Classification: Official

Publication reference: PRN01169

NHS Standard Contract 2024/25

Particulars (Full Length)

Contract title:	North Staffordshire Combined Healthcare NHS Trust Mental Health and Learning Disability Services
Contract ref:	**CMT- 1251 North Staffordshire Combined Healthcare NHS Trust**

Version 1, February 2024

Final

Prepared by: NHS Standard Contract team, NHS England
england.contractshelp@nhs.net

Version Control:

NVA / CV No.	Status	Description	Date

CONTRACT REFERENCE	**CMT- 1251 NSCHT 24-25**

DATE OF CONTRACT	
SERVICE COMMENCEMENT DATE	**1st April 2024**
CONTRACT TERM	**1 years/months commencing 1st April 2024**
COMMISSIONERS	**NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ODS QNC)** **Stafford Education & Enterprise Park** **Weston Road** **Stafford** **ST18 0BF**
CO-ORDINATING COMMISSIONER *See GC10 and Schedule 5C*	**NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ODS QNC)** **Stafford Education & Enterprise Park** **Weston Road** **Stafford** **ST18 0BF**
PROVIDER	**North Staffordshire Combined Healthcare NHS Trust** Principal and/or registered office address**:** **Trust Headquarters** **Lawton House** **Bellringer Road** **Trentham** **ST4 8HH** **Company number: (ODS: RLY)**

CONTRACT AWARD PROCESS *See s15 of the Contract Technical Guidance*	**[PSR direct award process A]**

CONTENTS

PARTICULARS

SERVICE CONDITIONS

GENERAL CONDITIONS

Definitions and Interpretation

CONTRACT

Contract title: …… CMT-1251_NSCHT-24-25

Contract ref: ……. CMT-1251_NSCHT-24-25

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

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

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

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

Each Party acknowledges and agrees

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

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

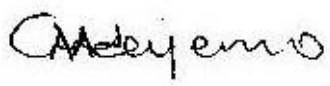
IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by

……
Signature

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

CHIEF FINANCE OFFICER
Title
16th July 2024
……
Date



SIGNED by

……
Signature

Dr Buki Adeyemo, Chief Executive
……
Title
19th July 2024
……
Date

For and on behalf of
North Staffordshire Combined Healthcare NHS Trust

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date *See GC2.1*	**1st April 2024**
Expected Service Commencement Date *See GC3.1*	**1st April 2024**
Longstop Date *See GC4.1 and 17.10.1*	**Not applicable**
Contract Term	**1 years commencing** **1st April 2024** **(or as extended in accordance with Schedule 1C)**
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 Date**

SERVICES	
Service Categories	**Indicate <u>all</u> 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 and/or Radiotherapy Services (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	✓
Mental Health and Learning Disability Secure Services (MHSS)	✓
NHS 111 Services (111)	
Patient Transport Services (non-emergency) (PT)	
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	
Service Requirements	
Prior Approval Response Time Standard *See SC29.21*	**Within 15 Operational Days following the date of request where Prior Approval is applicable**
GOVERNANCE AND REGULATORY	
Nominated Mediation Body (where required – see GC14.4)	**NHS England**
Provider's Nominated Individual	Dr Olubukola Adeyemo Mandy.brown@combined.nhs.uk 01782 441632 (ext. 4632)
Provider's Information Governance Lead	Sahra Smith sahra.smith@combined.nhs.uk 0300 123 1535

Provider's Data Protection Officer (if required by Data Protection Legislation)	Sahra Smith sahra.smith@combined.nhs.uk 0300 123 1535
Provider's Caldicott Guardian	Dennis Okolo Dennis.Okolo@combined.nhs.uk
Provider's Senior Information Risk Owner	Eric Gardiner Director of Finance, Performance & Estates Eric.Gardiner@combined.nhs.uk 01782 441613 (ext. 1380)
Provider's Accountable Emergency Officer	Ben Richards Ben.Richards@combined.nhs.uk 01782 441758
Provider's Safeguarding Lead (children) / named professional for safeguarding children	Laura Collins Laura.Collins@combined.nhs.uk 07834 967217
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	Laura Collins Laura.Collins@combined.nhs.uk 07834 967217
Provider's Child Sexual Abuse and Exploitation Lead	Laura Collins Laura.Collins@combined.nhs.uk 07834 967217
Provider's Mental Capacity and Liberty Protection Safeguards Lead	Dennis Okolo Dennis.Okolo@combined.nhs.uk
Provider's Prevent Lead	Laura Collins Laura.Collins@combined.nhs.uk 07834 967217
Provider's Freedom To Speak Up Guardian(s)	Marie Barley Marie.Barley@combined.nhs.uk 07790 971979
Provider's UEC DoS Contact	Ben Richards Ben.Richards@combined.nhs.uk 01782 441758
Commissioners' UEC DoS Leads	Michelle Darby Urgent Care Delivery and Improvement Lead michelle.darby@staffsstoke.icb.nhs.uk Mobile: 07732800913
Provider's Infection Prevention Lead	Chris McGinley Head of Infection Prevention and Control chris.mcginley@combined.nhs.uk
Provider's Health Inequalities Lead (NHS Trusts and NHS Foundation Trusts only)	Lesley Faux Lesley.Faux@combined.nhs.uk
Provider's Net Zero Lead (NHS Trusts and NHS Foundation Trusts only)	Ben Richards Director of Operations Ben.Richards@combined.nhs.uk 01782 441758
Provider's 2018 Act Responsible Person	Sahra Smith sahra.smith@combined.nhs.uk 0300 123 1535
Provider's Wellbeing Guardian (NHS Trusts and NHS Foundation Trusts only)	Richard Bagnall Service Lead Richard.bagnall2@combined.nhs.uk
CONTRACT MANAGEMENT	
Addresses for service of Notices	**Co-ordinating Commissioner:** Staffordshire and Stoke-on-Trent ICB

See GC36	**Address:** Stafford Hub, New Beacon Building, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF **Email:** contractmanagement@staffsstoke.icb.nhs.uk for all contract notices **Provider: Combined Healthcare** Dr Olubukola Adeyemo Chief Executive **Address:** Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH **Email:** PA: mandy.brown@combined.nhs.uk cc. contractqueries@combined.nhs.uk & Peter.Ghaut@combined.nhs.uk for all contract notices
Frequency of Review Meetings *See GC8.1*	**Monthly**
Commissioner Representative(s) *See GC10.3*	Levi Preston Senior Contract Manager Staffordshire and Stoke-on-Trent ICB, Stafford Hub, New Beacon Building, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF Mobile: 07585 960128 Email: levi.preston@staffsstoke.icb.nhs.uk
Provider Representative *See GC10.3*	**Provider: Combined Healthcare** Dr Olubukola Adeyemo Chief Executive **Address:** Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH **Email:** PA: mandy.brown@combined.nhs.uk cc. contractqueries@combined.nhs.uk & Peter.Ghaut@combined.nhs.uk for all contract notices

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

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

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

The Provider must complete the following actions:

Not Applicable

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

Not Applicable.

.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Ref.	Service Specification Index
A01	Acute Inpatient Services
A02	Mental Health Rehabilitation Service
A03	Acute Home Treatment Team
A04	Access Service (including Crisis Resolution)
A05	Adult Community Mental Health Team
A06	Assertive Outreach Team
A07	Early Intervention in Psychosis Team
A08	Criminal Justice Mental Health Team (CJMHT)
A09	Parent & Baby Day Service
A10	Community Triage
A11	Not used
A12	Autism Assessment Service (Non LD)
A13	Urgent and Emergency Mental Health Liaison Service
A14	Cancer Psychology Service
A15	Mental Health & Vascular Wellbeing
A16	High Volume Users
A17	Not used
A18	Psychiatric Intensive Care Unit (PICU)
A19	Not used
A20	Not used
A21	Adult Community Eating Disorder service
A22	Personality Disorder and Complex Relational Needs pathway including Community Assessment, Stabilisation and Treatment Team (CASTT)
B01	Older Adults In-patient Provision - Assessment and Complex Needs
B02	Care Home Liaison (including Care home physiotherapy)
B03	Not used
B04	Memory Assessment and Diagnostic Service
B05	Not used
B06	Older People's Community Mental Health Teams
B07	Community Outreach Team - People with Dementia and Older Adults
B08	Not used
B09	Dementia Primary Care Liaison Service (DPCLS)
B10	Care Home Physiotherapy
B11	Not used
B12	Ward 4 Harplands - EMI Assessment Service
C01	Not used

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

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

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

Not Applicable

SCHEDULE 2 – THE SERVICES

Aii. Service Specifications – Primary and Community Mental Health Services

Guidance notes

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

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

MHP role

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

Minimum numbers of MHPs

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

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

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

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

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

Funding for MHPs

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

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

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

Employment or engagement of Mental Health Practitioners

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

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

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

as set out in the table below.

	Additional whole-time-equivalent MHPs (adults / older adults)	Whole-time-equivalent MHPs (children / young people)
Hanley, Bucknall & Bentilee	3 WTE	
South Stoke Central	3 WTE	
Whitfield	3 WTE	
HIPC	3 WTE	
Shelton & Hanley	3 WTE	
South Stoke West	3 WTE	
Meir	3 WTE	
Leek & Biddulph	3 WTE	
Moorlands & Rural	3 WTE	
Newcastle North	3 WTE	
Newcastle Central	3 WTE	
Newcastle South	3 WTE	
About Better Care (ABC)	3 WTE	

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

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

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

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

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

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

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

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

DEFINITIONS

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

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

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

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

IAP to be varied into contract

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

SCHEDULE 2 – THE SERVICES

D. Not used

SCHEDULE 2 – THE SERVICES

E. Not used

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

The Provider shall participate in the following:

Midlands MH Clinical Networks
https://www.england.nhs.uk/midlands/clinical-networks/west-midlands-clinical-network/

Staffordshire & Stoke on Trent Suicide Prevention Partnership

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

Publication date	Title	Weblink
February 2024	**24/25 Contractual Timetable**	 Section C Part 4 Contract Timetable 2
April 2023	Commissioning Policy (Excluded and Restricted Procedures - ERP) Version 3.0	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	https://www.southstaffordshirejointformulary.nhs.uk/default.asp?siteType=Full
N/A	North Staffordshire Joint Formulary	https://www.northstaffordshirejointformulary.nhs.uk/default.asp?siteType=Full
January 2019	The NHS Long Term Plan	https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

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

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Not Applicable

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

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

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

Exit

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

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

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

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

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

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

Provision of Information by the Provider

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

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

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

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

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

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

Staff Information

The Provider shall provide the following information:

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

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

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

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

    a) Payment method for wages

b) Pay day/date

c) Pay band and increment date

d) Pay and other remuneration along with any non-cash benefits

e) Pension scheme details

f) Normal hours of work

g) Overtime: whether undertaken, by which employees and whether compulsory or voluntary

h) Working time flexi scheme

i) Annual Leave entitlements

j) How annual leave pay is calculated

k) Whether any of the employees are mobile employees (a mobile employee means any employee who is not required to attend a particular dedicated place of work each day)

l) How mileage claims are calculated for mobile employees

m) For non-mobile employees their normal place of work

n) Whether there is in place a contractual mobility clause

o) Whether all required pre-employment checks (including DBS, entitlement to work in the UK etc.) have been undertaken/completed.

p) Any outstanding HR issues e.g. discipline, grievance, capability, ill-Health etc.

q) Numbers of employees not currently working and why, e.g. those on maternity leave, who have ill health, study leave or are taking a career break.

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

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

Communication with Patients

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

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

Other Communications

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

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

Patient Management and Transfer of Care

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

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

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

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

Human Resources

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

Equipment

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

Premises

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

Information, Management and Technology (IM&T)

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

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

Sub-Contractors

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

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

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

Risk Assessment and Management

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

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

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

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

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

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

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

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

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

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

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Not Applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

Patient choice and Shared decision-making (SDM)
The Provider shall enable service users to make choices about the provider, team and services that will best meet their needs, and facilitating SDM in everyday clinical practice are legal and NHS Constitution requirements, as well as specific contractual obligations under SC6.1 and SC10.2.

Personalised care and support plans (PCSPs)
Where appropriate, the Provider shall implement, develop, use and review PCSPs. PCSPs are contractual obligations under SC10.3-10.4 and are a record of proactive, personalised conversations about the care a Service User is to receive, focused on what matters to the person; for a full definition, see the General Conditions. PCSPs are recommended for all long-term condition pathways plus other priority areas as set out in the NHS Long Term Plan.

Social prescribing
The Provider shall keep staff informed of what local social prescribing offers are available and how referrals to and from social prescribing link workers or to digital social prescribing systems and services can be made, aligned to any local PCN shared plans for social prescribing as outlined in the PCN Contract DES.

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

Personal health budgets (PHBs)
The Provider shall support and facilitate the roll out of PHBs (including integrated personal budgets) to appropriate Service Users. Legal rights to have PHBs now cover:

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

The ICB shall retain responsibility for, amongst other things:

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

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

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

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

SCHEDULE 3 – PAYMENT

A. Aligned Payment and Incentive Rules

Not Applicable.

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

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

Not Applicable

SCHEDULE 3 – PAYMENT

C. Local Prices

Staffs ICB	2024/25
Total 23/24 Contract Value	**90,121**
Post COVID	75
CEOV	(49)
	26
SDF Mental Heath	
SDF Staffordshire Community MH	1,068
Rough Sleepers SDF	157
Community MH Transformation	1,529
SMI	108
Community MH Transformation Yr 3	669
SDF Staffordshire Crisis Care Alternatives	249
18-25 Young Adults SDF	182
CYP Comm Cris Vol Sector SDF	109
Maternal MH SDF	57
P&B phase 2	541
CAMHS ED Business Case - FYE	501
Crisis/Liaison	173
CYP Autism	48
MMH Midwife funding	31
CYP MH integration with primary care and new roles (incl. ARRS)	90
MHST 18/19 Trailblazer	1,514
MHST Wave 8	270
	7,296
SDF LD&A	
SDF LDeR 2020/21 transformation funding	137
LD Key Worker	163
ASD CYP diagnosis and intervention service	754
	1,054
Other SDF	
Tobacco inpatients	61
	61
Indicative allocations / additional income stream:	
DWP Employment Advisors	245
Survivers of Sexual Assault Pathway	347
Future Focused Service	102
	694
Total Non Recurrent	**9,131**
2024/25 Adjustments	
Unfunded excess inflation	305
Additional 1% cost pressure	882
3.44% Efficiency of RRL	(3,185)
Add Convergence (included in Efficiency)	817
Share of system deficit	0
0.2% CUF Adjustment	(196)
System Stretch	(1,400)
	(2,777)
Total excluding TCP & P86	**96,475**

SCHEDULE 3 – PAYMENT

D. Expected Annual Contract Values

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

ICB Code	ICB Description	Total Contract Value £
QNC	NHS STAFFFORDSHIRE AND STOKE-ON-TRENT ICB	96,475,090,000
GRAND TOTAL		96,475,090,000

SCHEDULE 3 – PAYMENT

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

Not Applicable

SCHEDULE 3 – PAYMENT

F. CQUIN

Not Applicable

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

24-25 Ref.	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
4C.02	Access to Mental Health Interventions Patients will receive treatment within 18 weeks of referral	92%	Reported included in Trust Board Report (a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report.	Monthly (20th working day)	All (except inpatient & assessment services)
4C.05	Urgent and Emergency Liaison Psychiatry Urgent and Emergency Psychiatric Liaison Team to respond to referrals received from all emergency portals within 1 hour (except for those patients not medically able to commence assessment) i.e. referrals from A&E, Ambulatory Rapid Assessment Team, Ambulatory Emergency Care, Ambulatory Medical Rapid Assessment Unit and Clinical Decision Unit.	95%	Reported separately to Trust Board Report (a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report.	Monthly (20th working day)	A13

24-25 Ref.	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
4C.06	Urgent and Emergency Liaison Psychiatry All emergency referrals from A&E or wards receive a full assessment as per the EBTP standards within 4 hours An emergency is an unexpected, time-critical situation that may threaten the life, long-term health or safety of an individual or others and requires an immediate response.	95%	Reported separately to Trust Board Report (a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report. Number of emergency referrals received (numbers shown split by source of referral) (DENOMINATOR) Number of emergency referrals assessed and care plan in place, transferred. discharged or MHA commenced within 4 hours (NUMERATOR) Reasons for non-achievement to be reported by exception	Monthly (20th working day)	A13
4C.07	Urgent and Emergency Liaison Psychiatry All urgent referrals (usually from general hospital wards) receive a full assessment as per the EBTP standards within 24 hours An urgent situation is serious, and an individual may require timely advice, attention or treatment, but	95%	Reported separately to Trust Board Report (a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report. Number of urgent referrals received (DENOMINATOR) Number of urgent referrals assessed	Monthly (20th working day)	A13

24-25 Ref.	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
	it is not immediately life threatening		and care plan in place, transferred, offered advice, given a follow up appointment within 24 hours (NUMERATOR) Reasons for non-achievement to be reported		
4C.10	Perinatal Women offered a face to face appointment within 2 weeks of referral	50%	Reported via Service Quality Performance Report in excel format (in addition to Excel, a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report.	Monthly	A9
4C.11	Perinatal Women offered a face to face appointment within 6 weeks of referral	95%	Reported via Service Quality Performance Report in excel format (in addition to Excel, a PDF version can also be submitted if Provider chooses for version control). Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report.	Monthly	A9
4C.13	CHAT Percentage of patients discharged from hospital seen within 24 hours	80%	Reported monthly via Service Quality Performance Report in excel format (in addition to Excel, a PDF version can also be submitted if Provider chooses for version control).	Annual	F04

24-25 Ref.	Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
	(follow up to be via face-to-face contact, however where this is not possible, an alternative means of follow up is acceptable)		Percentage to be provided. Where Target has not been achieved, numerator and denominator are to be included within the exception report. NB. LQR is to be monitored and reported in a shadow format for the duration of 22/23 to agree a baseline to inform future reporting/monitoring.		
4C.17	Planned annual programme of monthly quality visits	To be agreed	Reporting monthly through CQRM with an annual update in Q2 relating to any learning/actions identified during the previous year's annual programme. The ICB reserve the right to complete unannounced visits.	Annual	MH

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
21st May 2024	**Proposal for Schedule 4 and 6 reporting for Operational Performance 2024/25 (see Schedule 6 Reports reference 'IQPR..'**

Documents supplied by Commissioners

Date	Document

SCHEDULE 5 - GOVERNANCE

B. Provider's Material Sub-Contracts

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

Psicon 15-17 New Dover Road, Canterbury, CT1 3AS	Children and Young People Autism Spectrum Disorder Assessments	01/04/24 – 31/03/25	Yes	Data Processor
Action for Children Services Ltd 3 The Boulevard Ascot Road Watford WD18 8AG Company number: 2332388	AFC Triage and Assessment Support to North Staffs CAMHS	01/04/24 – 31/03/25	Yes	Data Processor

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

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	National Requirements Reported Centrally				
1	As specified in the Schedule of Approved Collections published at https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	**All**
2	Patient Reported Outcome Measures (PROMS) https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	**All**
	National Requirements Reported Locally				
1a	Activity and Finance Report	Monthly	In the format specified in the relevant Information Standards Notice (DCB2050)	[For local agreement]	**A, MH**
2	Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour, including, without limitation:	Monthly	See IQPR	Within 15 Operational Days of the end of the month to which it relates	**All**
2a	details of any thresholds that have been breached and breaches in respect of the duty of candour that have occurred;				

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
2b	details of all requirements satisfied;				
2c	details of, and reasons for, any failure to meet requirements				
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~~ *NHSE has confirmed a pause to CQUIN for 2024/25 following consultation, therefore the Rules and Guidance will not require CQUIN to be implemented for the duration of that pause, and so the rest of SC38 will simply be redundant for as long as the pause continues, pending the outcome of the broader review of incentives. But those provisions could become "live" again if and when the pause is terminated.*	~~[For local agreement]~~	~~[For local agreement]~~	~~[For local agreement]~~	~~**All**~~
4	Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Monthly	Improving Quality & Performance Report 24-25	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	**All**
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	Monthly	Improving Quality & Performance Report 24-25	Within 15 Operational Days of the end of the period to which it relates. Submitted to	**All**

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	with the Co-ordinating Commissioner			contractmanagement@staffsstoke.icb.nhs.uk	
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 Staff numbers and skill mix in accordance with GC5.2 (*Staff*)	Monthly	Improving Quality & Performance Report 24-25	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	**All**
9	Where the Services include Specialised Services and/or other services directly commissioned by NHS England (or commissioned by an ICB, where NHS England has delegated the function of commissioning those services), specific reports as set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/ (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	As set out at https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	**All**
10	Report on progress against Green Plan in accordance with SC18.2 (NHS Trust/FT only)	Annually	[For local agreement]	[For local agreement]	**All**
	Local Requirements Reported Locally				
IQPR1	**IQPR Metrics – National Operational Planning Forecasts** ▪ Out of Area — Forecast remains as 0 ▪ Number of people accessing — Forecast increased to 553. NB Can only be achieved	Monthly	Improving Quality & Performance Report 24-25	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All

			Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	specialist community Perinatal services	with investment as per Business Case				
	▪ Adult 2 Contacts - Access to Transformed Community Mental Health Services for Adults and Older Adults with SMI – 2 contacts	Forecast 6,800				
	▪ CYP – 1 Contacts - Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (12-month rolling)	Forecast 7,773				
IQPR2	**IQPR Metrics – National Operational Planning Priority KPIs**		Quarterly - in line with national data	Improving Quality & Performance Report 24-25	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All
	▪ Adults with SMI receiving an Annual Physical Health check	60% by end March 25				
	▪ LD - People aged 14 and over receive an annual health check	75% by end of March 25				
	▪ Talking Therapies for Anxiety and Depression achieving reliable improvement	67%				

			Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	▪ Talking Therapies for Anxiety and Depression reliable recovery	48%				
	▪ People with dementia receiving a dementia diagnosis rate	66.7% by March 2025				
IQPR3	**IQPR Metrics – Access & Wait Times**		Monthly	Improving Quality & Performance Report 24-25 CAMHS data split by Stoke-on-Trent and North Staffordshire footprints	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All
	▪ Referral to Assessment within 4 weeks	95%				
	▪ Referral to Treatment within 18 weeks	92%				
	▪ CAMHS Compliance within 4 week waits (Referral to Assessment)	95%				
	▪ CAMHS Compliance with 18 week waits (Referral to Treatment)	92%				
	▪ CYP Eating Disorders 1-hour urgent response time (quarterly)	95%				
	▪ CYP Eating Disorders 4-hour routine response time (quarterly)	95%				

			Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	▪ Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	67%				
	▪ 48 Hour Follow Up	95%				
	▪ 7 Day Follow Up (All Patients)	95%				
IQPR4	**IQPR Metrics - Inpatient & Quality**		Monthly	Improving Quality & Performance Report 24-25	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All
	▪ Average Length of Stay – Adult ▪ And Adult Acute LoS - Over 60 days as a % of all discharges	▪ 38 days ▪ Additional Single Oversight Framework metric				
	▪ Met - Average Length of Stay - Older Adult ▪ And Older Adult Acute LoS - Over 90 days as a % of all discharges	▪ 87 days ▪ Additional Single Oversight Framework metric				
	▪ Emergency Readmissions rate (30 days)					
	▪ Clinically Ready for Discharge (CRFD)	Actuals				
IQPR5	**IQPR Metrics - Organisational Health & Workforce**		Monthly	Improving Quality & Performance Report 24-25	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All
	▪ Comprehensive Safety Reviews	Replacing SIs with new definitions under PSIRF. Actual				
	▪ Proportionate Reviews					
	▪ Complaints Open Beyond Agreed Timescale	Over 40 days Actual				

			Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	▪ Data Quality Maturity Index (DQMI)	95%				
	▪ Friends and Family Test - Recommended	No target				
	▪ Safe Staffing	Actual				
	▪ Vacancy Rate	10%				
	▪ Staff Turnover	10%				
	▪ Agency Spend	A maximum of 3.2% of the total pay bill across 2024/25				
	▪ Sickness Absence	4.95%				
	▪ Clinical Supervision	85%				
	▪ Appraisal	85%				
	▪ Statutory & Mandatory Training	85%				
LRR_02	**LEARNING FROM EXPERIENCE REPORT** A Quality Report will be produced detailing; a) key patient safety targets and improvement targets where applicable b) Trends of Patient Safety c) Themes and locations of incidents d) Number of and category of Claims e) LFPSE Reporting f) Healthcare Associated infections g) Pressure Ulcers including themes and actions taken		As minimum quarterly, often bi-monthly	Written report containing the required information. 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	Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 20th Operational Day of October Q2 report presented at Trust Board on 13th January therefore submitted to ICB 15th Operational Day of January Q3 report presented at Trust Board on 10th March therefore submitted to ICB 15th Operational Day of	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	h) Medication incidents including themes and actions taken, including where these have led to harm i) Patient Falls including themes and actions taken j) Learning and actions taken k) NICE Guidance implementation (included by exception only where applicable) l) Number of self-harm incidents occurring in reporting month and suicide prevention action plan (bi-annual) m) Number of slips, trips and falls occurring within the reporting month and the number of these which has resulted in harm. n) External Alerts - Provider to submit exception report in relation to any overdue external (Including but not limited to CAS) Alert (s) explaining the reasons why the Provider has not complied with each alert by the specified deadline(s). Report will include remedial actions to ensure compliance within one month of deadline (Provider and commissioner may agree a longer extension period in exceptional circumstances). Information to be provided by exception and where applicable, appended to the LFE report. o) Deep Dive Reviews - Where there are concerns around a specific area, a joint discussion will take place to agree any deep dives to take place (where the Trust feels that there are wider system issues / learning to consider as part of a deep dive and that this would be in keeping with PSIRF). The 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.		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.	March. Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	p) share Mental Health Act 1983 (MHA) monitoring visit reports and resultant provider action statements via CQRM				
LRR_03	**Infection Prevention Control Report**	Quarterly & annual report	Written report containing details of progress, audits undertaken, a synopsis of outcomes, findings and recommendations / actions.	Annual plan – 15th Operational Day of July Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January Q3 report presented at Trust Board in March therefore submitted to ICB 15th Operational Day of March Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	All
LRR_04	**Safer Staffing Report** In addition to the inpatient Safe Staffing, please include Community Safe Staffing. To include by location: • Workforce data • Bank and Agency • Referrals, discharges and Caseload • Summary, exceptions and actions	Monthly & annual report	Include in the Monthly/Annual Inpatient Safe Staffing Report	Monthly: Feb & Mar report presented at Trust Board end May – submitted to ICB 15th Operational Day of June. Apr & May report presented at Trust Board end July – submitted to ICB 15th Operational Day of	All

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	• Sickness if above Trust internal target by service/ community location • Staff turnover if above Trust internal target by service/ community location • Increased use of bank/agency due to increased number of vacancies by service/ community location. The exception should include potential impact on patient safety, staff training, appraisal, supervision and details of action being taken by the Trust to mitigate. .			August. Jun & Jul report presented at Trust Board end Sept – submitted to ICB 15th Operational Day of October. Aug & Sep (plus 6 monthly update) report presented at Trust Board end November – submitted to ICB 15th Operational Day of December. Oct & Nov report presented at Trust Board end Jan – submitted to ICB 15th Operational Day of February. Dec & Jan report presented at Trust Board end March – submitted to ICB 15th Operational Day of April. Annual: Annual report presented at Trust Board end June – submitted to ICB 15th Operational Day of July. Submitted by email to contractmanagement@staffsstoke.icb.nhs.uk	
LRR_05	Restrictive Practices (restraint, seclusion, segregation and rapid tranquillisation) in Inpatient Services Total number of restraints used, including those where prone restraint, seclusion segregation, and rapid tranquillisation occurred at any point during the incident. Report to cover violence and aggression and the management of this (for example, any restraint, seclusion, rapid tranquillisation and staff training). Staff Training	Quarterly & annual report	Quarterly Report on the use of Restrictive Practices (restraint, seclusion, segregation and rapid tranquillisation) in Inpatient Services	Annual plan – 15th Operational Day of July Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January	All

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
	Restrictive practice initiatives Arrangements for Monitoring The above list is not exhaustive			Q3 report presented at Trust Board in March therefore submitted to ICB 15th Operational Day of March Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	
LRR_06	**Mortality reviews and LeDeR Report**	Quarterly	Written report containing details findings and recommendations / actions.	Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January Q3 report presented at Trust Board in March therefore submitted to ICB 15th Operational Day of March Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	All

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LRR_07	**Clinical Audit strategy and implementation**	Quarterly & annual report	Annual Report: Clinical Audit section extract of Clinical Audit Risk and Governance annual report. Quarterly Report: Detailing projects completed, withdrawn and added to the programme. Summaries of completed audits to be published at https://www.combined.nhs.uk/about-us/quality/ quarterly. As this is currently in development, outcomes will be included in the quarterly report until such time as the website is fully operational. Clinical Audit Programme: List of projects prioritised in accordance with Trust policy.	**Annual report:** To be submitted to the coordinating commissioner within 15 operational days of the month following sign off at Quality Committee. (Expected 15th OD of September 2024) **Quarterly report:** To be submitted to the coordinating commissioner within 15 operational days of the end of Q1, Q2, Q3 and Q4 (i.e. in July, October, January and April). **Clinical audit programme:** To be submitted to the coordinating commissioner within 15 operational days of the month following sign off at Quality Committee. (Expected to be submitted15th OD of July 2023). Reports to be submitted to the following inbox: contractmanagement@staffsstoke.icb.nhs.uk	All
LRR_08	**All Age Safeguarding** Reporting Dashboard 2024-25	As specified in the All Age Safeguarding Dashboard (Quarterly / Annual)	Trust to complete the reporting template (see attachment: All Age	Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 15th Operational Day of October	All

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			SafeguardingDashboard 2024-25)	Q2 report presented at Trust Board in January therefore submitted to ICB 15th Operational Day of January Q3 report presented at Trust Board in March therefore submitted to ICB 15th Operational Day of March Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	
LRR_54	**EHC/SEND Data – Report against Statutory Timeframes** ▪ **Number of EHC Requests** ○ **Staffordshire** ○ **Stoke-on-Trent** ▪ **% of EHC completed in 6 weeks (those whose 6 weeks target are due within the month)** ○ **Staffordshire** ○ **Stoke-on-Trent**	Monthly	SEND Dashboard 24-25 (Excel Worksheet attached for reference and completion)	Within 15 Operational Days of the end of the period to which it relates. Submitted to contractmanagement@staffsstoke.icb.nhs.uk	All
LRR_55	**Regulation 28 – Avoiding future deaths**	By exception as received	Full detail of all coroners and any other reports and inquest verdicts	Coroners reports to be shared to ICB quality Team within 72 working hours of receipt Submit to Co-ordinating Commissioner by exception, 5 working days in	All

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
			relating to the Provider will be disclosed on receipt from coroner. • The response back to the Coroner will be shared at the CQRM following the due date to the Coroner	advance of CQRM (where possible) Via Email to contractmanagement@staffsstoke.icb.nhs.uk	
LRR_56	**The Provider must have a Patient Safety Incident Response Policy and a Patient Safety Incident Response Plan which are agreed with the Co-ordinating Commissioner. Both of which are available on the Trusts Public website.** **The Provider will share a report monthly on themes and trends an learning identified**	As minimum quarterly, often bi-monthly	Bi-monthly report to CQRM	Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 20th Operational Day of October Q2 report presented at Trust Board on 13th January therefore submitted to ICB 15th Operational Day of January Q3 report presented at Trust Board on 10th March therefore submitted to ICB 15th Operational Day of March. Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	
LRR_57	**Significant Events i.e., Serious concerns likely to attract media attention**	By exception the Trust will notify the Chief Nursing and Therapies Officer or Deputy within 24 working hours of occurrence	This will ideally be by telephone call and followed up with an email	By telephone/email ASAP within 24 hours of events occurrence	All

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
LRR_58	**IQPR report – escalation of any related patient safety or quality concerns**	As minimum quarterly, often bi-monthly	As a minimum quarterly, often bi-monthly report through CQRM	Quarterly - Q1 report presented at Trust Board in September therefore submitted to ICB 20th Operational Day of October Q2 report presented at Trust Board on 13th January therefore submitted to ICB 15th Operational Day of January Q3 report presented at Trust Board on 10th March therefore submitted to ICB 15th Operational Day of March. Q4 report presented at Trust Board in June therefore submitted to ICB 15th Operational Day of June. Submitted to: contractmanagement@staffsstoke.icb.nhs.uk	

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

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

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Service Development and Improvement Plans

		Milestones	Timescales	Expected Benefit
1	**SDIPS to be varied into contract once agreed.**			
2				
3				
4				

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance	As required by FFT Guidance	As required by FFT Guidance https://www.england.nhs.uk/fft/
National Quarterly Pulse Survey (NQPS) (if the Provider is an NHS Trust or an NHS Foundation Trust)	As required by NQPS Guidance	As required by NQPS Guidance	As required by NQPS Guidance https://www.england.nhs.uk/fft/nqps/
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance)	As required by Staff Survey Guidance	As required by Staff Survey Guidance	As required by Staff Survey Guidance https://www.nhsstaffsurveys.com/
Carer Survey	Annual	Report containing findings and improvement plan where applicable	Submitted to coordinating commissioner & presented at CQRM. Submission date to be confirmed with ICB Quality Lead.

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Data Processing Services

Not Applicable

SCHEDULE 7 – PENSIONS

Not Applicable

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

Contact: england.contractshelp@nhs.net

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

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