

NHS Standard Contract 2023/24

Particulars (Full Length)

Contract title / ref:

**CMT-1052 North Staffordshire
Combined Healthcare NHS Trust**

Version 1, March 2023

Final 09 November 2023

Prepared by: NHS Standard Contract Team, NHS England
england.contractshelp@nhs.net
(please do not send contracts to this email address)

Version control:

NVA / CV No.	Status	Description	Date

Contract Reference	CMT-1052_NSCHT-23-24
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DATE OF CONTRACT	Date of last signature
SERVICE COMMENCEMENT DATE	01 April 2023
CONTRACT TERM	1 years commencing 1 April 2023
COMMISSIONERS	NHS Staffordshire and Stoke-on-Trent Integrated Care Board (QNC) NHS England and NHS Improvement (X24)
CO-ORDINATING COMMISSIONER <i>See GC10 and Schedule 5C</i>	NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ODS QNC) Stafford Education & Enterprise Park Weston Road Stafford ST18 0BF
PROVIDER	North Staffordshire Combined Healthcare NHS Trust Principal and/or registered office address: Trust Headquarters Lawton House Bellringer Road Trentham ST4 8HH Company number: (ODS: RLY)

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CONTRACT

Contract title: ...CMT-1052_NSCHT-23-24

Contract ref: ...CMT-1052_NSCHT-23-24


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 **Chief Finance Officer**
For and on behalf of **Title**
NHS Staffordshire and Stoke-on-Trent **23/11/23**
Integrated Care Board

Date

SIGNED by 

Signature

Dr Olubukola Adeyemo **Chief Executive**
For and on behalf of **Title**
North Staffordshire Combined **9th January 2024**
Healthcare NHS Trust

Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date <i>See GC2.1</i>	1 April 2023
Expected Service Commencement Date <i>See GC3.1</i>	1 April 2023
Longstop Date <i>See GC4.1 and 17.10.1</i>	1 July 2023
Contract Term	1 years commencing 1 April 2023
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)	12 months in respect of the Contract as a whole and 6 months for individual services
Commissioner Earliest Termination Date (for termination under GC17.2)	12 months in respect of the Contract as a whole and 6 months for individual services
Provider Notice Period (for termination under GC17.3)	12 months in respect of the Contract as a whole and 6 months for individual services
Provider Earliest Termination Date (for termination under GC17.3)	12 months in respect of the Contract as a whole and 6 months for individual services

SERVICES	
Service Categories	Indicate all 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 (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	✓
Mental Health and Learning Disability Secure Services (MHSS)	✓
NHS 111 Services (111)	
Patient Transport Services (non-emergency) (PT)	
Radiotherapy Services (R)	
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	
Service Requirements	
Prior Approval Response Time Standard <i>See SC29.25</i>	Within 15 Operational Days following the date of request where Prior Approval is applicable
GOVERNANCE AND REGULATORY	
Nominated Mediation Body (where required – see GC14.4)	NHS England
Provider's Nominated Individual	Dr Olubukola Adeyemo Mandy.brown@combined.nhs.uk 01782 441632 (ext. 4632)
Provider's Information Governance Lead	Sahra Smith sahra.smith@combined.nhs.uk 0300 123 1535
Provider's Data Protection Officer (if required by Data Protection Legislation)	Sahra Smith sahra.smith@combined.nhs.uk 0300 123 1535
Provider's Caldicott Guardian	Dennis Okolo Dennis.Okolo@combined.nhs.uk

Provider's Senior Information Risk Owner	Eric Gardiner Director of Finance, Performance & Estates Eric.Gardiner@combined.nhs.uk 01782 441613 (ext. 1380)
Provider's Accountable Emergency Officer	Ben Richards Ben.Richards@combined.nhs.uk 01782 441758
Provider's Safeguarding Lead (children) / named professional for safeguarding children	Laura Collins Laura.Collins@combined.nhs.uk 07834 967217
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	Laura Collins Laura.Collins@combined.nhs.uk 07834 967217
Provider's Child Sexual Abuse and Exploitation Lead	Laura Collins Laura.Collins@combined.nhs.uk 07834 967217
Provider's Mental Capacity and Liberty Protection Safeguards Lead	Dennis Okolo Dennis.Okolo@combined.nhs.uk
Provider's Prevent Lead	Laura Collins Laura.Collins@combined.nhs.uk 07834 967217
Provider's Freedom To Speak Up Guardian(s)	Marie Barley Marie.Barley@combined.nhs.uk 07790 971979
Provider's UEC DoS Contact	Ben Richards Ben.Richards@combined.nhs.uk 01782 441758
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	Chris McGinley Head of Infection Prevention and Control chris.mcginley@combined.nhs.uk
Provider's Health Inequalities Lead	Lesley Faux Lesley.Faux@combined.nhs.uk
Provider's Net Zero Lead	Ben Richards Director of Operations Ben.Richards@combined.nhs.uk 01782 441758
Provider's 2018 Act Responsible Person	Sahra Smith sahra.smith@combined.nhs.uk 0300 123 1535
Provider's Wellbeing Guardian (NHS Trusts and Foundation Trusts only)	Richard Bagnall Service Lead Richard.bagnall2@combined.nhs.uk
CONTRACT MANAGEMENT	
Addresses for service of Notices See GC36	Co-ordinating Commissioner: Staffordshire and Stoke-on-Trent ICB Address: Stafford Hub, New Beacon Building, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF Email: contractmanagement@staffsstoke.icb.nhs.uk for all contract notices

	<p>Provider: Combined Healthcare Dr Olubukola Adeyemo Interim Chief Executive Address: Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH Email: PA: mandy.brown@combined.nhs.uk cc. contractqueries@combined.nhs.uk & Peter.Ghaut@combined.nhs.uk for all contract notices</p>
<p>Frequency of Review Meetings</p> <p>See GC8.1</p>	<p>Bi-Monthly</p>
<p>Commissioner Representative(s)</p> <p>See GC10.3</p>	<p>Levi Preston Senior Contract Manager Staffordshire and Stoke-on-Trent ICB, Stafford Hub, New Beacon Building, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF Mobile: 07585 960128 Email: levi.preston@staffsstoke.icb.nhs.uk</p>
<p>Provider Representative</p> <p>See GC10.3</p>	<p>Peter Ghaut Assistant Director of Finance, Costing and Contracting</p> <p>Address: NHS North Staffordshire Combined Healthcare Trust. Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH</p> <p>Email: Peter.Ghaut@combined.nhs.uk cc. contractqueries@combined.nhs.uk</p>

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

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

1. Evidence of appropriate Indemnity Arrangements
2. Evidence of CQC registration in respect of Provider and Material Sub-Contractors (where required)]
3. Evidence of the Provider Licence in respect of Provider and Material Sub-Contractors (where required)]
4. Copies of the following Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner

The Provider must complete the following actions:

Not Applicable

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description
Insert text locally or state Not Applicable		

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

Not Applicable

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Ref.	Service Specification Index
A01	Acute Inpatient Services
A02	Mental Health Rehabilitation Service
A03	Acute Home Treatment Team
A04	Access Service (including Crisis Resolution)
A05	Adult Community Mental Health Team
A06	Assertive Outreach Team
A07	Early Intervention in Psychosis Team
A08	Criminal Justice Mental Health Team (CJMHT)
A09	Parent & Baby Day Service
A10	Community Triage
A11	Not used
A12	Autism Assessment Service (Non LD)
A13	Urgent and Emergency Mental Health Liaison Service
A14	Cancer Psychology Service
A15	Mental Health & Vascular Wellbeing
A16	High Volume Users
A17	Not used
A18	Psychiatric Intensive Care Unit (PICU)
A19	Not used
A20	Not used
A21	Adult Community Eating Disorder service
A22	Personality Disorder and Complex Relational Needs pathway including Community Assessment, Stabilisation and Treatment Team (CASTT)
B01	Older Adults In-patient Provision - Assessment and Complex Needs
B02	Care Home Liaison (including Care home physiotherapy)
B03	Not used
B04	Memory Assessment and Diagnostic Service
B05	Not used
B06	Older People's Community Mental Health Teams
B07	Community Outreach Team - People with Dementia and Older Adults
B08	Not used
B09	Dementia Primary Care Liaison Service (DPCLS)
B10	Care Home Physiotherapy

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B11	Not used
B12	Ward 4 Harplands - EMI Assessment Service
C01	Not used
C02	North Staffordshire Community Learning Disability Team & Stoke on Trent Community Learning Disability
C03	Not used
C04	Intensive Support Service for people with Learning Disabilities presented with complex challenging behaviour.
C05	Learning Disability In-patient beds (A&T)
C06	Learning Disability Health Facilitation & Acute Liaison Service
C07	Not used
D01	Neuropsychiatry Service
D02	Clinical Health Psychology
E01	Children's LD Respite Service/Specialist Short Breaks - Dragon Square
E02	Not used
E03	Not used
E04	Community CAMHS
E05	CAMHS - Eating Disorder
E06	Child and Young Person's Intensive Support Hub (ISH) Service
F01	Not used
F02	Intoxication Observation Unit
F03	Individual Placement and Support (IPS) Wave 1
F04	Specialist Alcohol Liaison and Complex Needs team (CHAT)
F05	Hepatitis Outreach Service (to be varied into contract in year)
G01	Not used
G02	SMI Physical Health Checks

Detailed service specifications are saved locally under Schedule 2A folder as Appendices.

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

Not Applicable

SCHEDULE 2 – THE SERVICES

Aii. Service Specifications – Primary and Community Mental Health Services

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)
Hanley, Bucknall & Bentilee	3 WTE	
South Stoke Central	3 WTE	
Whitfield	3 WTE	
HIPC	3 WTE	
Shelton & Hanley	3 WTE	
South Stoke West	3 WTE	
Meir	3 WTE	
Leek & Biddulph	3 WTE	
Moorlands & Rural	3 WTE	
Newcastle North	3 WTE	
Newcastle Central	3 WTE	
Newcastle South	3 WTE	

About Better Care (ABC)	3 WTE	
<p><u>Requirements to support the role of a Mental Health Practitioner in any PCN</u></p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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.</p>		

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 (previously known as an IAPT Practitioner)

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Long Term Plan and National Mental Health Priorities: Performance against Operational Planning Forecasts: 2023/24

Out of Area Bed Days				Average	Qtr 1 2023/24	Qtr 2 2023/24	Qtr 3 2023/24	Qtr 4 2023/24
1	Count	Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider	Forecast	0	0	0	0	0

Dementia Diagnosis				Average	Qtr 1 2023/24	Qtr 2 2023/24	Qtr 3 2023/24	Qtr 4 2023/24
2	Numerator	Number of people aged 65 or over diagnosed with dementia	Forecast	14,903	14,740	14,909	15,060	14,903
	Denominator	Estimated prevalence of dementia based on GP registered populations		19,676	19,656	19,703	19,669	19,676
	Rate	%		75.74	74.99	75.67	76.57	75.74

Perinatal Access				Average	Qtr 1 2023/24	Qtr 2 2023/24	Qtr 3 2023/24	Qtr 4 2023/24
3	Count	Number of women accessing specialist community PMH and MMHS services in the reporting period	Forecast	307.5	123	246	369	492

*Based on 10% of birth rate (2015) as defined in national metric

Access to Core Community Mental Health Services for Adults with SMI*				Average	Qtr 1 2023/24	Qtr 2 2023/24	Qtr 3 2023/24	Qtr 4 2023/24
4	Count	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses	Forecast	5,092	5,209	5,032	5,035	5,091

*Due to limited diagnosis recording, the Trust is currently unable to identify people with SMI

Access to Children and Young People's Mental Health Services				Average	Qtr 1 2023/24	Qtr 2 2023/24	Qtr 3 2023/24	Qtr 4 2023/24
5	Count	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	Forecast	6,047	6,130	6,117	5,893	6,047

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

Included within Schedule 2B (Indicative Activity Plan)

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

Not Applicable

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Not Applicable

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

The Provider shall participate in the following:

Midlands MH Clinical Networks


<https://www.england.nhs.uk/midlands/clinical-networks/west-midlands-clinical-network/>

Staffordshire & Stoke on Trent Suicide Prevention Partnership

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

Insert details/web links* or state Not Applicable

Publication date	Title	Applicable Commissioner	Weblink
April 2023	Commissioning Policy (Excluded and Restricted Procedures - ERP) Version 3.0	Staffordshire and Stoke-on-Trent Integrated Care Board	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	South Staffordshire Joint Formulary	Staffordshire and Stoke-on-Trent Integrated Care Board	https://www.southstaffordshirejointformulary.nhs.uk/default.asp?siteType=Full
N/A	North Staffordshire Joint Formulary	Staffordshire and Stoke-on-Trent Integrated Care Board	https://www.northstaffordshirejointformulary.nhs.uk/default.asp?siteType=Full
January 2019	The NHS Long Term Plan	All	https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
2023	Staffordshire and Stoke-on-Trent System Operational Plan 2023/24	Staffordshire and Stoke-on-Trent Integrated Care Board	 ACGE_13414_Ssot Ics Operational Plan_v1.p

* 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

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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

The Trust will comply with its Admission, Transfer and Discharge Policy document ref 1.17 Approved by its' Board on 12th March 2020.

Please refer to the attachment: 'SC2J_1.17-In-patient-Admission-Transfer-Discharge-Policy'

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

Patient choice and Shared decision-making (SDM)

The Provider shall enable 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.

Personalised care and support plans (PCSPs)

Where appropriate, the Provider shall implement, develop, use and review PCSPs. PCSPs are contractual obligations under SC10.3-10.4 and 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.

Social prescribing

The Provider shall keep staff informed of what local social prescribing offers are available and 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 as outlined in the PCN Contract DES.

Supported self-management

As part of SDM and PCSPs, the Provider shall discuss the support Service Users need to help them manage their long-term condition/s 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

Personal health budgets (PHBs)

The Provider shall support and 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.

The ICB shall 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:
 - by the making of a direct payment by the ICB/ICB to the individual;
 - by the application of the PHB by the ICB/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/ICB in respect of the choices of services/treatment that Service Users/Carers have made, as set out in PCSPs.

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

The ICB's intention is to produce a Health Inequalities Action Plan, which will set out specific actions which the ICB 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 ICB intends 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

Staffordshire & Stoke-on-Trent ICB and ICS Providers have agreed an MOU for contracting and delivering the Systems 2023-24 financial plan. Further supporting documentation is included within Schedule 5A (Documents Relied On).

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

Not Applicable

SCHEDULE 3 – PAYMENT

C. Local Prices

Not Applicable

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 2023/24 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 2023/24 and set out the key deliverables, outcomes and supporting financial mechanisms and planning assumptions that will form the basis for delivering these priorities.

IFR - Final Income position

	NSCHT
2022/23 Recurrent baseline:	
2022/23 Transfer in - maternity	
2022/23 Additional health inequalities funding	
2022/23 Recurrent pay	1.397
2022/23 In-year inflation funding	1.382
2022/23 Other pay funding	
2022/23 Remaining full-year ENIC adjustment	-0.459
2022/23 Contract rebasing exercise	
2022/23 Transfer of GP access to primary medical	
2022/23 Adjusted Recurrent Baseline	

Agreed Start Point	121.539
TCP / P86 (Model v28) Alignment	-41.600
Revised Recurrent Start Point	79.939

New Allocations:	
2022/23 Recurrent pay	
2022/23 Remaining full-year ENIC adjustment	
2022/23 Additional health inequalities funding	
2022/23 Other pay funding	
2022/23 Contract rebasing exercise	
2022/23 Transfer of GP access to primary medical	
Additional Allocations:	
COVID Funding	0.310
Additional discharge allocation	
Additional physical and virtual bed capacity funding	
<i>Share of cost base (July 22)</i>	3.6%
Growth:	
2023/24 Base growth	3.370
2023/24 Convergence	-0.496
MHIS	1.439
Primary Medical Care Services	
Total Growth	4.313
Recurrent agreed adjustments:	
Community Arrhythmia	
CV02 Youth Participation	
BCF Transfer	
Total 2023/24 Recurrent Contract	84.562

Non Recurrent:	
Service Development Fund	8.181
Elective Recovery Funding	
COVID-19 Testing	
UEC - Capacity Funding	
Pathfinder (Sexual Assault & Abuse Survivors)	
SDF: Ageing Well SDF (Staying Well Pathway)	
Autism Care Co-ordinator	
Diabetes Footcare	
Post Covid Assessments	
Long Covid Workforce (downstream)	
Tobacco Dependency Work MOU	
Home First enhanced model	
D2A Care Home Commissioned Beds	
Procurement of D2A offset beds	
ERF Marginal Gain Transfer	
Final agreed adjustment to provider breakeven	
Total Non Recurrent	8.181

Total Contract exc TCP/P86	92.742
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Payment Arrangements

The Provider shall submit a monthly invoice (containing no patient identifiable data) and must state the Purchase Order number provided by the ICB.

All invoices should be addressed as below and **sent electronically** via e-Invoicing through Tradeshift (<https://tradeshift.com/>).

NHS Staffordshire and Stoke-on-Trent Integrated Care Board
QNC Payable N225
PO Box 312
LEEDS
LS11 1HP

SCHEDULE 3 – PAYMENT

F. CQUIN

The Provider will report progress on each of the relevant CQUIN schemes shown below* – full details can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2022/12/CQUIN-2023-24-guidance-version-1.1.pdf>

- CQUIN01: Flu vaccinations for frontline healthcare workers
- CQUIN15a: Routine outcome monitoring in community mental health services
- CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services
- CQUIN17: Reducing the need for the use of restrictive practices in adult and older adult inpatient settings

*Financial mechanisms for CQUIN achievement will be included within the System Plan and Joint Forward Plan jointly developed and agreed by the Parties for 2023/24 and referred to in Schedule 3D: Expected Annual Contract Value.

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

22/23 Ref.	Quality requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
4C.02	<u>Access to Mental Health Interventions</u> Patients will receive treatment within 18 weeks of referral	92%	Reported included in Trust Board Report (a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report.	Monthly (20 th working day)	All (except inpatient & assessment services)
4C.05	<u>Urgent and Emergency Liaison Psychiatry</u> Urgent and Emergency Psychiatric Liaison Team to respond to referrals received from all emergency portals within 1 hour (except for those patients not medically able to commence assessment) i.e. referrals from A&E, Ambulatory Rapid Assessment Team, Ambulatory Emergency Care, Ambulatory Medical Rapid Assessment Unit and Clinical Decision Unit.	95%	Reported included in Trust Board Report (a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report.	Monthly (20 th working day)	A13

NHS Standard Contract 2023/24

4C.06	<p><u>Urgent and Emergency Liaison Psychiatry</u> All emergency referrals from A&E or wards receive a full assessment as per the EBTP standards within 4 hours An emergency is an unexpected, time-critical situation that may threaten the life, long-term health or safety of an individual or others and requires an immediate response.</p>	95%	<p>Reported included in Trust Board Report (a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report. Number of emergency referrals received (numbers shown split by source of referral) (DENOMINATOR) Number of emergency referrals assessed and care plan in place, transferred, discharged or MHA commenced within 4 hours (NUMERATOR) Reasons for non-achievement to be reported by exception</p>	Monthly (20 th working day)	A13
4C.07	<p><u>Urgent and Emergency Liaison Psychiatry</u> All urgent referrals (usually from general hospital wards) receive a full assessment as per the EBTP standards within 24 hours An urgent situation is serious, and an individual may require timely advice, attention or treatment, but it is not immediately life threatening</p>	95%	<p>Reported included in Trust Board Report (a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report. Number of urgent referrals received (DENOMINATOR) Number of urgent referrals assessed and care plan in place, transferred, offered advice, given a follow up appointment within 24 hours (NUMERATOR) Reasons for non-achievement to be reported</p>	Monthly (20 th working day)	A13
4C.10	<p><u>Perinatal</u> Women offered a face to face appointment within 2 weeks of referral</p>	50%	<p>Reported via Service Quality Performance Report in excel format (in addition to Excel, a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report.</p>	Monthly	A9

NHS Standard Contract 2023/24

4C.11	<u>Perinatal</u> Women offered a face to face appointment within 6 weeks of referral	95%	Reported via Service Quality Performance Report in excel format (in addition to Excel, a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report.	Monthly	A9
4C.13	<u>CHAT</u> Percentage of patients discharged from hospital seen within 24 hours (follow up to be via face-to-face contact, however where this is not possible, an alternative means of follow up is acceptable)	80%	Reported monthly via Service Quality Performance Report in excel format (in addition to Excel, a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report. NB. LQR is to be monitored and reported in a shadow format for the duration of 22/23 to agree a baseline to inform future reporting/monitoring.	Annual	F04
4C.17	Planned annual programme of monthly quality visits	To be agreed	Reporting monthly through CQRM with an annual update in Q2 relating to any learning/actions identified during the previous year's annual programme. The ICB reserve the right to complete unannounced visits.	Annual	MH

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
4 th July 2023	Staffordshire and Stoke-on-Trent ICS MoU for Contracting and Delivering System Financial Plan 2023-24

Documents supplied by Commissioners

Date	Document
4 th July 2023	Staffordshire and Stoke-on-Trent ICS MoU for Contracting and Delivering System Financial Plan 2023-24

SCHEDULE 5 - GOVERNANCE

B. Provider's Material Sub-Contracts

Sub-Contractor	Service Description	Start date/expiry date	Processing Personal Data	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
Changes Health and Wellbeing Wellbeing Centre, Victoria Court, Booth Street, Stoke-on-Trent, ST4 4AL Company No: 7761177 Charity No: 1144940	Community Mental Health Peer Recovery Coaches (North Staffordshire and Stoke on Trent) & Future Focus Support within Mental Health Services (North Staffordshire and Stoke on Trent)	01/03/22 – 31/03/24 01/07/22 – 31/03/24	Yes Yes	Data Processor Data Processor
Staffordshire North and Stoke-on-Trent Citizens Advice Bureaux Advice House, Cheapside, Hanley, ST1 1HL Company No: 2402902 Charity No: 1001204	Financial Wellbeing Management and Support for Mental Health Services (North Staffordshire and Stoke on Trent)	01/02/22 – 31/03/24	Yes	Data Processor
Everyone Health 2 Watling Drive, Hinckley, Leicestershire, LE10 3EY Company No: 421558	Health and Lifestyles Support Service (North Staffordshire and Stoke on Trent)	01/07/22 – 31/03/24	Yes	Data Processor

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 administering 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
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)	[For local agreement]	A, MH
1b. Activity and Finance Report	Monthly	[For local agreement]	[For local agreement]	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: <ul style="list-style-type: none"> a. details of any thresholds that have been breached and breaches in respect of the duty of candour that have occurred; b. details of all requirements satisfied; c. details of, and reasons for, any failure to meet requirements 	Monthly	[For local agreement]	Within 15 Operational Days of the end of the month to which it relates	All All All
3. 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	[For local agreement]	[For local agreement]	[For local agreement]	All
4. Complaints monitoring report, setting out	[For local agreement]	[For local agreement]	[For local agreement]	All

NHS Standard Contract 2023/24

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
numbers of complaints received and including analysis of key themes in content of complaints				
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	[For local agreement]	[For local agreement]	All
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>)	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	[For local agreement]	[For local agreement]	All
9. Report on its performance against the National Workforce Race Equality Standard and action plan setting out the steps the Provider will take to improve performance	Annually	[For local agreement]	By 31 October in each Contract Year; submission to Co-ordinating Commissioner	All
10. (If the Provider is an NHS Trust or an NHS Foundation Trust) report on its performance against the National Workforce Disability Equality Standard and action plan setting out the steps the Provider will take to improve performance	Annually	[For local agreement]	By 31 October in each Contract Year; submission to Co-ordinating Commissioner	All
11. 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
12. Report on progress against Green Plan in accordance with SC18.2 (NHS Trust/FT only)	Annually	[For local agreement]	[For local agreement]	All

23/24 Ref.	Local Quality Requirements reported locally	Reporting Period	Format of Report	Timing and Method for Delivery	Service Cat
LRR_01	<p>Local Quality Requirements Performance split by Commissioner for the following KPIs which link to the MH5YF:</p> <ul style="list-style-type: none"> a) Percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care b) Percentage of Service Users under adult mental illness specialties who were followed up within 48 hours of discharge from psychiatric in-patient care (reasons for any breaches to be provided) c) Number of CYP <18 receiving at least 1 contact (expressed as actual number) d) CYP Eating Disorder (routine and urgent) e) Perinatal Number of women receiving one+ contact with specialist perinatal mental health services 	Monthly	<p>To be included in Trust Board Report</p> <p>Numerator, denominator and percentage to be included</p>	<p>Within 20 Operational Days of the end of the period to which it relates.</p> <p>Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p>	All

<p>LRR_02</p>	<p>LEARNING FROM EXPERIENCE REPORT A Quality Report will be produced detailing;</p> <ul style="list-style-type: none"> a) key patient safety targets and improvement targets where applicable b) Trends of Patient Safety c) Themes and locations of incidents d) Number of and category of Claims e) Inquests including prevention of future deaths rulings (Regulation 28) and outcomes (included in the serious incident report) f) NRLS Reporting g) Healthcare Associated infections h) Pressure Ulcers including themes and actions taken i) Medication incidents including themes and actions taken, including where these have led to harm j) Patient Falls including themes and actions taken k) Learning and actions taken l) NICE Guidance implementation (included by exception only where applicable) m) Number of self-harm incidents occurring in 	<p>As minimum quarterly, often bi-monthly</p>	<p>Written report containing the required information.</p> <p>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 the letter; plus the Provider response by the associated deadline. A summary will be detailed in the Trust Serious Incident Report.</p>	<p>Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 20th Operational Day of October</p> <p>Q2 report presented at Trust Board on 13th January therefore submitted to ICB 15th Operational Day of January</p> <p>Q3 report presented at Trust Board on 10th March therefore submitted to ICB 15th Operational Day of March.</p> <p>Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk</p>	<p>All</p>
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	<p>reporting month and suicide prevention action plan (bi-annual)</p> <p>n) Number of slips, trips and falls occurring within the reporting month and the number of these which has resulted in harm.</p> <p>o) External Alerts - 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). Information to be provided by exception and where applicable, appended to the LFE report.</p> <p>p) Deep Dive Reviews - Where there are concerns around a specific area, a joint discussion will take place to agree any deep dives to take place. The Provider shall share the deep dive reviews that</p>				
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	<p>the provider has determined as an emerging theme/trend detailing effectiveness, lessons learnt, priorities for improvement, recommendations and specific actions going forwards.</p> <p>q) share Mental Health Act 1983 (MHA) monitoring visit reports and resultant provider action statements via CQRM</p>				
LRR_03	Infection Prevention Control Report	Quarterly & annual report	Written report containing details of progress, audits undertaken, a synopsis of outcomes, findings and recommendations / actions.	<p>Annual plan – 15th Operational Day of July</p> <p>Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October</p> <p>Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January</p> <p>Q3 report presented at Trust Board in March therefore submitted to ICB 15th Operational Day of March</p> <p>Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June.</p> <p>Submitted to: contractmanagement@staffsstoke.icb.nhs.uk</p>	All

LRR_04	<p>Safer Staffing Report In addition to the standard report, by exception the report to include Community Mental Health Team (CMHT) where appropriate. To include:</p> <ul style="list-style-type: none"> • Sickness if above Trust internal target by service/ community location • Staff turnover if above Trust internal target by service/ community location • Increased use of bank/agency due to increased number of vacancies by service/ community location. <p>The exception should include potential impact on patient safety, staff training, appraisal, supervision and details of action being taken by the Trust to mitigate.</p>	Monthly & annual report	Exception report to be produced when breaches occur and taken to CQRM - CMHT addition to be dealt with by addition of a paragraph to existing Safe Staffing Report.	<p>Monthly: Feb & Mar report presented at Trust Board end May – submitted to ICB 15th Operational Day of June. Apr & May report presented at Trust Board end July – submitted to ICB 15th Operational Day of August. Jun & Jul report presented at Trust Board end Sept – submitted to ICB 15th Operational Day of October. Aug & Sep (plus 6 monthly update) report presented at Trust Board end November – submitted to ICB 15th Operational Day of December. Oct & Nov report presented at Trust Board end Jan – submitted to ICB 15th Operational Day of February. Dec & Jan report presented at Trust Board end March – submitted to ICB 15th Operational Day of April.</p> <p>Annual: Annual report presented at Trust Board end June – submitted to ICB 15th Operational Day of July.</p> <p>Submitted by email to contractmanagement@staffsstoke.icb.nhs.uk</p>	All
LRR_05	<p>Restrictive Practices (restraint, seclusion and rapid tranquillisation) in Inpatient Services Total number of restraints used, including those where prone restraint, seclusion and rapid tranquillisation occurred at any point during the incident.</p>	Quarterly & annual report	Report containing total number of restraints used, including those where prone restraint occurred at any point during the incident.	<p>Annual plan – 15th Operational Day of July</p> <p>Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October</p> <p>Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January</p> <p>Q3 report presented at Trust Board in March</p>	All

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	Report to cover violence and aggression and the management of this (for example, any restraint, seclusion, rapid tranquillisation and staff training).			therefore submitted to ICB 15th Operational Day of March Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	
LRR_06	Mortality reviews and LeDeR Report	Quarterly	Written report containing details findings and recommendations / actions.	Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January Q3 report presented at Trust Board in March therefore submitted to ICB 15th Operational Day of March Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	All
LRR_07	Clinical Audit strategy and implementation	Quarterly & annual report	<u>Annual Report:</u> Clinical Audit section extract of Clinical Audit Risk and Governance annual report. <u>Quarterly Report:</u> Detailing projects completed, withdrawn and added to the programme. Summaries of completed audits to be published at https://www.combined.nhs.uk/about-us/quality/ quarterly. As this is	Annual report: To be submitted to the coordinating commissioner within 15 operational days of the month following sign off at Quality Committee. (Expected 15 th OD of August 2023) Quarterly report: To be submitted to the coordinating commissioner within 15 operational days of the end of Q1, Q2, Q3 and Q4 (i.e. in July, October, January and April).	All

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			<p>currently in development, outcomes will be included in the quarterly report until such time as the website is fully operational.</p> <p>Clinical Audit Programme: List of projects prioritised in accordance with Trust policy.</p>	<p>Clinical audit programme: To be submitted to the coordinating commissioner within 15 operational days of the month following sign off at Quality Committee. (Expected to be submitted 15th OD of July 2023).</p> <p>Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk</p>	
LRR_08	Adult Safeguarding Reporting Dashboard	Quarterly	<p>Trust to complete the reporting template (see attachment: SC6A Safeguarding Adults Reporting Dashboard 22-23)</p>	<p>Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October</p> <p>Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January</p> <p>Q3 report presented at Trust Board in March therefore submitted to ICB 15th Operational Day of March</p> <p>Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June.</p> <p>Submitted to: contractmanagement@staffsstoke.icb.nhs.uk</p>	All
LRR_09	Children Safeguarding Reporting Dashboard	Quarterly	<p>Trust to complete the reporting template (see attachment: SC6A Safeguarding Childrens Reporting Dashboard 22-23)</p> <p>Number of safeguarding referrals made including where CYP are identified as at risk of sexual exploitation to be submitted.</p>	<p>Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October</p> <p>Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January</p> <p>Q3 report presented at Trust Board in March</p>	All

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				<p>therefore submitted to ICB 15th Operational Day of March</p> <p>Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June.</p> <p>Submitted to: contractmanagement@staffsstoke.icb.nhs.uk</p>	
LRR_10	<p>Children Safeguarding Lampard Recommendations – Assurance Template</p>	Annual	<p>Trust to complete an assurance return (see attachment: <u>SC6A Lampard Recommendations Assurance template 22-23</u>) against the Lampard recommendations.</p> <p>The Co-ordinating Commissioner then presents the provider’s completed return to NHS England as part of the ICB’s assurance framework.</p>	<p>Annual report for 22/23 presented at Trust Board end June – submitted to ICB 15th Operational Day of July.</p> <p>Submitted to: contractmanagement@staffsstoke.icb.nhs.uk</p>	All
LRR_11	<p>Place of Safety S136 Assessments Report showing number undertaken and of these:</p> <ul style="list-style-type: none"> • How many were formal admissions • How many were informal admissions • How many were under 18 years of age 	Monthly	Excel report, split by ICB	<p>Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p>	All
LRR_12	<p>Age at admittance The number of children and young people aged 0-17 admitted in adult in-patient wards in the reporting period.</p> <p>This is a count of people, aged 0-17, who were on an adult ward at any point during the month.</p>	Monthly	To be included in Trust Board Report	<p>Within 20 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p>	Inpatient

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LRR_13	Percentage (including numerator and denominator) of Patients receive a clinical contact within 7 days of discharge from hospital following an inpatient episode.	Monthly	To be included in Trust Board Report	Within 20 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Inpatient
LRR_14	Access Service Waiting Times Report showing % patients who are seen within the access service within the given waiting times: a) Emergency in 1 hr b) Urgent 4 hrs c) Routine 24hrs	Monthly	Excel report, split by ICB Report to include numerator and denominator	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Access
LRR_15	Inpatient Dashboard a) Number of admissions b) Number of discharges (excluding Ward 4) c) Average length of stay (days) d) Occupancy rate (%) (excluding Ward 4) e) Number of readmissions within 30 days (excluding Ward 4) f) Clinically Ready for Discharges (%)	Monthly	Completion of the ICB's Inpatient Dashboard template containing information for the reporting month and YTD position: Ward 1, 2, 3, 5, 6, 7, PICU, A&T (by ICB and Other) and Summers View. Reporting for Hilda Johnson House will cover occupancy rate and average length of stay.	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Inpatient
LRR_16	Intensive Support Team (IST) Dashboard a) Number of new referrals b) Number of re-referrals within 12 months of discharge from the service c) Number of referrals responded to on the same day	Monthly	Completion of the IST Dashboard. Reporting to be split by ICB	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Intensive Support Team

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	<ul style="list-style-type: none"> d) Number of urgent referrals responded to within 2 hours e) Number of individuals receiving IST service (Expect to maintain team share 15 cases) f) Number of under 18s seen by the IST 				
LRR_17	Zero tolerance methicillin-resistant Staphylococcus aureus (MRSA) blood stream infection	Reporting by exception	Excel report	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Inpatient
LRR_18	Minimise rates of Clostridium difficile infection	By exception	Excel report	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Inpatient
LRR_19	<p>Adult ASD Service Dashboard</p> <ul style="list-style-type: none"> a) Number of patients screened for possible ASD b) Number of patients referred on for a full ASD Assessment c) Number of patients receiving completed ASD assessment d) Number of patients receiving a diagnosis of ASD e) Actual waiting times (referral to assessment) of patients receiving a diagnosis of ASD 	Quarterly	Completion of the Adult ASD Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Adult ASD

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LRR_20	People with Learning Disabilities / Autistic Spectrum condition should receive appropriate physical healthcare	Annual	Report detailing the findings of the audit on physical healthcare for individuals with learning disabilities, ASD	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All
LRR_21	<p>Learning Disability Health Facilitation and Acute Liaison Service Dashboard</p> <p>Reports to include as a minimum the following information:</p> <ul style="list-style-type: none"> a) Number of specific referrals for Primary Health Facilitation b) Number of specific referrals to support Acute Liaison c) Total number of patients who are being case managed d) LD awareness sessions completed / date (Acute and Primary) e) Number and dates when LD GP register was validated 	Quarterly	Completion of the Learning Disability Health Facilitation and Acute Liaison Service Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	C06 - Learning Disability Health Facilitation and Acute Liaison Service
LRR_22	<p>Care Home Physio Dashboard</p> <ul style="list-style-type: none"> a) Number of referrals received each month b) Response times (i.e. number of urgent referrals responded to within 48 hours) numerator and denominator 	Monthly	Completion of the Care Home Physio dashboard, split by ICB	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	B10 – Care Home Physio

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LRR_23	<p>IPS Dashboard</p> <ul style="list-style-type: none"> a) Number of people accessing IPS services as a rolling total each quarter b) Total number of job starts achieved (1 or more jobs per service user) per month c) Total number of service users supported into work per month d) Total number of service users who had sustained job outcomes at 13 weeks per month e) Total number of service users who had sustained job outcomes at 26 weeks per month 	Quarterly	Activity for IPS to be included within monthly SLA report. Other requirements to be submitted within the IPS Dashboard.	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	IPS
LRR_24	<p>CAMHS Dashboard</p> <ul style="list-style-type: none"> a) Number of children who have waited over 18 weeks from the date of referral for intervention or treatment b) Percentage of CYP who have been assessed within four weeks of referral c) Percentage of CYP who have received treatment within four weeks of referral d) Number of open referrals e) Total number of looked after children on case load (having had at least one contact in the 	Monthly	Completion of the CAMHS Dashboard. Split by ICB and to provide numerator and denominator where applicable.	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	CAMHS

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	previous 3 months)				
LRR_25	CAMHS Dashboard Number ending treatment by Lorenzo 'discharge reason'	Quarterly	Completion of the CAMHS Dashboard. Split by ICB	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	CAMHS
LRR_26	CYP ASD Service Dashboard a) Number of patients screened for possible ASD b) Number of patients referred on for a full ASD Assessment c) Number of patients receiving completed ASD assessment d) Number of patients receiving a diagnosis of ASD e) Average wait time	Quarterly	Completion of the CYP ASD Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	CAMHS

LRR_27	<p>High Volume Users Dashboard</p> <ul style="list-style-type: none"> a) How many individual patients have been supported by the service throughout the year (Report to show a cumulative total showing the number of patients supported to date, within the current contract year). b) Number of service users on active caseload who are carried over from the previous year. c) Number of new service users accepted onto caseload in the reporting month. d) Number of service users currently active (i.e. receiving active face to face support) at the end of the reporting month. e) Number of service users discharged from HVU caseload and which services they are discharged to for ongoing support / care. i.e. Report to contain the number of service users discharged in reporting month and services discharged to (e.g. CMHT, OPMH, Addiction, etc.). 	Monthly	Completion of the High Volume Users Service Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	A16 HVU
LRR_28	<p>High Volume Users Dashboard</p> <p>Two case studies to be submitted 6 monthly highlighting</p>	6 MONTHLY	Submission of two case studies	Within 15 Operational Days of the end of the period to which it relates. Submitted to	A16 HVU

	patient progress to meet their outcomes/goals (clinical and patient outcomes), the impact of services/pathways on the patient's recovery and that demonstrates changes pre and post HVU support. Outcome score to be included where possible.			contractmanagement@staffsstoke.icb.nhs.uk	
LRR_29	<p>Urgent & Emergency Mental Health Liaison</p> <ul style="list-style-type: none"> a) Number of referrals split by ICB and source (e.g. A&E, other emergency portal, ward area older peoples wards, paediatrics, maternity etc.) b) Referral time split by time band c) Main reason for referral (e.g. self harm, alcohol related, suicidal, dementia, etc..) d) Outcome of assessment as per EBTP guidance (e.g. discharged from liaison psychiatry, for MHS assessment, scheduled for follow up by the team, follow up appointment with community services, for transfer to other hospital / MH bed) e) Number of individuals under 18 referred to the service & the outcome of their assessment 	Monthly	Completion of Urgent and Emergency MH Liaison service dashboard. To be split by out of area referrals as well as in area.	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	A13 - Urgent and Emergency Mental Health Liaison Service

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LRR_30	Intoxication Observation Unit Dashboard <ul style="list-style-type: none"> a) Number and % of people admitted (including referral source) b) Bed occupancy 	Quarterly	Completion of the IOU Service Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	IOU
LRR_31	Dementia Primary Care Liaison Dashboard <ul style="list-style-type: none"> a) Number of referrals b) Number of Patient reviews carried out 	Monthly	Completion of the Dementia Primary Care Liaison Service Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	B11 - Dementia Primary Care Liaison
LRR_32	Memory Assessment Service Dashboard <ul style="list-style-type: none"> a) Number of Referrals b) Number of First Contacts c) Number of Follow ups/Reviews d) Number of Patients who have DNA appointments e) Number of diagnosis of dementia made during reporting month f) % diagnosed within 12 weeks of referral (numerator and denominator to be included), 	Monthly	Completion of the Memory Assessment Service Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Memory Assessment Service
LRR_33	Cancer Psychology Service Dashboard <ul style="list-style-type: none"> a) Number of people completing a course of therapeutic intervention b) Average length of wait to access treatment c) % of patients entering treatment within 4 weeks of referral 	Quarterly	Completion of the Cancer Psychology Service Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	A14 - Cancer Psychology

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LRR_34	<p>Community Learning Disability Team Dashboard</p> <ul style="list-style-type: none"> a) Number of new referrals b) Number of inappropriate referrals c) Number on active caseload d) Number referred into IST 	Monthly	Completion of the CLDT Dashboard, split by ICB.	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	C02 - CLDT
LRR_35	<p>GYP Trailblazer Reporting on the Mental Health Support Teams and the Four Week Waiting Time Pilots in line with NHSE/4 monitoring/assurance returns.</p> <ul style="list-style-type: none"> a) Mental Health Support Teams b) 4 week wait 	Quarterly	In line with NHSE/4 monitoring/assurance returns.	Submitted 7 calendar days before the national deadline. Submitted via email to: micsu.cmt@nhs.net	-CAHMS
LRR_36	<p>CHAT Service Dashboard</p> <ul style="list-style-type: none"> a) source of referral b) how many patients on caseload c) how many seen within 24 hours of referral (numerator & denominator) 	Quarterly	Completion of the CHAT Dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	F4 - CHAT
LRR_37	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days for adults requiring non-specialist acute mental health inpatient care Number of inappropriate OAP bed days that are either 'internal' or 'external' to the sending provider in the reporting period	By exception	To be included in Trust Board Report	Within 20 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All that are applicable

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	(monthly) split by PICU and Acute Inpatient				
LRR_38	Care Home Liaison a) Number of referrals	Monthly	Split by ICB	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	B.02
LRR_39	Liaison and Diversion Standard Service	Quarterly	LDIP reporting template (SC6AHJ2) - see attachment <u>SC6A_HJ2 LDIP Template, LD MDS 202223 v1.0</u>	Within 15 Operational Days of the end of the period to which it relates. Submission details included in report	H&J NHSE Liaison and Diversion
LRR_40	Adult Eating Disorders a) Number of patients waiting from date of referral to date of first assessment appointment, split into the following categories: 0-4 weeks, 4-8 weeks, 8-12 weeks, 12+ weeks b) Number of referrals received by the service c) Percentage of referrals accepted by the service d) Percentage of patients showing improved outcomes as determined by one of the tools outlined in section 5.1 e) Results of the Patient Satisfaction Survey f) Results of the clinical audit as outlined in section 5.1	a-c = Monthly d = 6 monthly e-f = Annual	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Adult ED
LRR_41	Clinical Health Psychology	Monthly	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to	Clinical Health Psych

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	<ul style="list-style-type: none"> a) The number of people who have been referred into the Service in the reporting period b) The number of people who have entered therapeutic intervention in the reporting period c) Number of people completing a course of therapeutic interventions in the reporting period d) The average wait for patients to enter treatment 			contractmanagement@staffsstoke.icb.nhs.uk	
LRR_42	<p>Mental Health Rehabilitation (Community Rehab Team)</p> <ul style="list-style-type: none"> a) Number of new referrals b) Number of discharges from service c) Average Length of Time within service d) Current case load 	Monthly	<p>Excel dashboard</p> <p><i>NB. REPORT TO BE SUBMITTED FOR Q2 ONWARDS</i></p>	<p>Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p>	A02 - Rehabilitation Team
LRR_43	<p>Mental Health Rehabilitation (Community Rehab Team)</p> <ul style="list-style-type: none"> a) Number of OOA placements b) Number of new OOA placements c) Number of people that have been repatriated back into local area 	Monthly	<p>Excel dashboard</p> <p><i>NB. REPORT TO BE SUBMITTED FOR Q2 ONWARDS</i></p>	<p>Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p>	A02 - Rehabilitation Team
LRR_44	<p>Mental Health Rehabilitation (Whole Pathway)</p> <ul style="list-style-type: none"> a) Two case studies to be submitted to highlight patient progress to meet 	6 MONTHLY	Excel dashboard	<p>Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk</p>	A02 - Rehabilitation Team

	<p>their outcomes (clinical and personal), demonstrating the impact of the service/pathway on their recovery and to demonstrate that the individual has been supported to establish and maintain independent living</p> <p>b) % of referrals who have received an assessment within 4 weeks.</p>				
LRR_45	<p>CASTT (Personality Disorder)</p> <p>a) Average waits in weeks to start assessment (should be within four weeks)</p> <p>b) Average Length of Time within service (approximately 24 months)</p> <p>c) Current case load numbers</p>	Monthly	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	CASTT
LRR_46	<p>CASTT (Personality Disorder Pathway)</p> <p>Two case studies to be submitted 6 monthly highlighting patient progress to meet their outcomes/goals (clinical and patient outcomes), the impact of services/pathways on the patient's recovery and to demonstrate Patients have improved and stable behaviour patterns – reduced impulsive behaviours such as suicidal, self-harming, aggressive behaviours</p>	6 MONTHLY	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	CASTT

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LRR_47	Community Neuropsychiatry a) Number of new referrals into the Community Neuropsychiatry service b) Number on active caseload in the Community Neuropsychiatry service	Monthly	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	Neuropsych.
LRR_48	Patient DNA rates by specialty/service	Monthly	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All
LRR_49	SMI Physical Health Checks % of completed SMI Physical Health Checks carried out by NSCHT that have been inputted into the relevant GP Primary Care System	Monthly	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to mlesu.emt@nhs.net	SMI Physical Health Checks
LRR_50	CYP Intensive Support Hub a) Number of referrals per reporting period b) % of 'urgent' referrals seen within 24 hours from referral c) Current case load numbers d) Average length of time within service e) Number of discharges that have been supported from CAMHS in-patient services	Monthly	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	CYP Intensive Support Hub

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LRR_51	CYP Intensive Support Hub 2 Case studies to show impact of services/pathways on a CYP and their family	6 MONTHLY	Report	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	CYP Intensive Support Hub
LRR_52	Community Triage a) Total number of service users in contact in month b) Total number of clinical (direct) contacts per month c) Total number of indirect contacts per month	Monthly	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	A10
LRR_53	Autism Assessment Service waiting information	Monthly	Excel dashboard	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	LD/AS

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s43 of the Contract Technical Guidance, which requires commissioners and providers to agree DQIPs in the areas below.

Ref.	Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date	ICB Lead	Trust Lead	Progress
6B.00	Providers of mental health and learning disability services - Mental Health Services Data Set, focusing on Mental Health Clinically-led Review of Standards and on restrictive practices]						
6B.01	Data Warehouse	<p>Provider moved their Data Warehouse to a new provider in November 2023.</p> <p>Commissioners and the Trust understand that will continue to have an impact on some reporting and data quality during 2023/24 as system and service data validation continues and reporting is developed from the new system.</p>	Monitoring of data quality – narrative report to be provided quarterly	By end of Q4	Kevin Day Kevin.Day@staffs.stoke.icb.nhs.uk	Vicky Boswell	
6B.02	Data Quality Maturity Index (DQMI)	<p>Develop and implement Performance Improvement plan to work towards the restoration of MHSDS DQMI score to</p>	<p>Monitoring DQMI score</p> <p>National reports and through development of proxy local reports</p>	By end of Q4	Kevin Day Kevin.Day@staffs.stoke.icb.nhs.uk	Vicky Boswell	

		<p>previous levels seen with HIS Data Warehouse 97% top 10 nationally)</p> <p>Include new experimental measures (26 new data fields) that contribute to the Trust's Data Quality Maturity Score from April 2023 and tackle any measure scoring less than 95%.</p> <p>Q3 2022/23 Baseline 68.8%</p> <p>Projection/ aspiration Q4 2023/24 95%</p>					
6B.03	EIS (Early Intervention) Accurate and consistent use of SNOMED CT codes	<p>EIS (Early Intervention) Accurate and consistent use of SNOMED CT codes is becoming more important, as from 2024/25, the National Clinical Audit of Psychosis (NCAP) will be based on a routine, automated extract from the MHSDS (as opposed to the current bespoke annual audit based on manual submission of clinical data).</p> <p>Initially, the routine audit will be refreshed quarterly, and then monthly from February 2025.</p>	Quarterly monitoring	By end of Q4	Kevin Day Kevin.Day@staffs.stoke.icb.nhs.uk	Dave Norcup, Head of Information & Data Quality	

		Validation of data flows and appropriate SNOMED CT recording required together with closer collaboration with MHSDS-DQ team to drive up compliance with coding.					
6B.04	SEND Dashboard	<p>Trust to develop internal reporting systems to enable routine reporting of the system SEND Dashboard for the following services CAMHS - Core, LD, ASD and ADHD.</p> <p>SEND Dashboard:</p> <ul style="list-style-type: none"> 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 h) Education Healthcare Plan: Number & Percentage of requests for EHC (Education Healthcare Plan) from the Local Authority (Stoke on Trent and Staffordshire) 	Development of reports in light of operational process and reporting requirements set out	End of Q1 reporting data and quarterly going forward	Catherine Lewin / Denise Dyke	<p>Deb Hargreaves, Senior Service Manager</p> <p>Dave Norcup, Head of Information & Data Quality</p>	

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		submitted within 6 weeks of request CDC form has been developed that meets the requirements for EHC reporting (including 6 week response) and went live Q4 2022/23					
6B.05	CYP reporting	Review CYP reporting requirements and agree a standard template and measure definitions with commissioners to align with MPFT reporting.	Template agreed and reports provided	End of Q2?	Kevin Day Kevin.Day@staffs.stoke.icb.nhs.uk	Vicky Boswell, Associate Director of Performance	
6B.06	Schedule 6 reporting	Agree reports that are not required by commissioners to ensure proportionate and high value reports only are provided in 2023/24 Contract.	Schedule 6 templates updated and Contract variation agreed	End of Q1	Kevin Day Kevin.Day@staffs.stoke.icb.nhs.uk	Vicky Boswell, Associate Director of Performance	
6B.07	Review timings of reporting requirements in line with changes	Ensure Schedule 6.b is reviewed to reflect changes to reporting timescales.	Quarterly review of Schedule 6.b to review reporting timescales and timeliness of reporting.	End of Q2		Vicky Boswell, Associate Director of Performance	
6B.08	SEND Quality Report	Trust to develop quarterly SEND Quality report to include: <ul style="list-style-type: none"> narrative on SEND data with issues and how improvements to waiting lists and provision of 6 week advice and annual review reports will be made 	SEND Quality Report established	End of Q2	Denise Dyke / Catherine Lewin	Zoe Grant	

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		<ul style="list-style-type: none"> • How advice given is quality assured • Assurance that operational staff have the knowledge and skills to write advice including adult teams • improvements to services to ensure they meet the needs of CYP with SEND – accessible, right services <p>Co-production and CYP voice in service improvement</p>					
6B.09	Providers of inpatient services - recording of diagnoses of learning disability and autism						
6B.10	Planned annual programme of monthly quality visits/	To be agreed	Reporting monthly through CQRM with an annual update in Q2 relating to any learning/actions identified during the previous year's annual programme.	Annual	MH		

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Service Development and Improvement Plans

This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s41 of the Contract Technical Guidance, which requires commissioners and providers to agree SDIPs in the areas below.

Ref	Service Development and Improvement Plan	Milestones	Timescales	Expected Benefit	ICB Lead	Provider Lead
6D.01	<p>AIMS accreditation for Summers View</p> <p>The AIMS approach is a well-recognised, rigorous and supportive quality assurance and accreditation process for mental health services. Evidence from local service policies, reviews of case notes and interviews with front-line staff, service users and carers by teams of trained peer reviewers is collated to inform whether a service meets adequate standards to be formally accredited.</p> <p>https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/rehabilitation-services</p>	1) Accreditation to be achieved	2) Accreditation to be achieved by Q4	Service would be compliant with AIMS Rehab - a Quality Network for Mental Health Rehabilitation Services as well as a quality improvement initiative managed by the Royal College of Psychiatrist's Centre for Quality Improvement (CCQI)	Kevin Day	Fiona Platt
6D.02	<p>Adult Eating Disorder</p> <p>Ensure AED pathways remove any barriers to access (e.g., weight or BMI), can accept self referrals and VCS referrals, are implementing early intervention models e.g., FREED and have medical monitoring protocols in place with primary care.</p>	<ol style="list-style-type: none"> Changes to referral / acceptance criteria agreed and varied into contract service specification. Revised pathways and additional workforce needs identified to meet requirements Trust recruitment process with view to appointments by Q2 	<ol style="list-style-type: none"> By end Q2 By end Q2 By end Q2 	Better patient access and pathways	Keveinn Day	Josey Povey

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		(providing suitable applicants are available)				
6D.03	<p>Community CAMHS (E04) Service Specification - Collaborative Review to incorporate 4WW.</p> <p>It is recognised that the specification requires comprehensive updates but it is agreed this can be delayed until the CAMHS service transformation has been completed.</p>	<p>1) ICB/NSCHT to work together to review and revise the current specification to include reference to 4WW.</p> <p>2) CV to be written and signed off by both parties to update contract to reflect amendments to specification and any other revisions needed to the contract (e.g. activity levels, reporting etc).</p>	To be completed during Q3	Updated service specification, reflective of service delivery model	Kevin Day	Josey Gaitley
6D.04	<p>Joint review of CYP Intensive Support Hub specification (E06) to ensure provision and access for all those age 0-25.</p> <p>Currently the specification does not align with the ambitions outlined in the Long Term Plan or Business Case to ensure provision for those aged 0-12 or 18-25 with an EHCP and would find transitioning to adult services challenging.</p> <p>See attachment: 'SC6D_CAMHS HTT BC Joint V6 - 30.9.20 LJE'</p>	<p>1) ICB/NSCHT to work together to update specification.</p> <p>2) CV to be written and signed off by both parties to update contract to reflect amendments to specification and any other revisions needed to the contract (e.g. activity levels, reporting etc).</p>	To be completed no later than the end of Q2	Updated service specification, reflective of service delivery model	Kevin Day	Fiona Platt

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6D.05	Assessment and Treatment (C05) - Collaborative review of specification to be undertaken	1) ICB/NSCHT to work together to update specification. 2) CV to be written and signed off by both parties to update contract to reflect amendments to specification and any other revisions needed to the contract (e.g. activity levels, reporting etc).	To be completed no later than the end of Q3	Updated service specification, reflective of service delivery model	Karen Webb / Mark Owens	Fiona Platt
6D.06	ADHD Service to be established	NSCHT/ICB to work together to develop mobilisation plan to launch new ADHD assessment service – Service partly mobilised and accepting referrals for triage.	End of Q3	ADHD assessment service in place	Nicky Bromage	Josey Gaitley / Fiona Platt
6D.07	Review of CASTT service specification to reflect changes in demand for service	Collaborative review of CASTT service specification between NSCHT and ICB	End of Q2	Revised service specification in place, reflecting current demand for services	Kevin Day	Josey Gaitley
6D.08	Providers who offer services to people with a learning disability, autism or both (including children and young people) – use of Ask Listen Do resources	1. Joint agreement of requirements 2. Implementation of requirements and reporting	1. End of Q2 2. End of Q3	Achieve 100% compliance with 'Ask Listen Do' best practices within six months of implementation. Increase the number of service users who report feeling empowered in their care decisions by 15%	Kevin Day	

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				<p>within one year of implementing the 'Ask Listen Do' resources.</p> <p>Increase the number of positive feedback responses regarding communication from service users by 20% by the end of the year.</p>		
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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	As required by FFT Guidance	As required by FFT Guidance
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
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
Service User Survey	Annual	<p>Provider to submit local report received by the Provider following completion of the Community Mental Health Survey which details the Provider's results for each question answered and how they compare to national average and highest/lowest performers.</p> <p>Any improvement actions to be taken by the Trust to be submitted to the</p>	<p>Submitted to coordinating commissioner & presented at CQRM. Submission date to be confirmed with ICB Quality Lead.</p>

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Type of Survey	Frequency	Method of Reporting	Method of Publication
		Commissioners as part of this requirement.	
Carer Survey	Annual	Report containing findings and improvement plan where applicable	Submitted to coordinating commissioner & presented at CQRM. Submission date to be confirmed with ICB Quality Lead.

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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