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NHS Standard Contract 2024/25

Particulars (Full Length)

Contract title:	CMT-1096 Midlands Partnership University NHS Foundation Trust – Community and Mental Health Contract
Contract ref:	CMT- 1184

Version 1, February 2024

Prepared by: NHS Standard Contract team, NHS England
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Version Control:

NVA / CV No.	Status	Description	Date

CONTRACT REFERENCE	CMT- 1184
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DATE OF CONTRACT	
SERVICE COMMENCEMENT DATE	1st April 2024
CONTRACT TERM	1 Year (12 months)
COMMISSIONERS	NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ODS QNC) Stafford Education & Enterprise Park Weston Road Stafford ST18 0BF
CO-ORDINATING COMMISSIONER <i>See GC10 and Schedule 5C</i>	NHS Staffordshire and Stoke-on-Trent Integrated Care Board (QNC)
PROVIDER	Midlands Partnership University NHS Foundation Trust (ODS RRE) Principal and/or registered office address: Trust Headquarters St George's Hospital, Corporation Street Stafford ST16 3SR

CONTRACT AWARD PROCESS <i>See s15 of the Contract Technical Guidance</i>	[PSR direct award process A]
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Definitions and Interpretation

CONTRACT

Contract title: ... CMT-1184_MPFT, Community & Mental Health Contract

Contract ref: ... CMT-1184_MPFT, Community & Mental Health Contract

This Contract records the agreement between the Commissioners and the Provider and comprises


1. these **Particulars**, as completed and agreed by the Parties and as may be varied from time to time in accordance with GC13 (*Variations*);
2. the **Service Conditions (Full Length)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>;
3. the **General Conditions (Full Length)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>.

Each Party acknowledges and agrees

- (i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and
- (ii) that it will accept and will be bound by the Service Conditions and General Conditions as from time to time updated, amended or replaced and published by, NHS England pursuant to its powers under Regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, with effect from the date of such publication.

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by



.....
Signature

PAUL BROWN
For and on behalf of
**NHS Staffordshire and Stoke-on-Trent
Integrated Care Board**

CHIEF FINANCE OFFICER
Title
5th July 2024
.....
Date

SIGNED by

.....
Signature

James Green

For and on behalf of
**NHS Black Country Integrated Care
Board**

.....
Title

.....
Date

SIGNED by

.....
Signature

Mark Bakewell

.....
Title

**For and on behalf of
NHS Cheshire and Merseyside
Integrated Care Board**

.....
Date

SIGNED by

.....
Signature

Chris Clayton

.....
Title

**For and on behalf of
NHS Derby And Derbyshire
Integrated Care Board**

.....
Date

SIGNED by



.....
Signature

Chief Financial Officer

Chris Sands

.....
Title

5 July 2024

**For and on behalf of
Midlands Partnership University NHS
Foundation Trust**

.....
Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date <i>See GC2.1</i>	1st April 2024
Expected Service Commencement Date <i>See GC3.1</i>	1st April 2024
Longstop Date <i>See GC4.1 and 17.10.1</i>	Not Applicable
Contract Term	1 years commencing
Commissioner option to extend Contract Term <i>See Schedule 1C, which applies only if YES is indicated here</i>	NO
Commissioner Notice Period (for termination under GC17.2)	6 months
Commissioner Earliest Termination Date (for termination under GC17.2)	6 months after the Service Commencement Date
Provider Notice Period (for termination under GC17.3)	6 months
Provider Earliest Termination Date (for termination under GC17.3)	6 months after the Service Commencement

SERVICES	
Service Categories	Indicate <u>all</u> categories of service which the Provider is commissioned to provide under this Contract. <i>Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.</i>
Accident and Emergency Services (Type 1 and Type 2 only) (A+E)	
Acute Services (A)	
Ambulance Services (AM)	
Cancer Services and/or Radiotherapy Services (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	Yes
Diagnostic, Screening and/or Pathology Services (D)	Yes
End of Life Care Services (ELC)	Yes
Mental Health and Learning Disability Services (MH)	Yes
Mental Health and Learning Disability Secure Services (MHSS)	
NHS 111 Services (111)	
Patient Transport Services (non-emergency) (PT)	
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	
Service Requirements	
Prior Approval Response Time Standard <i>See SC29.21</i>	Within 15 Operational Days following the date of request
GOVERNANCE AND REGULATORY	
Nominated Mediation Body (where required – see GC14.4)	Not applicable
Provider's Nominated Individual	Chris Sands Chief Financial Officer chris.sands@mpft.nhs.uk 0300 790 7000
Provider's Information Governance Lead	Lian Stibbs Head of Information Governance & Records Access Management

	Email: Lian.stibbs@mpft.nhs.uk Tel: 0300 790 7000
Provider's Data Protection Officer (if required by Data Protection Legislation)	Lian Stibbs Head of Information Governance & Records Access Management Email: Lian.stibbs@mpft.nhs.uk Tel: 0300 790 7000
Provider's Caldicott Guardian	Abid Khan, Trust HQ Medical Director Abid.Khan@mpft.nhs.uk
Provider's Senior Information Risk Owner	Richard Morris Director of Corporate Affairs & Communications Email: Richard.morris@mpft.nhs.uk Mobile: 07580 127579
Provider's Accountable Emergency Officer	Dr Ian Turner Deputy Chief Nurse/Director of Infection Prevention & Control T. (01785) 221483 (PA Wendy Ingleston) M. 07580 948261 E. ian.turner@mpft.nhs.uk
Provider's Safeguarding Lead (children) / named professional for safeguarding children	Claire Histed Head of Safeguarding Email: claire.histed@mpft.nhs.uk 07891 871960
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	Claire Histed Head of Safeguarding Email: claire.histed@mpft.nhs.uk 07891 871960
Provider's Child Sexual Abuse and Exploitation Lead	Claire Histed Head of Safeguarding Email: claire.histed@mpft.nhs.uk 07891 871960
Provider's Mental Capacity and Liberty Protection Safeguards Lead	Dawn Crowther Head of Mental Health Act & Mental Capacity Act Email: Dawn.crowther@mpft.nhs.uk Mobile: 07792684161
Provider's Prevent Lead	Claire Histed Deputy Head of Safeguarding / PREVENT Lead claire.histed@mpft.nhs.uk 07891 871960
Provider's Freedom To Speak Up Guardian(s)	Kathleen Chambers Freedom to Speak Up Guardian Email: Kathleen.Chambers@mpft.nhs.uk Tel: 07976 909319 and Jenny Smit Freedom to Speak Up Guardian Email: Jenny.Smit@mpft.nhs.uk Tel: 01785 301348





Provider's UEC DoS Contact	Not applicable
Commissioners' UEC DoS Leads	Michelle Darby Urgent Care Delivery and Improvement Lead michelle.darby@staffsstoke.icb.nhs.uk Mobile: 07732800913
Provider's Infection Prevention Lead	Dr Ian Turner Deputy Chief Nurse/Director of Infection Prevention & Control T. (01785) 221483 (PA Wendy Ingleston) M. 07580 948261 E. ian.turner@mpft.nhs.uk
Provider's Health Inequalities Lead (NHS Trusts and NHS Foundation Trusts only)	Colin Anderson Associate Director of Strategy & Commercial Development Mobile: 07841 254914 email: colin.anderson@mpft.nhs.uk
Provider's Net Zero Lead (NHS Trusts and NHS Foundation Trusts only)	Katy Morris Associate Director of Continuous Improvement and Sustainability Katy.morris@mpft.nhs.uk
Provider's 2018 Act Responsible Person	Steve Martin Associate Chief Nurse 07773625994 steven.martin@mpft.nhs.uk
Provider's Wellbeing Guardian (NHS Trusts and NHS Foundation Trusts only)	Pauline Gibson Non-Executive Director Pauline.Gibson@mpft.nhs.uk (Non-Executive Director)
National Patient Safety Alerts	Duncan Kett Head of Safety & Risk Management Tel 0300 124 0342 Email: DuncanC.Kett@mpft.nhs.uk
CONTRACT MANAGEMENT	
Addresses for service of Notices See GC36	Co-ordinating Commissioner: Staffordshire and Stoke-on-Trent ICB Stafford Hub, New Beacon Building, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF cc. contractmanagement@staffsstoke.icb.nhs.uk for all contract notices Commissioner: NHS Black Country Integrated Care Board Stacey Dixon, Principal Finance Manager Email: stacey.dixon3@nhs.net Commissioner: NHS Cheshire and Merseyside Integrated Care Board Jane Nash, Contract Accountant Email: j.nash@nhs.net Commissioner: NHS Derby & Derbyshire Integrated Care Board Sylvia MacArthur, Head of Contract Management (Non Acute)

	<p>sylvia.macarthur@nhs.net</p> <p>Provider: Mark Robinson Head of Contracts Address: Midlands Partnership University NHS Foundation Trust Mellor House Corporation Street Stafford ST16 3SR E: mark.robinson@mpft.nhs.uk cc. contracts.team@mpft.nhs.uk for all contract notices</p>
<p>Frequency of Review Meetings</p> <p><i>See GC8.1</i></p>	<p>Monthly</p>
<p>Commissioner Representative(s)</p> <p><i>See GC10.3</i></p>	<p>Lee Squire Associate Director, Provider Management Address: NHS Staffordshire and Stoke-on-Trent Integrated Care Board</p> <p>Stafford Hub New Beacon Building Stafford Education and Enterprise Park Weston Road Stafford ST18 0BF</p> <p>Email: lee.squire1@staffsstoke.icb.nhs.uk</p>
<p>Provider Representative</p> <p><i>See GC10.3</i></p>	<p>Provider: Mark Robinson Head of Contracts Address: Midlands Partnership University NHS Foundation Trust Mellor House Corporation Street Stafford ST16 3SR</p> <p>E: mark.robinson@mpft.nhs.uk cc. contracts.team@mpft.nhs.uk for all contract notices</p>

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents:

<p>A. Evidence of appropriate Indemnity Arrangements</p> <p> </p> <p>2024-2025 LTPS Insurance Certificate 2024-2025 CNST Certificate.pdf</p>
<p>B. Evidence of CQC registration in respect of Provider and Material Sub-Contractors (where required)</p> <p></p> <p>2022 MPFT CQC Registration Certific</p>
<p>C. Evidence of the Provider Licence in respect of Provider and Material Sub-Contractors (where required)</p> <p></p> <p>midlands-partnersh ip-university-nhs-foi</p>
<p>D. Copies of the following Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner] [<i>LIST ONLY THOSE REQUIRED FOR SERVICE COMMENCEMENT AND NOT PROVIDED ON OR BEFORE THE DATE OF THIS CONTRACT</i>]</p>
<p>E. Data Security and Protection Toolkit Registration Compliance by completing all mandatory items https://www.dsptoolkit.nhs.uk/</p> <p>Organisation Search (dsptoolkit.nhs.uk)</p>
<p>F. Data Protection ICO Registration Certificate Number</p> <p>Data Protection Act 2018 - registration number is ZA523971</p>

The Provider must complete the following actions:

Not applicable

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

Not Applicable.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

The following is a list of services specifications contained within the contract. Further specifications will be varied into the contract upon completion.

Ref No.	Services Provided	Geography for service provision*
CS_01	Community Specialist Asthma Nurse	<ul style="list-style-type: none"> Stoke-on-Trent
CS_03	Children's Community Nursing Team	<ul style="list-style-type: none"> Pan-Staffordshire & Stoke-on-Trent
CS_05	Community Occupational Therapy (children's)	<ul style="list-style-type: none"> Pan-Staffordshire & Stoke-on-Trent
CS_21	Children's Speech & Language Therapy Services (SALT)	<ul style="list-style-type: none"> Cannock Chase South East Staffordshire & Seisdon Peninsula Stafford & Surrounds North Staffordshire Stoke-on-Trent
CS_54	Children's Physiotherapy	<ul style="list-style-type: none"> Pan-Staffordshire & Stoke-on-Trent
CS_55	D2A Home First	<ul style="list-style-type: none"> Pan-Staffordshire & Stoke-on-Trent
MH_25	Specialist Dementia Service – In Reach – HMNP Stafford, HMP Oakwood & HMP Dovegate	<ul style="list-style-type: none"> HMP Stafford HMP Oakwood HMP Dovegate
MH_26	Participation Grant -Mental Health (MH), Children and Young People (CYP)	<ul style="list-style-type: none"> Pan-Staffordshire & Stoke-on-Trent
SSN_01	Special School Nursing	<ul style="list-style-type: none"> Cannock Chase East Staffordshire North Staffordshire South East Staffordshire & Seisdon Peninsula Stafford & Surrounds
SSN_02	Review Health Assessments for Looked After Children	<ul style="list-style-type: none"> Cannock Chase East Staffordshire North Staffordshire South East Staffordshire & Seisdon Peninsula Stafford & Surrounds
ADHD1	Attention Deficit Hyperactivity Disorder Assessment and Treatment Service for Adults	<ul style="list-style-type: none"> Pan-Staffordshire & Stoke-on-Trent

*Geographical areas relate to previous Clinical Commissioning Groups (CCGs) as follows:

- 04Y - Cannock Chase CCG

- 05D - East Staffordshire CCG
- 05G - North Staffordshire CCG
- 05Q – South East Staffordshire & Seisdon Peninsula CCG
- 05V - Stafford & Surrounds CCG
- 05W - Stoke-on-Trent CCG

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

This Schedule will be applicable, and should be included in full (with these italicised guidance notes deleted), where the Provider is to have a role in delivering the Enhanced Health in Care Homes care model (see <https://www.england.nhs.uk/publication/enhanced-health-in-care-homes-framework/>) in collaboration with local PCNs. (Under SC4.9, this Schedule is potentially relevant to providers of acute, community and mental health services.) If the Provider is not to have such a role, delete the text below and these italicised guidance notes and insert Not Applicable.

Indicative requirements marked YES are mandatory requirements for any Provider of community physical and mental health services which is to have a role in the delivery of the EHCH care model.

Indicative requirements marked YES/NO will be requirements for the Provider in question if so agreed locally – so delete as appropriate to indicate requirements which do or do not apply to the Provider.

1.0	Enhanced Health in Care Homes Requirements
1.1	<p>Primary Care Networks and other providers with which the Provider must co-operate</p> <p>Hanley, Bucknall & Bentilee PCN (acting through Harley Street Medical Practice)</p> <p>Shelton & Hanley (acting through Birches Head Medical Practice)</p> <p>Whitfield (acting through Millrise Medical Practice)</p> <p>HIPC (Holistic Integrated Person Centred) (acting through Apsley Surgery)</p> <p>South Stoke Central (acting through Longton Hall Surgery)</p> <p>South Stoke West (acting through Dr Shah and Dr Talpur Surgery)</p> <p>Meir PCN (acting through Adderley Green Surgery)</p> <p>Newcastle North (acting through Kidsgrove Medical Centre – Dr Harbridge & Partners)</p> <p>Newcastle Central (acting through North Staffordshire GP Federation)</p> <p>Newcastle South (acting through Moss Lane Surgery)</p> <p>About Better Care (ABC) (acting through Loomer Road Surgery)</p> <p>Leek & Biddulph (acting through Leek Health Centre)</p> <p>Moorlands & Rural (acting through Well Street Medical Centre)</p> <p>Cannock North (acting through Chadsmoor Medical Practice)</p> <p>Cannock Villages (acting through High Street Surgery)</p> <p>Rugeley & Great Haywood – Neighbourhood 1 (acting through Horsefair Practice)</p> <p>Rugeley & Great Haywood – Neighbourhood 2 (acting through Hazledene Surgery)</p> <p>Stafford Town PCN (acting through Health and Wellbeing Centre)</p> <p>Stafford South PCN (acting through Breweood Medical Practice)</p> <p>Stafford Central PCN (acting through Weeping Cross Surgery)</p> <p>Stone & Eccleshall PNC (acting through Mansion House Surgery)</p> <p>Seidson PCN (acting through GP First PCN, GP Federation)</p> <p>East Staffordshire (acting through Balance Street Surgery)</p> <p>Mercian (Tamworth) (acting through Hollies Medical Practice)</p> <p>Burntwood (acting through Burntwood Health & Wellbeing)</p>

Lichfield (acting through Westgate Practice)	
1.2 Indicative requirements	
Have in place a list of the care homes for which it is to have responsibility, agreed with the relevant ICB as applicable.	YES
Have in place a plan for how the service will operate, agreed with the relevant ICB(s) as applicable, PCN(s), care homes and other providers [listed above], and abide on an ongoing basis by its responsibilities under this plan.	YES
Have in place and maintain in operation in agreement with the relevant PCN(s) and other providers [listed above] a multidisciplinary team (MDT) to deliver relevant services to the care homes.	YES
Have in place and maintain in operation protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records and clear clinical governance.	YES
Participate in and support 'home rounds' as agreed with the PCN as part of an MDT.	YES

<p>Operate, as agreed with the relevant PCNs, arrangements for the MDT to develop and refresh as required a Personalised Care and Support Plan with people living in care homes, with the expectation that all Personalised Care and Support Plans will be in digital form.</p> <p>Through these arrangements, the MDT will:</p> <ul style="list-style-type: none"> • aim for the plan to be developed and agreed with each new resident within seven Operational Days of admission to the home and within seven Operational Days of readmission following a hospital episode (unless there is good reason for a different timescale); • develop plans with the person and/or their carer; • base plans on the principles and domains of a comprehensive geriatric assessment including assessment of the physical, psychological, functional, social and environmental needs of the person including end of life care needs where appropriate; • draw, where practicable, on existing assessments that have taken place outside of the home and reflecting their goals; and • make all reasonable efforts to support delivery of the plan. 	<p>YES</p>
<p>Work with the PCN to identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows.</p>	<p>YES</p>
<p>Work with the PCN to support discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27 (https://www.nice.org.uk/guidance/ng27).</p>	<p>YES</p>
<p>1.3 Specific obligations</p> <p>All Care Homes with Nursing within Staffordshire and Stoke-on-Trent are to be served. MPFT are not the lead organization for organizing the MDTs. MPFT are a partner organization in supporting the delivery of the MDTs.</p>	

SCHEDULE 2 – THE SERVICES

Aii. Service Specifications – Primary and Community Mental Health Services

Guidance notes

This Schedule supports the implementation of arrangements put in place through the [GP Contract](#) (specifically the [Additional Roles Reimbursement Scheme](#) within the Network Contract Directed Enhanced Service), under which certain mental health providers, as part of their mental health service transformation efforts, are to support local Primary Care Networks (PCNs) by employing or engaging Mental Health Practitioners (MHPs). These MHPs will act as a shared resource for the PCN and the mental health provider's primary care mental health / community mental health team.

This Schedule will therefore be applicable, and should be completed and included (with these italicised guidance notes deleted), where the Provider is to be the main provider of secondary community-based mental health services for adults / older adults and/or children and young people in the local area. If that is not the case, delete the text below and these italicised guidance notes and insert Not Applicable.

MHP role

The Mental Health Practitioner role for adults and older adults should support people with complex mental health needs that are not suitable for NHS Talking Therapies for Anxiety and Depression provision. This aligns with the Long Term Plan commitment to design integrated mental health pathways across primary and secondary care for people with severe mental illness. For children and young people, the role should support those (and their families/carers) who present to general practice with identified or suspected mental health issue e.g. anxiety and depression, risk of developing an eating disorder, or in response to crisis including those who may have complex needs.

Minimum numbers of MHPs

A number of sites around the country received national funding from 2019/20-2020/21 to become 'early implementers' of the NHS Long Term Plan commitment to create new and integrated models of primary and community mental health services programme across England. In those circumstances, where a new integrated service model has already been put in place and is proving effective, a PCN may not need to use its ARRS funding to take up the mental health practitioner entitlement. Where a PCN does wish to take up the ARRS entitlement, local partners should work together to ensure alignment with these models so that adoption of the scheme builds on and complements the new models and does not destabilise progress made to date.

Within that context, the normal minimum numbers of MHPs (for adults / older adults) to be employed or engaged are

- *for any PCN with a registered population of 100,000 patients or fewer, at least one MHP; and*
- *for any PCN with a registered population of more than 100,000 patients, at least two MHPs.*

This level of MHP provision for adults / older adults must be "additional". In brief, this means above the baseline level already in place at 31 January 2021 – but see the full definition of the term "Additional" below.

A higher number of MHPs for adults / older adults may be employed or engaged, and MHPs may also be employed or engaged to work with children and young people. Either should only happen where there is local agreement (including as to funding) between the ICB, the Provider and the relevant PCNs.

Funding for MHPs

Under the Additional Roles Reimbursement Scheme of the Network Contract Directed Enhanced Service, the constituent general practices which form a PCN have an entitlement to certain funding for MHP roles.

In accordance with this, the expectation is that, for each MHP, the PCN will provide “match funding” to the Provider. “Match funding” means a financial contribution of 50% of the actual salary, National Insurance and pension costs of an individual MHP, to be paid on an ongoing basis to the Provider by the PCN or the PCN lead practice.

To document this arrangement, the Provider must put in place a separate written agreement for provision of MHP services with the lead practice of each PCN, setting out the detail of the local MHP arrangements and the agreed funding flow. NHS England has published a [model subcontract for the provision of services related to the Network Contract Directed Enhanced Service](#), which may be used for this purpose.

Employment or engagement of Mental Health Practitioners

The Provider (or a Sub-Contractor) must employ or engage

- i) Additional whole-time-equivalent adult / older adult Mental Health Practitioner(s) to work as full members of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s primary care mental health / community mental health team; and
- ii) whole-time-equivalent children / young people’s Mental Health Practitioner(s) to work as full members of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s children and young people’s primary care mental health / community mental health team

as set out in the table below.

	Additional whole-time-equivalent MHPs (adults / older adults)	Whole-time-equivalent MHPs (children / young people)
Stone & Eccleshall PCN,	Band 6 - 2.0 wte Band 4 - 1.0 wte	
Stafford Town PCN	Band 6 - 2.0 wte Band 4 - 1.0 wte	
Stafford South PCN - Brewood & Penkridge	Band 6 – 1.0 wte	
Stafford South PCN Rising Brook		
Stafford Central PCN	Band 6 - 2.0 wte Band 4 - 1.0 wte	
Burntwood PCN	Band 6 – 1.0 wte	
Lichfield PCN	Band 6 – 1.0 wte	
Cannock Villages PCN	Band 6 – 2 wte Band 4 – 1.0 wte	
Cannock North PCN	Band 6 – 1.9 wte Band 4 – 1 wte	
Rugeley N1 PCN	Band 6 – 1.1 wte Band 4 – 0.55 wte	
Rugeley N2 PCN	Band 6 – 0.9 wte Band 4 – 0.45 wte	
Seisdon PCN	Band 6 – 2 wte Band 4 – 1.0 wte	

Requirements to support the role of a Mental Health Practitioner in any PCN

Operate in agreement with the PCN, appropriate triage and appointment booking arrangements so that Mental Health Practitioners have the flexibility to undertake their role without the need for formal referral of patients from GPs and that the PCN continues to have access to the Provider's wider multidisciplinary community mental health team.

Implement, in agreement with the PCN, an effective role for Mental Health Practitioners, so that each Practitioner provides any or all of the following functions, depending on local context, supervision and appropriate clinical governance:

- i) provide mental health advice, support, consultation and liaison across the wider local health system;
- ii) facilitate onward access to mental and physical health, well-being and biopsychosocial interventions;
- iii) provide brief psychological interventions, where qualified to do so and where appropriate; and
- iv) work closely with other PCN-based staff, including the PCN multi-disciplinary team, to help address the potential range of biopsychosocial needs of Service Users with mental health problems.

Provide (and ensure that any Sub-Contractor provides) each Mental Health Practitioner with appropriate support to maintain the quality and safety of Services, including through robust clinical governance structures complying with the requirements contained or referred to in SC1, SC2 and GC5.2-5.3, and in relation to training, professional development and supervision, as required under GC5.5.

DEFINITIONS

Additional over and above:

- (i) any Mental Health Practitioner already employed or engaged by the Provider or a Sub-Contractor to work as a member of (i.e. working full-time or part-time, including on a rotational basis, within) the relevant general practice or PCN core multi-disciplinary teams as at 31 January 2021; and
- (ii) any NHS Talking Therapies Practitioner already employed or engaged by the Provider or a Sub-Contractor and working co-located within the relevant general practice as at 31 January 2021.

Mental Health Practitioner an individual employed or engaged in any practitioner role (registered or non-registered) at Agenda for Change Band 4-8a, to support either a) adults and older adults with complex mental health needs that are not suitable for NHS Talking Therapies provision or b) children and young people with suspected or identified mental health issues or needs. This includes but is not limited to a Community Mental Health Nurse/Practitioner, Clinical Psychologist, Mental Health Occupational Therapist, Peer Support Worker, Mental Health Community Connector, Care Navigator or Children Wellbeing but does not include an NHS Talking Therapies Practitioner

NHS Talking Therapies Practitioner an individual employed as a low-intensity Psychological Wellbeing Practitioner or high intensity therapist, to provide services under the NHS Talking Therapies For Anxiety and Depression programme

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Activity Profile - Inpatients and Outpatients	2024/25 Plans											
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Consultant-led first outpatient attendances (Spec acute)	512	512	512	512	512	512	512	512	512	512	512	512
Consultant-led first outpatient attendances with procedures (Spec acute)	1	1	1	1	1	1	1	1	1	1	1	1
Consultant-led follow-up outpatient attendances (Spec acute)	1071	1071	1071	1071	1071	1071	1071	1071	1071	1071	1071	1071
Consultant-led follow-up outpatient attendances with procedures (Spec acute)	27	27	27	27	27	27	27	27	27	27	27	27
Elective day case spells	244	244	244	244	244	244	244	244	244	244	244	244
Elective ordinary spells	12	12	12	12	12	12	12	12	12	12	12	12

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

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SCHEDULE 2 – THE SERVICES

D. Not used

SCHEDULE 2 – THE SERVICES

E. Not used

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

In accordance with Service Condition 26: Clinical Networks, National Audit Programmes and Approved Research Studies, MPFT must comply with and participate in the Clinical Networks Programmes and studies listed here. However, this will not limit the provider's participation in other clinical networks, national audit programmes and approved research studies as detailed in SC26.1.2 and 26.1.3 of the Contract.

NHS England Midland and East Networks including:


- Cancer
- Cardiovascular
- Maternity
- Mental Health, dementia and neurological conditions
- Palliative and end of life care

In addition:




- West Midlands Cancer Alliance
- West Midlands Regional Spire Network
- Staffordshire and Stoke on Trent Children's Palliative Care Network
- Diabetes Clinical Network
- Respiratory Clinical Network







SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

Publication date	Title	Weblink
April 2023	Commissioning Policy (Excluded and Restricted Procedures - ERP) Version 3.0	 Section C Part 4 Contract Timetable :
N/A	South Staffordshire Joint Formulary	https://staffsstoke.icb.nhs.uk/your-nhs-integrated-care-board/our-publications/governance-handbook/all-policies/commissioning/icb-excluded-and-restricted-procedures-policy-v3-0/?layout=default
N/A	North Staffordshire Joint Formulary	https://www.southstaffordshirejointformulary.nhs.uk/default.asp?siteType=Full
January 2019	The NHS Long Term Plan	https://www.northstaffordshirejointformulary.nhs.uk/default.asp?siteType=Full
July 2022	Continuous Glucose Monitoring Insulin Pump Commissioning Policy	https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
July 2022	Paediatric Continuous Glucose Monitoring Therapy Policy	https://staffsstoke.icb.nhs.uk/~documents/publications/governance-handbook/all-policies/commissioning/ssot-icb-continuous-glucose-monitoring-policy/?layout=default
		https://staffsstoke.icb.nhs.uk/~documents/publications/governance-handbook/all-policies/commissioning/ssot-icb-paediatric-cgm-commissioning-policy-v2/?layout=default

MPFT

Title	Document
Complaint and PALS Policy Final	 Complaint and PALS Policy.pdf Complaints, Concerns and Compliments :: Midlands Partnership University NHS Foundation Trust (mpft.nhs.uk)
Data Protection Policy	 Data Protection Policy.pdf
Equality Diversity and Inclusion Policy	 Equality Diversity and Inclusion Policy

	Equality and Inclusion :: Midlands Partnership University NHS Foundation Trust (mpft.nhs.uk)
Health and Safety Policy	 Health and Safety Policy.pdf
MPFT Risk Management Policy	 MPFT Risk Management Policy.
National Infection Prevention and Control Manual (NIPCM)	 National Infection Prevention and Con
Safe Staffing Policy	 Safe Staffing Policy.pdf
Safeguarding Policy	 Safeguarding Policy .pdf Safeguarding :: Midlands Partnership University NHS Foundation Trust (mpft.nhs.uk)
Security Management Policy	 Security Management Policy.

* Up to date policies to be provided once ratified

*** i.e. details of and/or web links to local agreement, policy or procedure as at date of Contract. Subsequent changes to those agreements, policies or procedures, or the incorporation of new ones, must be agreed between the Parties.**

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Not Applicable

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

The Commissioner expects to incur no additional cost as a result of early termination of the contract.

In the event that the contract term expires and is not renewed, or any party terminates this agreement in accordance with the agreed terms, the following arrangements will apply:

Exit

The Service Provider shall (at no cost to The Commissioner) prepare an exit plan during the Implementation Phase and submit it to The Commissioner for Approval (the “Exit Plan”).

Where the Co-ordinating Commissioner exercises its right under General Condition 17.1 to terminate this Contract voluntarily prior to the expiry date, then the Provider will notify the Co-ordinating Commissioner of the direct costs it will incur as a result of early termination. Upon receipt of such notification the Parties shall meet and agree how such the direct costs will be recovered by the Provider, both Parties at all times acting reasonably and in good faith.

On termination or expiry of this Contract or any Service the Provider must, acting in accordance with the instructions of the Responsible Commissioner, promptly transfer, or deliver a copy of, any Service User Health Records held by the Provider to the Responsible Commissioner or to a third party nominated by that Commissioner.

The Service Provider shall ensure that the Exit Arrangements deals as a minimum with those areas set out in the Exit Strategy below, along with those areas set out in General Condition 17 Termination of this contract to the maximum level of detail as it is reasonably possible to determine at the time of preparation of any such Exit Plan, together with such other provisions as the Service Provider deems necessary or The Commissioner may request from time to time in relation to expiry and termination of this Agreement and Partial Termination.

1. The Service Provider should provide such assistance and information to The Commissioner or a New Service Provider as necessary to enable as efficient and effective a transfer of services as possible;
2. Data shall be presented in a reasonable format that is capable of being utilised by any New Service Provider;
3. It is critical to identify a process for the successful migration of Data to any new system or service;
4. The Service Provider shall ensure that Data is not compromised during the exit process;
5. The Service Provider shall not impose any barriers or restrictions to the smooth transition of Services to a New Service Provider or The Commissioner and minimise the costs of such transition;
6. There shall be no adverse impact on Patient experience in relation to the Services during the exit process;
7. Timely development and agreement of plans describing exit activity, and compliance with these plans;
8. The Service Provider shall participate in planning and co-ordinating and co-operate with The Commissioner, Other Service Providers and the New Service Provider(s)

9. The Service Provider shall continue to perform the Services during the exit process without disruption or deterioration of the Services in accordance with General Condition 17.

Provision of Information by the Provider

In addition to its obligations set out in GC18 and GC5, in the event of the expiry or termination or the pending expiry of the Contract or any Service or upon any notice of termination, having been served, pursuant to GC17, the Provider agrees that it shall supply to the Co-ordinating Commissioner, within 20 Operational Days of receipt of a written request from the Co-ordinating Commissioner, such details of the Staff, Provider's Premises, Services Environment, Equipment and the Provider's costs actually incurred in delivering the relevant Services as are set out in paragraphs 2 and 3 of this Schedule 2I, in such format as the Co-ordinating Commissioner shall request. Any request made by the Co-ordinating Commissioner pursuant to this paragraph 1 of Schedule 2I shall be made as a request for information in accordance with Service Condition 28.3. The Provider agrees that such a request shall constitute a 'reasonable and lawful' request on the part of the Commissioners pursuant to SC 28.3 and that any failure by it, to comply with the timescale for response set out in this paragraph 1 of Schedule 2I shall constitute a failure by the Provider to respond within a 'timely manner' as required by SC 28.3.

The Provider agrees in relation to the information that it is required to provide, pursuant to paragraph 1(i) of Schedule 2I above, that:

- a) where required to do so by the Co-ordinating Commissioner, it will provide the required information on an anonymous basis, directly to any provider who is identified by the Commissioners as a potential new provider of the Services;
- b) the Commissioners may share the information they receive (via the Co-ordinating Commissioner), on an anonymous basis, with any potential new provider of the Services;
- c) should the details of any information already provided by the Provider, subsequently change, the Provider will update the Commissioners and/or new or potential new providers to whom it has provided that information, as soon as possible.

The Provider acknowledges that the Commissioners are relying on the accuracy and completeness of the information to be provided pursuant to paragraph 1(i) above in connection with any re-procurement or re-commissioning process they may carry out in respect of the Services and that the information will be required in order to enable any potential new providers of the Services to assess the likelihood of TUPE applying on a transfer of the Services, and more generally, in order to enable any potential provider to undertake an adequate pricing exercise in relation to its proposed assumption of provision of the Services.

Staff Information

The Provider shall provide the following information:

- i) The organisational and management structure of the Services (including details of how the Services are provided and managed by the Staff and details of any vacant posts).
- ii) Whether the Services have dedicated employees (that is they **only** work on the Services) and if so, how many of those employees are so dedicated (not whole time equivalents, actual numbers); and
- iii) If employees undertake any or any part of provision of the Services, but are not dedicated to the Services, estimate for each individual, the percentage of their working time spent on the Services over the preceding 12 months and for each of these details of what other work they do.
- iv) For all employees identified at paragraphs 2ii) and 2iii), details of the following:
 - a) Payment method for wages

- b) Pay day/date
- c) Pay band and increment date
- d) Pay and other remuneration along with any non-cash benefits
- e) Pension scheme details
- f) Normal hours of work
- g) Overtime: whether undertaken, by which employees and whether compulsory or voluntary
- h) Working time flexi scheme
- i) Annual Leave entitlements
- j) How annual leave pay is calculated
- k) Whether any of the employees are mobile employees (a mobile employee means any employee who is not required to attend a particular dedicated place of work each day)
- l) How mileage claims are calculated for mobile employees
- m) For non-mobile employees their normal place of work
- n) Whether there is in place a contractual mobility clause
- o) Whether all required pre-employment checks (including DBS, entitlement to work in the UK etc.) have been undertaken/completed.
- p) Any outstanding HR issues e.g. discipline, grievance, capability, ill-Health etc.
- q) Numbers of employees not currently working and why, e.g. those on maternity leave, who have ill health, study leave or are taking a career break.

In addition to those employees identified at paragraphs 2ii) and 2iii), state what other Staff provide any of the Services and the basis upon which they do that, including bank staff, non-employed consultants, agency workers. Details of how much use has been made of those Staff over the previous 12 months.

Whether there are any existing or contingent liabilities towards any of the employees, for example, but not limited to awards of damages or compensation for, or existing claims in respect of unfair dismissal, personal injury, discrimination, breach of contract, unlawful deductions, whistle-blowing.

Communication with Patients

The Provider will agree with the Commissioner, the content, style and format of communications with patients which will include at least the following information to be sent by the Provider:

- Service(s) end date
- Provider's on-going responsibilities with regard to patient records in accordance with relevant legislation
- Details of arrangements for transfer of care

Other Communications

Commissioners will be responsible for agreeing a communications strategy with the Provider. This strategy will be delivered by the Commissioner and will include communications with:

- Other Providers on the care pathway
- Referrers
- Media
- Patient groups and members of the public

Patient Management and Transfer of Care

The Provider shall ensure all Patient Administration Systems remain in place during the notice period.

The Provider and Commissioner will agree the date from which new referrals will no longer be accepted by the service(s). After this date, any referrals received shall be returned to the referrer within 24 operational hours of receipt. The reasons for return of the referral will be provided to the referrer together with a list of alternative providers to ensure minimum disruption to the patient pathway. This service(s) shall continue for a period of 4 weeks post termination date and shall be reviewed by the Provider and Commissioner after 3 weeks to ensure that, where required, further provision for this service(s) is identified and agreed.

The Provider shall establish with the Commissioner how patients who may be booked for appointments post service(s) end date shall be managed. If agreeable, the Provider shall contact the affected patients and give them the choice of alternative providers to ensure minimum disruption to their patient pathway.

Patient data held by the Provider shall be retained and archived securely in accordance with NHS retention and archiving guidelines and relevant legislation. The Provider will continue its responsibilities under the Data Protection Act (2018) and Freedom of Information Act (2000). Therefore, requests to access any data held by the Provider shall be managed using existing procedures, in accordance with the terms and conditions laid out in the contract and in accordance with current legislation.

Human Resources

All implications for staff employment will be managed by the Provider in accordance with current employment law and best practice.

Equipment

All equipment (clinical and non-clinical) shall remain in place for the duration of the notice period to ensure continuity of service(s). Post service(s) end date, the Provider will remain responsible for the removal of any of its equipment from NHS sites.

Premises

The Provider will continue to operate from agreed premises during the notice period. All signage will remain in place during this time and where applicable, any Commissioner or NHS signage will be removed upon the termination date.

Information, Management and Technology (IM&T)

The Provider will agree an IM&T exit strategy with the Commissioner. This will include:

- Milestones for e-Referral System changes
- Strategy for Smart Card Roles to be deactivated for relevant staff members
- Confirmation of archive and storage arrangements for any relevant electronic data.
- Confirmation that relevant procedures and policies such as disaster recovery, will stay in place until the termination date.
- Confirmation that the Provider will ensure any licenses purchased for the delivery of service(s) in accordance with this Agreement shall remain in place until the termination date. The Provider is responsible for all associated costs post termination.

Sub-Contractors

The Provider will be responsible for managing any sub-contractor relationships impacted by termination of the service(s) within this Agreement.

The Provider is responsible for ensuring the exit strategy agreed with sub-contractors does not impact service delivery prior to the service termination date.

The Provider is responsible for any costs associated with early termination of its sub-contracting arrangements.

Risk Assessment and Management

The Provider and Commissioner will undertake a joint risk assessment of the exit plan and will seek to manage these jointly to minimise any negative impact.

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

MPFT

The Trust will adhere to the relevant policy (see Appendix 2J):

MPFT Admission, Transfer and Discharge Policy



Admission, Discharge & Transfer Policy.pdf

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

In addition to the provisions set out in the General Conditions and Service Conditions, the Provider is required to adhere to the policies and procedures for safeguarding adults and children that references the Care Act 2014, Mental Capacity Act, Deprivation of Liberty Safeguards and the Children Act 1989/2004 and must include Domestic Abuse policy and Managing Safeguarding Allegations Against Staff policy which are available on the Coordinating Commissioner's website.

There is a single Staffordshire and Stoke on Trent Safeguarding Adults Partnership Board (SSASPB) details regarding this and the 'Inter-agency Adult protection Procedures' can be found at: <https://www.ssaspb.org.uk/Home.aspx>

The Staffordshire Safeguarding Children Board's Inter-Agency Procedures for Safeguarding Children and Promoting their Welfare is published by Staffordshire Safeguarding Children's Board and the equivalent Stoke-On-Trent procedures manuals are published by Stoke-On-Trent Safeguarding Children's Partnership.

Section 11 of the Children Act 2004 places duties on organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children, 'Working Together 2018'.

The provider is required to comply with these procedures, found at:
Staffordshire [Procedures - Staffordshire Safeguarding Children Board \(staffsscb.org.uk\)](https://www.staffsscb.org.uk)
Stoke [Professionals \(stoke.gov.uk\)](https://www.stoke.gov.uk)

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Not Applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

[Universal Personalised Care: Implementing the Comprehensive Model](#) (UPC) outlines key actions required to support the roll out of personalised care in accordance with NHS Long Term Plan commitments. UPC has six key components: Patient Choice, Personalised Care and Support Planning, Supported Self-Management, Shared Decision Making, Social Prescribing and Personal Health Budgets.

In this context, Schedule 2M should be used to set out specific actions which the Commissioner and/or Provider will take to give Service Users greater choice and control over the way their care is planned and delivered, applying relevant components as listed above. Actions set out in Schedule 2M could focus on making across-the-board improvements applying to all of the Provider's services – or on pathways for specific conditions or models of care which have been identified locally as needing particular attention such as in accordance with the [Proactive Care Framework](#). Actions set out in Schedule 2M should be the result of co-production with Service Users and their families / carers. Those with lived experience of relevant conditions and services should be involved at every stage in the development of personalised approaches.

Detailed suggestions for potential inclusion are set out below.

Patient choice and Shared decision-making (SDM)

Enabling service users to make choices about the provider, team and services that will best meet their needs, and facilitating SDM in everyday clinical practice are legal and NHS Constitution requirements, as well as specific contractual obligations under SC6.1 and SC10.2.

In brief, SDM is a process in which Service Users and clinicians work together to discuss the risks, benefits and consequences of different care, treatment, tests and support options, and make a decision based on evidence-based, good quality information and their personal preferences. For a full definition, see the General Conditions and the resources available [here](#). NICE guideline [NG197](#) on Shared Decision Making reinforces the need for SDM to be part of everyday practice across all healthcare settings.

- Use Schedule 2M to set out detailed plans to support patient choice and to embed use of SDM as standard across all relevant services. This should include:
 - ensuring workforce have access to training and support to embed SDM, such as via the [Personalised Care Institute](#);
 - considering the use of validated patient-reported measures of SDM;
 - embedding processes to support Service Users in preparing for SDM conversations and making informed choices, including the use of [decision support tools](#) where available);
 - ensuring Service Users are given sufficient time to reflect on information that will help them make a decision prior to consenting to treatment, as part of two-stage decision-making. This includes for example, reviewing decisions with patients who have been on waiting lists for prolonged periods or where additional risks are identified during pre-operative assessments.

Personalised care and support plans (PCSPs)

Development, use and review of PCSPs are contractual obligations under SC10.3-10.4. In essence, PCSPs are a record of proactive, personalised conversations about the care a Service User is to receive, focused on what matters to the person; for a full definition, see the General Conditions. PCSPs are recommended for all long-term condition pathways plus other priority areas as set out in the NHS Long Term Plan. These include maternity services, palliative and end of life care, residential care settings, cancer, dementia, and cardio-vascular diseases, and more broadly, people with more complex needs. A simple version of a PCSP can also be used to support people who are on a waiting list for an elective procedure or for patients who have been discharged following a hospital admission, to consider what interim support they may need. PCSPs must also be in place to underpin any use of personal health budgets.

- Use Schedule 2M to set out detailed plans to embed the development, review and sharing of PCSPs and to expand the ways in which Service Users are offered meaningful choice over how services are delivered.

- Plans should include ensuring that the workforce have access to training and support to embed personalised care and support planning, for example via the [Personalised Care Institute](#).
- Plans should also set out approaches for the digitisation of PCSPs in compliance with the [DAPB Information Standard for Personalised Care and Support Plans](#).

Social prescribing

Primary Care Networks are now employing social prescribing link workers, tasked with connecting patients to community groups and statutory services for practical and emotional support (see [Social prescribing and community-based support: Summary Guide](#)).

- Use Schedule 2M to set out a plan for how staff within the Provider will be made aware of the local social prescribing offer and for how referrals to and from social prescribing link workers or to digital social prescribing systems and services can be made, aligned to any local PCN shared plans for social prescribing.

Supported self-management

As part of SDM and PCSPs, the support Service Users need to help them manage their long-term condition/s should be discussed with them. Interventions that can help people to develop the capacity to live well with their condition(s) include health coaching, self-management education, and peer support. [NHS @home](#) also supports more connected, personalised care using technology such as remote monitoring devices to support people to better self-manage their health and care at home with education and support from clinical teams

- Use Schedule 2M to describe plans to embed the offer of supported self-management and to ensure appropriate referrals to self-management interventions, including access to digital tools and supported remote monitoring of long-term conditions.

Personal health budgets (PHBs)

In brief, PHBs are an amount of money to support a person's identified health and wellbeing needs, planned and agreed between them and their local ICB. Schedule 2M can be used to set out the detailed actions which the Commissioner and/or Provider will take to facilitate the roll-out of PHBs (including integrated personal budgets) to appropriate Service Users.

Legal rights to have PHBs now cover:

- adults eligible for NHS Continuing Healthcare and children / young people eligible for continuing care;
- individuals eligible for NHS wheelchair services; and
- individuals who require aftercare services under section 117 of the Mental Health Act.

Not all of the examples below will be relevant to every type of personal budget, and the locally populated Schedule 2M will likely need to distinguish between different types of personal budgets to ensure that it is consistent with the ICB's statutory obligations and NHS legal frameworks.

The ICB must retain responsibility for, amongst other things:

- deciding whether to grant a request for a PHB;
- if a request for a PHB is granted, deciding whether the most appropriate way to manage the PHB is (see [Contract Technical Guidance](#) s28):
 - by the making of a direct payment by the ICB to the individual;
 - by the application of the PHB by the ICB itself; or
 - by the transfer of the PHB to a third party (for example, the Provider) who will apply the PHB.

If the ICB decides that the most appropriate way of managing a PHB is by the transfer of the PHB to the Provider, the Provider must still obtain the agreement of the ICB in respect of the choices of services/treatment that Service Users/Carers have made, as set out in PCSPs.

- Use Schedule 2M, for example, to:
 - describe which identified groups of Service Users are to be supported through a personalised care approach and which particular cohorts are to be offered PHBs;
 - clarify the funding arrangements, including what is within the Price and what is not, and whether funding will be provided as a one off payment;

- *set out a roll-out plan, with timescales and target levels of uptake (aimed at delivering the ICB's contribution towards the targets set out in the NHS Long Term Plan for PHBs to be offered to Service Users/Carers from particular care groups, including, but not limited to those with legal rights listed above, people with multiple long-term conditions; people with mental ill health; people with learning disabilities; people using palliative and end of life care services; and to support patients with more timely discharge from hospital);*
- *describe how the process of PHBs is aligned with delivery of personal budgets in social care and education, to ensure a seamless offer to Service Users/Carers;*
- *require the Provider to implement the roll-out plan, supporting Service Users/Carers, through the personalised care and support planning process, to identify, choose between and access services and treatments that are more suitable for them, including services and treatments from non-NHS providers – and to report on progress in implementation;*
- *require the Provider to agree appropriate financial and contractual arrangements to support the choices Service Users/Carers have made; and*
- *set out any necessary arrangements for financial audit of PHBs, including for clawback of funding in the event of improper use and clawback in the event of underspends of the person's budget, ensuring this is discussed and agreed with the person beforehand.*

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

The Commissioners' intention is to produce a Health Inequalities Action Plan, which will set out specific actions which the Commissioner and/or the Provider will take, aimed at reducing inequalities in access to, experience of and outcomes from care and treatment, with specific relation to the Services being provided under this Agreement. The Commissioners intend to vary this agreed Health Inequalities Action Plan into the Contract once this has been finalised and agreed by all parties.

SCHEDULE 3 – PAYMENT

A. Aligned Payment and Incentive Rules

Not Applicable.

The Parties recognise that this Contract has been set to reflect the systems shared ambition for meeting the key system and national priorities for 2024/25 that are set out in detail in the system plan and Joint Forward Plan. The system plan and Joint Forward Plan has been jointly developed and agreed by the Parties for 2024/25 and set out the key deliverables, outcomes and supporting financial mechanisms and planning assumptions that will form the basis for delivering these priorities.

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

Not Applicable

SCHEDULE 3 – PAYMENT

C. Local Prices

The Parties recognise that this Contract has been set to reflect the systems shared ambition for meeting the key system and national priorities for 2024/25 that are set out in detail in the system plan and Joint Forward Plan. The system plan and Joint Forward Plan has been jointly developed and agreed by the Parties for 2024/25 and set out the key deliverables, outcomes and supporting financial mechanisms and planning assumptions that will form the basis for delivering these priorities.

1	Income changes	MPFT £m
	IFP Schedule	£317.9
	Adjustment: Share of the deficit	£23.5
	Sub Total	£341.4
	Less: CUF 0.2% of recurrent contract	(£0.7)
	As per HD email 11th April	£340.7
	Deficit to ICB	(£5.4)
	Revised Income from ICB	£335.3

2	Efficiency Position	ICB	MPFT	Total
	21st March Submission	£79.2	£30.1	£160.7
	Stretch Efficiency	£23.0	£5.4	£40.0
	Total Efficiency	£102.2	£35.5	£200.7

3	Position	ICB	MPFT	Total
	Position (21st Mar Submission)	(£22.9)	(£30.9)	(£138.9)
	Organisation changes	£0.0	£7.4	£8.0
	Less: CUF 0.2% of recurrent contract	£2.1	(£0.7)	£0.0
	CUF cost reduction	(£2.1)	£0.7	£0.0
	Adjustment: Share of the deficit	(£74.3)	£23.5	£0.0
	As per HD email 11th April	(£97.2)	(£0.0)	(£130.9)
	Stretch Efficiency	£23.0	£5.4	£40.0
	Deficit to ICB	(£16.8)	(£5.4)	£0.0
	Revised Position	(£90.9)	£0.0	(£90.9)
	Final Agreement to Agreed position	£0.9	£0.0	£0.9
	Final Position	(£90.0)	£0.0	(£90.0)

Note 1 – Total Contract Value (Revised Income from ICB) incorporates funding for the following MPUFT Contracts:

- CMT-1184: Community and Mental Health Contract
- CMT-643: Increasing Access to Psychological Therapies (IAPT)
- CMT-701: CYP Autism
- CMT-1179: Diabetes Structured Education (formerly East Staffordshire)
- CMT-1170: East Staffordshire Community
- CMT-1178: Diabetes Structured Education – (formerly North Division)
- CMT-1180: Podiatry

SCHEDULE 3 – PAYMENT

D. Expected Annual Contract Values

The Parties recognise that this Contract has been set to reflect the systems shared ambition for meeting the key system and national priorities for 2024/25 that are set out in detail in the system plan and Joint Forward Plan. The system plan and Joint Forward Plan has been jointly developed and agreed by the Parties for 2024/25 and set out the key deliverables, outcomes and supporting financial mechanisms and planning assumptions that will form the basis for delivering these priorities.

Expected Annual Contract Value

ICB Code	ICB Description	Total Contract Value £
QNC	NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	335,319,975
QUA	NHS BLACK COUNTRY ICB	TBC
QJ2	NHS DERBY AND DERBYSHIRE ICB	TBC
QYG	NHS CHESHIRE AND MERSEYSIDE ICB	TBC
GRAND TOTAL		335,319,975

SCHEDULE 3 – PAYMENT

E. Timing and Amounts of Payments in First and/or Final Contract Year

Not Applicable

SCHEDULE 3 – PAYMENT

F. CQUIN

Not Applicable

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

Ref	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
LQR13	Perinatal DNA Rate	15%	Monthly Performance Dashboard Report	Monthly	All Perinatal
LQR23	Children's Physiotherapy Service Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	95%	Monthly Performance Dashboard Report	Monthly	Children's Physiotherapy Service
LQR24	Children's Physiotherapy Service Percentage of patients accessing the service classed as urgent who have their first appointment within 2 weeks of referral	95%	Monthly Performance Dashboard Report	Monthly	Children's Physiotherapy Service
LQR25	Children's Physiotherapy Service Percentage of patients accessing the service classed as routine who have their first appointment within 8 weeks (medium risk) or 12 weeks (low risk) of referral	95%	Monthly Performance Dashboard Report	Monthly	Children's Physiotherapy Service
LQR47	CYP Community Specialist Asthma Nurse Patients are contacted within 72 hours of referral received by Specialist Nurse	95%	Monthly Performance Dashboard Report	Monthly	Paediatric Community Asthma Nurse
LQR58	Children's Speech & Language Therapy Service Urgent Referrals will be seen within 2 weeks of receipt of referral.	95%	Monthly Performance Dashboard Report	Monthly	Children's Speech & Language Therapy Service
LQR83	Children's Community Nursing Percentage of high priority patients assessed within 24 hours	90%	Monthly Performance Dashboard Report	Monthly	Children's Community Nursing
LQR162	Perinatal Service – Outpatient/Community No of Referrals	95%	Monthly Performance Dashboard Report	Annually	Perinatal Service – Outpatient/Community
LQR163	Perinatal Service – Outpatient/Community No of Assessments	95%	Monthly Performance Dashboard Report	Annually	Perinatal Service – Outpatient/Community
LQR164	Perinatal Service – Outpatient/Community	50%	Monthly Performance Dashboard Report	Monthly	Perinatal Service – Outpatient/Community

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Ref	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
	All women who meet the criteria are offered a face-to-face appointment within 2 weeks of referral				
LQR165	Perinatal Service – Outpatient/Community All women who meet the criteria are offered a face-to-face appointment within 6 weeks of referral	95%	Monthly Performance Dashboard Report	Monthly	Perinatal Service – Outpatient/Community
SSN1.3	Special School Nursing Care plan to be reviewed at least annually	100%	Number of care plans reviewed and total number of care plans. Total number of care plans reviewed as a percentage of total care plans [Numerator and denominator]	Quarterly	Special School Nursing
SSN1.4	Special School Nursing Information to inform the EHC shall be provided to the requestor within 6 weeks of receipt of request	90%	Number of Initial Assessments provided within 6 weeks, Total number of assessments provided and percentage of Initial Assessments provided within 6 weeks to be documented.	Bi-annually	Special School Nursing
SSN2.1	Special School Nursing – Transition Transition questionnaires shall be offered to all Year 9 children, and, or carers/parents using the service	95%	Numerator, denominator and percentage of transition questionnaires offered in Year 9	Monthly	Special School Nursing
SSN3.1	Special School Nursing – Contenance Assessments will be undertaken within 4 weeks of referral	95%	Numerator, denominator and percentage of assessments taking place within 4 weeks of referral	Monthly	Special School Nursing

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Ref	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
SSN3.2	Special School Nursing – Continence Reviews will be undertaken within 4 weeks of assessment	95%	Numerator, denominator and percentage of reviews taking place within 4 weeks of assessment	Monthly	Special School Nursing
SSN4.1	Special School Nursing – Enuresis Assessments will be undertaken within 4 weeks of referral	95%	Numerator, denominator and percentage of assessments taking place within 4 weeks of referral	Monthly	Special School Nursing
SSN4.2	Special School Nursing – Enuresis Reviews will be undertaken within 4 weeks of assessment	95%	Numerator, denominator and percentage of reviews taking place within 4 weeks of assessment	Monthly	Special School Nursing
LQR5.1	Special School Nursing – LAC Review Number of reviews completed within timescale (4 weeks)	85%	Number of requests received, number completed within timescale, number completed outside of timescale, number outstanding	Monthly	LAC RHA
LQR5.3	Special School Nursing – LAC Review Number of child protection meetings attended for ICPC, RCPC or core groups	85%	Total number of child protection meetings (broken down by ICPC, RCPC, core group), total number of child protection meetings attended (broken down	Monthly	LAC RHA

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Ref	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			by ICPC, RCPC, core group), and percentages		

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document

Documents supplied by Commissioners

Date	Document

SCHEDULE 5 - GOVERNANCE**B. Provider's Material Sub-Contracts**

Sub-Contractor [Name] [Registered Office] [Company number]	Service Description	Start date/expiry date	Processing Personal Data – Yes/No	If the Sub-Contractor is processing Personal Data, state whether the Sub- Contractor is a Data Processor OR a Data Controller OR a joint Data Controller
Alliance Medical Ltd – Diagnostic Services Steelhouse Lane, Birmingham, B4 6NH Company No:08601376	MRI Scans		Yes	Data Processor – patient referrals
Athona Recruitment, 1 st Floor, Juniper House, Warley Hil Business Park, The Drive , Great Warley, Brentwood, Essex CM13 3BE Company number - 04854351	Medical Locums		No	n/a
Brewood Medical Practice CPF Limited Green Road Brewood Staffordshire, ST19 9BQ Company No: 08748136	Carpal Tunnel activity (MICATS contract)		Yes	Data Processor – patient referrals
Community Together Tamworth Enterprise Centre Philip Dix House, Corporation Street, Tamworth, Staffordshire, England, B79 7DN Company House - 07488166	Social Prescribing Tamworth location (Frailty Staying Well Contract)		Yes	Data Processor – patient referrals
Doctors on Call 58 Uxbridge Road London W5 2ST Company number – doctors registered individual	Medical Locums		No	n/a

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DRC Locums Ltd Partis House Davy Avenue Knowlhill Milton Keynes MK5 8HJ Company number - 04154956	Medical Locums		No	n/a
Evergood Associates Company number - 04856609	Medical Locums		No	n/a
HCL (Thames Medics) Suite 526-528 Elder House Elder Gate Milton Keynes MK9 1LR Company number	Medical Locums		No	n/a
Interact Medical David King – Team Leader Psychiatry Metropolitan House Building 900 321 Avebury Boulevard Central Milton Keynes MK9 2GA Tel: 01908 357740 Company number - 03082906	Medical Locums		No	n/a
Pro-Medical Regent House Hubert Road Brentwood Essex CM14 4JE Company number - 06428549	Medical Locums		No	n/a
Pulse Staffing Building 1, Turnford Place Great Cambridge Road Turnford Herts EN10 6NH Company number - 06319718	Medical Locums		No	n/a
The Royal Wolverhampton NHS Trust Wolverhampton Road Wolverhampton West Midlands WV10 0QP	Diagnostics (Main contract) Consultant & Pharmacist (MDT) • Cannock location Frailty Staying Well Contract)		Yes	Data Processor – patient referrals
University Hospital of Derby and Burton Queen's Hospital, Belvedere Road, Burton-On-Trent, Staffordshire, United Kingdom, DE13 0RB	Consultant & Pharmacist (MDT) Burntwood, Lichfield & Tamworth locations(Frailty Staying Well Contract)		Yes	Data Processor – patient referrals

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University Hospital of North Midlands NHS Trust Royal Stoke University Hospital, Newcastle Road, Stoke-on-Trent ST4 6QG	Diagnostics (Main contract) Consultant & Pharmacist (MDT) Stafford and Surrounds location (Frailty Staying Well Contract)		Yes	Data Processor – patient referrals
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SCHEDULE 5 - GOVERNANCE

C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	Role/Responsibility
Coordinating Commissioner	<p>The Co-ordinating Commissioner agrees to administer the Contract on behalf of all Commissioners; applying the NHS Standard Contract in accordance with the Service Conditions, General Conditions and Technical Guidance</p> <p>Role and responsibilities to include:</p> <ul style="list-style-type: none"> • Performing role of Coordinating Commissioner as outlined in the agreed Collaborative Commissioning Agreement • Negotiating and agreeing contract Schedules with the Provider and coordinating contract signature for each party • Chairing and administrating contract review meetings with the Provider to monitor and discuss performance against the agreed activity, finance and performance standards included within the Contract • Monitoring clinical quality of the services • Co-ordinate the contract variation process
Associate Commissioners	<p>Each Associate Commissioner agrees to play an active part in the contract relationship with the Provider through:</p> <ul style="list-style-type: none"> • Inputting to Contract Review Meetings and other contract forums as and when applicable • Performing role of Commissioner as outlined in the agreed Collaborative Commissioning Agreement • Working with the Coordinating Commissioner to resolve any matters which may arise during the contact term • Adhering to the requirements detailed in the Service Conditions, General Conditions and Technical Guidance.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	National Requirements Reported Centrally				
1	As specified in the Schedule of Approved Collections published at https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
1a	Without prejudice to 1 above, daily submissions of timely Emergency Care Data Sets, in accordance with DAPB0092-2062 and with detailed requirements published at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/ecds-latest-update	As set out in relevant Guidance	As set out in relevant Guidance	Daily	A+E, U
2	Patient Reported Outcome Measures (PROMS) https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
	National Requirements Reported Locally				
1a	Activity and Finance Report	Monthly	In the format specified in the relevant Information Standards Notice (DCB2050)	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.cb.nhs.uk	A, MH

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
1b	Activity and Finance Report	Monthly	<p>SLAM activity monitoring reports to include but no limited to:</p> <ul style="list-style-type: none"> • Month • Provider Site Code • Commissioner Code • Commissioner Name • Point of Delivery • Specialty Code • Specialty Description • Diagnosis Code • Diagnosis Description • Treatment Function Code • Treatment Description • HRG Code • HRG Description • Ad hoc item code • Ad hoc item description • Tariff Type (Block, CPC, PbR) • Activity plan • Activity actual • Variance • Finance plan • Finance actual, <p>Variance- with details for every POD where there is an activity count</p>	<p>Within 15 Operational Days of the end of the month to which it relates</p> <p>Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p>	All except A, MH
2	Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour, including, without limitation:	Monthly	<p>The Provider shall submit an Exception Report with the Monthly Schedule 4. The Exception Report will include assurance in respect of outcome for</p>	<p>Within 15 Operational Days of the end of the month to which it relates</p> <p>Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p>	All All All

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
2a	details of any thresholds that have been breached and breaches in respect of the duty of candour that have occurred;		the patient as to whether or not the patients who breached the targets came to any harm.		All
2b	details of all requirements satisfied;				
2c	details of, and reasons for, any failure to meet requirements				
3	<p>Where CQUIN applies, CQUIN Performance Report and details of progress towards satisfying any CQUIN Indicators, including details of all CQUIN Indicators satisfied or not satisfied</p> <p><i>NHSE has confirmed a pause to CQUIN for 2024/25 following consultation, therefore the Rules and Guidance will not require CQUIN to be implemented for the duration of that pause, and so the rest of SC38 will simply be redundant for as long as the pause continues, pending the outcome of the broader review of incentives. But those provisions could become “live” again if and when the pause is terminated.</i></p>	[For local agreement]	[For local agreement]	[For local agreement]	All
4	Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Monthly	<p>A Complaints and PALS report will be produced detailing;</p> <p>a) Themes and locations of complaints</p> <p>b) Lessons learnt and any changes as a result of complaints/investigations</p> <p>c) Timescale for responding</p> <p>d) Partly upheld/upheld/not upheld</p>	<p>Within 15 Operational Days of the end of the month to which it relates</p> <p>Submitted to contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 26 in BCRS</p>	All

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			e) The number of complaint and PALS referred to the Ombudsman and details of outcome of all such referrals. f) Review against Patient Association Standards g) An annual complaints and PALS report will be presented at CQRM.		
		Quarterly	A quarterly Involvement and Engagement Report and Integrated Quality Report will be produced detailing; <ul style="list-style-type: none"> - Analysis of trends and emerging themes - Lessons learnt and any changes as a result of complaints/investigations - Timescale for responding - An explanation and trajectory for those that breached - Partly upheld/upheld/not upheld - The number of complaint and Ombudsman cases and details of outcome of all such referrals. Actions taken in response to Ombudsman's recommendations where appropriate		
		Annually	Annual Report summarising and		

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			<p>analysing Complaints and PALS concerns received throughout 2023/2024. Report will include any actions taken to address the issues identified through complaints / PALS concerns received during 2023/2024 and whether those actions have proved effective.</p> <p>Annual Report will include priorities for improvements to be made in 2024/2025 and actions to deliver these improvements.</p>		
5	Report against performance of Service Development and Improvement Plan (SDIP)	In accordance with relevant SDIP	In accordance with relevant SDIP	In accordance with relevant SDIP	All
6	Summary report setting out relevant information on Patient Safety Incidents and the progress of and outcomes from Patient Safety Investigations, as agreed with the Co-ordinating Commissioner	Monthly	<p>The Provider shall submit a monthly report (to include a rolling 13 month data set). detailing all incidents including patient safety incidents, serious incidents, Never Events and local avoidable events by area. Report will include any exception reports.</p> <p>In addition to being documented in the report, the Provider shall report to the Commissioners within one working day to the Executive Director of Nursing and Quality</p>	<p>Report to be submitted within 15 operational days of the end of the quarter to which it relates.</p> <p>Reports to be submitted to the following inbox: contractmanagement@staffsstoke.i cb.nhs.uk</p> <p>See Row 47 in BCRS</p>	All

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			and in their absence this should be directly raised with the deputising colleague), any unusual incident or those likely to be of political or media interest. PDF and Excel by exception where requested.		
		Quarterly	The Provider shall submit a quarterly report detailing the above and to include the following: A summary of the cause Investigation outcomes analysis of trends Lessons learned and shared Provider wide.		
7	Data Quality Improvement Plan: report of progress against milestones	In accordance with relevant DQIP	In accordance with relevant DQIP	In accordance with relevant DQIP	All
8	Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (<i>Staff</i>)	Six monthly	Report providing assurance that Provider has undertaken a detailed review of staffing requirements every 6 months to ensure that the Provider remains able to meet the requirements set out in General Condition 5.2.3. Report to the co-ordinating Commissioner immediately any material concern in relation to the safety of Service Users and/or the quality or	Within 15 Operational Days of the end of the period to which it relates Submitted to contractmanagement@staffsstoke.i cb.nhs.uk See Row 12 in BCRS	All

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			outcomes of any Service arising from those reviews and evaluations (5.2.5).		
		Within one working day	Report to demonstrate implementation of lessons learnt from those reviews and evaluations, and demonstrate at Review Meetings the extent to which improvements to each affected Service have been made as a result (5.2.7).		
		Monthly	<p>The report will include safer staffing data which is published monthly on the Provider website and detail any exceptions in word format report with outcomes/actions that are being taken.</p> <p>Report against District Nursing including out-of-hours provision, evaluating staffing (actual numbers and skill mix of clinical staff on duty against planned numbers and skill mix) and the impacts of variations on service user experience and outcomes.</p> <p>Narrative identifying mitigating actions taken to address areas of concern.</p>		

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
9	Where the Services include Specialised Services and/or other services directly commissioned by NHS England (or commissioned by an ICB, where NHS England has delegated the function of commissioning those services), specific reports as set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/ (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	All
10	Report on progress against Green Plan in accordance with SC18.2 (NHS Trust/FT only)	Annually	In line with Green Plan Guidance	In line with Green Plan Guidance See Row 16 in BCRS	All
Local Requirements Reported Locally					
LR01	Staffing Staff Training Needs, Staff Training and Appraisals (GC 5.6)	On request	At the request of the Coordinating Commissioner, the Provider must provide details of its analysis of Staff training needs and a summary of Staff training provided and appraisals undertaken.	Within 15 Operational Days of the request Submitted to contractmanagement@staffsstoke.cb.nhs.uk See Row 12 in BCRS	
LR02	CYP/SEND Dashboard a) Waiting list b) Declined referrals c) Declined referral breakdown by category (reason declined) d) Caseloads e) Secondary waits f) Are outcomes being met g) Provision of health advice within 6 weeks – numbers of requests, timeliness achieved exception report of delays	Monthly	Excel Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.cb.nhs.uk	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR03	All Age Safeguarding Reporting Dashboard	As specified in the All Age Safeguarding Dashboard (Quarterly / Annual)	Trust to complete the reporting template (see attachment: All Age Safeguarding Dashboard 2024-25)	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk	All
LR06	As set out in the Equality Acts, Public Sector Equality Duty, NHS Standard Contract ((NHS SC 12.3, 13.1-13.7, 14.1), ICB Assurance Framework and other specific guidance and requirements, e.g. Modern Slavery Act	6 monthly	As set out in the NHS Standard Contract (NHS SC 12.3, 13.1-13.7, 14.1) ICB Assurance Framework and associated guidance and requirement documentation. <ul style="list-style-type: none"> • Accessible Information Standard + Action Plan • Equality Delivery System 2 • Modern Slavery Act • Public Sector Equality Duty (Equality Objectives) • Public Sector Equality Duty (Annual Report) • Workforce Race Equality Standard + Action Plan • Workforce Disability Equality Standard (2019) + Action Plan 	6 Monthly summary updates to include publishing compliance and action plan update and/or development. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk See Row 37 in BCRS	
LR07	The provider to produce an effective Workforce and Development Strategy including statutory and mandatory	Monthly	Provision of monthly Trust data, where	Within 15 Operational Days of the end of the month to which it relates	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	training and development programme		<p>possible, broken down by Trust and care group.</p> <p>The total number of community and inpatient staff including bank, agency and locum figures reported separately by staff group.</p> <p>The report to include a rolling 13 month data set.</p> <p>An exception report to be submitted in relation to Community and inpatient areas which fall below or above internal or national targets. Identifying any issues against specific teams/care groups and the implications this may have on quality and safety to include actions and outcomes.</p>	<p>Submitted to contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 12 in BCRS</p>	
		Quarterly	<p>Quarterly report with monthly data breakdown, on a service and staff group basis:</p> <ul style="list-style-type: none"> • Staff vacancy • Staff turnover & retention • Sickness and absence rates • Bank usage • Number of appraisals • Uptake of mandatory / essential training • Employee relations cases broken down by the total suspensions (3 and 6 months; dismissals 	<p>Report to be submitted within 15 operational days of the end of the quarter to which it relates.</p> <p>Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 12 in BCRS</p>	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			<p>and redundancies) and any emerging themes to be identified.</p> <p>Agency usage does not exceed national agreed target.</p> <p>Where the Provider does not achieve the expected of mandatory training and appraisals, the Commissioner reserves the right to obtain further information.</p>		
		Annually	<p>Provider to provide assurance of their internal process for the management and monitoring of medical/nursing staff professional registration and revalidation.</p> <p>Annual Workforce and Development Strategy/plan to include narrative giving explanation around any breaches, together with actions and outcomes the Provider are taking.</p>	<p>Report to be submitted within 15 operational days of the end of Q1.</p> <p>Reports to be submitted to: contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 12 in BCRS</p>	
LR08	Patient, Carer and Staff Experience Friends and Family Data	Monthly	<p>The Provider will submit national statistical data on friends and family for the following:-</p> <ul style="list-style-type: none"> • Inpatient • Outpatient • Community • Mental Health 	<p>Within 15 Operational Days of the end of the month to which it relates</p> <p>Submitted to contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 36 in BCRS</p>	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR09	Patient, Carer and Staff Experience Involvement for Impact Report	Annually	<p>The Provider shall submit the Involvement for Impact Report as for capturing and using the experiences and views of patients or service users, carers.</p> <p>The report will detail key priorities as per the link below; https://www.longtermplan.nhs.uk/</p> <p>The plan will include details as to how the provider will use this information to identify priorities for improvement, address those priorities and determine whether previous improvement actions have proved effective.</p> <p>The plan will address the requirements in this contract under “surveys” in Schedule 6 Part G and any relevant CQUIN indicators and will include details of how findings will be reported within the Provider to Board Committees and to commissioners, service users, carers and staff. It will include details of how the provider will capture feedback from service</p>	<p>Report to be submitted within 15 operational days of the end Month 3.</p> <p>Reports to be submitted to: contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 27 in BCRS</p>	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			user and carer groups or representatives as well as individuals.		
LR10	Assurance Visits Announced/Unannounced Quality Assurance Visits	Quarterly	Written reports of all quality or assurance visits and inspections carried out by Provider. The report should include detail of the purpose of the visit, any recommendations, outcome, actions and agreed timeframes. Progress against implementation of any previous report and ongoing action plans or recommendations from previous visits should be contained within the report.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk See Row 41 in BCRS	
LR11	Assurance Visits External visits inspections audits etc. (Where remit includes quality of commissioned services or findings are relevant to quality)	As requested	ICB to be notified of any external reviews/formal inspections relevant to the quality of services. Report of feedback and actions taken to address any concerns to be provided to the ICB in written format. The Provider will report to the ICB the timescales for factual accuracy checking and when the report is going to be published live on the regulatory website. The provider will provide	Within 15 Operational Days of the request Submitted to contractmanagement@staffsstoke.cb.nhs.uk See Row 41 in BCRS	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			<p>the Co-ordinating Commissioner with periodic updates about actions taken in response to formal visits.</p> <p>Written reports detailing the outcome and associated actions relating to any such review or a nil return will be presented and routinely monitored through the CQRM.</p>		
LR12	Assurance Visits Commissioner led visits	As requested	<p>The Co-ordinating Commissioner will undertake a minimum of 4 announced and 4 unannounced visits on a regular basis and/or in response to emerging areas of concern. All internal/external stakeholders will be notified of an announced visit, e.g. Healthwatch/CQC.</p> <p>The Co-ordinating Commissioner may provide short notice of otherwise “unannounced” visits where necessary to verify that staff will be available. Commissioners will contact the office of the provider Director of Quality and Performance or nominated Deputy via the Executive Office or Director on call out of hours shortly before an</p>	<p>Within 15 Operational Days of the request</p> <p>Submitted to contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 41 in BCRS</p>	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			unannounced visit as a courtesy. Commissioners will provide immediate feedback on any urgent findings to the person in charge at the end of the visit and by e-mail to the Provider Director of Quality and Performance or nominated Deputy.		
LR13	Progress against the EMSA plan	Monthly by exception	"100% of all EMSA breaches reported to Commissioners within one working day of occurrence providing where, when, number of patients involved, initial pre disposing factors or related factors and immediate actions taken to resolve the breach situation. Written report detailing breach or breaches, investigations and remedial actions required to prevent recurrences. The Provider will identify the Lead Commissioner for each patient who breached.	Following breach, next operational day by e- mail to Director of Nursing and Quality of co-ordinating commissioner. Monthly report submitted to Coordinating Commissioner no later than 7 working days after breach. Written report to CQRM. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk See Row 32 in BCRS	
LR14	Clinical Audit Annual Plan and Implementation Plan	Annually	Annual report detailing progress and outcomes in respect of previous years audit plan	Report to be submitted by the 15 th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				See Row 17 in BCRS	
		Quarterly	Report detailing progress against audit plan, completed audits, a synopsis of outcomes, findings, recommendations and actions to improve compliance.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk	
LR15	Quality Accounts	Annually	The Provider shall submit the Draft Quality Account to Commissioners for comment in line with national requirements	No later than 30 days before publication, or in line with nationally published requirement, whichever is sooner. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk See Row 15 in BCRS	
LR16	Regulation 28 – Avoiding future deaths	By exception	Report by exception full details of all coroners Regulation 28 reports and any other reports and inquest conclusion relating to the Provider. The provider will share any recommendations and actions to be taken or proposed lessons learnt as a result. Nil returns will be submitted where applicable. The Provider will share a copy of the Coroners Letter within 5 operational days of the Provider receiving	Provider to submit by 15 th operational day of month in which the coroner's report was received. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk See Row 47 in BCRS	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			the letter; plus the Provider response by the associated deadline. A summary will be detailed in the Trust Serious Incident Report.		
LR17	External Alerts	Monthly by exception	Provider to submit exception report in relation to any overdue external (Including but not limited to CAS) Alert(s) explaining the reasons why the Provider has not complied with each alert by the specified deadline(s). Report will include remedial actions to ensure compliance within one month of deadline (Provider and commissioner may agree a longer extension period in exceptional circumstances).	Provider to submit by 15 th operational day of month in which the Provider was non-compliant with the alert deadline date. Submitted to contractmanagement@staffsstoke.i cb.nhs.uk See Row 13 in BCRS	
LR18	NICE reporting on non-compliance with applicable NICE guidance	Quarterly	The Provider shall submit written evidence of their compliance with all NICE guidance on a quarterly basis; to include:- Clinical Quality Standards (QS) Clinical Guidelines (CGs) Technology Appraisals (TAGs)The status of compliance with all NICE guidance should be reported to the Co-ordinating Commissioner reflecting the rationale for	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: <a href="mailto:contractmanagement@staffsstoke.i
cb.nhs.uk">contractmanagement@staffsstoke.i cb.nhs.uk See Row 13 in BCRS	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			any non-compliance, when the Provider is fully compliant or has reached a level of compliance relevant to the service they offer.		
LR19	Pressure Ulcer Assurance Reporting as per Pressure Ulcers: Revised Definition and Measurement (Summary and Recommendations)	Quarterly	<p>The Provider shall submit a report detailing over 13 months rolling:</p> <ul style="list-style-type: none"> • Number of pressure ulcers incidents per month • Category of pressure ulcers (Category 2, 3 & 4 including unstageable) • Determine those Lapses in Care • Themes emerging and appropriate action taken to include shared learning external to the Trust where appropriate. • Whether hospital or community • Identification of any specific teams reporting two or more pressure ulcers and any appropriate support. The Provider shall identify for each community acquired pressure ulcer the place from the patient was admitted for example patient home or nursing/care home. 	<p>Report to be submitted within 15 operational days of the end of the quarter to which it relates.</p> <p>Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 34 in BCRS See Row 42 in BCRS</p>	
		Annually	The Provider shall submit an annual thematic report detailing themes and	Report to be submitted by the 15 th operational day of the period to which it relates.	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			trends, lesson learnt and actions being taken.	Reports to be submitted to the following inbox: contractmanagement@staffsstoke.i cb.nhs.uk See Row 21 in BCRS	
LR20	SI/Never Events	Monthly	The Provider shall submit to Co-ordinating Commissioner a report detailing number of SI/Never Events reported in previous month, with figures reported on a rolling 13 month basis.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.i cb.nhs.uk See Row 47 in BCRS	
		Within 72 hours	The Provider to submit to Co-ordinating Commissioner a 72 hour report for each SI/Never Event which has taken place detailing any immediate action taken.	Report to be submitted within 72 hours of the SI/Never Event. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.i cb.nhs.uk	
			RCAs to be undertaken on all SI/Never Events within 60 working days as per SI Framework, including lessons learnt and sharing of outcomes. The Provider to submit a report to the Co-ordinating Commissioner of any Breach of Duty of Candour as per CQC Regulation 20. https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.i cb.nhs.uk See Row 47 in BCRS	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			<p>20-duty-candour.</p> <p>The Provider shall report all Incidents in the monthly Serious Incident Report, and identify those which are upgraded to a Serious Incident or down-graded for example natural causes.</p> <p>The Provider shall report any Never Event within one working day of the incident occurring to the ICB Chief Nurse and in her absence this should be directly raised with a deputising colleague.</p>		
LR21	Deep Dive Reviews	As requested	<p>Provider shall share the deep dive reviews that the provider has determined as an emerging theme/trend detailing effectiveness, lessons learnt, priorities for improvement, recommendations and specific actions going forwards. Where there are concerns around a specific areas the Co-ordinating Commissioner can request re- active deep dive to be undertaken.</p>	<p>Verbal update to be provided at CQRM where the Provider plans to undertake a deep dive review.</p> <p>Deep Dive Report by 15th operational day of the month following completion of review.</p> <p>Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p> <p>See Rows 50-55 in BCRS</p>	
LR22	PLACE Scores	Annually	<p>Report summarising the findings of the annual Patient led Assessment of Care Environment (PLACE) including action plan produced to address</p>	<p>Report to be submitted by the 15th operational day of the period to which it relates.</p> <p>Reports to be submitted to the following inbox:</p>	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			<p>any areas for improvement or concern.</p> <p>Written report based on results of patient led assessment visits as part of real time patient feedback reports. Including details of actions taken in response to visits and evidence that actions are completed.</p>	<p>contractmanagement@staffsstoke.cb.nhs.uk</p>	
LR23	Pan Staffordshire and MPFT (local) Suicide Prevention Action Plan.	Bi-annually	<p>Written report to CQRM. The Trust shall provide an annual audit report with clear recommendations and actions being taken by the Trust to include: The self-assessment toolkit for mental health to be completed in line with National Confidential</p>	<p>Report to be submitted by the 15th operational day of the period to which it relates.</p> <p>Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk</p> <p>See Row 25 in BCRS See Row 28 in BCRS</p>	
LR24	Feedback from Datix Monitoring Reporting (Soft Intelligence from Primary Care).	Ad hoc	<p>GP events will be reviewed at the ICB Datix Monitoring Group. All Datix events will be shared to the provider by the ICB Quality Information and Datix Support Managers. Events that require individual feedback will be highlighted and the Provider will provide feedback within 20 working days of the event being shared. The Provider should continually review and</p>	<p>Ad hoc</p> <p>See Row 47 in BCRS</p>	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			evaluate the services provided and implement lessons learnt from themed Datix events as set out in SC3.4.		
LR25	Learning from Deaths Report (Mortality) as per National Guidance.	Quarterly	The Provider will provide a quarterly report which will detail the data associated with mortality to determine if any natural cause deaths are judged more likely than not to have been due to problems in care and importantly shares the learning from the reviews to identify any patterns, themes or trends.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.i cb.nhs.uk See Row 42 in BCRS	
LR26	Restricting Restraint Assurance Report	6 monthly	The Provider will provide a Quarterly Report which will focus on the minimum data set for restraint to include the following; Episodes of physical restraint; Episodes of mechanical restraint; Episodes of rapid tranquilisation; Episodes of seclusion; Episodes of long term segregation; Identification of where prone restraint occurred at any point during an incident. It will include: policy, initiatives, related	Report to be submitted by the 15 th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.i cb.nhs.uk See Row 39 in BCRS	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			incidents and lessons learned; Any cause for exception reporting can be found in the monthly; Patient Safety Incident Report or Serious Incident Report.		
LR27	Falls Prevention Report	Monthly	The Provider will produce a six monthly report detailing the Falls Prevention Strategy activity to include the number of falls incidents; serious incidents; policy/initiatives, and lessons learned from root cause analysis into falls resulting in harm	Report to be submitted by the 15 th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk See Row 18 in BCRS	
LR28	Research and Innovation Assurance Report	Quarterly	The Provider will produce a report detailing the quarterly update around the Trust Research and Innovation Strategy to include the current position and progress against National Institute for Health Research (NIHR) and Clinical Research Network West Midlands (CRN WM) Performance Metrics. The Report will provide a summary around the Provider research activity.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.cb.nhs.uk See Row 35 in BCRS	
LR29	Local Data Submission Requirements	Monthly	Provider to submit data as per requirements of local dataset standards and submission timetable.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.cb.nhs.uk	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR30	Not used				
LR43	D2A Dashboard in development	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR44	Annual Plan	Quarterly	Report on progress against annual plan: Report to include compliance with national cleaning standards. This report is a copy of the scorecard submitted to Infection Prevention and Control Committee and includes cleaning scores achieved against the National Cleaning Specifications for cleanliness in the NHS in relation to very high risk, high risk and significant risk areas. An overall compliance score by site is also required.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 32 in BCRS	
LR45	Infection Prevention and Control Report	Annually	Infection Prevention and Control Report incorporating 12 month forward plan setting out actions to reduce rate of / minimise risk of HCAI is required.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 21 in BCRS	
Former KPIs transferred to Reporting Requirements Reported Locally					
LQR 11	DNA Rate – Learning Disabilities	Monthly	Reported via Performance Report in excel format (PDF also for version control), split	Within 15 Operational Days of the end of the month to which it relates Submitted to	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			by former CCG area	contractmanagement@staffsstoke.icb.nhs.uk	
LQR48	CYP Community Continence Service Urgent/ priority – assessment within 5 working days from referral	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR49	CYP Community Continence Service Routine – assessment within 10 working days from referrals	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR52	Children's Occupational Therapy Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR53	Community Adult Occupational Therapy Urgent patients to be seen within 5 days of referral	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR54	Community Adult Occupational Therapy Routine patients to be seen within 20 working days of referral	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR55	Community Adult Occupational Therapy Percentage of discharged patients mostly or fully achieved expected EKOS outcomes as set out in care plan	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				contractmanagement@staffsstoke.icb.nhs.uk	
LQR56	Occupational Therapy Local waits – Occupational Therapy • 2 weeks for urgent (includes EOL patients) • 12 weeks for routine	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR57	Children's Speech & Language Therapy Service Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR58	Children's Speech & Language Therapy Service Urgent Referrals will be seen within 2 weeks of receipt of referral.	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR59	Children's Speech & Language Therapy Service Routine referrals will be seen within 6 weeks of receipt of referral	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR60	Children's Speech & Language Therapy Services Response time within 18 weeks from referral to treatment as per National Guidelines. Graph showing response times met containing clear narrative if not met including reasons why unachieved.	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR61	Children's Speech & Language Therapy Services The service will see all urgent and Dysphagia patients within two weeks from receipt of referral while providing routine appointments within 8 weeks from receipt of referral.	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	Graph showing response times met containing clear narrative if not met including reasons why unachieved.			contractmanagement@staffsstoke.icb.nhs.uk	
LQR62	Children's Speech & Language Therapy Services Access to treatment following initial assessment offered within 8 weeks. Graph showing response times met containing clear narrative if not met including reasons why unachieved.	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR63	Children's Speech & Language Therapy Services Using the East Kent Outcome System (EKOS), number of CYP recognised to have achieved each outcome target level. Data collected demonstrated in graph format	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR66	Speech & Language Therapy Services Percentage of discharged patients mostly or fully achieved expected EKOS outcomes as set out in care plan	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR67	Speech & Language Therapy Services Local waits – Speech and Language Therapy (Adult) • Urgent dysphagia – 2 weeks • Routine dysphagia – 4 weeks • All communication referrals – 12 weeks	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR68	Children & Young People Targeted Intervention Service Waiting Times- ASSESSMENT Urgent/Very High/High Referrals - assessed within 5 working days of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR69	Children & Young People Targeted Intervention Service Waiting Times- ASSESSMENT Medium/Low/Routine - assessed within 10 working days of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				contractmanagement@staffsstoke.icb.nhs.uk	
LQR70	Children & Young People Targeted Intervention Service Waiting Times - TRIAGE within 3 working days of referral (urgent/priority) Urgent/Very High/High Referrals - triaged within 3 working days of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR71	Children & Young People Targeted Intervention Service Review health health assessment within 28 days of due date	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR75	Community Nursing Service Non-urgent referrals will receive access to the service with 48 hours of referral, where clinically appropriate	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR76	Community Nursing Service Urgent referrals to be offered access to the service within a maximum of 4 hours, where clinically appropriate	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR80	Community Nursing Service Venous leg ulcers should heal within 24 weeks of diagnosis	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR84	Childrens Community Nursing Percentage of medium priority patients assessed within 48 hours	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				contractmanagement@staffsstoke.icb.nhs.uk	
LQR86	Childrens Community Nursing Hospital at Home - Priority seen within 2 hours	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR88	Childrens Community Nursing Constipation Service - Priority seen within 5 working days of referral	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR11 2	Community Specialist Diabetes Service Increase in the uptake of patient education - structured education % of patients referred that complete the structured education course	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR11 4	Community Specialist Diabetes Service Urgent patients will receive access to the service within 2 days of referral (working days only) – when consideration of risk of patient of waiting up to 6 weeks	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR11 5	Community Specialist Diabetes Service Routine referrals will receive access to the service within 6 weeks of referral (working days only)	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR11 7	Community Specialist Diabetes Service Patient reported outcomes (via survey to demonstrate an increase/improvement): % of patients with diabetes reporting an improvement in	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	wellbeing and quality of life % of patients that are happy with the services they are able to access which enables them to self-care % of patients that are able to self-care and manage their own conditions			contractmanagement@staffsstoke.icb.nhs.uk	
LQR12 2	Community Heart Failure Service URGENT: No of patients referred who receive an offer of a first appointment which will take place within 2 weeks of the referral as a % of all patients referred or triaged for an urgent appointment	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR12 3	Community Heart Failure Service ROUTINE: No of patients referred who receive an offer of a first appointment which will take place within 6 weeks of the referral as a % of all patients referred or triaged for routine appointment	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR13 7	Dementia The triage process should determine if:- The patient needs an appointment with Health care support worker before seen by specialist More information required from GP Patient referred straight to specialist for assessment Following receipt of referral a face-to-face appointment will be offered with the service user within 5 operational day operational days (This is applicable to all patients referred who either require an appointment with a Health care support worker or are to be seen directly by a specialist).	Monthly	Reported via Performance Report in excel format (PDF also for version control), split by former CCG area	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR14 7	Adult Community Learning Disability All referrals will be assessed by the intake team within 2 weeks.	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR14 8	Eating Disorder Services Routine referrals to CYP Eating Disorder Services with suspected ED will commence within 4 weeks of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	

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		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				hs.uk	
LQR14 9	Eating Disorder Services Urgent referrals to CYP Eating Disorder Services with suspected ED will commence treatment within 1 week of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR15 6	Child and Adolescent Mental Health Services CYP to commence CAMHS treatment within 18 weeks from referral	Quarterly	Reported via Performance Report in excel format (PDF also for version control), split by former CCG area	Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

	Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date
1				
2				
3				
4				

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Service Development and Improvement Plans

		Milestones	Timescales	Expected Benefit
1	[Paediatric Hearing Services Improvement Programme - IQIPS accreditation]	TBC	TBC	TBC
2	[Staff training in asthma care for children and young people in accordance with the National Capability Framework for the care of children and young people with asthma]	TBC	TBC	TBC
3	Looked After Children Dashboard	TBC	TBC	TBC
4				

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance Community/MH – 1 st working day following the data collection. Deadline 13 th working day This is a national submission	As required by FFT Guidance	As required by FFT Guidance https://www.england.nhs.uk/fft/
National Quarterly Pulse Survey (NQPS) (if the Provider is an NHS Trust or an NHS Foundation Trust)	As required by NQPS Guidance	As required by NQPS Guidance	As required by NQPS Guidance https://www.england.nhs.uk/fft/nqps/
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance)	As required by Staff Survey Guidance	As required by Staff Survey Guidance	As required by Staff Survey Guidance https://www.nhsstaffsurveys.com/

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Data Processing Services

Not Applicable

SCHEDULE 7 – PENSIONS

Not Applicable

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Contact: england.contractshelp@nhs.net

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