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NHS Standard Contract 2023/24

Particulars (Full Length)

Contract title / ref:

CMT-1096 Midlands Partnership University NHS Foundation Trust –

Community and Mental Health Contract

Version 1, March 2023

FINAL 26.10.23

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- 1096**

DATE OF CONTRACT	Date of last signature
SERVICE COMMENCEMENT DATE	**1 April 2023**
CONTRACT TERM	**1 Year (12 months)**
COMMISSIONERS	**NHS Staffordshire and Stoke on Trent Integrated Care Board (QNC)**
CO-ORDINATING COMMISSIONER *See GC10 and Schedule 5C*	**NHS Staffordshire and Stoke on Trent Integrated Care Board (QNC)**
PROVIDER	**Midlands Partnership University NHS Foundation Trust (ODS RRE)** **Principal and/or registered office address:** Trust Headquarters St George's Hospital, Corporation Street Stafford ST16 3SR

CONTENTS

PARTICULARS

CONTENTS ....
SCHEDULE 1 – SERVICE COMMENCEMENT ....
A. Conditions Precedent..
B. Commissioner Documents ....
C. Extension of Contract Term ....
SCHEDULE 2 – THE SERVICES ....
A. Service Specifications...
Ai. Service Specifications – Enhanced Health in Care Homes...................
Aii. Service Specifications – Primary and Community Mental Health Services ....
B. Indicative Activity Plan ....
C. Activity Planning Assumptions ....
D. Essential Services (NHS Trusts only) ....
E. Essential Services Continuity Plan (NHS Trusts only) ....
F. Clinical Networks ....
G. Other Local Agreements, Policies and Procedures ....
H. Transition Arrangements..
I. Exit Arrangements ....
J. Transfer of and Discharge from Care Protocols.....................................
K. Safeguarding Policies and Mental Capacity Act Policies ....
L. Provisions Applicable to Primary Medical Services ....
M. Development Plan for Personalised Care ....
N. Health Inequalities Action Plan ....
SCHEDULE 3 – PAYMENT ....
A. Aligned Payment and Incentive Rules ....
B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices .....
C. Local Prices ....
D. Expected Annual Contract Values ....
E. Timing and Amounts of Payments in First and/or Final Contract Year .
F. CQUIN ....
SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS......................................
SCHEDULE 5 – GOVERNANCE ....
A. Documents Relied On...
B. Provider's Material Sub-Contracts ....

C. Commissioner Roles and Responsibilities ....
SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS ....
A. Reporting Requirements ....
B. Data Quality Improvement Plans ....
C. Service Development and Improvement Plans ....
D. Surveys ....
E. Data Processing Services ....
SCHEDULE 7 – PENSIONS ....

SEPARATE APPENDICES

Appendix 2A (1) - Service Specifications

Appendix 2A (2) - Letters of Intent / Memoranda of Understanding

Appendix 2E - MPFT Corporate Business Continuity Plan

Appendix 2G (1) – SSOT ICS Operational Plan

Appendix 2G (2) – Provider Policies

Appendix 2J – Admission, Discharge and Transfer Protocols

SERVICE CONDITIONS

SC1 Compliance with the Law and the NHS Constitution
SC2 Regulatory Requirements
SC3 Service Standards
SC4 Co-operation
SC5 Commissioner Requested Services/Essential Services
SC6 Choice and Referral
SC7 Withholding and/or Discontinuation of Service
SC8 Unmet Needs, Making Every Contact Count and Self Care
SC9 Consent
SC10 Personalised Care
SC11 Transfer of and Discharge from Care; Communication with GPs
SC12 Communicating with and Involving Service Users, Public and Staff
SC13 Equity of Access, Equality and Non-Discrimination
SC14 Pastoral, Spiritual and Cultural Care
SC15 Urgent Access to Mental Health Care
SC16 Complaints
SC17 Services Environment and Equipment
SC18 Green NHS and Sustainability
SC19 National Standards for Healthcare Food and Drink
SC20 Service Development and Improvement Plan
SC21 Infection Prevention and Control and Staff Vaccination
SC22 Assessment and Treatment for Acute Illness
SC23 Service User Health Records
SC24 NHS Counter-Fraud Requirements
SC25 Other Local Agreements, Policies and Procedures
SC26 Clinical Networks, National Audit Programmes and Approved Research Studies
SC27 Formulary
SC28 Information Requirements
SC29 Managing Activity and Referrals
SC30 Emergency Preparedness, Resilience and Response
SC31 Force Majeure: Service-Specific Provisions
SC32 Safeguarding Children and Adults
SC33 Patient Safety
SC34 End of Life Care
SC35 Duty of Candour
SC36 Payment Terms
SC37 Local Quality Requirements
SC38 CQUIN
SC39 Procurement of Goods and Services

Annex A National Quality Requirements
Annex B Provider Data Processing Agreement

GENERAL CONDITIONS

GC1 Definitions and Interpretation
GC2 Effective Date and Duration
GC3 Service Commencement
GC4 Transition Period
GC5 Staff
GC6 Intentionally Omitted
GC7 Intentionally Omitted
GC8 Review
GC9 Contract Management
GC10 Co-ordinating Commissioner and Representatives
GC11 Liability and Indemnity
GC12 Assignment and Sub-Contracting
GC13 Variations
GC14 Dispute Resolution
GC15 Governance, Transaction Records and Audit
GC16 Suspension
GC17 Termination
GC18 Consequence of Expiry or Termination
GC19 Provisions Surviving Termination
GC20 Confidential Information of the Parties
GC21 Patient Confidentiality, Data Protection, Freedom of Information and Transparency
GC22 Intellectual Property
GC23 NHS Identity, Marketing and Promotion
GC24 Change in Control
GC25 Warranties
GC26 Prohibited Acts
GC27 Conflicts of Interest and Transparency on Gifts and Hospitality
GC28 Force Majeure
GC29 Third Party Rights
GC30 Entire Contract
GC31 Severability
GC32 Waiver
GC33 Remedies
GC34 Exclusion of Partnership
GC35 Non-Solicitation
GC36 Notices
GC37 Costs and Expenses
GC38 Counterparts
GC39 Governing Law and Jurisdiction

Definitions and Interpretation

CONTRACT

Contract title: … CMT-1096_MPFT, Community & Mental Health Contract

Contract ref: … CMT-1096_MPFT, Community & Mental Health Contract

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

1. these **Particulars**, as completed and agreed by the Parties and as may be varied from time to time in accordance with GC13 (*Variations)*;

2. the **Service Conditions (Full Length)**, as published by NHS England from time to time at: https://www.england.nhs.uk/nhs-standard-contract/;

3. the **General Conditions (Full Length)**, as published by NHS England from time to time at: https://www.england.nhs.uk/nhs-standard-contract/.

Each Party acknowledges and agrees

(i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and

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

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

SIGNED by	………………………………………………… **Signature**
Jacqui Charlesworth on behalf of	
PAUL BROWN For and on behalf of **NHS Staffordshire and Stoke on Trent Integrated Care Board**	**Director of Operational Finance** **Title** **08.11.23** **Date**

SIGNED by	**…………………………………………………………** **Signature**
James Green	**…………………………………………………………** **Title**
For and on behalf of **NHS Black Country Integrated Care Board**	**…………………………………………………………** **Date**

SIGNED by	………………………………………………………. **Signature**
Mark Bakewell	………………………………………………………. **Title**
For and on behalf of NHS Cheshire and Merseyside Integrated Care Board	………………………………………………………. **Date**

SIGNED by	………………………………………………………. **Signature**
Chris Clayton	………………………………………………………. **Title**
For and on behalf of **NHS Derby And Derbyshire Integrated Care Board**	………………………………………………………. **Date**

SIGNED by	[signature]
	………………………………………………………. **Signature**
Chris Sands	**Chief Financial Officer** ………………………………………………………. **Title**
For and on behalf of Midlands Partnership University NHS Foundation Trust	**1 December 2023** ………………………………………………………. **Date**

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date *See GC2.1*	**1 April 2023**
Expected Service Commencement Date *See GC3.1*	**1 April 2023**
Longstop Date *See GC4.1 and 17.10.1*	**1 October 2023**
Contract Term	**12 Months**
Commissioner option to extend Contract Term *See Schedule 1C, which applies only if YES is indicated here*	**NO**
Commissioner Notice Period (for termination under GC17.2)	**6 months**
Commissioner Earliest Termination Date (for termination under GC17.2)	**6 months after the Service Commencement Date**
Provider Notice Period (for termination under GC17.3)	**6 months**
Provider Earliest Termination Date (for termination under GC17.3)	**6 months after the Service Commencement**

SERVICES	
Service Categories	**Indicate all categories of service which the Provider is commissioned to provide under this Contract.** *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.*
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)	Y
Diagnostic, Screening and/or Pathology Services (D)	Y
End of Life Care Services (ELC)	Y
Mental Health and Learning Disability Services (MH)	Y
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)	Y
Service Requirements	
Prior Approval Response Time Standard *See SC29.25*	**Within 15 Operational Days following the date of request**
GOVERNANCE AND REGULATORY	
Nominated Mediation Body (where required – see GC14.4)	**Not applicable**
Provider's Nominated Individual	Chris Sands Chief Financial Officer chris.sands@mpft.nhs.uk 0300 790 7000
Provider's Information Governance Lead	Lian Stibbs Trust HQ Head of Information & Contracting Email: Lian.stibbs@mpft.nhs.uk Tel: 0300 790 7000

Provider's Data Protection Officer (if required by Data Protection Legislation)	Lian Stibbs Trust HQ Head of Information & Contracting Email: Lian.stibbs@mpft.nhs.uk Tel: 0300 790 7000
Provider's Caldicott Guardian	Abid Khan, Trust HQ Medical Director Abid.Khan@mpft.nhs.uk
Provider's Senior Information Risk Owner	Liz Lockett Director of Quality and Clinical Performance Email: liz.lockett@mpft.nhs.uk Mobile: 07805017312
Provider's Accountable Emergency Officer	Dr Ian Turner Deputy Chief Nurse/Director of Infection Prevention & Control T. (01785) 221483 (PA Wendy Ingleston) M. 07580 948261 E. ian.turner@mpft.nhs.uk
Provider's Safeguarding Lead (children) / named professional for safeguarding children	Sharon Conlon Trust Safeguarding Lead Email: Sharon.conlon@mpft.nhs.uk Tel: 07811 686325
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	Sharon Conlon Trust Safeguarding Lead Email: Sharon.conlon@mpft.nhs.uk Tel: 07811 686325
Provider's Child Sexual Abuse and Exploitation Lead	Sharon Conlon Trust Safeguarding Lead Email: Sharon.conlon@mpft.nhs.uk Tel: 07811 686325
Provider's Mental Capacity and Liberty Protection Safeguards Lead	Dawn Crowther Head of Mental Health Act & Mental Capacity Act Email: Dawn.crowther@mpft.nhs.uk Mobile: 07792684161
Provider's Prevent Lead	Claire Histead Deputy Head of Safeguarding / PREVENT Lead claire.histead@mpft.nhs.uk 07891 871960
Provider's Freedom To Speak Up Guardian(s)	Helene Donnelly Freedom to Speak Up Guardian Email: helene.donnelly@mpft.nhs.uk
Provider's UEC DoS Contact	Jennie Collier Managing Director Staffordshire Care Group Email: Jennie.collier@mpft.nhs.uk Tel: 01785 301911
Commissioners' UEC DoS Leads	**Staffordshire & Stoke-on-Trent ICB:** Richard Topping Directory of Services Lead – Staffordshire West Midlands Ambulance Service NHS Foundation Trust Email: richard.topping@wmas.nhs.uk Tel: 07919 627 184

Provider's Infection Prevention Lead	Dr Ian Turner Deputy Chief Nurse/Director of Infection Prevention & Control T. (01785) 221483 (PA Wendy Ingleston) M. 07580 948261 E. ian.turner@mpft.nhs.uk
Provider's Health Inequalities Lead	Colin Anderson Associate Director of Strategy & Commercial Development Mobile: 07841 254914 email: colin.anderson@mpft.nhs.uk
Provider's Net Zero Lead	Liz Lockett Director of Quality and Clinical Performance Email: liz.lockett@mpft.nhs.uk Mobile: 07805017312
Provider's 2018 Act Responsible Person	Steve Martin Associate Chief Nurse 07773625994 steven.martin@mpft.nhs.uk
Provider's Wellbeing Guardian (NHS Trusts and Foundation Trusts only)	Pauline Gibson Non-Executive Director Pauline.Gibson@mpft.nhs.uk (Non-Executive Director)
CONTRACT MANAGEMENT	
Addresses for service of Notices *See GC36*	**Co-ordinating Commissioner:** Staffordshire and Stoke-on-Trent ICB Stafford Hub, New Beacon Building, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF cc. contractmanagement@staffsstoke.icb.nhs.uk for all contract notices **Commissioner:** **NHS Black Country Integrated Care Board** Stacey Dixon, Principal Finance Manager Email: stacey.dixon3@nhs.net **Commissioner:** **NHS Cheshire and Merseyside Integrated Care Board** Jane Nash, Contract Accountant Email: j.nash@nhs.net **Commissioner:** **NHS Derby & Derbyshire Integrated Care Board** Sylvia MacArthur, Head of Contract Management (Non Acute) sylvia.macarthur@nhs.net **Provider:** Mark Robinson Head of Contracts

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

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 To be confirmed
5.	Data Security and Protection Toolkit Registration Compliance by completing all mandatory items **https://www.dsptoolkit.nhs.uk/** Update expected in June 2023
6.	Data Protection ICO Registration Certificate Number Data Protection Act 2018 - registration number is ZA523971

The Provider must complete the following actions:

MPFT to provide copies of Material Sub-Contracts by 01/10/2023. The Provider must complete and publish an annual information governance assessment and must demonstrate satisfactory compliance as defined in DSPT framework as applicable to the Services and the Provider's organisation type by the Longstop Date.

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Not Applicable

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

Not Applicable

SCHEDULE 2 – THE SERVICES

A. Service Specifications

The following is a list of services provided. The full specifications (where available) are contained within Appendix 2A(1). Any specifications under review/to be reviewed will be varied into Appendix 2A(1) once agreed, and the table below updated.

Key:

	Specification accepted
	Specification expired and internal review started
	Specification expired and for development in 2023-24
	Specification expired and no work undertaken to review
	National specification

Ref No.	Service Spec	Geography for service provision*	Current Status (see key above)	Specification included
CS_01	Community Specialist Asthma Nurse	• Stoke-on-Trent		Y
CS_02	Asylum Seeker & Refugee Health Team	• North Staffordshire • Stoke-on-Trent		Y
CS_03	Children's Community Nursing Team	• Pan-Staffordshire & Stoke-on-Trent		Y
CS_04	Community Continence (Adults & Young People)	• North Staffordshire • Stoke-on-Trent		Y
CS_05	Community Occupational Therapy (children's)	• Pan-Staffordshire & Stoke-on-Trent		Y
CS_07	Community Adult Occupational Therapy	• North Staffordshire • Stoke-on-Trent		Y
CS_08	Community Adult Speech and Language Therapy	• North Staffordshire • Stoke-on-Trent		Y
CS_09	Youth Offending Service (YOS) Health Provision	• Stoke-on-Trent		Y
CS_10	Children and Young People Targeted (Health) Intervention Service	• Stoke-on-Trent		Y
CS_11	Home Oxygen Service - Assessment & Review	• Cannock Chase • Stafford & Surrounds		Y
CS_12	Clinical Nurse Specialists in Primary Care – Adults with Learning Disabilities	• Cannock Chase • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
CS_13	Community Fall's Service (SES Locality)	• South East Staffordshire & Seisdon Peninsula		Y

Ref No.	Service Spec	Geography for service provision*	Current Status (see key above)	Specification included
CS_14	Community Falls Service (Seisdon Locality)	• South East Staffordshire & Seisdon Peninsula		Y
CS_15	Community Falls Service (Cannock Chase and Stafford and Surrounds Locality)	• Cannock Chase • Stafford & Surrounds		Y
CS_16	Community Nursing Service (Stafford and Surrounds, Cannock Chase and Seisdon Peninsular Localities)	• Cannock Chase • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
CS_17	District Nursing (SES)	• South East Staffordshire & Seisdon Peninsula		Y
CS_18	Community Nursing Service (North and Stoke)	• North Staffordshire • Stoke-on-Trent		Y
CS_19	Dietetics	• Cannock Chase • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
CS_20	Specialist Continence Service	• Cannock Chase • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
CS_21	Children's Speech & Language Therapy Services (SALT)	• Cannock Chase • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds • North Staffordshire • Stoke-on-Trent		Y
CS_22	Community Specialist Diabetes Service	• Cannock Chase • Stafford & Surrounds		Y
CS_23	Uttoxeter (East Staffs) Specialist Adult Dietetic Service – Nutrition Support (Adults)	• East Staffordshire		Y
CS_24	Community MSK Service (IPOPS)	• Cannock Chase • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
CS_25	NIMS (North Staffordshire and Stoke-on-Trent Integrated Musculoskeletal Service)	• North Staffordshire • Stoke-on-Trent		Y
CS_26	Children's Continence Assessment Service (4-5 year olds)	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
CS_27	Chronic Pain Management – East Staffordshire	• East Staffordshire		Y
CS_28	Specialist Weight Assessment and Management Service	• East Staffordshire		Y

Ref No.	Service Spec	Geography for service provision*	Current Status (see key above)	Specification included
	(SWAMS) for Severe and Complex Morbid Obesity)			
CS_29	Track and Triage	• North Staffordshire • Stoke-on-Trent		Y
CS_30	Wound Care Tissue Viability	• Cannock Chase • Stafford & Surrounds		Y
CS_31	Integrated Specialist Long Term Conditions Service	• North Staffordshire • Stoke-on-Trent		Y
CS_32	Community Heart Failure Service	• Cannock Chase • Stafford & Surrounds		Y
CS_33	Community Step Up IV Antibiotics	• North Staffordshire • Stoke-on-Trent		Y
CS_35	Discharge to Assess (D2A) Community Beds	• North Staffordshire • Stoke-on-Trent		Y
CS_37	Brighton House – Rehabilitation, Reablement and Assessment Unit	• North Staffordshire • Stoke-on-Trent		Y
CS_40	Fracture Liaison Service	• North Staffordshire • Stoke-on-Trent		Y
CS_41	Rheumatology	• North Staffordshire • Stoke-on-Trent		Y
CS_42	Review Health Assessments for Looked After Children (0-4 year olds, 'Hard to Reach' and Care Leavers)	• North Staffordshire • Stoke-on-Trent		Y
CS_43	Review Health Assessments for Looked After Children (0-4 year olds, 'Hard to Reach' and Care Leavers) South Staffordshire	• Cannock Chase • East Staffordshire South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
CS_44	Provider Improvement and Response Team (PIRT)	• Pan-Staffordshire & Stoke-on-Trent		Y
CS_54	Children's Physiotherapy	• Pan-Staffordshire & Stoke-on-Trent		Y
CS_55	D2A Home First	• Pan-Staffordshire & Stoke-on-Trent		Y
CS_56	Children's Podiatry	•		N
CS_57	Children's Dietetics	•		N
MH_01	Children's Community Nursing	• Cannock Chase • East Staffordshire • Stafford & Surrounds		Y

Ref No.	Service Spec	Geography for service provision*	Current Status (see key above)	Specification included
MH_02	Neuropsychology	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_03	Assertive Outreach	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_04	Adult Community Mental Health and Social Care Team Service (CMHT)	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_05	Early Intervention in Psychosis (EIP)	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_06	Adult Eating Disorders	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_07	Acute Inpatient Service - Functional	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_09	Psychiatric Intensive Care Unit (PICU)	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_10	Community Dementia	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_11	Crisis Resolution Home Treatment	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_12	Adult Community LD Teams	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_13	Intensive Support Service (IST) – Learning Disabilities	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_14	Children's Community LD	• Cannock Chase • East Staffordshire		Y

Ref No.	Service Spec	Geography for service provision*	Current Status (see key above)	Specification included
		• South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		
MH_16	Perinatal Service – Outpatient/Community	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_17	Psychiatric Liaison Service	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_18	Paediatric Audiology	• East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_19	Children and Adolescent Mental Health Service (CAMHS)	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_20	Community Paediatrics	• Cannock East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_21	Community Complex Care Team	• Pan-Staffordshire & Stoke-on-Trent		Y
MH_22	Individual Placement and Support (IPS)	• Pan-Staffordshire & Stoke-on-Trent		Y
MH_23	SMI Mental & Physical Health Checks	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
MH_25	Specialist Dementia Service – In Reach – HMNP Stafford, HMP Oakwood & HMP Dovegate	• HMP Stafford • HMP Oakwood • HMP Dovegate		Y
MH_26	Participation Grant -Mental Health (MH), Children and Young People (CYP)	• Pan-Staffordshire & Stoke-on-Trent		Y
MH_27	Maternal Mental Health	• North Staffordshire (in conjunction with NSCHT) • Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		N
MH_28	CYP Eating Disorders	•		N

Ref No.	Service Spec	Geography for service provision*	Current Status (see key above)	Specification included
MH_29	CYP Crisis	•		N
MH_30	EHCP Care Co-ordinator	• Cannock Chase • East Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
ASSOC-01	Derby Adult Ability Services	• NHS Derby & Derbyshire ICB		Y
FRS_01	Falls Responder Service	• North Staffordshire		Y
MICATS_01	MICATS – Community MSK Service	• Cannock Chase • Stafford & Surrounds		Y
SSN_01	Special School Nursing	• Cannock Chase • East Staffordshire • North Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
SSN_02	Review Health Assessments for Looked After Children	• Cannock Chase • East Staffordshire • North Staffordshire • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
FSW_01	Frailty Service (Staying Well)	• Cannock Chase • South East Staffordshire & Seisdon Peninsula • Stafford & Surrounds		Y
FSW_02	Frailty Service (Staying Well) – Seisdon Locality Only	• South East Staffordshire & Seisdon Peninsula		Y

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

- 04Y - Cannock Chase CCG
- 05D - East Staffordshire CCG
- 05G - North Staffordshire CCG
- 05Q – South East Staffordshire & Seisdon Peninsula CCG
- 05V - Stafford & Surrounds CCG
- 05W - Stoke-on-Trent CCG

The following is a list of Letters of Intent (LOI) / Memorandum of Understanding (MOU) which were transacted in either 2020-21 or 2021-22. The full LOI/MOU (where available) are contained within Appendix 2A_(2).

Letters of Intent / Memorandum of Understanding transacted 2020-21 or 2021-22 *(The individual LOI/MOU will be shared via a separate document – Appendix 2A_(2)*				**2023/24 Additional comments**
LOI/MOU_01	Community Entresto Prescribing	TBC	For review in line with LOI	LOI not accepted by Trust. Funding incorporated into overall Contract Value
~~LOI/MOU_02~~	~~Pulmonary Rehabilitation in Virtual Reality (PRinVR)~~	~~TBC~~	~~For review in line with LOI~~	Scheme has ended
LOI/MOU_03	Care Home Intensive Support Team IST	TBC	For review in line with MOU	
LOI/MOU_04	Wave2B Liaison MH Transformation Funds	TBC	To update MH_17	
LOI/MOU_05	D2A beds / PCC service	TBC	To update CS_35 in line with LOI	
LOI/MOU_06	Staff MH Support Funding	TBC	Part of MHIS funding *	LOI not received by Trust
LOI/MOU_07	Lived Experience Workforce Funding	TBC	Part of MHIS funding *	LOI not received by Trust
LOI/MOU_08	Crisis Alternatives Transformation Fund	TBC	Funding included but no spec/LOI/MOU*	LOI not received by Trust
LOI/MOU_09	Staffordshire CAMHS Home Treatment Funding	TBC	Part of MHIS funding *	
LOI/MOU_10	EIP Level 3	TBC	To update MH_05. Part of MHIS funding*	LOI not received by Trust
LOI/MOU_11	Crisis Pathway (South) – Extension to Street Triage Service	TBC	Part of MHIS funding*	LOI not received by Trust
LOI/MOU_12	SMI Growth and Prescribing	TBC	System recovery funding. Part of SMI full review.*	LOI not received by Trust
LOI/MOU_13	National Diabetes Treatment and Care – Transformation Funding	TBC	NHSE funding	
LOI/MOU_14	NHS LTP Prevention Programme: Tobacco Dependency Treatment Additional Funds	TBC		
LOI/MOU_15	Long Covid Clinic	TBC	NHSE Funded. For review in line with MOU	
LOI/MOU_16	Falls Responder (SE/SW)	TBC	FRS_01 to include all CCGs*	LOI not received by Trust
LOI/MOU_17	Heart Failure	TBC	For review in line with LOI*	
LOI/MOU_18	Ambulatory Wound Care	TBC	For review in line with LOI*	

LOI/MOU_19	Stroke Data Analysis	05D East Staffordshire	For review in line with MOU*	LOI not received by Trust
LOI/MOU_20	Staying Well	TBC	For review*	LOI not received by Trust
LOI/MOU_21	Diabetes – care processes backlog	TBC	Business case to be finalised*	LOI not received by Trust

* No LOI/MOU documentation

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

This Schedule will be applicable, and should be included in full, where the Provider is to have a role in delivering the Enhanced Health in Care Homes care model in collaboration with local PCNs. If the Provider is not to have such a role, delete the text below and insert Not Applicable.

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

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

1.0 Enhanced Health in Care Homes Requirements

1.1 Primary Care Networks and other providers with which the Provider must cooperate

Hanley, Bucknall & Bentilee PCN (acting through Harley Street Medical Practice)
Shelton & Hanley (acting through Birches Head Medical Practice)
Whitfield (acting through Millrise Medical Practice)
HIPC (Holistic Integrated Person Centred) (acting through Apsley Surgery)
South Stoke Central (acting through Longton Hall Surgery)
South Stoke West (acting through Dr Shah and Dr Talpur Surgery)
Meir PCN (acting through Adderley Green Surgery)
Newcastle North (acting through Kidsgrove Medical Centre – Dr Harbridge & Partners)
Newcastle Central (acting through North Staffordshire GP Federation)
Newcastle South (acting through Moss Lane Surgery)
About Better Care (ABC) (acting through Loomer Road Surgery)
Leek & Biddulph (acting through Leek Health Centre)
Moorlands & Rural (acting through Well Street Medical Centre)
Cannock North (acting through Chadsmoor Medical Practice)
Cannock Villages (acting through High Street Surgery)
Rugeley & Great Haywood – Neighbourhood 1 (acting through Horsefair Practice)
Rugeley & Great Haywood – Neighbourhood 2 (acting through Hazledene Surgery)
Stafford Town PCN (acting through Health and Wellbeing Centre)
Stafford South PCN (acting through Brewood Medical Practice)
Stafford Central PCN (acting through Weeping Cross Surgery)
Stone & Eccleshall PNC (acting through Mansion House Surgery)
Seidson PCN (acting through GP First PCN, GP Federation)
East Staffordshire (acting through Balance Street Surgery)
Mercian (Tamworth) (acting through Hollies Medical Practice)
Burntwood (acting through Burntwood Health & Wellbeing)
Lichfield (acting through Westgate Practice)

1.2 Indicative requirements

Have in place a list of the care homes for which it is to have responsibility, agreed with the relevant ICB as applicable.	YES

Have in place a plan for how the service will operate, agreed with the relevant ICB(s) as applicable, PCN(s), care homes and other providers [listed above], and abide on an ongoing basis by its responsibilities under this plan.	YES
Have in place and maintain in operation in agreement with the relevant PCN(s) and other providers [listed above] a multidisciplinary team (MDT) to deliver relevant services to the care homes.	YES
Have in place and maintain in operation protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records and clear clinical governance.	YES
Participate in and support 'home rounds' as agreed with the PCN as part of an MDT.	YES
Operate, as agreed with the relevant PCNs, arrangements for the MDT to develop and refresh as required a Personalised Care and Support Plan with people living in care homes, with the expectation that all Personalised Care and Support Plans will be in digital form. Through these arrangements, the MDT will: • aim for the plan to be developed and agreed with each new resident within seven Operational Days of admission to the home and within seven Operational Days of readmission following a hospital episode (unless there is good reason for a different timescale); • develop plans with the person and/or their carer; • base plans on the principles and domains of a comprehensive geriatric assessment including assessment of the physical, psychological, functional, social and environmental needs of the person including end of life care needs where appropriate; • draw, where practicable, on existing assessments that have taken place outside of the home and reflecting their goals; and • make all reasonable efforts to support delivery of the plan.	YES
Work with the PCN to identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows.	YES
Work with the PCN to support discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27 (https://www.nice.org.uk/guidance/ng27).	YES

1.3 Specific obligations

All Care Homes with Nursing within Staffordshire and Stoke-on-Trent are to be served.

MPFT are not the lead organization for organizing the MDTs. MPFT are a partner organization in supporting the delivery of the MDTs.

SCHEDULE 2 – THE SERVICES

Aii. Service Specifications – Primary and Community Mental Health Services

<u>Guidance notes</u>

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

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

<u>MHP role</u>

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

<u>Minimum numbers of MHPs</u>

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

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

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

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

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

<u>Funding for MHPs</u>

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

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

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

Employment or engagement of Mental Health Practitioners

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

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

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

as set out in the table below.

	Additional whole-time-equivalent MHPs (adults / older adults)	Whole-time-equivalent MHPs (children / young people)
Stone & Eccleshall PCN, Cumberland House, 8 High St, Stone ST15 8AP	Band 6 1.0 wte	
Stafford South PCN - Brewood & Penkridge Neighbourhood Stafford Health & Wellbeing Whitgreave Court Stafford ST16 3EB	Band 4 0.67 wte	
Stafford South PCN Rising Brook Surgery, Merrey Road, Stafford. ST17 9LY	Band 4 0.33 wte	
Lichfield and Burntwood GP Network ltd Greenwood House, Lichfield Road, Burntwood Green, Staffordshire WS7 0AQ	Band 4 2.0 wte	
Cannock Villages PCN Cannock Medical Group Limited High Street Surgery High Street Cheslyn Hay Walsall WS6 7AB	Band 4 1.0 wte	
Cannock North PCN Chadsmoor Medical Practice 45 Princess Street Cannock WS11 5JT	Band 4 1.0 wte	
East Staffordshire PCN Balance Street Health Centre Balance Street Uttoxeter ST14 8JG	Band 4 2.0 wte Band 6 2.0 wte	

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

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

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

i) provide mental health advice, support, consultation and liaison across the wider local health system;

ii) facilitate onward access to mental and physical health, well-being and biopsychosocial interventions;

iii) provide brief psychological interventions, where qualified to do so and where appropriate; and

iv) work closely with other PCN-based staff, including the PCN multi-disciplinary team, to help address the potential range of biopsychosocial needs of Service Users with mental health problems.

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

DEFINITIONS

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

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

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

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Table 1.

Activity Profile - Inpatients and Outpatients

	2023/24 Plans											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Consultant-led first outpatient attendances (Spec acute)	473	465	488	488	471	488	488	488	479	488	471	488
Consultant-led first outpatient attendances with procedures (Spec acute)	2	2	2	2	2	2	2	2	2	2	2	2
Consultant-led follow-up outpatient attendances (Spec acute)	1150	1154	1194	1194	1151	1194	1194	1194	1151	1194	1151	1194
Consultant-led follow-up outpatient attendances with procedures (Spec acute)	24	25	25	25	23	25	25	25	23	25	24	25
Elective day case spells	243	244	243	243	236	244	244	244	235	246	235	247
Elective ordinary spells	12	12	13	14	12	14	14	14	12	12	13	13

Table1. Indicative Activity Plan for Staffordshire and Stoke-on-Trent ICB only

Indicative activity plans to be included for Associates to the contract

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

Not Applicable

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

- Adult Community Learning Disability Service
- Assertive Outreach Service
- Community mental Health Teams (CMHT) 18+
- Crisis Resolution and Home Treatment (CRHT)
- Criminal Justice Liaison
- Dementia Home Treatment
- Early Intervention in Psychosis
- Inpatient Rehabilitation and Recovery
- Acute Inpatients – Mental Health and Dementia
- Memory Services
- Inpatient Services – Learning Disabilities
- Rapid Assessment, Interface and Discharge
- Young People with Dementia Service
- Adult Eating Disorder Service
- Perinatal Service – Joint Obstetric Mental Health Liaison Clinic
- Psychiatric Intensive Care Unit
- Young People Eating Disorders Service
- Community rehab
- Primary Care Counselling
- Community Dementia
- Clinical Psychology Service

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

See Appendix 2E for MPFT Corporate Business Continuity Plan

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

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

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

In addition:

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

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

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/
July 2022	Continuous Glucose Monitoring Insulin Pump Commissioning Policy	**Staffordshire and Stoke-on-Trent Integrated Care Board**	https://staffsstoke.icb.nhs.uk/~documents/publications/governance-handbook/all-policies/commissioning/ssot-icb-continuous-glucose-monitoring-policy/?layout=default
July 2022	Paediatric Continuous	**Staffordshire and Stoke-on-Trent**	https://staffsstoke.icb.nhs.uk/~documents/publications/governance-handbook/all-policies/commissioning/ssot-icb-paediatric-cgm-commissioning-policy-v2/?layout=default

	Glucose Monitoring Therapy Policy	**Integrated Care Board**	

Staffordshire and Stoke-on-Trent Integrated Care Structure Operational Plan is in Appendix 2G (1)

For MPFT Policies please see Appendix 2G (2)

*** 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.**

Mark Robinson
Head of Contracting
St George's Hospital
Corporation Street
Stafford
ST16 3SR
25 April 2023

Yohan Bhatti

By Email

Dear Yohan

Proposal to Remove Expired Service Specifications and to Streamline Reporting

Background

Following a review of the service specifications in the MPFT contract, it is clear that the majority have expired, and are no longer relevant to the current service provision. Reviewing and updating service specifications is a commissioner responsibility, although MPFT staff often assist. In previous years there has been an expectation that service specifications and associated KPIs and reporting requirements adjusted accordingly. However, this work has not been undertaken.

The Trust appreciates that it has a diverse range of services and the requirements to provide assurance to Commissioners. However, the burden placed on the Trust for many years has been excessive. The main concern is that the indicators have been continually rolled forward, pending a review that never happens. Assurance is provided to commissioners through the CQRM meetings on any areas where there is significant concern on delivery and patient care.

Proposal

- It is proposed that expired service specifications are retained in the contract, but that a review of expired specifications is included in the Service Development and Improvement Plan (SDIP) for action in year.

- It is further proposed that the only metrics/reporting requirements that are included in the contract will be associated with valid specifications, national reporting requirements, system plan reporting and 'quality' reporting in Schedule 6A.

Any other reporting requirements will be varied into the contract as specifications are agreed. This will provide the Trust with the resource to work with the Commissioners on the development of the System Reporting Framework and be responsive to any Information Requests.

Assurance

To support the process –

- The Trust will work closely with Commissioners to understand the information requirements. As each service specification is agreed, the specification and associated metrics will be varied into the contract.

- The Trust submits datasets locally and nationally which should be used for information purposes.

- The Trust undertakes to agree reasonable timeframes for responses to Information Requests.

- The Trust will be part of the System Reporting Framework Task and Finish Group, as set out in the SDIP

- A list of removed Specifications, KPIs and Reporting Requirements will be included in the contract documentation to support reinstatement of specific items if required.

- The Service Development and Improvement Plan and Data Quality Improvement Plan will contain a range of proposals for the development of appropriate metrics.

- This proposal will be included in the contract documentation as a Local Agreement (Schedule 2G).

The attached spreadsheet* contains –

1. National KPIs – this is a list of national and system metrics that the Trust currently contributes towards and reflects the amount of national data available. These will not be included in the contractual reporting requirements as reported elsewhere.
2. Sch 4 – the proposed Local Quality Requirements at the commencement of the contract
3. Sch 6 – these contain two elements - the 'Quality' element referred to above. The national requirements have been updated to reflect the changes made in the 23/24 national contract. No local 'Quality' KPIs have been removed (these local requirements are usually negotiated between quality teams from the provider and commissioner). The proposed reporting requirements from agreed specifications.
4. CYP/SEND Dashboard – agreed dashboard that will continue to be reported
5. D2A – this dashboard is in development and referenced in Sch 6A
6. Removed KPIs – metrics removed from Sch 4 as outdated
7. Removed RR – reporting requirements being removed as outdated.

*Spreadsheet has been incorporated into Schedule 4 – LOCAL QUALITY REQUIREMENTS, Schedule 6A – REPORTING REQUIREMENTS and Appendix 2G (3) MPFT Business Cycle Reporting Schedule (BCRS)

Staffordshire and Stoke-on-Trent ICS

MOU FOR CONTRACTING
AND DELIVERING SYSTEM FINANCIAL PLAN 2023/24

Date: 4th July 2023

The ICB and Providers listed below are members of the Staffordshire and Stoke-on-Trent ICS and have agreed with NHS England a system operating and financial plan for 2023/24.

The System Partners operating to this MoU are:

- Staffordshire and Stoke-on-Trent ICB
- University Hospital of North Midlands NHS Trust (UHNM)
- North Staffordshire Combined Healthcare NHS Trust (NSCHT)
- Midlands Partnership University NHS Foundation Trust (MPUFT)

1. Our Objectives

The Staffordshire and Stoke on Trent ICS System Partners are committed to:

- using our collective resources as efficiently and effectively as possible to meet the health and care needs of the people served by our System, provide high-quality services and improve health outcomes.
- achieving the System Financial Position for 2023/24, on the shared understanding that a failure to do so is a failure of us all; and
- planning in an integrated and co-ordinated fashion for a sustainable financial balance for our System.

2. Working Together, better

2.1 We will work together collaboratively to pursue and achieve our objectives, providing whatever support and assistance we can to each other to do so. We will always act with utmost good faith towards each other.

2.2 In pursuit of our objectives, and in all matters connected with this Agreement, we will always seek solutions and agree and take actions which offer the most effective and efficient use of our collective resources in the best interest of our System and the people we serve, even where those solutions and actions may not be in the immediate best interests of any one or more of us individually.

2.3 We will ensure that our respective operational plans and plans for spending within the System for 2023/24 and beyond are aligned and are in keeping with our system objectives, so that successful delivery of each organisation's

operational and spending plan is a success for all of us and contributes towards achieving our system objectives.

2.4 We will each perform our respective obligations under the respective contracts that the System Partners are party to. This Agreement does not qualify or waive any of our respective obligations under our contracts.

2.5 We will be as open and transparent with each other as we are with our own board members. We will, on an open-book basis, provide each other with all information that is reasonably required to pursue and achieve our objectives and to enable appropriate mutual scrutiny and challenge.

2.6 We will hold each other to account in a professional and courteous way. We will scrutinise and challenge each other, and we will each be open to scrutiny and challenge by others. We will support each other in answering these challenges helpfully.

2.7 In pursuing our objectives, we will engage and co-operate with other ICB's and providers of health and care services for the people served by our system (including ICB's and providers of primary care and social care services), giving due consideration to their views and suggestions in relation to any matter we discuss under this agreement. In pursuing our objectives, we will use our reasonable endeavours to ensure that we do not have a negative impact on other systems.

2.8 For the purposes of this MoU each partner we will be represented by senior managers with the appropriate level of delegated authority from their Board at the System Performance Group, and other Portfolio or ICS meetings as agreed.

2.9 We are cognisant of the rights of patients enshrined in the NHS Constitution and of our respective responsibilities and duties under the NHS Constitution, the NHS Act 2006, the Health and Social Care Act 2012, the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013, the Public Contract Regulations 2015 and the NHS Provider Licence. Nothing in this Agreement or the manner in which we conduct ourselves can infringe or compromise those rights, responsibilities and duties.

3. Contract Management under the MoU

3.1 Working with the Staffordshire and Stoke-on-Trent ICS, the following NHS partners within this agreement have agreed to continue to work collaboratively to deliver the agreed system financial plan for 2023/24.

3.2 The approach is based on collaboration not competition, and whilst the NHS Standard Contracts have been agreed and defined under the required

national terms, the over arching financial plan agreed for each party for 2023/24 will form the total basis of quantum funding to the partners in this financial year.

3.3 The system will concentrate on the cost of providing healthcare within the system, and in bringing the whole health system back to clinical, operational and financial balance.

3.4 Nothing in this process takes away from each organisation's sovereignty to make and approve their own budgets. Rather the process is intended to co-ordinate collaborative working and offer solutions that cross-organisational boundaries by offering alternative financial incentives

4. Contract management

4.1 No fines, penalties or contract sanctions will be levied in year.

4.2 All non-financial contract processes will continue to apply but aligned to system priorities, including reviews of quality performance, and agreement of any plans where required under the national contract, i.e. normal contracting processes will apply but no sanctions will be levied. There is an agreement that contractual performance issues are approached in the spirit of working collaboratively as a system, and the approach and response is proportional.

4.3 In line with the agreed NHS Contracts between the System Partners, there is a commitment from commissioners to ensure that reporting requirements reflect only information that is essentially required, on the basis that providers support commissioners to respond to ad-hoc additional reasonable information requests, for example nationally requested information and report on national initiatives where agreed.

4.4 All CQUIN funding is covered within the annual contract value. Providers will report against all applicable (acute/community/mental health) indicators under the 2023/24 CQUIN scheme in accordance with the national CQUIN guidance and in accordance with each indicator reporting method (i.e. existing national reporting or via CQUIN data collection portal).Quarterly national CQUIN data collection portal reporting will be shared with the ICB and discussed at agreed CQRMs throughout the year.

4.5 The Commissioner and Provider agree that any CQUIN underperformance will be reinvested within that Provider's quantum. .

4.6 The total quantum of funding agreed within the system financial plan will include payment for activity which falls under the remit of a best practice tariff. There will be no financial adjustment for best practice tariff performance, i.e. there will be no financial adjustment to reflect delivery against best practice tariff standards.

4.7 National guidance will be following in relation to the Elective Recovery Fund and the system ask to deliver national priorities in planned care. Any activity above 103% will be paid at tariff.

4.8 Contractual management is expected to operate on the principle of subsidiarity, i.e. issues relating to specific contracts, should be raised locally with the ambition of local resolution, before escalation through system governance arrangements.

The ICB		
Staffordshire and Stoke on Trent ICB	…………………… Authorised signatory	[Representative] (Chief Executive/Director of Finance/Chief Financial Officer)
The Providers		
University Hospitals of North Midlands NHS Trust	…………………… Authorised signatory	[Representative] (Chief Executive/Director of Finance/Chief Financial Officer)
Midlands Partnership University NHS Foundation Trust	…………………… Authorised signatory	[Representative] (Chief Executive/Director of Finance/Chief Financial Officer)
North Staffordshire Combined Healthcare NHS Trust	…………………… Authorised signatory	[Representative] (Chief Executive/Director of Finance/Chief Financial Officer)

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Not Applicable

CHEDULE 2 – THE SERVICES

I. Exit Arrangements

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

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

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

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

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

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

1. The Service Provider should provide such assistance and information to The Commissioner or a New Service Provider as necessary to enable as efficient and effective a transfer of services as possible;

2. Data shall be presented in a reasonable format that is capable of being utilised by any New Service Provider;

3. It is critical to identify a process for the successful migration of Data to any new system or service;

4. The Service Provider shall ensure that Data is not compromised during the exit process;

5. The Service Provider shall not impose any barriers or restrictions to the smooth transition of Services to a New Service Provider or The Commissioner and minimise the costs of such transition;

6. There shall be no adverse impact on Patient experience in relation to the Services during the exit process;

7. Timely development and agreement of plans describing exit activity, and compliance with these plans;

8. The Service Provider shall participate in planning and co-ordinating and co-operate with The Commissioner, Other Service Providers and the New Service Provider(s)

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

Provision of Information by the Provider

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

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

a) where required to do so by the Co-ordinating Commissioner, it will provide the required information on an anonymous basis, directly to any provider who is identified by the Commissioners as a potential new provider of the Services;

b) the Commissioners may share the information they receive (via the Co-ordinating Commissioner), on an anonymous basis, with any potential new provider of the Services;

c) should the details of any information already provided by the Provider, subsequently change, the Provider will update the Commissioners and/or new or potential new providers to whom it has provided that information, as soon as possible.

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

Staff Information

The Provider shall provide the following information:

i) The organisational and management structure of the Services (including details of how the Services are provided and managed by the Staff and details of any vacant posts).

ii) Whether the Services have dedicated employees (that is they **only** work on the Services) and if so, how many of those employees are so dedicated (not whole time equivalents, actual numbers); and

iii) If employees undertake any or any part of provision of the Services, but are not dedicated to the Services, estimate for each individual, the percentage of their working time spent on the Services over the preceding 12 months and for each of these details of what other work they do.

iv) For all employees identified at paragraphs 2ii) and 2iii), details of the following:

a) Payment method for wages

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

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

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

Communication with Patients

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

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

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

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

Patient Management and Transfer of Care
The Provider shall ensure all Patient Administration Systems remain in place during the notice period.

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

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

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

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

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

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

Information, Management and Technology (IM&T)
The Provider will agree an IM&T exit strategy with the Commissioner. This will include:

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

termination date. The Provider is responsible for all associated costs post termination.

Sub-Contractors

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

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

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

Risk Assessment and Management

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

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

MPFT

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

• MPFT Admission, Transfer and Discharge Policy – March 2019

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 Board.

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:

https://staffsstokeics.org.uk/your-health-and-care/safeguarding/safeguarding-policies-and-procedures/

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Not Applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

Universal Personalised Care: Implementing the Comprehensive Model (UPC) (https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/) outlines key actions required to support the roll out of personalised care in accordance with NHS Long Term Plan commitments. UPC has six key components: Patient Choice, Personalised Care and Support Planning, Supported Self-Management, Shared Decision Making, Social Prescribing and Personal Health Budgets.

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

Detailed suggestions for potential inclusion are set out below.

Patient choice and Shared decision-making (SDM)

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

In brief, SDM is a process in which Service Users and clinicians work together to discuss the risks, benefits and consequences of different care, treatment, tests and support options, and make a decision based on evidence-based, good quality information and their personal preferences. For a full definition, see the General Conditions and the resources available at https://www.england.nhs.uk/shared-decision-making/. NICE guideline NG197 on Shared Decision Making (https://www.nice.org.uk/guidance/ng197) reinforces the need for SDM to be part of everyday practice across all healthcare settings.

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

Personalised care and support plans (PCSPs)

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

- *Use Schedule 2M to set out detailed plans to embed the development, review and sharing of PCSPs and to expand the ways in which Service Users are offered meaningful choice over how services are delivered.*
- *Plans should include ensuring that the workforce have access to training and support to embed personalised care and support planning, for example via the Personalised Care Institute.*
- *Plans should also set out approaches for the digitisation of PCSPs in readiness for compliance with the DAPB Information Standard for Personalised Care and Support Plans. See PRSB Personalised Care and Support Plan standard.*

Social prescribing

Primary Care Networks are now employing social prescribing link workers, tasked with connecting patients to community groups and statutory services for practical and emotional support (see Social prescribing and community-based support: Summary Guide (https://www.england.nhs.uk/publication/social-prescribing-and-community-based-support-summary-guide/)).

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

Supported self-management

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

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

Personal health budgets (PHBs)

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

Legal rights to have PHBs now cover:

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

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

The ICB must retain responsibility for, amongst other things:

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

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

- *Use Schedule 2M, for example, to:*

  - *describe which identified groups of Service Users are to be supported through a personalised care approach and which particular cohorts are to be offered PHBs;*

  - *clarify the funding arrangements, including what is within the Price and what is not, and whether funding will be provided as a one off payment;*

  - *set out a roll-out plan, with timescales and target levels of uptake (aimed at delivering the ICB's contribution towards the targets set out in the NHS Long Term Plan for PHBs to be offered to Service Users/Carers from particular care groups, including, but not limited to those with legal rights listed above, people with multiple long-term conditions; people with mental ill health; people with learning disabilities; people using palliative and end of life care services; and to support patients with more timely discharge from hospital);*

  - *describe how the process of PHBs is aligned with delivery of personal budgets in social care and education, to ensure a seamless offer to Service Users/Carers;*

  - *require the Provider to implement the roll-out plan, supporting Service Users/Carers, through the personalised care and support planning process, to identify, choose between and access services and treatments that are more suitable for them, including services and treatments from non-NHS providers – and to report on progress in implementation;*

  - *require the Provider to agree appropriate financial and contractual arrangements to support the choices Service Users/Carers have made; and*

  - *set out any necessary arrangements for financial audit of PHBs, including for clawback of funding in the event of improper use and clawback in the event of underspends of the person's budget, ensuring this is discussed and agreed with the person beforehand.*

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

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

SCHEDULE 3 – PAYMENT

A. Aligned Payment and Incentive Rules

Not Applicable.

The Parties recognise that this Contract has been set to reflect the systems shared ambition for meeting the key system and national priorities for 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.

Guidance notes on completion of this Schedule are set out below. See the Aligned Payment and Incentive Rules (rules 1-5 at section 4) within the NHS Payment Scheme for further detailed advice.

In accordance with SC36.3, this Schedule must be completed in virtually every contract awarded to an NHS Trust or an NHS Foundation Trust. (The only exceptions would be a contract which only covered services wholly and solely in scope of rule 4 or rule 5 of the API Rules.) This Schedule will not be relevant for contracts with non-NHS providers.

Refer to the NHS Payment Scheme for definitions of the capitalised terms used below, where not defined in the General Conditions.

Fixed Payment

Include a table setting out the agreed Fixed Payment for each Commissioner for the relevant Contract Year.

Advice and guidance activity

Include a table setting out, for each applicable Commissioner, the level of advice and guidance activity which the Provider is expected to deliver during the relevant Contract Year. This is the level against which actual advice and guidance activity will be measured in-year, with adjustments to payment being made as described in guidance issued by NHS England as referred to in the Aligned Payment and Incentive Rules.

Locally agreed adjustments

Any locally agreed adjustments to the price(s) payable under these Aligned Payment and Incentive Rules which have been agreed between a Commissioner and the Provider and approved by NHS England under rule 3, as referred to in SC36.3.2 should be included in this Schedule, in the appropriate format.

Templates for locally-agreed adjustments are available at https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

Link to Expected Annual Contract Values Schedule

The separate Expected Annual Contract Values Schedule (Schedule 3D) must be completed in a way which is consistent with this Schedule 3A. The Expected Annual Contract Values Schedule should:

- *include the Aligned Payment and Incentive Fixed Payment for each applicable Commissioner;*
- *include an appropriate allowance for the expected volume of elective activity;*
- *allow for any locally agreed adjustment agreed and approved under API rule 3; and*
- *where any of the exceptions under API rules 4 and 5 apply, include an appropriate allowance for the expected level of payment for the relevant Services in the relevant Contract Year, reflecting the expected Activity level included for those Services in the Indicative Activity Plan (Schedule 2B).*

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

For each Locally Agreed Adjustment to NHS Payment Scheme Unit Prices which has been agreed for this Contract, copy or attach the completed publication template required by NHS England, or state Not Applicable. Additional locally agreed detail may be included as necessary by attaching further documents or spreadsheets.

Templates for locally-agreed adjustments are available at https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

Not Applicable

SCHEDULE 3 – PAYMENT

C. Local Prices

Enter text below which, for each Service subject to a separate Local Price:

- *identifies the Service*
- *describes any currencies to be used to measure activity*
- *describes the basis on which payment is to be made (that is, whether dependent on activity, quality or outcomes (and if so how), a block payment, or made on any other basis)*
- *sets out the agreed Local Price for the first Contract Year*
- *sets out the agreed Local Price and/or any agreed regime for adjustment of the agreed Local Price for the second and any subsequent Contract Year(s).*

And

- *where necessary, include a table setting out agreed prices for any of the high cost drugs, devices and listed products and listed innovative products shown in Annex A of the NHS Payment Scheme, in accordance with the "Excluded items pricing rule" at section 3.4 of the NHS Payment Scheme.*

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.

Staffordshire and Stoke-on-Trent Integrated Care System NHS Provider Values in Table 1, below.

Note 1 – Values in £M.

Note 2 –Value of £324.3M for MPFT incorporates funding for the following Contracts:

- CMT-1096: Community and Mental Health Contract
- CMT-643: Increasing Access to Psychological Therapies (IAPT)
- CMT-701: CYP Autism
- CMT-1099: Diabetes Structured Education (formerly East Staffordshire)
- CMT-1045: East Staffordshire Community (expires 30/9/23)
- CMT-1098:Diabetes Structured Education – (formerly North Division)
- CMT-1101:Podiatry

	£m
Agreed Start Point	**290.255**
New Allocations:	
2022/23 Contract rebasing exercise	-0.900
Additional Allocations:	
COVID Funding	1.153
Share of cost base (July 22)	*13.4%*
Growth:	
2023/24 Base growth	12.543
2023/24 Convergence	-1.846
MHIS	1.244
Total Growth	11.941
Recurrent agreed adjustments:	
CV02 Youth Participation	0.106
BCF Transfer	3.718
Total Draft 2023/24 Recurrent Contract	**306.272**

Non Recurrent:	
Service Development Fund	9.955
Pathfinder (Sexual Assault & Abuse Survivors)	0.311
SDF: Ageing Well SDF (Staying Well Pathway)	0.338
Autism Care Co-ordinator	0.050
Diabetes Footcare	0.204
Post Covid Assessments	0.422
Long Covid Workforce (downstream)	0.489
Tobacco Dependency Work MOU	0.119
Home First enhanced model	1.919
D2A Care Home Commissioned Beds	1.659
Procurement of D2A offset beds	2.600
Total Non Recurrent	**18.067**

Total Contract exc TCP/P86	**324.339**

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.

Commissioner	Expected Annual Contract Value
Staffordshire and Stoke-on-Trent ICB	£324,339,000
NHS Derby and Derbyshire ICB	(Value to be confirmed)
NHS Black Country ICB	(Value to be confirmed)
NHS Cheshire and Merseyside ICB	(Value to be confirmed)
Total	£324,339,000

Note 1 – Values in £

Note 2 – EACV Value of £324,339,000 for MPFT incorporates funding for the following Contracts:
- CMT-1096: Community and Mental Health Contract
- CMT-643: Increasing Access to Psychological Therapies (IAPT)
- CMT-701: Autism
- CMT-1099: Diabetes Structured Education (formerly East Staffordshire)
- CMT-1045: East Staffordshire Community (expires 30/9/23)
- CMT-1098:Diabetes Structured Education – (formerly North Division)
- CMT-1101:Podiatry

SCHEDULE 3 – PAYMENT

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

Not Applicable

SCHEDULE 3 – PAYMENT

F. CQUIN

All CQUIN funding is covered within the annual contract value. Providers will report against all applicable (acute/community/mental health) indicators under the 2023/24 CQUIN scheme in accordance with the national CQUIN guidance and in accordance with each indicator reporting method (i.e. existing national reporting or via CQUIN data collection portal).Quarterly national CQUIN data collection portal reporting will be shared with the ICB and discussed at agreed CQRMs throughout the year.

The Commissioner and Provider agree that any CQUIN underperformance will be reinvested into the Provider's quantum of funding agreed within the system financial plan.

The total quantum of funding agreed within the system financial plan will include payment for activity which falls under the remit of a best practice tariff. There will be no financial adjustment for best practice tariff performance, i.e. there will be no financial adjustment to reflect delivery against best practice tariff standards.

CQUIN01: Staff flu vaccinations	
Applicability: Acute, Specialised Acute, Community, Mental Health, Specialised Mental Health, Ambulance **CQUIN goal:** 75% to 80% **Supporting ref:** NICE NG103[1]	Staff flu vaccinations are critical in reducing the spread of flu during winter months; protecting those in clinical risk groups and reducing the risk of contracting both flu and COVID-19 at the same time and the associated worse outcomes, and reducing staff absence and the risk for the overall safe running of NHS services. The proportion of patient-facing NHS staff accessing seasonal flu vaccinations declined dramatically in the 2021/22 flu season and it is important that we do all we can to reverse this to protect staff and patients. Section 1.7 of NICE guideline NG103 makes recommendations for increasing the uptake of vaccination amongst healthcare staff. The green book is clear that this should include non-clinical staff who have contact with patients.

CQUIN12: Assessment and documentation of pressure ulcer risk	
Applicability: Acute; Community hospital inpatients **CQUIN goal:** 70% to 85% **Supporting ref:** NICE CG179[16] NICE QS89[17]	NICE clinical guideline CG179 sets out clear best practice for assessing the risk of pressure ulcer development and acting upon any risks identified. It is fully aligned with the recently republished NPIAP (National pressure injury advisory panel) international clinical practice guidelines. This indicator has been expanded for 2022/23 to include inpatients in acute settings as well as community hospitals. This is expected to contribute to reducing the number of pressure ulcers nationally, improving standards of care for patients in both settings.

CQUIN13: Assessment, diagnosis and treatment of lower leg wounds	
Applicability: Community nursing **CQUIN goal:** 25% to 50% **Supporting ref:** NICE CG147[18] NICE CG168[19]	NICE guidance has existed since 2012 on the appropriate treatment of lower leg wounds, and work by the national wound care strategy programme has been supporting roll out of good practice since 2016. It is estimated that approximately 1.5% of the adult population in the UK is affected by active lower limb ulceration (73,000 patients) and yet less than a quarter receive appropriate assessment and treatment. This unwarranted variation of care and the under use of evidence-based best practice results in sub-optimal healing rates and increased NHS spend.

[16] https://www.nice.org.uk/guidance/cg179
[17] https://www.nice.org.uk/guidance/qs89
[18] https://www.nice.org.uk/guidance/cg147
[19] https://www.nice.org.uk/guidance/cg168

CQUIN14: Malnutrition screening in the community	
Applicability: Community hospital inpatients **CQUIN goal:** 70% to 90% **Supporting ref:** NICE QS24[20] NICE NG32[21]	Malnutrition is a common clinical and public health problem in England, which is found in all care settings, all disease categories, and individuals of all ages. In 2011/12 The National Institute for Health Research estimated the cost of malnutrition to be £19.6 billion in England. It is estimated to affect 5% of the adult population in England and is expected to increase with the aging population. This indicator builds on work carried out through the nutrition improvement collaboratives and supports simple screening for malnutrition using a validated tool such as 'The Malnutrition Universal Screening Tool'. Improved screening is expected to support prevention, identification and treatment, enabling potentially significant reductions in both the clinical and economic burden of malnutrition, linked to associated increased admissions and LOS in hospital.

CQUIN15: Outcome measurement across specified mental health services	
Applicability: Adult CMHS; CYP; and perinatal (including inpatient) MH services. **CQUIN goal:** Various (see specifications for details) **Supporting ref:** Perinatal Mental Health Outcomes Implementation manual[22] NHS Community Mental Health Framework for Adults and Older Adults[23]	The delivery of the mental health programme and the commitments in the NHS Long Term Plan outline that mental health elements of delivery and transformation plans should be "outcome-focused, data-driven strategic commissioning which demonstrates an understanding of local health inequalities and their impact on service delivery and transformation". The use of outcomes measures helps monitor and improve effectiveness, efficiency and quality of the service offered to its service users, to ultimately monitor the impact/benefit people receive from mental health services. This also contributes to wider goals around improved recording and evaluation of interventions in the NHS Long Term Plan.

[20] https://www.nice.org.uk/guidance/qs24/resources/nutrition-support-in-adults-pdf-2098545777349
[21] https://www.nice.org.uk/guidance/cg32/resources/nutrition-support-for-adults-oral-nutrition-support-enteral-tube-feeding-and-parenteral-nutrition-pdf-975383198917
[22] https://www.england.nhs.uk/wp-content/uploads/2019/12/Implementing-routine-outcome-monitoring-in-specialist-mental-health-services.pdf
[23] https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf

CQUIN16: Reducing the need for the use of restrictive practices in CYPMHS inpatient settings	
Applicability: Tier 4 CYPMHS inpatient services **CQUIN goal:** 70% to 90% **Supporting ref** Reducing restrictive practice (RRP) quality improvement collaborative[24]	This indicator will underpin measures that will need to be put in place to implement the Mental Health Units (Use of Force) Act 2018 that came into force in 2022. The Act, also known as Seni's Law, is named after Olaseni Lewis, who died as a result of being forcibly restrained whilst he was a voluntary patient in a mental health unit. Data from both NHS Benchmarking (CYPMH, 2019) and GIRFT (2020) suggest consistently that the number of restrictive practice interventions are greater in CYPMH inpatients units in comparison to adults. This indicator builds on the 2022/23 *Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings* indicator by adding the question as to whether a blanket restriction was a precursor to the use of force. Restrictive interventions are often a major contribution to delaying recovery, and have been linked with causing serious trauma, both physical and psychological, to people who use services and to staff. The 'reducing restrictive practice (RRP) quality improvement collaborative' tested over 300 change ideas over 18 months, and saw 24 out of 38 wards reporting reductions ranging from 25% to 100% in one or more measure of restrictive practice. Of those 300+ change ideas, 'reduce blanket restrictions and rules' was tested by 23 of the 24 wards (96%) which saw sustained reductions in restrictive interventions.

[Highlights in original document, "Commissioning for Quality and Innovation (CQUIN): 2023/24 Guidance" (January 2023)]

[24] https://www.rcpsych.ac.uk/improving-care/nccmh/quality-improvement-programmes/MHSIP-reducing-restrictive-practice/reducing-restrictive-practice

CQUIN17: Reducing the need for the use of restrictive practices in adult and older adult inpatient settings	
Applicability: Mental health – adult and older adult inpatient services **CQUIN goal:** 75% to 90% **Supporting ref:** CQC: A focus on restrictive intervention reduction programmes in inpatient mental health services[25] Safewards evaluation report[26]	This indicator builds on the 2022/23 Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings indicator but now looking at adult and older adult inpatient settings Restrictive interventions are often a major contribution to delaying recovery, and have been linked with causing serious trauma, both physical and psychological, to people who use services and to staff. This indicator will underpin measures that will need to be put in place to implement the Mental Health Units (Use of Force) Act 2018 that came into force in 2022. The Act, also known as Seni's Law, is named after Olaseni Lewis, who died as a result of being forcibly restrained whilst he was a voluntary patient in a mental health unit. The Statutory Guidance supporting the Act is clear on the need for accurate recording of interventions. High quality data is a crucial building block to allow focus and reflection on the use of restrictive practices and consequently reduce the need for those practices.

[25] https://www.cqc.org.uk/sites/default/files/201701207b_restrictivepractice_resource.pdf
[26] https://www2.health.vic.gov.au/-/media/health/files/collections/research-and-reports/s/safewards-final-evaluation-report.pdf

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

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

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

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

Ref	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			by ICPC, RCPC, core group), and percentages		
NIMS01	To ensure that patients can be offered an initial appointment in less than 4 weeks from the date of referral. Where patient choses to wait longer the earliest available appointment must be logged and reported separately and will be subject to audit.	85%	Monthly Performance Dashboard Report	Monthly	NIMS
NIMS02	To ensure all patients are triaged, assessed and treated within the service and no more than 30% are referred to secondary care following triage.	70%	Monthly Performance Dashboard Report	Monthly	NIMS
NIMS03	To ensure that 90% of audit sample patient experiences are reported as positive and that they would recommend the service to family or friends.	90%	Monthly Performance Dashboard Report	Monthly	NIMS
NIMS04	NIMS to demonstrate patient outcomes using , MSK HQ	85%	Monthly Performance Dashboard Report	Monthly	NIMS

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
Not Applicable	

Documents supplied by Commissioners

Date	Document
Not Applicable	

SCHEDULE 5 - GOVERNANCE

B. Provider's Material Sub-Contracts

Sub-Contractor	Service Description	Start date/expiry date To be varied into the Contract once established by Provider	Processing Personal Data – Yes/No	If the Sub-Contractor is processing Personal Data, state whether the Sub-Contractor is a Data Processor OR a Data Controller OR a joint Data Controller
Alliance Medical Ltd – Diagnostic Services Steelhouse Lane, Birmingham, B4 6NH Company No:08601376	MRI Scans		Yes	Data Processor – patient referrals
Athona Recruitment, 1st Floor, Juniper House, Warley Hil Business Park, The Drive , Great Warley, Brentwood, Essex CM13 3BE Company number - 04854351	Medical Locums		No	n/a
Brewood Medical Practice CPF Limited Green Road Brewood Staffordshire, ST19 9BQ Company No: 08748136	Carpal Tunnel activity (MICATS contract)		Yes	Data Processor – patient referrals
Community Together Tamworth Enterprise Centre Philip Dix House, Corporation Street, Tamworth, Staffordshire, England, B79 7DN Company House - 07488166	Social Prescribing Tamworth location (Frailty Staying Well Contract)		Yes	Data Processor – patient referrals
Doctors on Call 58 Uxbridge Road London W5 2ST Company number – doctors registered individual	Medical Locums		No	n/a
DRC Locums Ltd Partis House Davy Avenue Knowlhill Milton Keynes MK5 8HJ Company number - 04154956	Medical Locums		No	n/a

Sub-Contractor	**Service Description**	**Start date/expiry date** **To be varied into the Contract once established by Provider**	**Processing Personal Data – Yes/No**	**If the Sub-Contractor is processing Personal Data, state whether the Sub-Contractor is a Data Processor OR a Data Controller OR a joint Data Controller**
Evergood Associates Company number - 04856609	Medical Locums		No	n/a
HCL (Thames Medics) Suite 526-528 Elder House Elder Gate Milton Keynes MK9 1LR Company number	Medical Locums		No	n/a
Interact Medical David King – Team Leader Psychiatry Metropolitan House Building 900 321 Avebury Boulevard Central Milton Keynes MK9 2GA Tel: 01908 357740 Company number - 03082906	Medical Locums		No	n/a
Pro-Medical Regent House Hubert Road Brentwood Essex CM14 4JE Company number **- 06428549**	Medical Locums		No	n/a
Pulse Staffing Building 1, Turnford Place Great Cambridge Road Turnford Herts EN10 6NH Company number - 06319718	Medical Locums		No	n/a
The Royal Wolverhampton NHS Trust Wolverhampton Road Wolverhampton West Midlands WV10 0QP	Diagnostics (Main contract) Consultant & Pharmacist (MDT) • Cannock location Frailty Staying Well Contract)		Yes	Data Processor – patient referrals

Sub-Contractor	**Service Description**	**Start date/expiry date** **To be varied into the Contract once established by Provider**	**Processing Personal Data – Yes/No**	**If the Sub-Contractor is processing Personal Data, state whether the Sub-Contractor is a Data Processor OR a Data Controller OR a joint Data Controller**
University Hospital of Derby and Burton Queen's Hospital, Belvedere Road, Burton-On-Trent, Staffordshire, United Kingdom, DE13 0RB	Consultant & Pharmacist (MDT) • Burntwood, Lichfield & Tamworth locations(Fraility Staying Well Contract)		Yes	Data Processor – patient referrals
University Hospital of North Midlands NHS Trust Royal Stoke University Hospital, Newcastle Road, Stoke-on-Trent ST4 6QG	Diagnostics (Main contract) Consultant & Pharmacist (MDT) • Stafford and Surrounds location (Frailty Staying Well Contract)		Yes	Data Processor – patient referrals

SCHEDULE 5 - GOVERNANCE

C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	**Role/Responsibility**
Coordinating Commissioner	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 **Role and responsibilities to include:** • Performing role of Coordinating Commissioner as outlined in the agreed Collaborative Commissioning Agreement • Negotiating and agreeing contract Schedules with the Provider and coordinating contract signature for each party • Chairing and administrating contract review meetings with the Provider to monitor and discuss performance against the agreed activity, finance and performance standards included within the Contract • Monitoring clinical quality of the services • Co-ordinate the contract variation process
Associate Commissioners	Each Associate Commissioner agrees to play an active part in the contract relationship with the Provider through: • 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*

*Reference is made to BCRS – the Business Cycle Reporting Schedule. This is included in Appendix 2G (3) Reporting.

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
National Requirements Reported Centrally				
1. As specified in the Schedule of Approved Collections published at https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	**All**
1a. Without prejudice to 1 above, daily submissions of timely Emergency Care Data Sets, in accordance with DAPB0092-2062 and with detailed requirements published at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/ecds-latest-update	As set out in relevant Guidance	As set out in relevant Guidance	Daily	**A+E, U**
2. Patient Reported Outcome Measures (PROMS) https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	**All**
National Requirements Reported Locally				
1a. Activity and Finance Report	Monthly	In the format specified in the relevant Information Standards Notice (DCB2050)	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	**A, MH**
1b. Activity and Finance Report	Monthly	SLAM activity monitoring reports to include but no limited to: • Month • Provider Site Code • Commissioner Code • Commissioner Name • Point of Delivery • Specialty Code	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	**All except A, MH**

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
		• Specialty Description • Diagnosis Code • Diagnosis Description • Treatment Function Code • Treatment Description • HRG Code • HRG Description • Ad hoc item code • Ad hoc item description • Tariff Type (Block, CPC, PbR) • Activity plan • Activity actual • Variance • Finance plan • Finance actual, • Variance- with details for every POD where there is an activity count		
2. Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour, including, without limitation: 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	The Provider shall submit an Exception Report with the Monthly Schedule 4. The Exception Report will include assurance in respect of outcome for the patient as to whether or not the patients who breached the targets came to any harm.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	**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	As set out in each CQUIN indicator or Quarterly	Report to detail all the relevant information as defined in the agreed CQUINs	Report to be submitted within 15 operational days of the month after the end of the quarter to which it relates (e.g. Q1 report to be submitted by 15th Operational Day in August) Initial submission may not include CQUIN 13: Lower Leg Wounds due to scheduling of national submission. Reporting for CQUIN 13 to follow in line with national submission.	**All**

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 31 in BCRS	
4. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Monthly	A Complaints and PALS report will be produced detailing; a) Themes and locations of complaints b) Lessons learnt and any changes as a result of complaints/investigations c) Timescale for responding d) Partly upheld/upheld/not upheld e) The number of complaint and PALS referred to the Ombudsman and details of outcome of all such referrals. f) Review against Patient Association Standards g) An annual complaints and PALS report will be presented at CQRM.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 26 in BCRS	**All**
	Quarterly	A quarterly Involvement and Engagement Report and Integrated Quality Report will be produced detailing; - Analysis of trends and emerging themes - Lessons learnt and any changes as a result of complaints/investigations - Timescale for responding - An explanation and trajectory for those that breached - Partly upheld/upheld/not upheld - The number of complaint and Ombudsman cases and details of outcome of all such referrals. Actions taken in response to Ombudsman's recommendations where appropriate	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 26 in BCRS	

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	Annually	Annual Report summarising and analysing Complaints and PALS concerns received thorough out 2022/2023. Report will include any actions taken to address the issues identified through complaints / PALS concerns received during 2022/2023 and whether those actions have proved effective. Annual Report will include priorities for improvements to be made in 2023/2024 and actions to deliver these improvements.	Within 15 Operational Days of the end of the period to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 26 in BCRS	
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	The Provider shall submit a monthly report (to include a rolling 13 month data set). detailing all incidents including patient safety incidents, serious incidents, Never Events and local avoidable events by area. Report will include any exception reports. In addition to being documented in the report, the Provider shall report to the Commissioners within one working day to the Executive Director of Nursing and Quality and in their absence this should be directly raised with the deputising colleague), any unusual incident or those likely to be of political or media interest. PDF and Excel by exception where requested.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 47 in BCRS	**All**
	Quarterly	The Provider shall submit a quarterly report detailing the above and to include the following: A summary of the cause Investigation outcomes analysis of trends Lessons learned and shared Provider wide.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@	

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			staffsstoke.icb.nhs.uk See Row 47 in BCRS	
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 (*Staff*)	Six monthly	Report providing assurance that Provider has undertaken a detailed review of staffing requirements every 6 months to ensure that the Provider remains able to meet the requirements set out in General Condition 5.2.3. Report to the co-ordinating Commissioner immediately any material concern in relation to the safety of Service Users and/or the quality or outcomes of any Service arising from those reviews and evaluations (5.2.5).	Within 15 Operational Days of the end of the period to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 12 in BCRS	**All**
	Within one working day	Report to demonstrate implementation of lessons learnt from those reviews and evaluations, and demonstrate at Review Meetings the extent to which improvements to each affected Service have been made as a result (5.2.7).	Notification within one working day by telephone to the ICB Director of Quality or Designated Deputy See Row 12 in BCRS	
	Monthly	The report will include safer staffing data which is published monthly on the Provider website and detail any exceptions in word format report with outcomes/actions that are being taken. Report against District Nursing including out-of-hours provision, evaluating staffing (actual numbers and skill mix of clinical staff on duty against planned numbers and skill mix) and the impacts of variations on service user experience and outcomes. Narrative identifying mitigating actions taken to address areas of concern.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 12 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
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	The provider must implement and comply with the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its compliance. https://www.england.nhs.uk/about/equality/equality-hub/equality- standard/	By 31 October in each Contract Year. Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 8 in BCRS See Row 37 in BCRS	**All**
10.	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	The Provider must implement and comply with the National Workforce Disability Equality Standard and submit an annual report to the Co-ordinating Commissioner on its compliance. https://www.england.nhs.uk/about/equality/equality-hub/wdes/	By 31 October in each Contract Year. Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 37 in BCRS	**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	In line with Green Plan Guidance	In line with Green Plan Guidance See Row 16 in BCRS	**All**
Local Requirements Reported Locally					
LR01	**Staffing** Staff Training Needs, Staff Training and Appraisals (GC 5.6)	On request	At the request of the Co-ordinating Commissioner, the Provider must provide details of its analysis of Staff training needs and a summary of Staff training provided and appraisals	Within 15 Operational Days of the request Submitted to contractmanagement@	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			undertaken.	staffsstoke.icb.nhs.uk See Row 12 in BCRS	
LR02	**CYP/SEND Dashboard** a) Waiting list b) Declined referrals c) Declined referral breakdown by category (reason declined) d) Caseloads e) Secondary waits f) Are outcomes being met g) Provision of health advice within 6 weeks – numbers of requests, timeliness achieved exception report of delays	Monthly	Excel Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@ staffsstoke.icb.nhs.uk	
LR03	**Adult Safeguarding** Reporting Dashboard	Quarterly	Trust to complete in accordance with requirements of Safeguarding Policies https://staffsstokeics.org.uk/your-health-and-care/safeguarding/safeguarding-policies-and-procedures/	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@ staffsstoke.icb.nhs.uk See Row 40 in BCRS See Row 23 in BCRS	
LR04	**Children Safeguarding** Reporting Dashboard	Quarterly	Trust to complete in accordance with requirements of Safeguarding Policies https://staffsstokeics.org.uk/your-health-and-care/safeguarding/safeguarding-policies-and-procedures/	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@ staffsstoke.icb.nhs.uk See Row 40 in BCRS See Row 23 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR05	**Children Safeguarding** Lampard Recommendations – Assurance Template	Annually	Trust to complete an assurance return (self -assessment) against the Lampard recommendations. The Co-ordinating Commissioner then presents the provider's completed return to NHS England as part of the ICB's assurance framework.	Report to be submitted within 15 operational days of the end Month 3. Reports to be submitted to: contractmanagement@ staffsstoke.icb.nhs.uk See Row 23 in BCRS	
LR06	As set out in the Equality Acts, Public Sector Equality Duty, NHS Standard Contract ((NHS SC 12.3, 13.1-13.7, 14.1), ICB Assurance Framework and other specific guidance and requirements, e.g. Modern Slavery Act	6 monthly	As set out in the NHS Standard Contract (NHS SC 12.3, 13.1-13.7, 14.1) ICB Assurance Framework and associated guidance and requirement documentation. • Accessible Information Standard + Action Plan • Equality Delivery System 2 • Modern Slavery Act • Public Sector Equality Duty (Equality Objectives) • Public Sector Equality Duty (Annual Report) • Workforce Race Equality Standard + Action Plan • Workforce Disability Equality Standard (2019) + Action Plan	6 Monthly summary updates to include publishing compliance and action plan update and/or development. Reports to be submitted to the following inbox: contractmanagement@ staffsstoke.icb.nhs.uk See Row 37 in BCRS	
LR07	The provider to produce an effective Workforce and Development Strategy including statutory and mandatory training and development programme	Monthly	Provision of monthly Trust data, where possible, broken down by Trust and care group. The total number of community and inpatient staff including bank, agency and locum figures reported separately by staff group. The report to include a rolling 13 month data set.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@ staffsstoke.icb.nhs.uk See Row 12 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			An exception report to be submitted in relation to Community and inpatient areas which fall below or above internal or national targets. Identifying any issues against specific teams/care groups and the implications this may have on quality and safety to include actions and outcomes.		
		Quarterly	Quarterly report with monthly data breakdown, on a service and staff group basis: • Staff vacancy • Staff turnover & retention • Sickness and absence rates • Bank usage • Number of appraisals • Uptake of mandatory / essential training • Employee relations cases broken down by the total suspensions (3 and 6 months; dismissals and redundancies) and any emerging themes to be identified. Agency usage does not exceed national agreed target. Where the Provider does not achieve the expected of mandatory training and appraisals, the Commissioner reserves the right to obtain further information.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 12 in BCRS	
		Annually	Provider to provide assurance of their internal process for the management and monitoring of medical/nursing staff professional registration and revalidation. Annual Workforce and Development Strategy/plan to include narrative giving explanation around any breaches, together with actions and outcomes the Provider are taking.	Report to be submitted within 15 operational days of the end of Q1. Reports to be submitted to: contractmanagement@staffsstoke.icb.nhs.uk See Row 12 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR08	**Patient, Carer and Staff Experience** Friends and Family Data	Monthly	The Provider will submit national statistical data on friends and family for the following:- • Inpatient • Outpatient • Community • Mental Health	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 36 in BCRS	
LR09	**Patient, Carer and Staff Experience** Involvement for Impact Report	Annually	The Provider shall submit the Involvement for Impact Report as for capturing and using the experiences and views of patients or service users, carers. The report will detail key priorities as per the link below; https://www.longtermplan.nhs.uk/ The plan will include details as to how the provider will use this information to identify priorities for improvement, address those priorities and determine whether previous improvement actions have proved effective. The plan will address the requirements in this contract under "surveys" in Schedule 6 Part G and any relevant CQUIN indicators and will include details of how findings will be reported within the Provider to Board Committees and to commissioners, service users, carers and staff. It will include details of how the provider will capture feedback from service user and carer groups or representatives as well as individuals.	Report to be submitted within 15 operational days of the end Month 3. Reports to be submitted to: contractmanagement@staffsstoke.icb.nhs.uk See Row 27 in BCRS	
LR10	**Assurance Visits** Announced/Unannounced Quality Assurance Visits	Quarterly	Written reports of all quality or assurance visits and inspections carried out by Provider. The report	Report to be submitted within 15 operational days of the end of the quarter to	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			should include detail of the purpose of the visit, any recommendations, outcome, actions and agreed timeframes. Progress against implementation of any previous report and ongoing action plans or recommendations from previous visits should be contained within the report.	which it relates. Reports to be submitted to the following inbox: contractmanagement@ staffsstoke.icb.nhs.uk See Row 41 in BCRS	
LR11	**Assurance Visits** External visits inspections audits etc. (Where remit includes quality of commissioned services or findings are relevant to quality)	As requested	ICB to be notified of any external reviews/formal inspections relevant to the quality of services. Report of feedback and actions taken to address any concerns to be provided to the ICB in written format. The Provider will report to the ICB the timescales for factual accuracy checking and when the report is going to be published live on the regulatory website. The provider will provide the Co-ordinating Commissioner with periodic updates about actions taken in response to formal visits. Written reports detailing the outcome and associated actions relating to any such review or a nil return will be presented and routinely monitored through the CQRM.	Within 15 Operational Days of the request Submitted to contractmanagement@ staffsstoke.icb.nhs.uk See Row 41 in BCRS	
LR12	**Assurance Visits** Commissioner led visits	As requested	The Co-ordinating Commissioner will undertake a minimum of 4 announced and 4 unannounced visits on a regular basis and/or in response to emerging areas of concern. All internal/external stakeholders will be notified of an announced visit, e.g. Healthwatch/CQC.	Within 15 Operational Days of the request Submitted to contractmanagement@ staffsstoke.icb.nhs.uk See Row 41 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			The Co-ordinating Commissioner may provide short notice of otherwise "unannounced" visits where necessary to verify that staff will be available. Commissioners will contact the office of the provider Director of Quality and Performance or nominated Deputy via the Executive Office or Director on call out of hours shortly before an unannounced visit as a courtesy. Commissioners will provide immediate feedback on any urgent findings to the person in charge at the end of the visit and by e-mail to the Provider Director of Quality and Performance or nominated Deputy.		
LR13	Progress against the EMSA plan	Monthly by exception	"100% of all EMSA breaches reported to Commissioners within one working day of occurrence providing where, when, number of patients involved, initial pre disposing factors or related factors and immediate actions taken to resolve the breach situation. Written report detailing breach or breaches, root causes and remedial actions required to prevent recurrences. The Provider will identify the Lead Commissioner for each patient who breached.	Following breach, next operational day by e- mail to Director of Nursing and Quality of co-ordinating commissioner. Monthly report submitted to Coordinating Commissioner no later than 7 working days after breach. Written report to CQRM. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 32 in BCRS	
		Annually	EMSA Annual Declaration Action Plan	Report to be submitted by the 15th operational day of the period to which it relates.	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 32 in BCRS	
LR14	Clinical Audit Annual Plan and Implementation Plan	Annually	Annual report detailing progress and outcomes in respect of previous years audit plan	Report to be submitted by the 15th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 17 in BCRS	
		Quarterly	Report detailing progress against audit plan, completed audits, a synopsis of outcomes, findings, recommendations and actions to improve compliance.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk	
LR15	Quality Accounts	Annually	The Provider shall submit the Draft Quality Account to Commissioners for comment in line with national requirements	No later than 30 days before publication, or in line with nationally published requirement, whichever is sooner. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 15 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR16	Regulation 28 – Avoiding future deaths	By exception	Report by exception full details of all coroners Regulation 28 reports and any other reports and inquest conclusion relating to the Provider. The provider will share any recommendations and actions to be taken or proposed lessons learnt as a result. Nil returns will be submitted where applicable. The Provider will share a copy of the Coroners Letter within 5 operational days of the Provider receiving the letter; plus the Provider response by the associated deadline. A summary will be detailed in the Trust Serious Incident Report.	Provider to submit by 15th operational day of month in which the coroner's report was received. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 47 in BCRS	
LR17	External Alerts	Monthly by exception	Provider to submit exception report in relation to any overdue external (Including but not limited to CAS) Alert(s) explaining the reasons why the Provider has not complied with each alert by the specified deadline(s). Report will include remedial actions to ensure compliance within one month of deadline (Provider and commissioner may agree a longer extension period in exceptional circumstances).	Provider to submit by 15th operational day of month in which the Provider was non-compliant with the alert deadline date. Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 13 in BCRS	
LR18	NICE reporting on non-compliance with applicable NICE guidance	Quarterly	The Provider shall submit written evidence of their compliance with all NICE guidance on a quarterly basis; to include:- Clinical Quality Standards (QS) Clinical Guidelines (CGs) Technology Appraisals (TAGs)The status of compliance with all NICE guidance should be reported to the Co-ordinating Commissioner reflecting the rationale for any non-compliance, when the Provider is fully compliant or has reached a level of compliance relevant to the service they offer.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 13 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR19	Pressure Ulcer Assurance Reporting as per Pressure Ulcers: Revised Definition and Measurement (Summary and Recommendations)	Quarterly	The Provider shall submit a report detailing over 13 months rolling: • Number of pressure ulcers incidents per month • Category of pressure ulcers (Category 2, 3 & 4 including unstageable) • Determine those Lapses in Care • Themes emerging and appropriate action taken to include shared learning external to the Trust where appropriate. • Whether hospital or community • Identification of any specific teams reporting two or more pressure ulcers and any appropriate support. The Provider shall identify for each community acquired pressure ulcer the place f rom the patient was admitted for example patient home or nursing/care home.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 34 in BCRS See Row 42 in BCRS	
		Annually	The Provider shall submit an annual thematic report detailing themes and trends, lesson learnt and actions being taken.	Report to be submitted by the 15th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 21 in BCRS	
LR20	SI/Never Events	Monthly	The Provider shall submit to Co-ordinating Commissioner a report detailing number of SI/Never Events reported in previous month, with figures reported on a rolling 13 month basis.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				See Row 47 in BCRS	
		Within 72 hours	The Provider to submit to Co-ordinating Commissioner a 72 hour report for each SI/Never Event which has taken place detailing any immediate action taken.	Report to be submitted within 72 hours of the SI/Never Event. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk	
			RCAs to be undertaken on all SI/Never Events within 60 working days as per SI Framework, including lessons learnt and sharing of outcomes. The Provider to submit a report to the Co-ordinating Commissioner of any Breach of Duty of Candour as per CQC Regulation 20. https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour. The Provider shall report all Incidents in the monthly Serious Incident Report, and identify those which are upgraded to a Serious Incident or down-graded for example natural causes. The Provider shall report any Never Event within one working day of the incident occurring to the ICB Chief Nurse and in her absence this should be directly raised with a deputising colleague.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 47 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR21	Deep Dive Reviews	As requested	Provider shall share the deep dive reviews that the provider has determined as an emerging theme/trend detailing effectiveness, lessons learnt, priorities for improvement, recommendations and specific actions going forwards. Where there are concerns around a specific areas the Co-ordinating Commissioner can request re- active deep dive to be undertaken.	Verbal update to be provided at CQRM where the Provider plans to undertake a deep dive review. Deep Dive Report by 15th operational day of the month following completion of review. Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Rows 50-55 in BCRS	
LR22	PLACE Scores	Annually	Report summarising the findings of the annual Patient led Assessment of Care Environment (PLACE) including action plan produced to address any areas for improvement or concern. Written report based on results of patient led assessment visits as part of real time patient feedback reports. Including details of actions taken in response to visits and evidence that actions are completed.	Report to be submitted by the 15th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk	
LR23	Pan Staffordshire and MPFT (local) Suicide Prevention Action Plan.	Bi-annually	Written report to CQRM. The Trust shall provide an annual audit report with clear recommendations and actions being taken by the Trust to include: The self-assessment toolkit for mental health to be completed in line with National Confidential	Report to be submitted by the 15th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 25 in BCRS See Row 28 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LR24	Feedback from Datix Monitoring Reporting (Soft Intelligence from Primary Care).	Ad hoc	GP events will be reviewed at the ICB Datix Monitoring Group. All Datix events will be shared to the provider by the ICB Quality Information and Datix Support Managers. Events that require individual feedback will be highlighted and the Provider will provide feedback within 20 working days of the event being shared. The Provider should continually review and evaluate the services provided and implement lessons learnt from themed Datix events as set out in SC3.4.	Ad hoc See Row 47 in BCRS	
LR25	Learning from Deaths Report (Mortality) as per National Guidance.	Quarterly	The Provider will provide a quarterly report which will detail the data associated with mortality to determine if any natural cause deaths are judged more likely than not to have been due to problems in care and importantly shares the learning from the reviews to identify any patterns, themes or trends.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@ staffsstoke.icb.nhs.uk See Row 42 in BCRS	
LR26	Restricting Restraint Assurance Report	6 monthly	The Provider will provide a Quarterly Report which will focus on the minimum data set for restraint to include the following; Episodes of physical restraint; Episodes of mechanical restraint; Episodes of rapid tranquilisation; Episodes of seclusion; Episodes of long term segregation; Identification of where prone restraint occurred at any point during an incident. It will include: policy, initiatives, related incidents and	Report to be submitted by the 15th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@ staffsstoke.icb.nhs.uk See Row 39 in BCRS	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			lessons learned; Any cause for exception reporting can be found in the monthly; Patient Safety Incident Report or Serious Incident Report.		
LR27	Falls Prevention Report	6 monthly	The Provider will produce a six monthly report detailing the Falls Prevention Strategy activity to include the number of falls incidents; serious incidents; policy/initiatives, and lessons learned f rom root cause analysis into falls resulting in harm	Report to be submitted by the 15th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 18 in BCRS	
LR28	Research and Innovation Assurance Report	Quarterly	The Provider will produce a report detailing the quarterly update around the Trust Research and Innovation Strategy to include the current position and progress against National Institute for Health Research (NIHR) and Clinical Research Network West Midlands (CRN WM) Performance Metrics. The Report will provide a summary around the Provider research activity.	Report to be submitted within 15 operational days of the end of the quarter to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk See Row 35 in BCRS	
LR29	Local Data Submission Requirements	Monthly	Provider to submit data as per requirements of local dataset standards and submission timetable.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR30	Not used				
LR31	**NIMS** Total number of patients referred into the service, split by E-referral, email and post.	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR32	**NIMS** Total number of appointments, split to show the number of cancellations (by trust and by patient)	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR33	**NIMS** Total number of patients referred onto secondary care split by trust and specialty	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR34	**NIMS** Number of clinics offered out of hours	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR35	**NIMS** Number of referrals into the service by category (APP Podiatry, Pain Management, MSK, APP Physiotherapy)	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR36	**NIMS** Number of rejected referrals, by category (inappropriate for service, lack of information, referred elsewhere)	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR37	**NIMS** Number of patients on the NIMs waiting list and the number of weeks waiting	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR38	**NIMS** Number of patients sent for diagnostics by type (X-Ray, MRI, Ultrasound, Dexa, Bloods, CT, Nerve Conduction Studies)	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR39	**NIMS** Report by exception any patient who waits more than 6 weeks for a diagnostic	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR40	**NIMS** Number of patients seen by the service by condition (Shoulder, Hand/Wrist, Elbow, Knee, Spine, Hip, Foot/Ankle, Neck, other)	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR41	**NIMS** By weekly time band the Number of patients from date of original referral to the date of referral to secondary Care	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR42	**NIMS** The Trust to carry out a 6 monthly audit on provider cancelled appointments/clinics with supporting detail	Audit	6 Monthly Audit Report	Report to be submitted by the 15th operational day of the period to which it relates. Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk	
LR43	**D2A** Dashboard in development	Monthly	Monthly Performance Dashboard	Within 15 Operational Days of the end of the month to which it relates	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LR44	Annual Plan	Quarterly	Report on progress against annual plan: Report to include compliance with national cleaning standards. This report is a copy of the scorecard submitted to Infection Prevention and Control Committee and includes cleaning scores achieved against the National Cleaning Specifications for cleanliness in the NHS in relation to very high risk, high risk and significant risk areas. An overall compliance score by site is also required.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 32 in BCRS	
LR45	Infection Prevention and Control Report	Annually	Infection Prevention and Control Report incorporating 12 month forward plan setting out actions to reduce rate of / minimise risk of HCAI is required.	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk See Row 21 in BCRS	
Former KPIs transferred to Reporting Requirements Reported Locally					
LQR 11	DNA Rate – Learning Disabilities	Monthly	Reported via Performance Report in excel format (PDF also for version control), split by former CCG area	Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR48	**CYP Community Continence Service Urgent/ priority – assessment within 5 working days from referral**	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to	

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

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

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

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
				contractmanagement@staffsstoke.icb.nhs.uk	
LQR69	**Children & Young People Targeted Intervention Service** Waiting Times- ASSESSMENT Medium/Low/Routine - assessed within 10 working days of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR70	**Children & Young People Targeted Intervention Service** Waiting Times - TRIAGE within 3 working days of referral (urgent/priority) Urgent/Very High/High Referrals - triaged within 3 working days of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR71	**Children & Young People Targeted Intervention Service** Review health health assessment within 28 days of due date	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR75	**Community Nursing Service** Non-urgent referrals will receive access to the service with 48 hours of referral, where clinically appropriate	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR76	**Community Nursing Service** Urgent referrals to be offered access to the service within a maximum of 4 hours, where clinically appropriate	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LQR80	**Community Nursing Service** Venous leg ulcers should heal within 24 weeks of diagnosis	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR84	**Childrens Community Nursing** Percentage of medium priority patients assessed within 48 hours	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR86	**Childrens Community Nursing** Hospital at Home - Priority seen within 2 hours	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR88	**Childrens Community Nursing** Constipation Service - Priority seen within 5 working days of referral	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR112	**Community Specialist Diabetes Service** Increase in the uptake of patient education - structured education % of patients referred that complete the structured education course	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR114	**Community Specialist Diabetes Service** Urgent patients will receive access to the service within 2 days of referral (working days	Monthly		Within 15 Operational Days of the end of the month to which it relates	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	only) – when consideration of risk of patient of waiting up to 6 weeks			Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR115	**Community Specialist Diabetes Service** Routine referrals will receive access to the service within 6 weeks of referral (working days only)	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR117	**Community Specialist Diabetes Service** Patient reported outcomes (via survey to demonstrate an increase/improvement): % of patients with diabetes reporting an improvement in wellbeing and quality of life % of patients that are happy with the services they are able to access which enables them to self-care % of patients that are able to self-care and manage their own conditions	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR122	**Community Heart Failure Service** URGENT: No of patients referred who receive an offer of a first appointment which will take place within 2 weeks of the referral as a % of all patients referred or triaged for an urgent appointment	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR123	**Community Heart Failure Service** ROUTINE: No of patients referred who receive an offer of a first appointment which will take place within 6 weeks of the referral as a % of all patients referred or triaged for routine appointment	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR137	**Dementia** The triage process should determine if:- The patient needs an appointment with Health care support worker before seen by specialist More	Monthly	Reported via Performance Report in excel format (PDF also for version control), split by former CCG area	Within 15 Operational Days of the end of the month to which it relates	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	information required from GP Patient referred straight to specialist for assessment Following receipt of referral a face-to-face appointment will be offered with the service user within 5 operational day operational days (This is applicable to all patients referred who either require an appointment with a Health care support worker or are to be seen directly by a specialist).			Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR147	**Adult Community Learning Disability** All referrals will be assessed by the intake team within 2 weeks.	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR148	**Eating Disorder Services** Routine referrals to CYP Eating Disorder Services with suspected ED will commence within 4 weeks of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR149	**Eating Disorder Services** Urgent referrals to CYP Eating Disorder Services with suspected ED will commence treatment within 1 week of referral	Quarterly		Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
LQR156	**Child and Adolescent Mental Health Services** CYP to commence CAMHS treatment within 18 weeks from referral	Quarterly	Reported via Performance Report in excel format (PDF also for version control), split by former CCG area	Within 15 Operational Days of the end of the quarter to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
FR_01	**Treating and Caring for people in a safe environment and protecting them from avoidable harm:** Time from alert activation to responder being in service user's home will be no longer than 20 minutes	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	
FR_02	**Treating and Caring for people in a safe environment and protecting them from avoidable harm:** Time from alert activation to responder being in service user's home will be no longer than 30 minutes	Monthly		Within 15 Operational Days of the end of the month to which it relates Submitted to contractmanagement@staffsstoke.icb.nhs.uk	

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.

Quality Data Indicator	Data Quality Threshold	Method of Measurement	Milestone Date
[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]	N/A	Joint agreement of thresholds Implementation of thresholds and reporting	30th September 2023 31st December 2023
[Providers of inpatient services - recording of diagnoses of learning disability and autism]	N/A	Joint agreement of thresholds Implementation of thresholds and reporting	30th September 2023 31st December 2023
Reporting Format for Monthly Reporting	N/A	Agreement on how each KPI / Reporting Requirement is to be completed and varied into the contract by end of quarter one Reporting in revised formats to be in line with agreed local and national submission timescales	31st August 2023
D2A Dashboard	N/A	Monthly report	31st August 2023 To commence with M6 reporting by 21/10/2023
Reporting format for NIMS	N/A	Monthly report	To commence with M7 reporting by 21/11/23
Priorities for Data Quality Improvement to be agreed	N/A	List of Priorities agreed	30/08/2023
Plan for Data Quality Improvement to be agreed	N/A	Plan agreed	30/09/2023

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.

	Milestones	Timescales	Expected Benefit
[Acute Trusts - population of the My Planned Care digital platform]	N/A	N/A	N/A
[Providers who offer services to people with a learning disability, autism or both (including children and young people) – use of Ask Listen Do resources]	Joint agreement of requirements Implementation of requirements and reporting	30th September 2023 31st December 2023	
Priorities for Service Development and Improvement to be agreed (to include review of Service Specifications, KPIs and Reporting Requirements)	N/A	30/08/2023	Facilitate joint working
Plan for **Service Development and Improvement** to be agreed	N/A	30/09/2023	Facilitate joint working
Review list of Essential Services (Schedule 2D)	Revised List	30/09/2023	
Financial modelling to move away from being based on Care clusters, based on national developments	TBC (based on National Milestones)	TBC (based on National Timescales)	
Implementation of a System Wide Performance and Outcomes Reporting Framework The Health and Care Bill will require each ICB to publish a five-year system plan taking in to account the strategy produced by the integrated care partnership (ICP), and the joint strategic needs assessments and joint health and wellbeing strategies produced by the relevant health and wellbeing board(s). The ICB will undertake preparatory work through 2023/24 to agree a set of priorities outcomes and ambitions (aligned with our local authorities). This programme will link to the development and implementation of a system-wide outcomes and performance reporting framework.	Agree membership of review group Review and agree system plan priorities to identify critical system metrics Identify technical/IT requirements for reporting Agree phased implementation based on prioritisation	15th July 2023 31st July 2023 30th August 2023 30th September 2023	To support Integrated System Plan

A review group will lead this work on behalf of the system and report/escalate progress and issues to System Finance & Performance Committee on a quarterly basis.			

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance Community/MH – 1st working day following the data collection. Deadline 13th working day	As required by FFT Guidance	As required by FFT Guidance https://www.england.nhs.uk/fft/
National Quarterly Pulse Survey (NQPS) (if the Provider is an NHS Trust or an NHS Foundation Trust)	As required by NQPS Guidance	As required by NQPS Guidance	As required by NQPS Guidance https://www.england.nhs.uk/fft/nqps/
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance)	As required by Staff Survey Guidance October 2023	As required by Staff Survey Guidance	As required by Staff Survey Guidance https://www.nhsstaffsurveys.com/
Service User Survey	Annual	Report containing findings and improvement plan where applicable	Submitted to coordinating commissioner.
Carer Survey (All Services)	Annual	Report containing findings and improvement plan where applicable	Submitted to coordinating commissioner.
Community Mental Health Survey (Mental Health Services)	Annual	Report containing findings and improvement plan where applicable	Submitted to coordinating commissioner.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Data Processing Services

Not Applicable

SCHEDULE 7 – PENSIONS

Not Applicable

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This publication can be made available in a number of alternative formats on request

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