and integrated, including associated transactional data.

Vertergi Group's approach to data migration is methodical, thorough and compliant with ISO27001, Cyber Essentials Plus, GDPR and Data Security and Protection Toolkit. Our approach prioritises data accuracy, consistency and security whilst complying with the above industry standards and regulations.

We will conduct multiple trial migrations against secure test systems until we are confident all data is migrated correctly. Cut-over is then around 12 hours for a typical migration. We will approach all client migration in the same way we have carried out successful migrations from Broadcare and other systems, using our established methodology, tools and staff.

Our existing toolsets can take such data from either/both sources as needed.

We recommend going live four weeks prior to any legacy system shut down. Our approach provides a roll back route and opportunities for additional data validation during the first month of operation.

a. Mapping from the existing Common Data Model (CDM) to our model: We will initiate our data migration process with a comprehensive review of the existing data and CDM, which will provide a clear understanding of the ICB data structures and content. We will map the CDM data to our data model to ensure a smooth transition, including standardising naming conventions and data formats. The resulting data mapping document will provide a detailed roadmap for the migration process, guaranteeing the accuracy and completeness of data transfer. Our mapping strategy includes:

- Identifying all data elements in the CDM
- Creating data migration templates to guide the transformation process
- Defining data mapping rules, including field mappings, data types and data validation rules
- Data cleansing/validation procedures to ensure data accuracy/integrity during migration.

Our standardised data mapping processes will ensure data is consistently transformed and migrated, minimising the risks of data corruption and data loss.

b. Local/national code sets: We map local lookup codes to national or PLDS (Personal Demographics Service) code sets to ensure data consistency, interoperability, quality and patient identification. We will:

- Identify all local lookup codes in use within the ICB data
- Map local lookup codes to corresponding national/PLDS codes
- Ensure data consistency/compliance with national standards
- Implement data validation checks to identify and correct discrepancies.

We know that working closely with our customers in a methodical iterative process is the quickest and safest way to handle local codes where these are encountered.

c. Extracting data/linked documents from the CDM:

We have developed in-house tools to extract and transform data from the CDM (structured data) and legacy CHC systems (unstructured document data).

Our primary tool is a set of Extract, Transform, and Load (ETL) software developed by our in-house team of experts. We have successfully used ETL to carry out data migrations, including from multiple versions of Broadcare and can provide client references

ETL has been continually refined through multiple deployments, demonstrating its reliability and effectiveness. It will enable us to extract data from the ICB CDM and unstructured legacy CHC systems whilst maintaining data integrity. Our transformation capabilities convert data into the required format for our system, preventing any potential data integrity issues. ETL includes:

- Custom scripts/queries to retrieve structured data from SQL databases
- Data transformation scripts to convert data into the required format
- Robust data validation and quality control processes to identify and rectify inconsistencies.

d. Multiple trial extracts: Vertergi Group has established a well-defined strategy for conducting multiple trial extracts. We use legally compliant data extraction tools and techniques, ensuring we adhere to all relevant licences, agreements, and intellectual property rights. Our procedures prioritise data security and confidentiality during all phases of extraction, transformation and loading. Our approach includes:

- Conducting multiple trial extracts within the mobilisation phase
- Employing data snapshot techniques to capture data at specific points in time, preserving historical records
- Coordinating clinical validation on source and target systems.

We will work closely with ICB staff during the migration phase to validate data quality and ensure integrity prior to final transition/cut over. We are committed to data quality assurance as shown by our ISO27001 certification. Our approach incorporates rigorous quality checks throughout the migration process. We use data quality tools to identify and address data discrepancies and inconsistencies promptly.

Machine Learning (“AI”) capabilities are included in our data quality assurance toolset. Inspired by their success in previous data transitions, these are now a core part of our data transition process, allowing us to easily identify data errors. Our unique AI integration speeds up data quality checks and reduces staffing requirements whilst improving the quality of the end result.

e. Approach to minimising data structured and unstructured data loss:

We implement a multi-faceted approach to minimise data loss during mobilisation and implementation. We conduct thorough data quality assessments to identify and rectify any discrepancies within the legacy data sets. This ensures that data integrity is maintained throughout the migration process.

Our ETL processes are designed with error handling and data validation mechanisms to detect and address issues in real-time. We employ data reconciliation and validation checks post-migration to verify data accuracy. Typically, we use the following measures:

- Real-time data validation checks during migration
- Continuous monitoring/reconciliation of migrated data to ensure completeness/accuracy
- Full data backups before migration to safeguard against accidental loss
- Error-handling procedures to capture/correct any failed migration attempts
- Comprehensive documentation of the migration process for auditing/traceability
- AI review post migration to validate the data
- Human validation of record integrity by Vertergi Group and ICB users.

Implementation

Our approach: Vertergi Group has robust processes to ensure contracts are mobilised and implemented effectively. We will adopt a collaborative approach with the ICB, focused on transparent communication and underpinned by best practice project management methodologies, assurance, and stakeholder engagement.

On contract award, we will assign a dedicated Implementation Manager to develop and maintain effective working relationships with the ICB team. The Implementation Manager will have overall responsibility for delivering a successful implementation and coordinating Vertergi Group’s project team. Our project team will include dedicated workstream leads, who will be responsible for key elements of the implementation. The implementation manager will normally remain as the clients account manager to continue the effective ongoing relationship, with monthly meetings throughout the contract life cycle.

The workstream leads will hold weekly meetings to ensure all activities are completed on time and to manage any potential or actual delays. If delays to the programme do occur, we will inform NEL ICB immediately and work collaboratively to resolve the issue.

Our implementation plan: ICBs have been using our systems since 2018. We have strong, existing relationships with many ICBs, making us uniquely positioned to deliver this implementation project within the required timescales, at very low risk, and with minimal ICB resource requirements.

As an example of capability, we recently simultaneously migrated two Broadcare instances, involving over 800,000 records, onto our Care Banking platform. Based on that experience, we expect the implementation to take approximately seven to twelve weeks from project initiation to live usage, with all data migrated.

We have incorporated our experience of similar migrations to design an implementation plan that will deliver a seamless, low risk migration. We have established realistic timeframes that will maximise the use of the ICB’s resources. Our implementation plan uses a well-established System Development Life Cycle (SDLC) approach. The SDLC stages are iterative, meaning that the team may revisit and refine earlier stages as the project progresses. The stages overlap and run in parallel where required, driving out delays and inefficiencies.

The following table sets out the key stages of our implementation plan and includes the ICB resources required, in Whole Time Equivalent (WTE) days, at each stage. We can share our Gantt-based programme detailing the full implementation plan during the initiation phase.

Stage	ICB Resource	ICB Days	Duration
Project Initiation: Comprehensive assessment of ICB's requirements and objectives plus review of data for migration. Activities will include data analysis, information governance, data validation and testing. Early engagement with the ICB data analysis/information governance team will be critical for success.	Project Management Information Governance Data Analyst CHC Administration ICB Finance CHC Management	2.5 2 2 1 1 1	6 days
objectives plus review of data for migration.	Information Governance	2	
Activities will include data analysis, information governance, data validation and	Data Analyst	2	
testing. Early engagement with the ICB data	CHC Administration	1	
analysis/information governance team will be critical for success.	ICB Finance	1	
	CHC Management	1	
Data Migration: Iterative data migration process to isolate any legacy systems data which fails to validate and requires remedial work. We anticipate carrying out between three and seven data migration tests, prior to final cut over/go live. This phase will involve close working between our Implementation Manager and the designated ICB leads.	Project Management Information Governance Data Analyst CHC Administration ICB Finance CHC Management	3 0 1 2 2 2	37 days
which fails to validate and requires remedial	Information Governance	0	
work. We anticipate carrying out between three and seven data migration tests, prior to	Data Analyst	1	
final cut over/go live. This phase will involve	CHC Administration	2	
close working between our Implementation Manager and the designated ICB leads.	ICB Finance	2	
	CHC Management	2	

Stage	ICB Resource	ICB Days	Duration
Data Import and Configuration: Activities will include importing ICB configurations such as process flow templates, supplier Vender Site Reference Number (VSRNs) and related contract data. Building a User Acceptance Test environment. Configuration of local access and networking. Scaling of Care Banking's cloud-based systems to cope with anticipated increase in demand. Security: We will review with the ICB what encrypted data will move through which secure channels. Our migration test facilities are co-located with our operational systems and follow the same stringent security and privacy protocols.	Project Management Information Governance Data Analyst CHC Administration ICB Finance CHC Management Senior Responsible Officer	4 0 5 2 2 2 1	5 days
process flow templates, supplier Vender Site Reference Number (VSRNs) and related	Information Governance	0	
contract data. Building a User Acceptance Test environment. Configuration of local access	Data Analyst	5	
and networking. Scaling of Care Banking's cloud-based systems to cope with anticipated	CHC Administration	2	
increase in demand.	ICB Finance	2	
Security: We will review with the ICB what	CHC Management	2	
encrypted data will move through which secure channels. Our migration test facilities are co-located with our operational systems and follow the same stringent security and privacy protocols.	Senior Responsible Officer	1	
User Acceptance Testing (UAT) and Training: UAT will be carried out in Vertergi Group's secure test systems using migrated data. Final UAT will take place once all data has been migrated. We will work closely with the ICB to agree	Project Management Information Governance Data Analyst	2 0.5 0	5 days
systems using migrated data. Final UAT will take place once all data has been migrated.	Information Governance	0.5	
We will work closely with the ICB to agree	Data Analyst	0	
when the system is ready for final cut-over and go live. Training: We will provide comprehensive training sessions for the ICB personnel to ensure they understand how to use the system prior to cut-over. We will provide supporting documentation and video help guides.	CHC Administration ICB Finance CHC Management	1 0.5 1	12 days
	ICB Finance	0.5	
Training: We will provide comprehensive training sessions for the ICB personnel to ensure they understand how to use the system prior to cut-over. We will provide supporting documentation and video help guides.	CHC Management	1	12 days

Stage	ICB Resource	ICB Days	Duration
Go Live: We recommend the system cut-over and go live commences on a Friday night, to mitigate any risks to service delivery. The migration will typically take 12 hours. Vertergi Group will run functional tests and data validation throughout Saturday, prior to handing over to the ICB on Sunday for sign off. The ICB will then be able to release the system on Sunday night, allowing staff to commence operations the following day. Options to roll back will be available at all times.	Project Management	1	3 days
Post Go Live Support: We will provide rigorous post go live support, including regular evaluations with The ICB. We recommend legacy systems are retained for four to six weeks after cut-over in case any issues occur with the new system.	4 week live run (historic validation activities)	3	4 weeks
Total ICB Resources required.		44.5 WTE	

Impact of migration on operational staff:

Our approach to migration has been developed over multiple implementation programmes and is designed to allow the uninterrupted operation of existing systems throughout the implementation, and without additional staff requirements. The migration will have no impact on operational staff, except for the training time listed in the above plan.

Development partnership

Customer Success

At Care Banking, we believe that account management goes beyond just customer service – it's about forming a strategic partnership that supports the digital transformation of our clients' care pathways. Our dedicated account managers ensure that each client receives personalized, proactive support to drive continuous improvement and optimize the value of the Care Banking platform.

Dedicated Account Managers

Every client is assigned a Senior Account Manager who becomes a true partner in the success of their digital healthcare journey. This dedicated professional serves as the primary point of contact, providing ongoing support and working closely with the client to align the system's functionality with their evolving needs. Our Senior Account Managers are deeply knowledgeable about healthcare operations and the challenges faced by NHS ICBs, enabling them to offer expert advice, guidance, and tailored recommendations.

Tailored Success Plans

Our Customer Success Managers (CSMs) work hand-in-hand with account managers to ensure that each client's needs are met at every stage of the service lifecycle. We don't just resolve issues – we actively guide clients through optimization, workflow improvements, and future-proofing strategies. Our tailored Success Plans include:

- Quarterly Performance Reviews: In-depth analysis of system usage, user adoption, and outcome tracking, with strategic insights on how to maximize the platform's value.
- System Optimization Sessions: Regular workshops focused on refining workflows, addressing evolving care requirements, and introducing system updates.
- Proactive Planning: By aligning with your digital transformation goals, we develop a personalized roadmap that supports both short-term needs and long-term strategies.

Collaborative Partnership

We view every client as a strategic partner. Our collaborative approach means that your team is always involved in the conversation, not just when issues arise but as part of the ongoing innovation and evolution of the platform. Regular feedback loops ensure that Care Banking is continually adapting to meet your specific needs:

- **Client-Driven Product Roadmap:** Clients can submit feature requests, which are tracked and prioritized based on real-time usage patterns and feedback. We ensure that our development pipeline reflects the demands of the healthcare sector.
- **Co-Development of Solutions:** When a client needs specific customizations or features, our product team works directly with their team to co-develop solutions that best fit their requirements.

Strategic Advisory and Consultancy

Our Account Managers are not just service managers; they are strategic consultants who will help guide your organization through complex changes in healthcare delivery, helping you navigate challenges like regulatory compliance, data security, and cost control. This ensures that your use of the Care Banking platform is aligned with both NHS Digital priorities and local ICB goals.

Performance Metrics and KPIs

We understand that success is measurable. As part of our ongoing commitment to you, we provide actionable insights and data through Key Performance Indicators (KPIs) and benchmarking reports. These help assess the platform's impact on key metrics such as:

- **Care delivery outcomes:** Improved patient pathways, faster referral processing, and more efficient case management.
- **Cost savings:** Detailed financial oversight through our platform's automated invoicing and payment reconciliation capabilities.
- **Operational efficiency:** Metrics that reveal areas of improvement, allowing you to optimize workflows and reduce overhead.

Ongoing Education and User Empowerment

We place significant value on user adoption. Through training webinars, on-demand training modules, and user community forums, we empower your team to get the most from the system:

- **Webinars and Workshops:** Focused on system updates, best practices, and new features to enhance your team's expertise.
- **AI-Driven Knowledge Base:** A comprehensive, self-service resource that provides users with instant access to troubleshooting guides, FAQs, and feature explanations.

Our Commitment to Long-Term Success

At Care Banking, our goal is not just to implement a system but to build a lasting partnership. We are fully committed to your digital transformation journey and work alongside your team to maximize the system's impact. With our personalized support, strategic advisory, and continuous improvement initiatives, Care Banking ensures that your organization thrives both now and in the future.

Section 3 Typical Platform Applications and G-Cloud Service Slices

This section describes the typical ways in which the Care Banking platform is procured and deployed through G-Cloud. Each application described below represents an orderable service slice that may be adopted independently or in combination with others. Some slices are already combinations of multiple products, that typical Local Authority or ICB users purchase.

All service slices are delivered using the Care Banking unified platform described in Parts 1 and 2 of this document, sharing a common case record, workflow engine, governance framework and integration layer. Buyers may choose to start with a single statutory pathway or operational requirement and expand use of the platform over time without re-procurement or system replacement.

3.1 Statutory Care Pathway Services (Primary Entry Points)

These are the things G Cloud buyers recognise immediately and often procure first.

Each is a standalone G-Cloud service, even though they share the platform.

Example list:

- Adult Continuing Healthcare (CHC)
- All-Age Continuing Care (AACC)
- Children and Young People's Continuing Care (CYPCC)
- Section 117 Aftercare
- Personal Health Budgets (ICB)
- Personal Budgets (Local Authority)
- Integrated Personal Budgets (ICB + LA)
- Safeguarding
- Acquired Brain Injury / Neuro-rehabilitation
- PupOC / children's placement oversight

3.2 Commissioning, Brokerage and Payment Services

Include:

- Brokerage and placement management
- Individualised Agreements (IPA) workflows
- AQP and non-AQP commissioning
- Dynamic Purchasing System variants
- Digital contracting, invoicing and payments
- Financial controls, uplifts, rate tables, partial payments

3.3 Operational AI & Workforce Enablement (Optional Enhancements)

This section must be clearly optional.

Include:

- AI-assisted transcription
- Vertergi Intelligence Assistant
- Document population and summarisation
- Review and reassessment scheduling
- Vertergi Intelligence Assistant for
- Operational reporting and analytics
- Natural language reporting

3.4 System-Wide Transformation and Discharge Management

Include:

- Admission-led discharge planning
- Parallel CHC, community and social care workflows
- Acute trust, LA and community coordination
- Winter pressure and surge capacity management

- Demand planning and system flow optimisation

3.1 Statutory Care Pathway Services (Primary Entry Points)

Part 3 – Pathway Services (Service Slices / Call offs)

This section sets out Care Banking’s pathway-specific service specifications. Each service slice is a separately describable capability that can be procured and deployed independently, or combined within a single Care Banking implementation depending on local operating model, pathway maturity, and organisational scope.

The service slices in Part 3 are built on a common Care Banking platform foundation (security, role-based access control, audit logging, document management, configuration framework, reporting architecture, and service management). This enables consistent governance and interoperability across pathways while allowing each pathway to retain its own statutory, clinical, and operational requirements.

Each specification in this section describes:

- the scope of the service and intended users
- the operational workflow supported (referral, assessment, decision-making, commissioning, review)
- the governance and audit controls embedded in the service
- the key outcomes the service is designed to deliver

Where relevant, the specifications reference optional AI-enhanced modules that can be enabled to support efficiency, insight generation and operational assurance. AI modules are always optional, are enabled only where agreed with the Authority, and do not replace clinical, statutory, procurement, or professional judgement.

Implementation approach, onboarding, data migration, training, service desk, performance metrics and service management are described in the generic platform section of this document and apply consistently across all service slices in Part 3 unless explicitly stated otherwise.

Part 3 – Pathway Services (Service Slices) – Index

3.1.1 All Age Continuing Care (AACC) An integrated all-age platform supporting CYPCC, Adult CHC, transition cohorts and aligned funded care pathways within a single governed operating model.

3.1.2 Adult Continuing Healthcare (CHC) End-to-end Adult CHC pathway management including eligibility, DST coordination, panel governance, commissioning, brokerage, invoicing, payments and review.

3.1.3 Children and Young People’s Continuing Care (CYPCC / CCC) Children’s continuing care pathway management aligned to national guidance, including

referral, assessment coordination, commissioning, financial governance, review and transition planning.

3.1.4 Digital Referral and Care Pathway Management Service (DRAR) Configurable digital referral intake, triage, tracking, assessment and review workflows (DRAR capability), supporting consistent referral quality, audit and operational visibility.

3.1.5 Integrated Care Pathway Service (ICPS) Cross-pathway and multi-agency care pathway coordination supporting integrated operational management, consistent governance and unified reporting across services.

3.1.6 Section 117 Aftercare Services A statutory Section 117 service supporting joint health and local authority governance, aftercare package commissioning, cost attribution, review and audit assurance.

3.1.7 Social Prescribing Referral, coordination and monitoring of non-clinical interventions, including asset directories, activity tracking and outcomes reporting aligned to local delivery models.

3.1.8 Safeguarding Safeguarding concern intake, case management, enquiry tracking, multi-agency coordination, provider/service oversight and auditable reporting.

3.1.9 Personal Health Budgets (PHB) PHB management including eligibility, care planning, budget setting, commissioning, financial governance, payment administration and review.

3.1.10 Personal Budgets (PB) Local authority personal budget management including eligibility, care planning, budget controls, commissioning, payment reconciliation and audit-ready reporting.

3.1.11 Integrated Personalised Commissioning (IPC) Joint personalised commissioning across health and social care including integrated planning, funding arrangements, commissioning, review and outcomes monitoring.

3.1.12 Discharge Management Hospital discharge coordination and commissioning support for individuals requiring onward care, including referral, assessment support, contracting, invoicing and controlled financial oversight.

Service Specification

3.1.1 All Age Continuing Care (AACC)

Product name: All Age Continuing Care

Version 7.8

Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based All Age Continuing Care (AACC) digital platform designed to support NHS Integrated Care Boards (ICBs) and partner organisations in managing continuing care pathways across children, young people, adults, and transition cohorts within a single, governed system.

The AACC service builds on established Adult Continuing Healthcare (CHC) functionality and extends it to support Children and Young People's Continuing Care (CYPCC), transition from children's to adult services, and other all-age funded care pathways. It replaces fragmented, age-specific systems, spreadsheets, and manual processes with a single integrated platform covering referral, eligibility, assessment, case management, brokerage, contracting, invoicing, payment, and ongoing review.

The service is delivered as Software as a Service (SaaS) and configured to align with national guidance, statutory frameworks, and local ICB operating models. It enables ICBs to operate a consistent, transparent, and financially controlled all-age continuing care model, while retaining flexibility for age-specific policy and clinical requirements.

Scope of the All Age Continuing Care Service

The AACC service supports individuals of all ages who are eligible for NHS-funded continuing care, including:

- Children and Young People's Continuing Care (CYPCC)
- Adult Continuing Healthcare (CHC)
- Transition cases (typically ages 14–25)
- Associated funded care pathways where aligned locally (for example Section 117 aftercare, joint-funded packages, and Personal Health Budgets)

The service can be deployed as a single integrated all-age platform or configured modularly to support specific cohorts, while maintaining a unified data model and reporting structure.

The scope includes:

- All-age referrals and eligibility tracking
- Age-appropriate assessment coordination and decision support
- Panel and decision-making governance
- Package of care commissioning
- Provider management and brokerage
- Contracting, invoicing, and payment reconciliation
- Ongoing review, reassessment, and case management
- Transition planning between children's and adult services

Workflow and Pathway Management

Care Banking provides configurable, rule-based workflows aligned to all-age continuing care best practice, supporting both national frameworks and local operating policies. Individuals are tracked through defined pathway stages appropriate to age and care model, including referral, assessment, decision-making, placement, review, and transition where applicable.

Workflows support:

- Age-specific referral routes • Assessment and decision coordination • Panel scheduling, quorum management, and outcome recording • Rationale capture and full auditability • Transition workflows spanning children's and adult services

Workflows are configurable to reflect local procedures while maintaining a complete audit trail of all actions and decisions.

Case, Review and Transition Management

Each individual has a single longitudinal digital record retained across age-based pathway changes. Users can record assessments, care plans, notes, funding decisions, and reviews in one place.

The service explicitly supports:

- Scheduled reviews and reassessments • Funding changes and package variations • Transition planning and handover between CYPCC and Adult CHC teams

This ensures continuity of care, reduces duplication, and supports compliance with statutory transition guidance and NHS reporting expectations.

Data Capture and Document Management

The AACC service supports structured data capture and secure document management across all age cohorts, including:

- Digital referral and assessment forms • Upload and storage of clinical, educational, and supporting documents • Electronic signatures where required • Automated document linking to the individual record

Documents follow the individual across pathways and age transitions, ensuring continuity, governance, and auditability.

Brokerage, Provider and Market Management

Care Banking includes a provider and market management module enabling ICBs to:

- Maintain approved provider directories across children's and adult services • View market capacity and service availability • Commission packages of care transparently and efficiently • Support brokerage activity with full audit trails

This supports fair market access, consistent pricing, and informed commissioning across all age groups.

Digital Contracting, Invoicing and Payments

Once a package of care is agreed, the system manages:

- Digital contract generation • Provider invoicing • Validation against commissioned care and approved funding • Dispute handling and credit notes • Financial reporting and reconciliation

The service provides end-to-end financial control across all-age continuing care expenditure and reduces manual processing and retrospective adjustment.

Reporting, Dashboards and Audit

The platform provides real-time dashboards and reporting for clinical, operational, and finance teams, including:

- Caseload and pathway status by age cohort • Review and reassessment compliance • Transition activity and outcomes • Provider spend, trends, and forecasting • Full audit trails of user and system actions

Reports can be configured to meet local, regional, and national reporting requirements.

Security, Governance and Compliance

The AACC service is hosted on resilient UK/EU-based cloud infrastructure and is designed in line with NHS and government security expectations. Key features include:

- Role-based access control (RBAC) • Multi-factor authentication • Full audit logging • Encryption of data in transit and at rest
- Alignment with ISO/IEC 27001 and the NHS Data Security and Protection Toolkit

The service supports secure data extraction and controlled offboarding in line with NHS data retention and exit requirements.

Implementation and Onboarding

Care Banking provides a structured onboarding process for AACC services, including:

- Configuration of age-specific and transition workflows • Data migration from legacy CHC and CYPCC systems where required • User training for multidisciplinary teams • Go-live support and transition to business-as-usual service

Implementation timescales are agreed based on scope, cohorts in use, and data migration requirements. More details re available in the platform section

Support and Service Management

The AACC service includes:

- Dedicated account management • Email and ticket-based support • Defined service levels (SLAs) • Regular service review meetings • Ongoing optimisation and continuous improvement
- More details re available in the platform section

Service Outcomes

By digitising and integrating all-age continuing care pathways, Care Banking enables ICBs to:

- Deliver consistent, governed decision-making across age cohorts • Improve transition planning and reduce duplication • Strengthen financial transparency and expenditure control • Reduce administrative burden on clinical and operational teams • Improve outcomes for individuals and families

ICBs typically deploy the AACC service to support integrated operating models, improve review timeliness, strengthen financial governance, and reduce reliance on fragmented systems.

Optional AI-Enhanced Capabilities

Care Banking offers optional AI-enhanced modules that can be added to the AACC service to support operational efficiency, insight generation, and financial oversight. These modules may include anomaly identification, prioritisation support, and enhanced reporting. AI capabilities are deployed only where agreed with the customer and are designed to support, not replace, clinical or statutory decision-making.

Reference implementations can be provided where AI-enhanced modules are in use within all- age continuing care services.

Service Management and Support

Service management and support is set out in the generic platform section, there you will find details on service desk, example data migrations, training, etc

Care Banking – enabling efficient, transparent, and integrated All Age Continuing Care delivery.

Service Specification

3.1.2 Adult Continuing Care (CHC)

Product name: Adult Continuing Care

Version 7.8

Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Adult Continuing Healthcare (CHC) digital platform designed to support NHS Integrated Care Boards (ICBs) and partner organisations in managing the full end-to-end Adult CHC pathway.

The service replaces fragmented, manual, and spreadsheet-based processes with a single, integrated system covering eligibility, assessments, case management, brokerage, contracting, invoicing, and ongoing review. It is specifically designed to support Adult CHC operational, clinical, and financial workflows, ensuring consistency, transparency, and cost control while improving patient outcomes.

The platform is delivered as Software as a Service (SaaS) and configured to align with national guidance, local CHC operating models, and ICB-specific policies.

Unlike some legacy systems, Care Banking provides a comprehensive, fully digital, end-to-end solution, replacing the need for additional spreadsheets, shared drives, disconnected finance systems, and manual brokerage processes with a single governed platform.

Scope of the Adult CHC Service

The Adult CHC service supports individuals aged 18 and over who are eligible for NHS Continuing Healthcare funding. The service can be deployed as a standalone Adult CHC solution or integrated with related pathways such as hospital discharge, Section 117 aftercare, or Personal Health Budgets.

The scope includes: - Adult CHC referrals (including those from the Acute and GP) and eligibility tracking - Multidisciplinary assessment coordination - Decision support and panel management - Package of care commissioning - Provider management and brokerage - Contracting, invoicing, and payment reconciliation - Ongoing review, reassessment, patient portal and case management

Workflow and Pathway Management

Care Banking provides configurable, rule-based workflows aligned to Adult CHC best practice and the NHS National Framework for Continuing Healthcare. Patients are tracked through defined stages including referral, checklist, Decision Support Tool (DST) coordination, panel decision, placement, and review. Panel workflows support : quorum management, decision recording, rationale capture, full auditability, scheduling, and outcome tracking. Workflows are

configurable to reflect local operating procedures while maintaining a full audit trail of all actions and decisions.

The service is configurable to align with the NHS National Framework for Continuing Healthcare changes and local ICB operating policies

Case and Review Management

Each individual has a single, longitudinal digital record. Users can record assessments, care plans, notes, decisions, and reviews in one place. Care plans and outcomes are explicitly linked to referral decisions, funding approvals, and commissioned packages of care, supporting PLDS requirements and NHS reporting expectations. Review schedules, reassessments, and funding changes are managed within the system, ensuring ongoing compliance with national guidance and proactive case oversight.

Data Capture and Document Management

The service supports structured data capture and secure document management for Adult CHC, including: - Digital forms for referrals and assessments - Upload and storage of clinical and supporting documents - Electronic signatures where required - Automated document linking to the individual record

Documents follow the individual across the pathway, ensuring continuity and governance.

Brokerage, Provider and Market Management

Care Banking includes a provider and market management module enabling users to: - Maintain an approved provider directory - View market capacity and service availability - Commission packages of care efficiently - Support brokerage activity with transparency and auditability

This supports fair market access, consistent pricing, and informed commissioning decisions.

Digital Contracting, Invoicing and Payments

Once a package of care is agreed, the system manages: - Digital contract generation - Provider invoicing - Validation against commissioned care - Dispute handling and credit notes - Financial reporting and audit

This provides full financial control across Adult CHC expenditure and reduces manual processing.

Reporting, Dashboards and Audit

The platform provides real-time dashboards and reporting for clinical, operational, and finance teams, including: - Caseload and pathway status - Review compliance - Provider spend and trends - Audit trails of user and system actions

Custom reports can be created to meet local and national reporting requirements.

Security, Governance and Compliance

The Adult CHC service is hosted on resilient UK/EU-based cloud infrastructure and is designed in line with NHS and government security expectations. Key features include: - Role-based access control (RBAC) - Multi-factor authentication - Full audit logging - Encryption of data in

transit and at rest - Compliance with ISO/IEC 27001 and the NHS Data Security and Protection Toolkit

The service supports secure data extraction and controlled offboarding in line with NHS data retention and exit requirements

Implementation and Onboarding

Care Banking provides a structured onboarding process for Adult CHC services, including: - Configuration of local workflows and forms - Data migration from legacy CHC systems where required - User training (remote and/or onsite) - Go-live support and transition to business-as-usual support

The service can typically be implemented within agreed timescales depending on scope and data migration requirements.

Support and Service Management

The Adult CHC service includes: - Dedicated account management - Email and ticket-based support - Defined SLAs - Regular service review meetings - Continuous improvement and optimisation support

Service Outcomes

By digitising the Adult CHC pathway, Care Banking enables ICBs to: - Improve consistency and governance of CHC decisions - Reduce administrative burden - Increase financial transparency and control - Support timely reviews and reassessments - Deliver better outcomes for individuals receiving NHS Continuing Healthcare

ICBs typically deploy our software service to improve review timeliness, strengthen financial governance, and reduce reliance on manual reconciliation and retrospective adjustments. We can provide reference sites where this has saved substantial sums against legacy systems.

Optional AI Enhancements

Care Banking also offers AI-enhanced modules that can be added to the Adult CHC service as optional enhancements. These modules are designed to support operational efficiency, cost control, and insight generation, such as identifying anomalies, supporting prioritisation, and enhancing reporting. AI capabilities

are provided as additional modules, enabled only where agreed with the customer, and do not replace clinical decision-making.

Where agreed, Care Banking can provide reference sites demonstrating the use of optional AI- enhanced modules within Adult CHC services. These reference implementations illustrate how ICBs have used AI- supported insights to improve operational oversight, identify anomalies, support prioritisation, reduce clinical and administrative workloads, and strengthen financial governance. Outcomes achieved vary by local operating model and configuration, and AI modules are deployed as optional enhancements that support users rather than replace clinical or statutory decision-making.

Care Banking – enabling efficient, transparent, and clinically-led Adult Continuing Healthcare delivery.

Service Specification

3.1.3 Children and Young Person Continuing Care (CYPCC)

Product name: Children’s Continuing Care

Version 7.8

Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Children’s Continuing Care (CCC) digital service designed to support NHS Integrated Care Boards (ICBs) and partner organisations in managing Children and Young People’s Continuing Care pathways in line with national statutory guidance.

The service supports children and young people with complex, long-term health needs who require a package of care beyond universal and specialist services. It replaces fragmented manual processes with a single, governed digital platform covering referral, assessment, decision-making, commissioning, financial management, and ongoing review.

The service is delivered as Software as a Service (SaaS) and configured to align with national guidance, local ICB policies, and integrated working with education, social care, and specialist health services.

Scope of the Children’s Continuing Care Service

The CCC service supports individuals aged 0–17 who may be eligible for NHS-funded continuing care, including those with complex physical, learning, or life-limiting conditions.

The scope includes: - Referrals and eligibility tracking (not a digital referral portal) - Assessment coordination and decision support - Panel and governance management - Package of care commissioning - Provider and market management - Contracting, invoicing, and payment reconciliation - Review, reassessment, and transition planning

Workflow and Pathway Management

Configurable, rule-based workflows aligned to the National Framework for Children and Young People’s Continuing Care. Pathways support referral, assessment, decision-making, commissioning, and review, with full auditability.

Case and Review Management

Each child or young person has a single longitudinal digital record capturing assessments, care plans, funding decisions, reviews, and transition activity.

Data Capture and Document Management

Structured digital forms, secure document storage, and document linkage across the full CCC pathway.

Brokerage, Provider and Market Management

Approved provider directories, market capacity visibility, and transparent brokerage processes.

Digital Contracting, Invoicing and Payments

End-to-end digital management of commissioned packages, provider invoicing, validation, dispute handling, and reconciliation.

Reporting, Dashboards and Audit

Real-time dashboards covering caseloads, review compliance, expenditure, and full audit trails.

Security, Governance and Compliance

The service aligns with NHS security requirements, including RBAC, MFA, audit logging, encryption, ISO/IEC 27001 alignment, and NHS DSP Toolkit compliance.

Implementation and Onboarding

Structured onboarding including workflow configuration, data migration, training, and go-live support.

Support and Service Management

Dedicated account management, defined SLAs, ticket-based support, and continuous improvement.

Service Outcomes

The CCC service enables improved governance, reduced administrative burden, enhanced financial control, and better outcomes for children and families.

Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support prioritisation, anomaly identification, and reporting, without replacing professional judgement.

Service Specification

3.1.4 Digital Referral and Care Pathway Management Service

Product name: MCBDRAR

Version 7.8

Service Description

The Digital Referral and Care Pathway Management Service is a cloud-based solution for receiving, validating, and managing electronic referrals across health and care pathways. The service supports referrals from Acute Trusts, Community Services, and Primary Care, providing configurable digital referral forms, validation rules, and structured workflows.

The service supports functionality commonly referred to as DRAR (Digital Referrals, Assessment and Reviews), managing referral intake, triage, tracking, assessment, and review prior to progression into downstream case management, commissioning, or funding workflows.

The service improves referral quality, reduces administrative burden, and provides consistent oversight while ensuring all clinical, eligibility, and statutory decisions remain under professional and organisational control.

Intended Users

• Acute Trust referral and discharge teams • Community health services • Primary Care (GP) services • Continuing Healthcare (CHC) teams • Adult social care teams • Integrated care and multidisciplinary teams • Commissioners and system managers (ICB / Local Authority)

What the Service Does

Digital Referral Intake

- Receives electronic referrals from Acute, Community, and Primary Care services • Supports secure submission via digital forms and system integrations • Applies configurable validation rules to improve referral completeness and quality
- Configurable Referral Forms and Rules
- Configurable digital referral forms aligned to local or national templates • Mandatory field enforcement and conditional logic • Local rule configuration to support CHC, social care, or other referral pathways

Referral Triage and Tracking

Supports referral screening and triage workflows

- Tracks referral status, ownership, timestamps, and actions • Provides clear visibility of referrals awaiting action or review

Assessment and Review Management (DRAR)

- Supports assessment and review stages commonly associated with DRAR pathways • Manages referral progression through assessment, review, and decision points • Records outcomes, decisions, and rationale with full audit history

Workflow and Task Management

- Configurable workflows to reflect local operating models • Task allocation, alerts, and reminders for referral actions • Escalation where statutory or local timescales are at risk

Integration with Downstream Pathways

- Supports progression from referral into downstream case management solutions • Integrates with assessment, commissioning, brokerage, and payment workflows where deployed • Maintains continuity of data and audit trail across pathways

Outcomes Supported

The service supports:

- Improved referral quality and completeness • Reduced referral rejection and rework • Faster referral triage and assessment • Improved visibility of referral volumes and status • Standardised referral handling across organisations • Stronger governance and audit assurance for referral decisions

Reporting and Assurance

Standard reporting includes:

- Referral volumes by source, pathway, and time period • Referral completeness and validation outcomes • Time taken from referral receipt to triage and decision • Bottlenecks and delay points within referral workflows • Full audit trail of referral actions, decisions, and changes • Reports are exportable to support ICB, Trust, and Local Authority assurance requirements.

Deployment and Configuration

- Configurable referral forms, pathways, and validation rules • Role-based access aligned to organisational responsibilities • Supports deployment at Trust, place, or system level • Can be deployed as a standalone DRAR solution or integrated with wider Care Banking services

Security and Governance

- UK-hosted cloud deployment • Role-based access controls • Full audit logging of all user actions • Alignment with NHS information governance requirements • Secure handling of referral data and attachments

Summary

The Digital Referral and Care Pathway Management Service provides a robust, configurable DRAR-capable solution for managing referrals across health and care systems. By standardising referral intake, validation, triage, and review, the service improves operational efficiency, strengthens governance, and supports consistent decision-making while maintaining full professional and statutory control. Designed for scalable deployment and integration, the service enables organisations to modernise referral management without disrupting established downstream care and commissioning processes.

Service Specification

3.1.5 Integrated Care Pathway Service (ICPS)

Product name: Integrated Care Pathway

Version 7.8

Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Integrated Care Pathway Service (ICPS) designed to support NHS Integrated Care Boards (ICBs) and partner organisations in managing end-to-end, multi-agency care pathways within a single governed digital platform.

The service supports the coordination of complex care pathways spanning health, social care, and community services. It enables consistent pathway design, operational oversight, and financial governance across multiple services, replacing fragmented systems and manual coordination with a single integrated solution.

The service is delivered as Software as a Service (SaaS) and configured to align with national policy, local integrated care models, and ICB operating arrangements.

Scope of the Integrated Care Pathway Service

The ICPS supports a wide range of care pathways where coordination across multiple services and organisations is required, including but not limited to continuing care, discharge referrals, Personal Health Budgets, and preventative pathways.

The scope includes: - Pathway design and configuration 6 pathways - Referral and pathway coordination - Case management across services - Commissioning and brokerage activity - Contracting, invoicing, and payment reconciliation - Monitoring of pathway performance and outcomes

Workflow and Pathway Management

Configurable workflows enable the design and management of integrated care pathways, supporting referral, assessment, commissioning, delivery, and review stages, with full auditability.

Case and Review Management

Each individual has a single longitudinal digital record spanning multiple pathways and services, supporting continuity of care and coordinated review activity.

Data Capture and Document Management

Structured digital forms and secure document storage support pathway documentation, assessments, care plans, and correspondence.

Brokerage, Provider and Market Management

Approved provider directories and transparent brokerage processes support commissioning activity across multiple care pathways.

Digital Contracting, Invoicing and Payments

End-to-end digital management of commissioned services, provider invoicing, validation, dispute handling, and reconciliation.

Reporting, Dashboards and Audit

Dashboards and reports provide oversight of pathway activity, performance, spend, and full audit trails.

Security, Governance and Compliance

The service aligns with NHS and partner security requirements, including role-based access control, audit logging, encryption, ISO/IEC 27001 alignment, and NHS Data Security and Protection Toolkit compliance.

Implementation and Onboarding

Structured onboarding includes pathway configuration, partner setup, data migration where required, training, and go-live support.

Support and Service Management

Dedicated account management, defined SLAs, ticket-based support, and continuous service improvement.

Service Outcomes

The ICPS supports improved pathway coordination, reduced duplication, strengthened governance, and improved outcomes across integrated care services.

Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support pathway insight, prioritisation, anomaly identification, and reporting, without replacing clinical or professional judgement.

Service Specification

3.1.6 Section 117 Aftercare Services

Product name: Section 117

Version 7.8

Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Section 117 Aftercare digital service designed to support NHS Integrated Care Boards (ICBs) and Local Authority partners in meeting their statutory duties under Section 117 of the Mental Health Act.

The service supports the identification, management, commissioning, and review of Section 117 aftercare packages, ensuring clear governance, joint-working, and financial transparency across health and social care partners. It replaces fragmented manual processes with a single, governed digital platform covering eligibility, case management, commissioning, invoicing, and review.

The service is delivered as Software as a Service (SaaS) and configured to align with national statutory guidance, local joint commissioning arrangements, and partnership operating models.

Scope of the Section 117 Aftercare Service

The Section 117 service supports individuals entitled to aftercare following detention under relevant sections of the Mental Health Act.

The scope includes: - Identification and recording of Section 117 eligibility - Joint health and local authority case management - Care planning and aftercare package management - Provider management and brokerage

- Contracting, invoicing, and cost attribution - Ongoing review and discharge from Section 117 where appropriate

Workflow and Pathway Management

Configurable workflows support Section 117 identification, agreement of aftercare responsibilities, commissioning, review, and discharge, with full auditability and statutory compliance.

Case and Review Management

Each individual has a single longitudinal digital record capturing eligibility status, care plans, funding responsibilities, reviews, and outcomes.

Data Capture and Document Management

Structured digital forms and secure document storage support legal notices, care plans, correspondence, and review documentation.

Brokerage, Provider and Market Management

Approved provider directories and transparent brokerage processes support efficient commissioning of aftercare services.

Digital Contracting, Invoicing and Payments

End-to-end digital management of commissioned services, invoicing validation, dispute handling, and reconciliation across partner organisations.

Reporting, Dashboards and Audit

Dashboards and reports support oversight of caseloads, spend, joint funding arrangements, and full audit trails.

Security, Governance and Compliance, Implementation and Onboarding, Support and Service Management
The standard approach is detailed in section 2 of this document

Service Outcomes

The Section 117 service

- supports statutory compliance, • strengthens joint-working, • improves financial transparency, • and reduces administrative burden.

Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support prioritisation, anomaly identification, and reporting, without replacing statutory or professional judgement.

Service Specification

3.1.7 Social Prescribing

Product name: Social Prescribing

Version 7.8

Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Social Prescribing digital service designed to support NHS Integrated Care Boards (ICBs), Primary Care Networks (PCNs), and partner organisations in coordinating and managing social prescribing activity within a single governed platform.

The service supports the identification, referral, coordination, and monitoring of non-clinical interventions that address the wider determinants of health. It replaces fragmented referral tools, spreadsheets, and manual tracking with a single integrated solution covering referral management, provider coordination, activity tracking, and reporting.

The service is delivered as Software as a Service (SaaS) and configured to align with national social prescribing policy, local delivery models, and integrated care arrangements.

Scope of the Social Prescribing Service

The Social Prescribing service supports individuals who may benefit from non-clinical interventions, including those referred through primary care, community services, and other health and care pathways.

The scope includes: - Referral intake and triage and via ERs - Coordination with link workers and community providers - Activity and intervention tracking - Provider and community asset management - Outcome monitoring and review - Reporting and service evaluation

Workflow and Pathway Management

Configurable workflows support end-to-end social prescribing pathways, including referral, allocation, engagement, follow-up, and review, with full auditability.

Case and Review Management

Each individual has a digital record capturing referrals, interventions, engagement activity, outcomes, and review notes.

Data Capture and Document Management

Structured digital forms and secure document storage support referral information, assessments, care plans, and correspondence.

Provider and Community Asset Management

Directories of approved community providers and assets support effective matching and coordination of social prescribing interventions.

Financial and Activity Tracking

The service supports tracking of activity, costs where applicable, and funding arrangements associated with social prescribing delivery.

Reporting, Dashboards and Audit

Dashboards and reports support oversight of referral volumes, engagement, outcomes, provider activity, and full audit trails.

Security, Governance and Compliance, Implementation and Onboarding, Support and Service Management
The standard approach is detailed in section 2 of this document

Service Outcomes

The Social Prescribing service supports improved coordination of non-clinical interventions, strengthened oversight, reduced administrative burden, and improved visibility of outcomes.

Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support referral prioritisation, insight generation, and reporting, without replacing professional judgement.

Service Specification

3.1.8 Safeguarding

Product name: Safeguarding

Version 7.8

1. Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Safeguarding digital service designed to support NHS Integrated Care Boards (ICBs) and partner organisations in managing safeguarding concerns, enquiries, and outcomes in line with statutory safeguarding duties and local safeguarding arrangements.

The service supports the identification, recording, coordination, and monitoring of safeguarding activity across health and care pathways. It replaces fragmented manual processes, spreadsheets, and disconnected systems with a single governed digital platform covering safeguarding referrals, case management, multi-agency coordination, and reporting.

The service is delivered as Software as a Service (SaaS) and configured to align with national safeguarding guidance, statutory frameworks, and local safeguarding policies.

2. Scope of the Safeguarding Service

The Safeguarding service supports safeguarding activity across adults, children, and young people where applicable, including concerns raised within NHS-funded care pathways and commissioned services.

The scope includes: - Recording and triage of safeguarding concerns - Case management and enquiry tracking - Multi-agency coordination and information sharing - Provider and service-level safeguarding monitoring - Outcome recording and case closure - Reporting and oversight

3 Workflow and Pathway Management

Configurable workflows support safeguarding concern intake, enquiry coordination, decision-making, and case closure, with full auditability.

4 Case and Review Management

Each safeguarding concern is recorded within a digital case record capturing actions taken, decisions, outcomes, and review activity.

5 Data Capture and Document Management

Structured digital forms and secure document storage support safeguarding referrals, correspondence, enquiry documentation, and outcomes.

6 Provider and Service Oversight

The service supports oversight of safeguarding activity at provider and service level, supporting monitoring and assurance.

7 Reporting, Dashboards and Audit

Dashboards and reports support oversight of safeguarding volumes, trends, outcomes, and full audit trails.

8 Support services Security, Governance and Compliance, Implementation and Onboarding, Support and Service Management approach is detailed in section 2 of this document

9 Service Outcomes

The Safeguarding service supports improved governance, consistent recording, enhanced oversight, and strengthened safeguarding assurance.

10 Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support trend analysis, prioritisation, and reporting, without replacing professional or statutory judgement.

Service Specification

3.1.9 Personal Health Budgets (PHB)

Product name: Personal Health Budgets

Version 7.8

1. Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Personal Health Budgets (PHB) digital service designed to support NHS Integrated Care Boards (ICBs) in the management, commissioning, and financial governance of Personal Health Budgets in line with national policy and guidance.

The service supports individuals who are eligible for a Personal Health Budget, enabling greater choice and control over care while maintaining clear clinical oversight, financial assurance, and statutory compliance. It replaces fragmented manual processes with a single governed digital platform covering eligibility, care planning, budget management, commissioning, and review.

The service is delivered as Software as a Service (SaaS) and configured to align with national PHB policy, NHS guidance, and local ICB operating models.

2 Scope of the Personal Health Budgets Service

The PHB service supports individuals across a range of pathways where a Personal Health Budget is appropriate, including Continuing Healthcare, Section 117 aftercare, and other long-term condition pathways.

The scope includes: - Identification and recording of PHB eligibility - Care and support planning - Budget setting and financial approval - Management of direct payments, notional budgets, and third-party arrangements - Provider management and brokerage - Contracting, invoicing, and payment reconciliation - Ongoing review and budget adjustment

3 Workflow and Pathway Management

Configurable workflows support PHB identification, care planning, budget approval, commissioning, and review, with full auditability and governance.

4 Case and Review Management

Each individual has a single longitudinal digital record capturing care plans, agreed outcomes, budget values, funding mechanisms, and review activity.

5 Data Capture and Document Management

Structured digital forms and secure document storage support care plans, agreements, financial approvals, and review documentation.

6 Brokerage, Provider and Market Management

Approved provider directories and transparent brokerage processes support commissioning and personal commissioning in line with individual care plans and agreed budgets.

7 Digital Contracting, Invoicing and Payments

End-to-end digital management of PHB-related payments, including validation, reconciliation, dispute handling, and financial reporting.

8 Reporting, Dashboards and Audit

Dashboards and reports support oversight of PHB activity, spend, outcomes, and full audit trails.

9 Support services Security, Governance and Compliance, Implementation and Onboarding, Support and Service Management approach is detailed in section 2 of this document

10. Service Outcomes

The PHB service supports improved choice and control for individuals, strengthened financial governance, reduced administrative burden, and improved transparency for commissioners.

11. Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support prioritisation, anomaly identification, and reporting, without replacing clinical or professional judgement.

Service Specification

3.1.10 Personal Budgets (PB)

Product name: Personal Budgets

Version 7.8

1. Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Personal Budgets digital service designed to support Local Authority partners in the management and financial governance of Personal Budgets across health and care pathways.

The service supports individuals who are eligible for a Personal Budget, enabling personalised care arrangements while maintaining statutory compliance, financial assurance, and clear auditability. It replaces fragmented manual processes with a single governed digital platform covering eligibility, care planning, budget management, commissioning, payment, and review.

The service is delivered as Software as a Service (SaaS) and configured to align with national policy, statutory guidance, and local commissioning and operating models.

2. Scope of the Personal Budgets Service

The Personal Budgets service supports individuals across health and social care pathways where a Personal Budget is appropriate, including joint-funded and integrated care arrangements.

The scope includes: - Identification and recording of Personal Budget eligibility - Care and support planning - Budget setting, approval, and allocation - Management of direct payments, managed accounts, and third-party arrangements - Provider management and brokerage - Contracting, invoicing, and payment reconciliation - Ongoing review and budget adjustment

3 Workflow and Pathway Management

Configurable workflows support Personal Budget identification, care planning, budget approval, commissioning, payment, and review, with full auditability.

4 Case and Review Management

Each individual has a single longitudinal digital record capturing care plans, agreed outcomes, budget values, funding arrangements, and review activity.

5 Data Capture and Document Management

Structured digital forms and secure document storage support care plans, agreements, financial approvals, and review documentation.

6 Brokerage, Provider and Market Management

Approved provider directories and transparent brokerage processes support commissioning in line with agreed care and support plans.

7 Digital Contracting, Invoicing and Payments

End-to-end digital management of Personal Budget-related payments, including validation, reconciliation, dispute handling, and financial reporting.

8 Reporting, Dashboards and Audit

Dashboards and reports support oversight of Personal Budget activity, spend, compliance, and full audit trails.

9 Support services Security, Governance and Compliance, Implementation and Onboarding, Support and Service Management approach is detailed in section 2 of this document

10 Service Outcomes

The Personal Budgets service supports personalised care delivery, strengthened financial governance, reduced administrative burden, and improved transparency across integrated care arrangements.

11 Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support prioritisation, anomaly identification, and reporting, without replacing professional or statutory judgement.

Service Specification

3.1.11 Integrated Personalised Commissioning (IPC)

Product name: IPC

Version 7.8

1. Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Integrated Personalised Commissioning (IPC) digital service designed to support NHS Integrated Care Boards (ICBs) and Local Authority partners in delivering joint personalised, coordinated care across health and social care pathways.

The service supports the IPC model by enabling joined-up care planning, personalised funding arrangements, and integrated commissioning across organisations. It replaces fragmented systems and manual processes with a single governed digital platform covering eligibility, care and support planning, commissioning, financial management, and review.

The service is delivered as Software as a Service (SaaS) and configured to align with national IPC policy, statutory guidance, and local integrated operating models.

2. Scope of the Integrated Personalised Commissioning Service

The IPC service supports individuals across health and social care pathways where personalised and integrated commissioning arrangements are appropriate, including those with complex needs requiring coordinated multi-agency support.

The scope includes: - Identification of individuals suitable for IPC - Integrated care and support planning - Coordination of personalised funding arrangements - Management of Personal Health Budgets and Personal Budgets where applicable - Provider management and brokerage across organisations - Contracting, invoicing, and payment reconciliation - Ongoing review and outcome monitoring

3 Workflow and Pathway Management

Configurable workflows support IPC identification, integrated care planning, commissioning, funding approval, and review, with full auditability across partner organisations.

4 Case and Review Management

Each individual has a single longitudinal digital record capturing integrated care plans, agreed outcomes, funding arrangements, decisions, and review activity.

5 Data Capture and Document Management

Structured digital forms and secure document storage support integrated care plans, agreements, correspondence, and review documentation.

6 Brokerage, Provider and Market Management

Approved provider directories and transparent brokerage processes support commissioning across health and social care markets.

7 Digital Contracting, Invoicing and Payments

End-to-end digital management of commissioned services, including validation, reconciliation, dispute handling, and financial reporting across organisations.

8 Reporting, Dashboards and Audit

Dashboards and reports support oversight of IPC activity, spend, outcomes, and full audit trails.

9 Support services Security, Governance and Compliance, Implementation and Onboarding, Support and Service Management approach is detailed in section 2 of this document

10 Service Outcomes

The IPC service supports coordinated care delivery, strengthened financial governance, reduced duplication, and improved outcomes for individuals.

11 Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support prioritisation, anomaly identification, and reporting, without replacing professional or statutory judgement.

Service Specification

3.1.12 Discharge Management

Product name: Discharge

Version 7.8

Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Discharge Management digital service designed to support NHS Integrated Care Boards (ICBs), Acute Trusts, and partner organisations in managing timely, safe, and well-governed hospital discharge pathways.

The service supports the coordination of discharge activity for individuals requiring ongoing care and support following hospital admission. It replaces fragmented manual processes, spreadsheets, and email-based coordination with a single governed digital platform covering referral, assessment, commissioning, brokerage, financial management, and post-discharge review. This is typically used within the Acute hospital site.

The service is delivered as Software as a Service (SaaS) and configured to align with national discharge guidance, local discharge models, and integrated care operating arrangements.

Scope of the Discharge Management Service

The Discharge Management service supports individuals requiring health and/or social care support following hospital discharge, including pathways aligned to discharge to assess and longer-term care arrangements.

The scope includes: - Referral and discharge pathway coordination - Assessment and decision support

Workflow and Pathway Management

Configurable workflows support end-to-end discharge pathways, including referral, assessment, commissioning, placement, and review, with full auditability.

Case and Review Management

Each individual has a single digital record capturing discharge plans, commissioned services, funding arrangements, and post-discharge review activity.

Data Capture and Document Management

Structured digital forms and secure document storage support discharge documentation, assessments, care plans, and correspondence.

Brokerage, Provider and Market Management

Not applicable

Digital Contracting, Invoicing and Payments

End-to-end digital management of discharge-related contracts, provider invoices, validation, dispute handling, and reconciliation.

Reporting, Dashboards and Audit

Dashboards and reports support oversight of discharge activity, timeliness, spend, outcomes, and full audit trails.

Security, Governance and Compliance

The service aligns with NHS security and information governance requirements, including role-based access control, audit logging, encryption, ISO/IEC 27001 alignment, and NHS Data Security and Protection Toolkit compliance.

Implementation and Onboarding

Structured onboarding includes workflow configuration, partner setup, data migration where required, training, and go-live support.

Support and Service Management

Dedicated account management, defined SLAs, ticket-based support, and continuous service improvement.

Service Outcomes

The Discharge Management service supports improved discharge timeliness, strengthened governance, reduced length of stay, and improved coordination across partners.

Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support prioritisation, capacity insight, anomaly identification, and reporting, without replacing clinical or professional judgement.

3.2 Commissioning, Brokerage and Payment Services

This section describes Care Banking's modular commissioning, brokerage and payment services, which may be procured independently or in combination depending on local operating models, governance requirements and scale.

The services are designed to support lawful, transparent and well-governed commissioning across health and social care, while ensuring that all statutory accountability, procurement decision-making and financial control remain with the commissioning authority at all times.

Collectively, these services enable public bodies to operate Dynamic Purchasing Systems, manage brokerage and sourcing activity, administer contracts, and execute or oversee supplier payments through a single, auditable digital platform. Each service may be deployed as a standalone capability or combined to provide an end-to-end commissioning and payment operating model, without forcing authorities to replace existing systems or relinquish control.

1. Dynamic Purchasing System (DPS) Enablement Platform Commissioner-owned DPS creation, operation and governance in accordance with public procurement legislation.
2. Brokerage (Source-to-Pay) Service End-to-end brokerage, sourcing, contracting, invoicing and reconciliation for health and care packages, linked to individual case records.
3. Managed Payments Service Secure execution and administration of Authority-approved supplier payments, with full audit transparency and segregation of duties.
4. Combined DPS Enablement and Managed Payments Service Integrated DPS operation and managed payment execution, providing a complete digital commissioning and payment operating model.
5. DPS Enablement, Managed Payments and Brokerage (Combined Configuration) A configurable combination of DPS enablement, brokerage workflows and managed payments, supporting complex commissioning environments such as CHC, PHB, social care and community services.

Each service is described in detail in the subsections that follow, including scope, intended users, governance controls, security, implementation approach and pricing structure.

Service Specification

3.2.1 Dynamic Purchasing System (DPS) Enablement Platform

Product name: DPS

Version 7.8

Service Overview

The Dynamic Purchasing System (DPS) Enablement Platform is a cloud-based software service that enables public sector commissioning authorities to establish, operate and manage their own Dynamic Purchasing Systems in accordance with applicable public procurement legislation, including the Procurement Act 2023. The service provides configurable digital workflows to support supplier onboarding, competitive tendering, contract award, contract management and payment processing, while ensuring that all procurement governance, decision-making and statutory accountability remains with the commissioning authority.

Intended Users

The service is intended for use by NHS Integrated Care Boards, Local Authorities, Police forces, Fire and Rescue Authorities, and other UK public sector contracting authorities.

Scope of the Service

The service supports the full DPS lifecycle, including supplier onboarding, service category management, calls for competition, bid submission and evaluation, contract award, contract management, service tracking and payment processing.

Roles and Responsibilities

The service operates as an enablement and administration tool only. The commissioning authority retains full control and accountability for DPS establishment, governance, supplier admission decisions, evaluation and awards. The software provider does not act as a contracting authority and does not influence procurement outcomes.

Key Features

- Commissioner-led DPS lifecycle management. Open, rolling supplier admission. Configurable service categories. Digital competition publication. Secure bid submission and evaluation. Contract and payment management.

Role-based access controls. Full audit trail and reporting.

Key Benefits

- Enables lawful commissioner-led DPS operation. Improves transparency and auditability. Reduces administrative burden. Supports open market access. Scales across multiple services. Provides financial oversight.

Deployment and Integration

The service is delivered as Software-as-a-Service and may be used as a standalone platform or integrated with existing commissioner systems such as case management or finance platforms.

Security and Assurance

The platform includes role-based access controls, audit logging, secure authentication, and alignment with public sector security and assurance expectations.

Support services Security, Governance and Compliance, Implementation and Onboarding, Support and Service Management approach is detailed in section 2 of this document

Compliance Statement

The DPS Enablement Platform supports lawful, transparent procurement processes but does not replace statutory procurement responsibilities or constitute a procurement vehicle.

Service Specification

3.2.2 Brokerage (Source-to-Pay)

Product name: Brokerage

Version 7.8

1. Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Brokerage (Source-to-Pay) digital service designed to support NHS Integrated Care Boards (ICBs) and partner organisations in sourcing, commissioning, contracting, and paying for packages of care in a controlled, auditable, and efficient manner.

The service supports end-to-end brokerage activity, from sourcing suitable provision through to contract management, invoicing, and payment reconciliation. It replaces fragmented manual brokerage, spreadsheets, emails, and disconnected finance processes with a single governed digital platform.

The service is delivered as Software as a Service (SaaS) and configured to align with local commissioning policies, market management approaches, and financial governance requirements.

2. Scope of the Brokerage (Source-to-Pay) Service

The Brokerage service supports sourcing and commissioning activity across a range of health and care pathways, including Continuing Healthcare, Section 117, Personal Budgets, and discharge-related packages of care.

The scope includes: - Provider sourcing and capacity visibility - Brokerage workflow management - Package specification and approval - Provider onboarding and assurance - Contracting and variation management - Invoice validation and reconciliation - Payment processing and financial reporting

3 Workflow and Brokerage Management

Configurable workflows support end-to-end brokerage activity, including sourcing, offer evaluation, approval, placement, and ongoing management, with full auditability.

4 Case, Package and Review Management

Each commissioned package is linked to an individual case record, capturing package details, agreed costs, variations, and review activity.

5 Data Capture and Document Management

Structured data capture and secure document storage support provider offers, contracts, correspondence, and approvals.

6 Provider and Market Management

Approved provider directories, credential tracking, and market intelligence support efficient and transparent sourcing decisions.

7 Digital Contracting, Invoicing and Payments

End-to-end digital management of contracts, provider invoices, validation against commissioned care, dispute handling, and reconciliation.

8 Reporting, Dashboards and Audit

Dashboards and reports support oversight of brokerage activity, market utilisation, spend, and full audit trails.

9 Support services Security, Governance and Compliance, Implementation and Onboarding, Support and Service Management approach is detailed in section 2 of this document

10 Service Outcomes

The Brokerage (Source-to-Pay) service supports improved market transparency, strengthened financial control, reduced manual effort, and improved commissioning efficiency.

11 Optional AI-Enhanced Capabilities

Optional AI-enhanced modules support sourcing prioritisation, anomaly identification, and reporting, without replacing professional or procurement judgement.

Service Specification

3.2.3 DPS Enablement, Managed Payments, and Combined Service

Product name: DPS Combined

Version 7.8

Service Overview

This document describes three related but separately procurable cloud-based services that support public sector commissioning, procurement, and supplier payment administration. Each service may be procured independently or, where required, as a combined solution. This call off is for a combined service the following calls are for the individual services.

The services are designed to support public sector bodies to operate lawful, transparent, and well-governed commissioning and payment processes, while ensuring that all statutory accountability, decision-making, and financial control remain with the commissioning authority.

The three services covered by this specification are:

1. Dynamic Purchasing System (DPS) Enablement Platform

2. Managed Payments Service

3. Dynamic Purchasing & Managed Payments Service

Each service aligns with UK public procurement legislation, including the Procurement Act 2023, and with public sector financial governance requirements.

Intended Users

The services are intended for use by UK public sector contracting authorities, including:

- NHS Integrated Care Boards (ICBs)
- NHS Trusts and Foundation Trusts
- Local Authorities
- Police Forces
- Fire and Rescue Authorities
- Other public sector commissioning bodies

Typical operational users include:

- Commissioning teams
- Procurement and contracting teams
- Finance and payments teams
- Brokerage and operational teams
- Audit, governance, and assurance functions

Service Specification

3.2.4 DPS Enablement platform

Product name: DPS Enablement

Version 7.8

Service Description (G-Cloud Listing): Cloud-based software that enables commissioners to establish, operate and manage their own Dynamic Purchasing Systems (DPS) in accordance with public procurement regulations.

Scope: Full DPS lifecycle from supplier application to contract award and payment management, operated as an enablement tool under commissioner control.

Scope of Service

The DPS Enablement Platform is a cloud-based Software-as-a-Service solution that enables commissioning authorities to establish, operate, and manage commissioner- owned Dynamic Purchasing Systems in accordance with applicable procurement legislation.

The service supports the full DPS lifecycle, including:

- DPS creation and configuration
- Definition of service categories, eligibility criteria, and award rules
- Open, rolling supplier application and admission
- Supplier compliance and assurance management
- Calls for competition and bid submission
- Evaluation and contract award
- Contract and call-off management
- Payment instruction preparation and payment reporting (non-executory)

The DPS Enablement Platform does not execute supplier payments and does not handle or hold client funds.

Roles and Responsibilities

- The commissioning authority retains full control and accountability for:

- o DPS establishment and governance
- o Supplier admission decisions
- o Evaluation and award decisions
- o Contract management

- The software provider:

- o Acts solely as an enablement and administration provider
- o Does not act as a contracting authority
- o Does not influence procurement outcomes

Any payment execution, where required, is provided under a separately procured Managed Payments Service, where required transactions can be exported for use in the Authorities payment system.

Service Specification

3.2.5 Managed Payments Service

Product name: Managed Payments

Version 7.8

Cloud-based managed payments service that securely executes supplier payments on behalf of public bodies under Authority-approved instructions, with full audit transparency. Scope: End-to-end payment administration from approved instruction through execution, reconciliation and reporting, using ring-fenced client or escrow accounts, without delegation of budgetary or procurement authority.

Scope of Service

The Managed Payments Service is a cloud-based service that enables public sector bodies to securely, transparently, and efficiently administer supplier payments arising from commissioned services.

The service supports end-to-end payment administration, including:

- Secure receipt of Authority-approved payment instructions

- Validation against contractual, budgetary, and approval controls
- Controlled execution of supplier payments strictly in accordance with Authority- approved instructions and without discretion
- Reconciliation and financial reporting
- Audit and assurance reporting

The service does not involve the provision of credit, lending, or discretionary use of client funds.

Funds Ownership and Financial Control

Where Vertergi carries out payments or provider management involving commissioner funds, those funds are held through Vertergi's operational arrangement in a safeguarded account with the relevant regulated provider, segregated from operating funds and used for the agreed commissioner-approved purposes. Holding funds through this arrangement does not make the safeguarded principal available for Vertergi's general business use.

Interest and other permitted financial benefits arising from funds held under this arrangement accrue to Vertergi, subject to applicable law, the regulated provider's account terms and the G-Cloud Call-Off Contract. The default allocation is 100% of such permitted interest and benefits to Vertergi, calculated from the amounts actually credited by the account provider; no commissioner share or service-charge offset applies unless expressly agreed in the Order Form. The commissioner may reject up to two proposed safeguarding accounts selected from Vertergi's operational pool. Following those refusals, the account is selected from the remaining operational pool, subject to applicable safeguarding requirements.

Safeguarded principal remains protected for its designated payment purposes. Interest and other permitted benefits are allocated separately under the commercial provisions.

- The service provider does not determine payment timing, value, or purpose

Payment Execution Models Supported

The service supports multiple compliant execution models, including:

1. Authority-Held Accounts

- o Payments executed directly from accounts held by the Authority

2. Safeguarded Accounts

- o Funds held through Vertergi's safeguarded operational account arrangement with the regulated provider, as recorded in the Order Form

3. Third-Party Escrow or Trust Accounts

- o Independent regulated providers may be used where required

4 Care Banking acting as primary contractor

In all models, payments are executed strictly following Authority approval.

Pricing Overview

Pricing is structured as a fixed annual service charge, with optional usage-based elements aligned to transaction volumes and scale. Charges are transparent, proportionate, and designed to demonstrate value for money in line with public sector procurement requirements.

Service Specification

3.2.6 Dynamic Purchasing & Managed Payments Service

Product name: DPS and payments

Version 7.8

Cloud-based software that enables public bodies to establish and operate Dynamic Purchasing arrangements and securely execute approved supplier payments in accordance with public procurement and financial regulations. Scope: End-to-end DPS enablement and managed payments, from supplier application and contract award through Authority-approved payment execution, reconciliation and reporting, operated under full Authority control.

Scope of Service

This service combines:

1. Dynamic Purchasing System Enablement

2. Managed Payments Execution

into a single integrated service offering.

Each component may also be procured independently as separate G-Cloud services.

The combined service provides an end-to-end digital operating model from supplier onboarding and competition through to Authority-approved payment execution, reconciliation, and audit.

Payment execution functionality within the combined service is identical in scope, control, and assurance to the standalone Managed Payments Service.

Governance, Controls, and Assurance

Across all services, the platform includes robust public sector governance controls, including:

- Segregation of duties
- Multi-level approval workflows
- Contractual and rate validation
- Budget and tolerance checks
- Automated exception handling and escalation
- Immutable audit logs
- Full traceability from procurement decision through to payment

These controls are designed to meet NHS Standing Financial Instructions and local authority financial regulations.

Compliance and Regulatory Position

The default payment delivery model is Vertergi Group Ltd acting on behalf of the commissioner under an applicable FCA-registered agency arrangement or a partnership with an FCA-regulated bank or payment provider. The Order Form identifies the regulated principal or banking partner, the relevant regulatory status and registration where required, the payment execution model, and the party responsible for safeguarding and reconciliation. These arrangements must be confirmed before payment services are activated. Authority approval and ring-fencing do not, by themselves, establish an exemption from payment-services regulation.

- No lending or credit is provided
- No discretionary use of funds is permitted
- The provider does not provide payment services to the public

- Safeguarded principal is segregated and protected for its designated payment purposes; Vertergi's entitlement to interest and other permitted benefits is separately stated.

Vertergi's regulatory capacity depends on the execution model and its relationship with the regulated principal. The regulated principal retains the responsibilities allocated to it by law and the agency or banking arrangement. Vertergi carries out instruction validation, operational administration, reconciliation, reporting and the agreed payment functions within that arrangement.

The regulated principal's identity, safeguarding responsibilities, applicable permissions and any agent registration or relied-on exclusion are documented for the selected model; payment activation is conditional on those arrangements being in place.

Information Security and Data Protection

The services are designed in line with UK public sector security expectations and include:

- ISO-aligned information security controls
- Role-based access control
- Secure authentication
- Encryption in transit and at rest
- Secure audit logging
- GDPR-compliant data handling

Data Processing Agreements and Information Sharing Agreements are supported as required.

Reporting and Audit

The services provide comprehensive reporting, including:

- DPS activity and supplier reporting
- Competition and award audit reports
- Payment transaction and reconciliation reports
- Supplier payment statements
- Audit-ready exports for internal and external audit

All actions are time-stamped, user-attributed, and retained in accordance with Authority retention policies.

Integration and Interoperability

The services support integration with:

- Commissioning and case management systems
- Procurement and DPS platforms
- Finance and ERP systems
- Banking and payment execution platforms

Integration is supported through APIs, secure file exchange, and configurable workflows.

Service Implementation and Onboarding

Implementation typically includes:

- Configuration of governance and approval workflows
- User role and permission setup
- Integration with existing systems
- Testing and assurance

- User training and documentation

Services may be deployed incrementally and alongside existing arrangements.

Service Availability and Support

- Cloud-hosted, highly available architecture
- Continuous monitoring and incident management
- Business-hours and extended support options
- Defined service levels for availability and response

These are all set out in the GCloud service listing

Pricing Overview

Pricing is structured as a fixed annual service charge, with optional usage-based elements aligned to transaction volumes and scale. Charges are transparent, proportionate, and designed to demonstrate value for money in line with public sector procurement requirements.

Service Exclusions

The services do not include:

- Lending or credit provision
- Financial advice
- Discretionary procurement or commissioning decisions
- Supplier selection without Authority approval

Typical Use Cases

- NHS Continuing Healthcare (CHC) commissioning and payments
- Personal Health Budget (PHB) services
- Social care and community services
- Multi-supplier DPS frameworks
- High-volume, low-value payment environments

Key Benefits

- Clear separation of procurement, approval, and payment execution
- Strong governance, transparency, and audit assurance
- Reduced administrative burden for commissioning and finance teams
- Flexible modular procurement options
- Scalable across services and organisations

3.3 Operational Artificial Intelligence & Workforce Enablement

Vertergi Intelligence is the product brand for the AI services described in this document. The descriptive G-Cloud service names, service scope and functionality are unchanged by this branding update.

This section describes Care Banking's optional AI-assisted services designed to reduce administrative burden, improve consistency of documentation, strengthen operational oversight and accelerate routine workflow activity across health and social care settings.

All AI capabilities are governance-led and are enabled only where agreed with the customer. Where deployed as part of the wider Care Banking platform, AI features operate within existing statutory workflows, are subject to role-based access controls, and are fully auditable. AI outputs are clearly identified as draft /

advisory, and do not replace professional judgement, statutory decision-making or organisational accountability.

A central component of this section is the Artificial Intelligence Administrator (Enabling Service), which acts as the orchestration and control layer for all AI activity. It manages and logs AI requests, enforces usage limits and budgets, and schedules AI processing to optimise cost and performance. This ensures that AI adoption can be scaled safely and predictably across multiple pathways without creating unmanaged risk, uncontrolled cost, or inconsistent use.

The services in this section may be procured as standalone AI capabilities (for example transcription or document summarization, contact centre, meeting manager, timesheets, absence or projects), or used as optional enhancements applied across Care Banking pathways such as CHC, AACC, children's services, Section 117, personal budgets, brokerage, payments, discharge management, safeguarding and social prescribing.

1. Artificial Intelligence Administrator (Enabling Service) Orchestration, governance, audit logging, allowances, budget control and scheduling of all AI activity across the platform.
2. AI-Assisted Structured Clinical & Care Evidence Summarisation Domain-based structuring and draft evidence preparation for DST and equivalent assessment frameworks with full traceability.
3. AI-Assisted Clinical Document Review and Summarisation Structured summarisation and evidence highlighting across clinical, care and commissioning document sets.
4. AI-Assisted Clinical and Non-Clinical Consultation Transcription and Document Automation (Vertergi Intelligence Capture) Transcription plus template-aligned draft documentation ("digital scribing / AI scribing") with user review and approval.
5. AI-Assisted Review and Reassessment Scheduling (Vertergi Intelligence Review Scheduler) Assistive scheduling and coordination of reviews, MDTs and reassessments, supporting statutory timeframes and capacity management.
6. AI-Assisted Operations, Reporting and Conversational Analytics (Vertergi Intelligence Assistant) Natural language querying, contact centre, timesheets, absence, projects draft reporting, operational task assistance and explainable analytics with governance controls.
7. AI-Assisted Clinical Documentation, Decision Support and Analytics Services A packaged combination of transcription, structured evidence summarisation and conversational operations/analytics, deployable as a suite or modular components.

Collectively, these AI-assisted services are designed to reduce administrative burden, improve consistency and timeliness of decision-support activity, and enable scarce clinical, commissioning and operational capacity to be focused on direct professional judgement and oversight rather than manual processing.

Care Banking uses a flexible, credits-based subscription model. The Service includes a base subscription and an optional, metered usage component. Authorities may increase metered usage at any time during the call-off by purchasing additional usage units (credit packs) at the published G-Cloud rates. This does not change the scope of the Service; it increases the quantity of usage consumed.

Credits are purchased annually and are pooled across the Authority's organisation, allowing customers to allocate usage across the Care Banking AI services they have enabled (e.g., Vertergi Intelligence Capture, Vertergi Intelligence Document Review, Vertergi Intelligence Evidence Summariser, Vertergi Intelligence Assistant, Vertergi Intelligence Assistant). This model is flexible by design and supports phased adoption without requiring separate licences per module.

Credit definition (standardised unit of consumption) A credit is a standard unit of consumption used to meter AI processing fairly and transparently across different AI activities. Credits are consumed only when an AI task is executed and an output is generated. All credit-consuming activity is logged with a full audit trail (user, time, module, case reference where applicable, and output type).

Service Specification

3.3.1 Artificial Intelligence Administrator (Enabling Service)

Product name: Vertergi Intelligence Administrator

Version 7.8

Introduction

Care Banking (Vertergi Group Ltd) provides a secure, cloud-based Artificial Intelligence Administrator service designed as an enabling capability that operates across multiple health and care pathways. The service supports NHS Integrated Care Boards (ICBs) and partner organisations by augmenting administrative, operational, and analytical activity within Care Banking services.

The Artificial Intelligence Administrator does not replace clinical, statutory, or professional judgement. Its primary function is to manage, control, and schedule the use of Care Banking's artificial intelligence modules. This includes logging AI requests, enforcing agreed usage limits, allocating user allowances, and scheduling AI activity at appropriate times to optimise cost, performance, and system stability.

The service is delivered as Software as a Service (SaaS) and is enabled only where agreed with the customer. It is configurable to align with local operating models, governance arrangements, and assurance requirements.

Scope of the Artificial Intelligence Administrator Service

The Artificial Intelligence Administrator operates as an enabling service applicable across multiple pathways, including but not limited to:

- All-Age Continuing Care and Adult Continuing Healthcare (CHC) - Children's Continuing Care - Section 117 Aftercare - Personal Health Budgets and Personal Budgets - Integrated Personalised Commissioning - Brokerage and Discharge Management - Social Prescribing and Safeguarding, custom workflows

The scope includes: - Logging and tracking of AI requests - Management of individual and organisational AI usage allowances

- Budgeting and tracking of AI-related expenditure - Task scheduling to optimise AI usage and control costs - Insight generation for operational and financial oversight - Support for reporting and management information

AI Request Logging and Control

All AI requests initiated within Care Banking services are logged, tracked, and governed through the Artificial Intelligence Administrator. This ensures transparency, traceability, and alignment with agreed usage parameters.

Allowance and Budget Management

The service supports the allocation and enforcement of AI usage allowances at user, team, or organisational level. Usage is monitored against agreed budgets, supporting financial control and cost predictability.

Task Scheduling and Cost Optimisation

AI activity can be scheduled to run at defined times or under defined conditions, supporting optimisation of processing costs and system performance while maintaining service responsiveness.

Insight and Management Information

The Artificial Intelligence Administrator provides insight into AI usage patterns, costs, and activity volumes, supporting operational oversight and informed decision-making.

User-Controlled Enablement

AI modules are enabled only where agreed and are subject to defined governance controls. Users retain oversight and control of AI-supported activity at all times.

Security, Governance and Compliance

The service operates within Care Banking's security and governance framework, including role-based access control, full audit logging, encryption of data in transit and at rest, alignment with ISO/IEC 27001, and compliance with the NHS Data Security and Protection Toolkit.

All AI-related activity is auditable and traceable. The service is designed to support NHS AI governance, assurance, and transparency expectations.

Implementation and Onboarding

Implementation includes configuration of AI controls, definition of usage limits and budgets, alignment of governance arrangements, user training, and controlled enablement of AI modules.

Support and Service Management

The service includes dedicated account management, defined service levels, ticket-based support, and ongoing optimisation aligned with customer requirements and assurance needs.

Service Outcomes

The Artificial Intelligence Administrator supports reduced administrative burden, improved operational oversight, strengthened financial governance, and enhanced insight generation, while maintaining clear accountability with human decision-makers.

Limitations and Safeguards

The service does not make autonomous clinical or statutory decisions. All AI outputs are advisory and subject to user review and approval in line with local governance arrangements.

Service Specification

3.3.2 AI-Assisted Structured Clinical & Care Evidence Summarisation Service

Product name: Vertergi Intelligence Evidence Summariser

Version 7.8

Service Overview

Vertergi Intelligence Evidence Summariser is an AI-assisted service designed to support the structured review and summarisation of clinical and care evidence against Decision Support Tool (DST) or equivalent assessment domains.

The service assists practitioners and commissioners by organising information from multiple source documents into domain-based summaries, supporting consistent preparation, review, and presentation of evidence for multidisciplinary teams (MDTs). The service improves efficiency and consistency while ensuring that all eligibility decisions, scoring, and statutory judgements remain entirely under Authority control.

Scope

Vertergi Intelligence Evidence Summariser supports the preparation, organisation, and presentation of evidence for structured statutory and care assessments, including:

- NHS Continuing Healthcare (CHC) Decision Support Tools (DSTs)
- Adult social care needs assessments

- Joint funding and eligibility reviews
- Complex case reviews requiring domain-based evidence
- MDT preparation, assurance, and challenge activity

The service is suitable for use by NHS Trusts, Integrated Care Boards (ICBs), Local Authorities, and partner organisations involved in assessment, review, and assurance processes.

Evidence Source Review

- Secure review of clinical, care, and supporting documentation
- Supports multiple source documents per case
- Designed to handle large, complex, and fragmented record sets commonly encountered in CHC, social care, and joint funding pathways
- Supports evidence collation across multiple originating organisations and systems

Domain-Based Evidence Structuring

- Summarises information into DST or equivalent assessment domains
- Supports domains such as:
 - o Physical health needs
 - o Mental health and cognition
 - o Behaviour
 - o Mobility
 - o Nutrition
 - o Continence
 - o Skin integrity
 - o Breathing and medication needs
- Domain structures and terminology are configurable and do not impose scoring, weighting, or eligibility thresholds
- Domain configuration can align with local or national templates

Draft DST Evidence Preparation

- Produces draft, structured domain summaries suitable for:
 - o DST preparation
 - o MDT discussion
 - o Evidence review and challenge
- Outputs are clearly identified as draft and advisory
- Draft outputs are editable and subject to professional review before use

Evidence Highlighting and Traceability

- Highlights relevant source passages used in each domain
- Supports user verification and audit
- Improves transparency of how summaries are produced
- Enables rapid navigation back to original source material

Professional Control and Decision-Making

Vertergi Intelligence Evidence Summariser operates strictly as an evidence organisation and drafting tool.

- Vertergi Intelligence Evidence Summariser is a decision-support service only
- The service does not:
 - o Score domains
 - o Determine eligibility
 - o Make funding recommendations
- All outputs are drafts for review
- Clinicians and commissioners retain full responsibility for:
 - o Interpretation of evidence
 - o Domain scoring
 - o Eligibility decisions
 - o Statutory sign-off

The service is designed to support professional judgement, not replace it.

Governance, Assurance and Audit

The service supports robust governance through:

- Clear labelling of AI-assisted draft outputs
- Source traceability back to original documentation
- Full, immutable audit trail of:
 - o Evidence processing
 - o Domain structuring activity
 - o User review and edits
- Role-based access controls

This ensures suitability for NHS assurance, audit, inspection, and challenge processes.

Configuration and Flexibility

Vertergi Intelligence Evidence Summariser can be configured to meet local requirements, including:

- Domain structures and terminology
- Level of summarisation detail
- Alignment with local DST variants or care assessment frameworks
- Use across adult, children's, or joint pathways

Configuration is managed without bespoke development.

Deployment Model

- Secure, UK-hosted Software as a Service (SaaS)
- Browser-based access
- No local installation required
- Suitable for desktop, tablet, and mobile use

Integration and Interoperability

The service can be deployed as:

- A standalone DST evidence preparation service, or
- An integrated component of the Care Banking platform

When integrated, structured evidence outputs can be reused across referral management, case management, assurance, and reporting workflows.

Intended Outcomes and Benefits

The service helps organisations to:

- Reduce time spent manually reviewing records for DSTs
- Improve consistency of domain-based evidence presentation
- Support more effective MDT discussions
- Strengthen assurance and audit readiness
- Reduce administrative burden on clinical and commissioning staff
- Improve transparency of evidence used in eligibility decisions
- Support more timely and defensible eligibility and funding decisions through improved evidence organisation

Typical Use Cases

- CHC DST preparation
- MDT meeting support
- Eligibility review and reassessment
- Quality assurance and audit
- Joint funding and complex care reviews

Summary

Vertergi Intelligence Evidence Summariser provides a structured, auditable, and governance-led approach to organising clinical and care evidence into DST or equivalent assessment domains. It improves efficiency and consistency while preserving full professional control, statutory responsibility, and assurance, making it suitable for NHS and public sector use under G-Cloud .

Service Specification

3.3.3 AI-Assisted Clinical Document Review and Summarisation Service

Product name: Vertergi Intelligence Document Review

Version 7.8

1. Service Overview

Vertergi Intelligence Document Review is an AI-assisted clinical and care document review and summarisation service designed to support the efficient review, orientation, preparation, and assurance of clinical, care, and commissioning documentation.

The service analyses uploaded documents and records, identifies relevant information, and produces structured summaries and highlighted extracts to assist users during case review, evidence preparation, briefing, and quality assurance activity.

Vertergi Intelligence Document Review is not a domain-based or assessment-specific tool. Unlike structured DST evidence services, it is designed to support general document understanding and synthesis across a wide range of use cases, while ensuring that all professional judgement, statutory responsibility, and decision-making remains with the user.

2. Scope of the Service

Vertergi Intelligence Document Review supports the review of documentation across health and care settings, including:

- Clinical records and correspondence
- Care assessments and reviews
- Continuing Healthcare (CHC) documentation
- Commissioning and brokerage records
- Provider reports and supporting evidence
- Assurance, audit, and review materials

The service is suitable for use by NHS Trusts, Integrated Care Boards (ICBs), Local Authorities, and commissioned provider organisations.

Document Review and Analysis

- Secure ingestion of clinical, care, and commissioning documents
- Supports single documents or multi-document record sets
- Designed to assist high-volume, longitudinal, or complex case review activity

Automated Summarisation

- Produces concise summaries of key information
- Highlights material relevant to the purpose of review
- Reduces the need for manual reading of lengthy or fragmented records

Thematic and Evidence Highlighting

- Identifies key themes, issues, and risks across documentation
- Highlights supporting passages to aid verification
- Enables faster navigation to relevant source material

Structured Outputs

- Summaries can be presented in structured sections
- Supports consistent presentation of information across cases
- Outputs remain editable, user-controlled, and clearly labelled as draft

Professional Control and Safety

Vertergi Intelligence Document Review is designed as a decision-support and efficiency tool only.

- The service does not make clinical, eligibility, or commissioning decisions
- All outputs are advisory and draft in nature
- Users retain full responsibility for:
 - o Interpretation
 - o Professional judgement
 - o Statutory decisions
 - o Final conclusions and actions

The service supports, but does not replace, professional expertise.

Governance, Audit and Transparency

The service supports strong governance through:

- Clear identification of AI-assisted outputs
- Source traceability back to original documents
- Full audit trail of:
 - o Document uploads
 - o Summarisation activity
 - o User access and actions
- Role-based access controls

This ensures transparency, accountability, and suitability for regulated NHS environments.

Configuration and Flexibility

Vertergi Intelligence Document Review can be configured to align with local requirements, including:

- Types of documents reviewed
- Output structure and level of detail
- Terminology preferences
- Use within specific pathways (e.g. CHC, adult social care, children's services)

Configuration is achieved without bespoke development.

Deployment Model

- Secure, UK-hosted Software as a Service (SaaS)
- Accessed via standard web browsers
- No local installation required
- Suitable for desktop and mobile use

Integration and Interoperability

The service can be deployed as:

- A standalone document review and summarisation service, or
- An integrated component of the wider Care Banking platform

When integrated, outputs can support downstream workflows such as assessments, reviews, assurance processes, reporting, and preparation for structured evidence tools.

Intended Outcomes and Benefits

The service supports organisations to:

- Reduce time spent reviewing lengthy documentation
- Improve consistency of summaries across cases
- Support safer and more transparent case review
- Improve productivity for clinical, commissioning, and assurance teams
- Strengthen auditability and governance
- Enable faster preparation for reviews, panels, and decision-making forums

Typical Use Cases

- Clinical record review

- Case familiarisation and orientation
- CHC and social care evidence preparation
- MDT briefing support
- Commissioning and brokerage assurance
- Audit and quality review activity
- Preparation of briefing notes, summaries, or reports

Summary

Vertergi Intelligence Document Review provides a controlled, auditable, and efficient approach to reviewing and summarising clinical, care, and commissioning documentation. It improves productivity and consistency while maintaining full professional oversight, statutory responsibility, and governance, making it suitable for NHS and public sector deployment under G-Cloud

Service Specification

3.3.4 AI-Assisted Clinical and Non-Clinical Consultation Transcription and Document Automation Service

Product name: Vertergi Intelligence Capture

Version 7.8

Vertergi Intelligence Capture is an AI-assisted consultation transcription and document automation service that supports the capture, structuring, and preparation of draft documentation from clinical and non-clinical consultations, assessments, and meetings.

The service converts spoken interactions into structured, editable draft documents aligned to local or national templates, reducing administrative burden while ensuring that all professional judgement, clinical responsibility, and decision-making remains with the user.

Vertergi Intelligence Capture supports functionality commonly described as “AI scribing”, “digital scribing”, or AI consultation notes. It is designed for use at the point of interaction, rather than post-hoc document review, and operates fully within NHS information governance, audit, and safety requirements.

Scope of the Service

The service supports:

- Clinical consultations (face-to-face, telephone, or virtual)
- Multidisciplinary team (MDT) discussions
- Assessments and reviews
- Non-clinical meetings and operational discussions
- Commissioning, brokerage, and care coordination conversations

Vertergi Intelligence Capture can be used across health and care settings including NHS Trusts, Integrated Care Boards (ICBs), Local Authorities, and commissioned provider organisations.

Consultation Transcription

- Secure transcription of spoken consultations and meetings
- Supports both clinical and non-clinical use cases
- Speaker-attributed transcription where appropriate
- Designed to reduce manual note-taking during interactions

Automated Draft Documentation

- Generation of structured draft documents from transcribed content
- Draft outputs aligned to:
 - o Local templates
 - o National templates
 - o Organisation-specific documentation formats
- Supports letters, assessments, summaries, and internal records

Template-Aligned Structuring

- Output structured into defined sections rather than free text
- Supports consistent documentation standards across teams
- Enables faster review and editing by users

Review, Edit and Approval Workflow

- All AI-generated content is clearly labelled as draft
- Users can review, edit, amend, and approve content before use
- No automated submission, filing, or decision-making without explicit user approval

Professional Control and Safety

Vertergi Intelligence Capture is designed to support, not replace, professional judgement.

- All outputs are advisory and draft only
- Clinicians and professionals remain fully responsible for:
 - o Accuracy
 - o Clinical interpretation
 - o Final documentation
 - o Statutory and regulatory decisions
- The service does not make clinical decisions or eligibility determinations

Governance, Audit and Transparency

The service includes:

- Clear labelling of AI-generated content
- Full audit trail of:
 - o Transcription generation
 - o Draft document creation
 - o User edits and approvals
- Role-based access controls
- Alignment with NHS information governance expectations

This ensures transparency, accountability, and suitability for regulated environments.

Configuration and Flexibility

Vertergi Intelligence Capture is configurable to local requirements, including:

- Document templates and formats

- Section headings and structure
- Terminology preferences
- Workflow steps for review and approval

Configuration is performed without custom code, allowing organisations to adapt the service over time.

Deployment Model

- Secure, UK-hosted SaaS delivery
- Accessed via modern web browsers
- No local software installation required
- Suitable for desktop, tablet, and mobile use

Integration and Interoperability

Vertergi Intelligence Capture can operate as:

- A standalone consultation documentation service, or
- An integrated module within the wider Care Banking platform

Where integrated, outputs can support downstream workflows such as referrals, assessments, reviews, commissioning, and assurance processes.

Intended Outcomes and Benefits

The service supports organisations to:

- Reduce time spent on manual documentation
- Improve consistency of consultation records
- Support safer, more structured record-keeping
- Increase clinician and professional productivity
- Improve auditability and governance of documentation
- Enable greater focus on patient or service user interaction rather than note-taking

Typical Use Cases

- Clinical, panel, administrative, or consultation note drafting
- MDT meeting documentation
- Assessment and review write-ups
- Non-clinical operational meeting summaries
- Draft letters and reports prepared from spoken discussions
- Social care reports
- Healthcare reports

Summary

Vertergi Intelligence Capture provides a safe, controlled, and configurable AI-assisted approach to consultation documentation and meeting transcription. By reducing administrative burden while preserving full professional oversight, governance, and accountability, the service supports productivity and documentation quality across health and care settings, making it suitable for NHS and public sector deployment under G-Cloud

Service Specification

3.3.5 AI-Assisted Review and Reassessment Scheduling Service for Health and Care

Product name: Vertergi Intelligence Review Scheduler

Version 7.8

Service Overview

Vertergi Intelligence Review Scheduler is an AI-assisted scheduling and coordination service designed to support the planning, booking, and management of reviews and reassessments across health and care pathways.

The service assists organisations by identifying suitable review dates based on defined constraints such as statutory timeframes, participant availability, workload, and capacity. It coordinates calendars, participants, and documentation while ensuring that all final scheduling decisions remain fully under user control and local governance arrangements.

Vertergi Intelligence Review Scheduler is designed to support compliance with statutory review requirements while reducing administrative burden and improving coordination across multidisciplinary teams. The service can be used within health and care settings or deployed in other organisational contexts where structured review scheduling is required.

Scope of the Service

Vertergi Intelligence Review Scheduler supports scheduling activity across a wide range of review and reassessment scenarios, including:

- Continuing Healthcare (CHC) reviews and reassessments (all types)
- Multidisciplinary team (MDT) reviews
- Social care reviews
- Safeguarding, funding, or care package reviews
- Operational or contractual reviews outside health and care

The service is suitable for NHS organisations, Integrated Care Boards (ICBs), Local Authorities, and other public or regulated bodies.

Intelligent Date Identification

- Assists users by identifying potential review dates based on:
 - o Statutory or policy deadlines
 - o Participant availability
 - o Existing workloads and capacity
 - o Priority or risk indicators
- Presents suggested dates for user consideration
- Supports compliance with statutory review and reassessment timeframes

Calendar and Participant Coordination

- Interacts with organisational calendars (for example NHS.net, local authority, or .gov domains)
- Supports coordination with:
 - o Clinicians
 - o Social workers
 - o Case managers

- o Other invited participants
- Ensures scheduling proposals respect role-based permissions

User-Controlled Confirmation

- Users review and approve all proposed dates
- No meetings or reviews are scheduled without explicit user request
- Supports manual override and rescheduling at any stage

Scheduling and Booking

- Once approved, the service can:
 - o Schedule the review or reassessment
 - o Create calendar entries
 - o Notify participants
- Supports single-discipline and multidisciplinary reviews

Documentation Coordination

- Shares relevant documentation with participants ahead of the review
- Supports secure access to:
 - o Case records
 - o Assessments
 - o Evidence summaries
 - o Agenda or review templates
- Ensures access is controlled through role-based permissions

Workload and Capacity Support

The service supports operational oversight by:

- Highlighting upcoming review volumes
- Identifying scheduling bottlenecks or capacity pressures
- Supporting equitable workload distribution
- Assisting prioritisation where multiple reviews compete for capacity

All prioritisation logic is configurable and operates within agreed local rules.

Governance, Control and Assurance

Vertergi Intelligence Review Scheduler is an assistive scheduling service, not an autonomous system.

- The service does not:
 - o Make or alter clinical or statutory decisions
 - o Override organisational or statutory rules
 - o Commit organisations to dates without approval
- All actions are:
 - o User-initiated
 - o Role-restricted
 - o Fully auditable

Professional responsibility and statutory accountability remain with the Authority at all times.

Audit, Transparency and Compliance

The service provides full transparency through:

- Audit trails of:
 - o Scheduling suggestions
 - o User approvals
 - o Changes and rescheduling actions
- Clear separation between AI-assisted recommendations and user decisions
- Traceable records suitable for audit, assurance, and inspection

Configuration and Flexibility

Vertergi Intelligence Review Scheduler can be configured to reflect local requirements, including:

- Review types and templates
- Timeframes and statutory triggers
- Participant roles
- Notification rules
- Integration preferences

Configuration is managed without bespoke development.

Deployment Model

- Secure, UK-hosted Software as a Service (SaaS)
- Browser-based access
- No local installation required
- Optimised for desktop and mobile use

Integration and Interoperability

The service can be deployed:

- As a standalone scheduling and coordination solution, or
- Integrated with wider Care Banking services, including:
 - o Referral and case management
 - o Evidence summarisation
 - o Operational analytics
 - o Payments and commissioning workflows

Integration operates through secure APIs and agreed permissions.

Intended Outcomes and Benefits

The service helps organisations to:

- Reduce administrative effort associated with review scheduling
- Improve compliance with review and reassessment timeframes
- Increase utilisation of professional capacity
- Improve coordination across multidisciplinary teams

- Reduce missed or delayed reviews
- Strengthen governance through auditable scheduling processes

Summary

Vertergi Intelligence Review Scheduler provides an AI-assisted approach to planning and coordinating reviews and reassessments across health, care, and other organisational settings. By combining intelligent scheduling support with strong governance, auditability, and user control, the service enables more effective use of capacity while ensuring accountability and statutory responsibility remain firmly with professionals and organisations.

Service Specification

3.3.6 AI Assisted Operations, Reporting and Conversational Analytics Service

Product name: Vertergi Intelligence Assistant

Version 7.8

Service Overview

Vertergi Intelligence Assistant is an AI-assisted conversational service that supports operational oversight, operational action, reporting, analytics, and task execution across health and care services.

The service provides a secure natural language interface that enables authorised users to interact with operational, clinical, commissioning, and financial datasets. Users can request analyses, generate reports and charts, manage operational tasks, and navigate complex workflows conversationally, while all interpretation, approval, and decision-making remains fully under organisational and professional control.

Scope of the Service

Vertergi Intelligence Assistant is designed to support day-to-day operational management across health and care pathways, including:

- Continuing Healthcare (CHC)
- Hospital discharge and intermediate care
- Adult and children's social care
- Commissioning, brokerage, and payments
- Performance reporting and assurance
- Operational scheduling and workload management

The service is suitable for NHS Trusts, Integrated Care Boards (ICBs), Local Authorities, and partner organisations.

Conversational AI Capabilities

Natural Language Interaction

- Users interact with the service through conversational prompts
- Supports plain-English queries such as:
 - o Creating or updating records
 - o Supported operational tasks can be performed through the conversational interface; the enabled task catalogue and coverage are confirmed for the selected deployment
 - o Requesting operational summaries
 - o Reducing training requirements for new staff

- o Generating reports and dashboards
- o Identifying trends or exceptions

Guided Operational Actions

- Supports assisted execution of operational tasks, including:
 - o Creating or updating patient and case records
 - o Scheduling reviews and key dates
 - o Assigning or reviewing tasks and workloads
 - o Preparing draft communications or reports
- All actions are subject to role-based permissions and user confirmation

Conversational Follow-Up

- Users can refine questions iteratively
- Supports drill-down, clarification, and comparison queries
- Enables progressive exploration of data without specialist reporting skills

Reporting and Analytics

Conversational Analytics

- Query datasets using natural language
- Identify trends, patterns, and exceptions
- Explore operational performance and throughput

Automated Visualisation

- Generates charts and visual summaries on request
- Supports common reporting formats used by NHS and Local Authorities
- Outputs are exportable for reporting and assurance use

4.3 Draft Narrative Reporting

- Produces draft written summaries and management reports
- Supports inclusion of metrics, charts, and commentary
- Outputs are clearly labelled as draft and user-reviewed

Operational Governance and Control

Vertergi Intelligence Assistant is an assisted operational service, not an autonomous decision-making system.

- The service does not:
 - o Make clinical decisions
 - o Approve funding
 - o Change records without user confirmation
- All actions require:
 - o Authorised user initiation
 - o Role-based permissions
 - o Explicit user confirmation where appropriate

Professional judgement, statutory responsibility, and assurance remain with the Authority at all times.

Audit, Transparency and Assurance

The service supports robust governance through:

- Clear labelling of AI-assisted outputs
- Full audit trail of:
 - o Queries
 - o Generated outputs
 - o Assisted actions
- Traceability between prompts, data sources, and results
- Role-based access controls and permissions

This ensures suitability for audit, assurance, and regulatory review.

Configuration and Flexibility

Vertergi Intelligence Assistant can be configured to align with local operational needs, including:

- Available datasets and metrics
- Approved operational actions
- Reporting templates and formats
- User roles and permission levels
- Labelling of validated and unvalidated outputs

Configuration is managed without bespoke development.

Deployment Model

- Secure, UK-hosted Software as a Service (SaaS)
- Browser-based access
- No local installation required
- Optimised for desktop, tablet, and mobile use

Integration and Interoperability

The service can operate as:

- A standalone conversational analytics and operations service, or
- An integrated component of the Care Banking platform

When integrated, Vertergi Intelligence Assistant can interact with referral management, case management, payments, scheduling, and reporting workflows, subject to role and permission controls.

Intended Outcomes and Benefits

The service helps organisations to:

- Reduce reliance on specialist reporting or BI skills
- Improve operational visibility and responsiveness
- Accelerate routine administrative and reporting tasks
- Support consistent operational oversight
- Improve productivity across clinical, brokerage, and finance teams
- Strengthen governance through auditable, controlled workflows

Typical Use Cases

- Operational performance reporting
- Case management efficiencies
- Reduction in training
- Faster staff onboarding
- Referral and case activity analysis
- Review scheduling and workload management
- Management information preparation
- Exception identification and follow-up
- Executive and assurance reporting

Summary

Vertergi Intelligence Assistant provides a powerful, conversational interface for managing operations, reporting, and analytics across health and care services. By combining natural language interaction with robust governance and audit controls, the service enables faster, more accessible operational insight while ensuring all decisions and accountability remain with professionals and organisations.

Service Specification

3.3.7 AI Assisted Clinical Documentation, Decision Support and Analytics Services

Product name: Vertergi Intelligence Clinical Bundle

Version 7.8

Service Description

The AI-Assisted Clinical Documentation, Decision Support and Analytics Services is a packaged suite of modular AI-enabled services supporting clinical documentation, evidence preparation, decision support, and operational analytics across health and care settings.

The service combines:

- AI-assisted consultation transcription and document automation
- AI-assisted structured clinical and care evidence summarisation
- AI-assisted conversational operations, reporting, and analytics

Each component can be deployed individually or together as a bundled service, enabling organisations to adopt AI capability incrementally or at scale. The service improves efficiency, consistency, and operational insight while ensuring all clinical, commissioning, financial, and statutory decisions remain under full professional and organisational control.

Intended Users

- Clinical staff (including assessors and MDT participants)
- CHC and adult social care teams
- Brokerage and commissioning teams
- Operational managers and service leads
- Finance and assurance teams
- Commissioners and system managers (ICB / Local Authority)

What the Service Does

AI-Assisted Consultation Transcription and Document Automation

- Transcribes clinical and non-clinical consultations, assessments, and meetings
- Produces structured draft documentation aligned to local or national templates
- Supports functionality commonly searched for as “AI scribing”, “digital scribing”, or AI consultation notes
- Outputs are clearly marked as draft and require user review, editing, and approval

AI-Assisted Clinical and Care Evidence Summarisation

- Reviews and summarises clinical, care, and commissioning documentation
- Structures evidence into Decision Support Tool (DST) or similar assessment domains
- Highlights relevant passages and source references to support verification
- Identifies gaps or missing evidence where configured
- Supports preparation of draft DST content while final eligibility decisions remain with the Authority

AI-Assisted Conversational Operations and Analytics

- Enables natural-language querying across operational, clinical, and care datasets
- Supports generation of charts, tables, and draft narrative reports
- Assists with operational tasks such as case creation, scheduling, and reporting
- Clearly distinguishes validated and unvalidated outputs
- Provides explainable responses with source traceability

Decision Support and Governance Controls

- All outputs are advisory and non-deterministic
- No automated clinical, eligibility, or funding decisions are made
- User approval is required before outputs are saved, shared, or acted upon
- Full audit trail of AI activity, user actions, and approvals

Outcomes Supported

The service supports:

- Reduced administrative burden for clinical and operational staff
- Faster preparation of documentation and evidence packs
- Improved consistency of evidence presentation across MDT reviews
- Enhanced operational visibility without specialist analytics skills
- Stronger governance through auditability and source traceability
- Safer adoption of AI within statutory decision-making environments

Reporting and Assurance

Standard reporting includes:

- Usage of AI services by function and role
- Audit trails of AI outputs, edits, and approvals
- Evidence sources referenced within summaries and reports
- Operational metrics generated through conversational analytics

Reports are exportable to support clinical governance, commissioning assurance, and audit processes.

Deployment and Configuration

- Modular deployment of individual services or full bundled suite
- Configurable templates, domains, workflows, and reporting views
- Role-based access aligned to organisational responsibilities
- Can operate as a standalone AI service suite or alongside wider Care Banking services

Security and Compliance

- UK-hosted cloud deployment
- Role-based access controls and multi-factor authentication
- Full audit logging of AI processing and user actions
- Alignment with NHS information governance requirements
- Secure handling of documents, transcripts, and attachments

Summary

The AI-Assisted Clinical Documentation, Decision Support and Analytics Services provides a safe, modular, and governance-led approach to adopting AI across health and care organisations. By combining transcription, structured evidence summarisation, and conversational analytics within a single configurable service, the platform improves efficiency and insight while preserving professional judgement, statutory responsibility, and organisational control. Designed for incremental adoption or system-wide deployment, the service enables organisations to realise the benefits of AI without compromising governance, accountability, or assurance.

Service Specification

3.4 System-Wide Transformation and Discharge Management

This section describes Care Banking's system-wide discharge and flow management capability, designed to support Integrated Care Boards (ICBs), Acute Trusts, Local Authorities and community partners to manage discharge, complex care coordination and system flow across organisational boundaries.

The service builds on Care Banking's core commissioning, case management, brokerage, payments and AI-enabled operational capabilities to enable admission-led discharge planning and parallel working across acute, community and social care settings. It supports the early identification of post-acute needs, coordination of Continuing Healthcare (CHC), community and social care activity, and the timely sourcing and commissioning of onward care.

The capability is aligned with NHS England discharge guidance, including the principles of Discharge to Assess and system-wide flow management, by enabling discharge planning to commence at the point of admission rather than at the point of discharge. This reduces reliance on sequential processes, supports earlier engagement with community and social care services, and helps improve acute bed utilisation during periods of operational pressure.

The service may be deployed as a focused discharge management solution or as part of a broader system-wide transformation approach. Organisations can adopt the capability incrementally, starting with specific pathways or cohorts, while retaining the option to expand towards more integrated, end-to-end system workflows over time.

3.4.1 AI-Enabled Hospital Discharge and Flow Management Platform

(Discharge to Assess, CHC and Community Care Coordination)

Product name: Vertergi Intelligence Discharge & Flow

Extended Service Description

The AI-Enabled Hospital Discharge and Flow Management Platform supports earlier and safer discharge by shifting discharge planning upstream to the point of hospital admission and enabling parallel working across health and social care.

It is a cloud-based service supporting Discharge to Assess (D2A), NHS Continuing Healthcare (CHC), and adult social care pathways by coordinating discharge activity from admission through to confirmed handover into community services.

The service records patient admission, supports early identification of patients likely to require CHC or community care, predicts expected discharge dates, and coordinates onward care planning across health and social care partners. Discharge plans are continuously updated as patient condition, investigations, or circumstances change.

The platform enables earlier mobilisation of community care through parallel planning, reducing avoidable inpatient days while ensuring all clinical, commissioning, funding, and placement decisions remain under the control of authorised professionals.

Product maturity and provenance

This service reflects over six years of continuous development and operational learning within UK health and care systems. Its foundations were established through an innovative, Innovate UK bid, delivered in collaboration with NHS partners and system stakeholders to address hospital discharge, continuing care, and community coordination challenges.

This new platform represents a mature evolution of this work, incorporating AI-assisted capability to enhance planning, coordination, forecasting, and reporting while maintaining clear professional accountability, statutory decision-making, auditability, and information governance controls.

Technology advances over the last three years have made the underlying technology cost competitive. As a result the last 12 months focused on enhancements that have been incremental and workflow-led, building on proven operational practice rather than replacing established clinical or commissioning processes.

This long-term development approach has resulted in a platform designed for system-scale deployment, operational resilience, and sustained use rather than short-term transformation initiatives.

Intended Users

The service is designed for system-wide deployment across health and social care organisations, supporting coordinated discharge operations at scale, across

- Acute Trust discharge hubs
- Integrated discharge teams
- CHC teams
- Adult social care teams
- Community providers and brokerage teams
- Commissioners and system managers (ICB / Local Authority)

What the Service Does

The service supports coordination across acute, community, CHC and social care pathways, providing system-level visibility while preserving organizational responsibilities. Reducing administrative tasks and delayed transfers of Care. The system can be deployed in stages over years or in one big deployment.

AI-Assisted Operational Support

AI capability within the service supports operational efficiency and visibility by:

- Assisting with discharge date forecasting and re-forecasting
- Highlighting patients at risk of delayed discharge
- Identifying emerging capacity constraints and exceptions
- Supporting prioritisation of discharge activity
- Predicting discharge needs and coordinating the provision while treatment takes place.
- The potential to automate, needs planning, coordination, contracting and confirmation all exists within the platform.

AI outputs are advisory only. All decisions, overrides, and confirmations remain with authorised users and are fully auditable.

Admission-Led Coordination

- Records hospital admission events
- Flags patients likely to require CHC, D2A, or social care support
- Initiates discharge workflows early, rather than waiting until “medically optimised”

Predicted Discharge Date and Re-Forecasting

- Uses configurable rules and predictive models to estimate and continually re-forecast expected discharge timing, supporting proactive operational planning. Continuously re- forecasts discharge expectations as patient condition or care needs change
- Supports early signalling of anticipated demand to community providers and brokerage teams, enabling capacity planning and reducing last-minute placement failure.
- Highlights variance between forecast and actual discharge dates

Discharge to Assess Pathway Management

- Supports D2A Pathways 1, 2 and 3 (or local variants)
- Tracks pathway readiness, milestones, ownership, and delays
- Supports escalation where statutory timeframes are at risk

CHC and Social Care Coordination

- Supports CHC standard and fast-track pathways
- In conjunction with Care Banking products it coordinates assessments, documentation, brokerage activity, and approvals
- Produces structured discharge documentation packs
- Integrates with referral, case management, commissioning, and payment workflows where deployed

Ongoing Change Management

- Re-plans discharge activity when patient condition or circumstances change
- Maintains a full audit trail of decisions, overrides, timing, and responsibility

- Supports governance review and assurance processes

Discharge Confirmation and Handover

- Confirms discharge date and time
- Supports structured handover to community and social care services
- Captures actual discharge date and coded delay reasons

Outcomes Supported

The service supports:

- Reduced “ready but not discharged” inpatient days
- Earlier mobilisation of CHC and community care packages
- Fewer failed or collapsed discharge plans
- Improved visibility of discharge risk and delay causes
- Standardised audit and reporting across D2A and CHC pathways

Illustrative Value and Savings (Non-Contractual)

The platform supports earlier discharge through earlier planning, parallel working, and continuous re-forecasting. Additional direct staff savings are not listed. Benefits arise from avoided inpatient bed days and improved flow, not from reducing care provision.

Illustrative unit cost assumptions (non-contractual):

- Acute inpatient bed day (excluding treatment): £345
- Typical blended community care cost: £84
- Indicative net system saving per avoided inpatient day: £260

Typical impact by cohort (illustrative):

Deployment scope Typical avoided inpatient days Indicative net saving

CHC / social care patients ~1 day per patient ~£260 per patient

All community-care discharges: approximately 0.8 avoided inpatient days per patient; approximately £208 indicative net saving at £260 per avoided day.

Actual impact depends on baseline performance, pathway maturity, and care availability. The service provides reporting to support local benefits realisation and assurance.

Using the illustrative assumptions above, 0.8 avoided inpatient days would represent approximately £208 net saving per applicable patient. Actual results must be established against a local baseline and evidenced through benefits realisation; the illustration is not a demonstrated or guaranteed saving per admission.

The service uses advanced statistical and machine-learning techniques to analyse historic and live operational data in order to support discharge planning, care coordination and resource utilisation. These models are used to identify patterns, risks and opportunities within discharge and continuing care pathways, helping organisations to improve decision-making and operational efficiency over time.

Model outputs are advisory in nature and are used to support, not replace, professional judgement. All recommendations and insights are subject to local validation, governance and approval.

The service includes comprehensive reporting and assurance tooling, enabling organisations to validate outcomes, monitor performance improvement and evidence benefits realisation in line with local governance and audit requirements.

Charging Model (Admission-Based SaaS Pricing)

The service is commissioned as software access linked to hospital admissions, reflecting the operational coordination workload created when patients enter hospital and require discharge planning.

Pricing Principles

- Charges are not linked to outcomes or savings
- No gain-share or contingent pricing
- Predictable, auditable, and procurement-compliant

Pricing is set out in the associated G-Cloud pricing document.

Deployment Scenarios Supported

Scenario A – CHC and Social Care Patients Only

- Focuses and identifies highest-delay cohorts
- Suitable for phased or targeted deployment
- Strongest attribution of flow impact

Scenario B – All Community-Care Discharges

- Covers CHC, social care, reablement, and intermediate care
- Enables system-wide standardisation and visibility
- Delivers aggregate flow and capacity benefits

Both scenarios are supported using the same platform, with scope controlled through roles and pathway configuration.

Reporting and Assurance

Standard reports include:

- Forecast vs actual discharge variance
- Bed days avoided (baseline vs post-implementation)
- Discharge delays by reason code
- Pathway throughput and bottlenecks
- Full audit trail for D2A and CHC governance

Reports are exportable to support Trust, ICB, and Local Authority assurance processes.

Implementation and Onboarding

- Local pathway and workflow configuration
- Admission and discharge rule setup
- User and role configuration
- Training for operational and reporting users
- Pilot and phased rollout options

Security and Compliance

- UK-hosted cloud deployment
- Role-based access controls
- Full audit logging

- NHS information governance alignment

Full details on the support services can be found in section 2, including availability, redundancy, help desk and account management

Summary

The AI-Enabled Hospital Discharge and Flow Management Platform provides a mature, system-ready capability for coordinating discharge activity from the point of admission across acute, community, CHC, and adult social care pathways. Built on over six years of operational development within UK health and care systems, the service enables earlier planning, parallel working, and improved flow while maintaining full professional, clinical, and statutory control. Through configurable pathways, continuous re-forecasting, and auditable coordination, the platform supports safer discharge, reduced avoidable inpatient days, and improved system visibility. It is designed for scalable, compliant deployment at Trust, place, or system level, supporting sustained operational improvement rather than short-term transformation initiatives.

3.5.1 Custom Platform Configuration Modules

Each service is costed and provided using software module components, that create product features. Clients product pricing is based upon configurations of the service modules, examples of possible independent module configurations are listed below. Clients can choose to add or remove functionality from standard calls off by adding or removing features or modules.

The schedule below matches the published component rates to the configuration codes. All prices exclude VAT. U1 and V7 have no separate price in the supplied pricing schedule and must not be treated as separately priced purchases. Their inclusion within a selected Service Pack must be confirmed. V1 has a usage rate but no defined usage unit in the source; that unit must be published before separate usage charging. Component scope and compatibility must be confirmed against the selected Service Pack.

Code	Component group	Published charge
A1	Brokerage	£0.005 per member of population per year
A2	Brokerage	£0.020 per member of population per year
A3	Brokerage	£0.003 per member of population per year
A4	Brokerage	£0.003 per member of population per year
A5	Brokerage	£0.003 per member of population per year
B1	Review Management	£0.004 per member of population per year
B2	Review Management	£0.002 per member of population per year
B3	Review Management	£0.020 per member of population per year
C1	Case Management	£0.003 per member of population per year
C2	Case Management	£0.004 per member of population per year
C3	Case Management	£0.003 per member of population per year
C4	Case Management	£0.010 per member of population per year
C5	Case Management	£0.003 per member of population per year
C6	Case Management	£0.008 per member of population per year
C7	Case Management	£0.100 per member of population per year

Code	Component group	Published charge
D1	Spine Connectivity	£0.020 per member of population per year
D2	Spine Connectivity	£0.030 per member of population per year
D3	Document Templates	£0.050 per member of population per year
E1	Audit History	£0.003 per member of population per year
E2	Audit History	£0.030 per member of population per year
E3	Audit History	£0.010 per member of population per year
F1	Workflow	£0.005 per member of population per year
G1	Reporting	£0.007 per member of population per year
H1	Reporting	£0.003 per member of population per year
H2	Reporting	£0.003 per member of population per year
H3	Reporting	£0.003 per member of population per year
H4	Reporting	£0.006 per member of population per year
H5	User Management	£0.003 per member of population per year
I1	User Management	£0.010 per member of population per year
I2	User Management	£0.003 per member of population per year
I3	User Management	£0.015 per member of population per year
I4	User Management	£0.003 per member of population per year
J1	Digital Forms	£0.010 per member of population per year
K1	Messaging Module	£0.003 per member of population per year
L1	Referral Portal	£0.020 per member of population per year
M1	Patient Budget Calculators	£0.003 per member of population per year
M2	Patient Budget Calculators	£0.002 per member of population per year
N1	Data Sharing Permissions	£0.005 per member of population per year
O1	Payroll	£0.020 per member of population per year
O2	Payroll	£0.030 per member of population per year
P1	Pension Integration	£0.020 per member of population per year
Q1	Online Statement	£0.003 per member of population per year
R1	Timesheets	£0.020 per member of population per year
S1	Third Party Portal	£0.020 per member of population per year
T1	Personal Assistant Portal	£0.020 per member of population per year

Code	Component group	Published charge
T2	Personal Assistant Portal	£0.020 per member of population per year
U1	Patient Portal	No separate price published; not separately priced for purchase
V1	Artificial Intelligence	£0.100 per usage unit; unit not specified in the source schedule
V2	Artificial Intelligence	£0.200 per member of population per year
V3	Artificial Intelligence	£0.250 per member of population per year
V4	Artificial Intelligence	£0.050 per member of population per year
V5	Artificial Intelligence	£0.300 per member of population per year
V6	Artificial Intelligence	£0.200 per member of population per year
V7	Artificial Intelligence	No separate price published; not separately priced for purchase
W1	Vertergi Intelligence Discharge & Flow (discharge management)	£0.200 per member of population per year
W2	Vertergi Intelligence Discharge & Flow (discharge management)	£0.400 per member of population per year
W3	Vertergi Intelligence Discharge & Flow (discharge management)	£0.250 per member of population per year
W4	Vertergi Intelligence Discharge & Flow (discharge management)	£0.100 per member of population per year
W5	Vertergi Intelligence Discharge & Flow (discharge management)	£0.050 per member of population per year
W6	Vertergi Intelligence Discharge & Flow (discharge management)	£0.020 per member of population per year
W7	Vertergi Intelligence Discharge & Flow	£10.00 per admission

Part 4 Social value

Social Value Alignment and Assessment Framework

The social value commitments described in this service specification have been developed in line with the Crown Commercial Service (CCS) Social Value Model, NHS priorities and Local Authority commissioning objectives. They are designed to deliver measurable, proportionate and sustainable social value outcomes, both through Vertergi Group Ltd's own operations and through the way the Care Banking platform is deployed across health and social care systems.

Social value is embedded directly into the design and delivery of the Care Banking platform, enabling commissioning organisations to realise benefits not only at an organisational level, but across their wider care markets and supply chains. This includes environmental sustainability, workforce equality and wellbeing, skills development, ethical procurement, digital inclusion and community benefit.

The table below maps the Care Banking social value commitments to the recognised CCS Social Value themes and routes commonly used by NHS Integrated Care Boards and Local Authorities when evaluating G-Cloud services. This mapping is provided to support clarity and transparency for evaluators, demonstrating how the social value outcomes described in this document align to established assessment frameworks.

CCS Social Value Theme Covered Section

Fighting Climate Change Section 1

Equal Opportunity Section 2

Health & Wellbeing Section 3

Skills & Employment Section 4

Reducing Inequality Sections 5 & 8

Ethical Procurement Section 6

Community Section 7

Social Value Commitments

Care Banking (Vertergi Group Ltd) (Aligned to CCS Social Value Model, NHS priorities and G-Cloud expectations)

1. Fighting Climate Change

Method Statement Vertergi Group's operations minimise environmental impact while enabling NHS and Local Authority clients to reduce carbon emissions across commissioning, brokerage, payments and care delivery. Our approach aligns with NHS England's Net Zero ambition (2040) and focuses on sustained improvement through digital-first delivery, supplier influence and external accreditation.

Vertergi Group operates as a paper-free organisation with minimal travel and office use by exception. Secure cloud-based systems enable remote access for staff and customers, reducing carbon associated with commuting, printing and physical storage. Our digital Source-to-Pay, referral and document management services directly replace high-volume paper workflows across health and social care.

Influencing Stakeholders Virtual-first meetings are standard. Staff participate in Cycle to Work schemes and prioritise public transport or electric vehicles when travel is unavoidable. Single-use plastics are eliminated where practicable. Supplier selection includes sustainability assessment, and collaboration on carbon-reduction initiatives is required.

Our market-management module enables commissioners to embed social value into funded- care supply chains, using national TOMs. Clients can monitor and influence environmental performance across thousands of providers.

Impact Evidence: The estimated 116 tonnes of CO₂ saved since 2018 is a supplier estimate, subject to validation of its methodology and supporting activity data; it is not an independently verified or guaranteed outcome.

Timed Project Plan

Activity Timing

Complete Evergreen Sustainable Supplier Assessment (ESSA) By Feb 2026 (planned milestone; current completion status to be evidenced)

Complete Sustainability Project Plan aligned to ESSA & NHS Net Zero Supplier Roadmap By May 2026 (planned milestone; current completion status to be evidenced)

Implement Sustainability Project Plan From May 2026 (planned milestone; current completion status to be evidenced)

Data Tools / Processes ESSA maturity matrix, NHS Net Zero Supplier Roadmap metrics, internal sustainability dashboards.

Reporting & Transparency Half-yearly sustainability reporting shared with contracting authorities, aligned to agreed targets and metrics.

Feedback & Improvement Director-level Sustainability Lead, quarterly Board review, continuous improvement embedded into business planning.

2. Tackling Workforce Inequality

Method Statement Vertergi Group actively tackles workforce inequality through inclusive recruitment, training, development and retention practices aligned to NHS EDI priorities, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Modern Slavery Act.

Recruitment processes use inclusive advertising, accessible interviews and transparent remuneration. Reasonable adjustments are supported, including use of the UK Government's Access to Work scheme.

Influencing Stakeholders Equality training is mandatory for staff. Supplier selection includes assessment of diversity and equality practices. Workforce inequality metrics are embedded into our market-management solution, enabling commissioners to influence equality outcomes across funded care providers.

Timed Project Plan

Activity Timing

Annual Diversity & Equality training From May 2026 (planned milestone; current completion status to be evidenced)

6Mental Health First Aiders trained June 2026 (planned milestone; current completion status to be evidenced)

Secure Disability Confident Employer status April 2026 (planned milestone; current completion status to be evidenced)

Data Tools / Processes Workforce diversity metrics, recruitment and progression analysis, anonymised staff surveys.

Reporting & Transparency Annual diversity report reviewed at Board level and shared with contracting authorities.

Feedback & Improvement HR Director accountable; Annual Action Plan approved by Board.

3. Health, Wellbeing and Resilience

Method Statement Vertergi Group promotes physical and mental wellbeing through formal policy, flexible working, access to confidential support and proactive management practices. Activities are co-designed with staff and reviewed regularly.

Timed Project Plan

Activity Timing

Employee Assistance Programme (24/7) In place

Flexible & hybrid working In place

Wellbeing risk assessments In place

Mental Health First Aid training June 2026 (planned milestone; current completion status to be evidenced)

Mental Health at Work Commitment April 2026 (planned milestone; current completion status to be evidenced)

Two paid volunteer days per year Sept 2026 (planned milestone; current completion status to be evidenced)

Influencing Stakeholders Vertergi Group designs digital services that reduce administrative burden, duplication and stress for NHS and care staff. Our market-management tools enable commissioners to monitor provider wellbeing commitments.

Data Tools / Processes Biannual anonymised wellbeing survey, trend analysis and action tracking.

Reporting & Transparency Annual wellbeing report reviewed at Board level and shared with clients.

Feedback & Improvement Director-level accountability, continuous improvement cycle.

4. Skills, Employment and Economic Inclusion

Method Statement Vertergi Group supports skills development, fair employment and local economic growth by investing in training, apprenticeships and long-term career development.

Commitments

- Graduate and early-career roles in digital, data and health technology
- Apprenticeship opportunities aligned to digital and health pathways
- Ongoing professional development for all staff

Influencing Stakeholders We encourage suppliers to demonstrate training and employment commitments and support commissioners to embed skills-based social value criteria into care markets.

Reporting & Improvement Annual workforce development reporting and review.

Vertergi Group will measure delivery of skills, employment and economic inclusion outcomes using the following metrics:

- Minimum of 1 apprenticeship, graduate or early-career role per annum supported across digital, data or health technology disciplines
- 100% of staff provided with an annual professional development plan and access to funded training
- Minimum 3 training days per employee per year, tracked via HR systems
- Annual reporting of:
 - o Number of apprentices / early-career roles supported
 - o Training hours delivered
 - o Internal promotion and progression rates

Reporting cadence: Annual workforce development report, reviewed at Board level and available to contracting authorities on request.

Continuous improvement: Metrics reviewed annually to identify opportunities to expand training routes or increase participation from under-represented groups.

5. Digital Inclusion & Access to Services

Method Statement Vertergi Group designs services to reduce digital exclusion for patients, carers and providers through intuitive portals, assisted digital options and flexible access routes.

Impact

- Reduced reliance on paper and in-person processes
- Improved access for rural, vulnerable and time-pressured users
- Faster coordination across health, social care and community services

Stakeholder Influence Commissioners can configure access models to support inclusive delivery across diverse populations.

Metrics, Measurement & Reporting

Digital inclusion outcomes will be measured through service usage and accessibility indicators, including:

- 100% of core platform functions available via web-based, device-agnostic access (no specialist hardware required)
- Assisted digital options available for all major workflows (referrals, document submission, approvals)

- Reduction in paper-based processes for customers adopting Care Banking, typically exceeding 90% reduction in manual paperwork
- User accessibility metrics, including:

- o Portal usage across patient, provider and commissioner roles

- o Average time to complete digital referrals and document submissions

- Qualitative feedback from commissioners on improved access for rural, vulnerable or time-pressured users

Reporting cadence: Usage and accessibility metrics available through platform dashboards; summary provided annually.

Continuous improvement: Accessibility and usability enhancements prioritised through user feedback and service reviews.

6. Ethical Supply Chains & Modern Slavery Prevention

Method Statement Vertergi Group operates a zero-tolerance approach to modern slavery and unethical labour practices. Supplier onboarding includes ethical compliance checks aligned to the Modern Slavery Act.

Monitoring & Reporting

- Supplier declarations
- Periodic reassessment
- Escalation and remediation processes

Metrics, Measurement & Reporting

Vertergi Group will measure ethical supply chain outcomes using the following controls and indicators:

- 100% of suppliers required to complete an ethical and modern slavery declaration at onboarding
- 100% of critical suppliers subject to periodic re-assessment
- Zero tolerance breaches recorded and escalated in line with contractual controls
- Annual confirmation that no substantiated modern slavery incidents have occurred within Vertergi Group operations or supply chain

Reporting cadence: Annual ethical supply chain review, with confirmation provided to contracting authorities.

Continuous improvement: Supplier standards reviewed annually and updated to reflect legislative or policy changes.

7. Community Benefit & Volunteering

Method Statement Vertergi Group encourages staff participation in community and voluntary activities, supporting health, wellbeing and digital inclusion initiatives.

Commitments

- Two paid volunteering days per employee per year
- Support for local wellbeing and community arts initiatives
- Collaboration with NHS and local partners on community-based projects

Metrics, Measurement & Reporting

Community benefit commitments will be measured through participation and impact indicators, including:

- Two paid volunteering days per employee per year, tracked via HR systems
- Target participation rate of at least 50% of staff annually in volunteering or community initiatives

- Number of community or NHS-aligned initiatives supported per year (e.g. wellbeing, digital inclusion, community health)
- Qualitative impact statements captured annually describing community benefit achieved

Reporting cadence: Annual community benefit summary reviewed by the Board and shared with contracting authorities on request.

Continuous improvement: Employee feedback used to refine volunteering opportunities and align them more closely to local health and wellbeing priorities.

8. Social Value Through Service Design (System-Wide Impact)

Method Statement Vertergi Group's digital platform delivers social value at scale by improving system efficiency, reducing waste and enabling better use of public funds.

Examples

- Reduced delayed discharges through earlier coordination
- Improved transparency and auditability of public spending
- Reduced administrative burden across health and social care
- Enabling commissioners to embed social value metrics into funded-care markets

Metrics, Measurement & Reporting

Care Banking measures social value delivered through service design by tracking system-wide operational, financial and workforce impacts enabled by the platform. Metrics focus on outcomes that improve use of public resources, reduce inefficiency and support better coordination across health and social care.

The following indicators are used to evidence delivery:

Operational Efficiency & System Flow

- Reduction in delayed discharges for customers using admission-led discharge planning workflows, measured through:
 - o Earlier initiation of CHC, community and social care workflows
 - o Reduction in time from referral to placement or care package agreement
- Percentage of cases where commissioning and brokerage activity runs in parallel with acute treatment, rather than sequentially
- Reduction in manual hand-offs between acute, community and social care teams, measured by workflow completion and task automation rates

Financial Stewardship & Value for Money

- Improved visibility of public spend, evidenced by:
 - o 100% of contracts, variations and invoices linked to a single patient record
 - o Real-time visibility of financial commitments and liabilities
- Reduction in invoice disputes and payment delays, tracked through:
 - o Number of invoices requiring manual intervention
 - o Time to invoice approval and payment
- Identification of avoidable spend and efficiency opportunities, supported by benchmarking and reporting tools

Workforce Productivity & Resilience

- Reduction in administrative time for commissioners, clinicians and brokerage teams, measured through:

- o Automation of referrals, documentation, approvals and payments
- o Decrease in duplicate data entry across systems
- Improved staff experience, supported by reduced case backlogs and clearer accountability across pathways

System-Wide Collaboration & Market Oversight

- Increased transparency across funded care markets, evidenced by:
 - o Centralised view of provider capacity, pricing, quality and compliance
 - o Ability to apply consistent governance and social value requirements across providers
- Support for integrated working across organisational boundaries, including ICBs, Local Authorities, Acute Trusts and community providers

Reporting & Transparency

- Platform dashboards provide real-time visibility of operational, financial and workflow performance
- Scheduled management reports support routine oversight and Board-level reporting
- Audit trails enable retrospective review of decisions, approvals and system usage

Reporting cadence: System-wide performance metrics available continuously via dashboards, with summary reporting provided quarterly or annually as required by the contracting authority.

Continuous improvement: Metrics reviewed jointly with customers to refine workflows, improve efficiency and extend system-wide benefits over time.

Governance & Accountability (Applies to All Themes)

- Board-level ownership of Social Value delivery
- Named Director leads for each theme
- Annual Social Value Action Plan
- Continuous monitoring and improvement
- Alignment with NHS priorities and CCS Social Value Model

Summary Statement (for G-Cloud)

Care Banking embeds social value directly into the design and delivery of its digital services, enabling measurable environmental, workforce, wellbeing and community benefits for NHS and Local Authority clients, while providing commissioners with the tools to extend social value outcomes across their funded-care supply chains.

Vertergi Intelligence service information

Version 7.8 | 21 September 2026

The Supplier is Vertergi Group Ltd (company number 10245607), formerly MCB Software Services Limited. Care Banking remains the platform brand; Vertergi Intelligence is the AI product brand.

Vertergi Intelligence is the product brand for the AI services described in this document. The descriptive G-Cloud service names, service scope and functionality are unchanged by this branding update.

AI credit validity

AI credits are pooled across the Buyer's organisation and may be used across its enabled AI credit services. A contract year is the 12-month period beginning on the start date specified in the Order Form, and each subsequent anniversary period. Purchased credits, including top-up credits, are valid only for the contract year to which they are allocated. Unused credits expire at the end of that contract year, do not roll over and are not refundable, except where required by applicable law or the Call-Off Contract. Purchasing a top-up does

not start a new 12-month validity period. AI credits are distinct from Referral Credits and service-level compensation credits.

AI top-up credits may be purchased at any annual tier. The unit rate of the Buyer's current tier applies to additional credits until cumulative AI credits purchased for that contract year reach the next tier's published annual credit-volume threshold. The next tier's lower unit rate then applies to subsequent additional credits. A pack crossing a threshold is split between the applicable unit rates. Previously purchased credits are not retrospectively repriced. The published annual tier packages remain unchanged. Additional credits above 100,000 credits purchased in the contract year are charged at £2.25 per credit. Top-ups share the same contract-year expiry date and do not restart validity.

Free trial

A free trial of the enabled Vertergi Intelligence AI credit services is available for up to 60 days, with a total allowance of 50 AI credits and access for up to 20 users. The trial ends when the agreed trial period or the 50-credit allowance is reached, whichever occurs first. There is no charge for the trial and no automatic conversion to a paid subscription. Continued use requires an agreed Order Form. This offer does not include separately charged non-AI services or the admission-priced discharge and flow service.

Where no paid contract follows the trial, trial data will be securely deleted 30 days after the trial ends, subject to any mandatory legal retention requirement and the applicable Call-Off Contract. The Buyer may request the standard data extract before deletion. Data protection, security, confidentiality and human-review provisions apply throughout the trial.

Monthly invoicing

Charges are invoiced annually in advance unless monthly invoicing in advance is agreed in the Order Form. Monthly invoicing changes the payment schedule only; it does not reduce the agreed annual credit purchase or other annual charging commitment. Annual discounts remain based on the annual quantity purchased.