



NHS Standard Contract 2022/23 Particulars (Full Length)

For the provision of

Ambulance Auxiliary Service

Ref: C98214

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(please do not send contracts to this email address)

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Contract Reference	C98214
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DATE OF CONTRACT	08 August 2022
SERVICE COMMENCEMENT DATE	08 August 2022
CONTRACT TERM	<p>Initial term of 8 months commencing 08 August 2022 and expiring 31 March 2023 (unless otherwise extended in accordance with the terms of Schedule 1C)</p> <p><i>Note: The Commissioners may opt to extend the Contract Term at the end of the initial term on an annual basis for a further 12 months each time, with total extension period not to exceed 36 months (Ending March 2026)</i></p>
COMMISSIONERS	NHS Commissioning Board (otherwise known as NHS England) of Quarry House, Quarry Hill, Leeds, LS2 7UE
CO-ORDINATING COMMISSIONER	N/A
PROVIDER	<p>St John Ambulance</p> <p>Principal and/or registered office address:</p> <p>St John's Gate, St John's Lane, London, EC1M 4DA</p> <p>Company number: 3866129</p>

DATE OF CONTRACT	08 August 2022
	Registered charity number: 1077265/1

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CONTRACT

Contract title: Ambulance Auxiliary Service

Contract ref: C98214

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

**PETER RIDLEY
for and on behalf of
NHS England**

.....
Title

.....
Date

SIGNED by

.....
Signature

**Richard Lee for
and on behalf of
St John Ambulance**

.....
Title

.....
Date

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date <i>See GC2.1</i>	12 August 2022
Expected Service Commencement Date <i>See GC3.1</i>	22 August 2022
Longstop Date <i>See GC4.1 and 17.10.1</i>	N/A
Contract Term	8 months commencing 22 August 2022 (Service end date 31st March 2023) <i>In accordance with Schedule 1C, The Commissioners may opt to extend the Contract Term on an annual basis for a further 12 months each time, with total extension period not to exceed 36 months (Ending March 2026)</i>
Commissioner option to extend Contract Term <i>See Schedule 1C, which applies only if YES is indicated here</i>	YES <i>In accordance with Schedule 1C, The Commissioners may opt to extend the Contract Term on an annual basis for a further 12 months each time, with total extension period not to exceed 36 months (Ending March 2026)</i>
Commissioner Notice Period (for termination under GC17.2)	2 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)	Not applicable
Provider Earliest Termination Date (for termination under GC17.3)	Not applicable

SERVICES	
Service Categories	Indicate <u>all</u> categories of service which the Provider is commissioned to provide under this Contract. <i>Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.</i>
Accident and Emergency Services (Type 1 and Type 2 only) (A+E)	
Acute Services (A)	
Ambulance Services (AM)	Yes
Cancer Services (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	
Mental Health and Learning Disability Secure Services (MHSS)	
NHS 111 Services (111)	
Patient Transport Services (PT)	Yes
Radiotherapy Services (R)	
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)	
Service Requirements	
Prior Approval Response Time Standard See SC29.25	Not applicable
GOVERNANCE AND REGULATORY	
Nominated Mediation Body (where required – see GC14.4)	Not applicable
Provider's Nominated Individual	Niloufar Hajilou Email: [REDACTED] Tel: [REDACTED]
Provider's Information Governance Lead	Seema Jassi Email: [REDACTED] Tel: [REDACTED]
Provider's Data Protection Officer (if required by Data Protection Legislation)	Byron Shirley

	Email: [REDACTED] Tel: [REDACTED]
Provider's Caldicott Guardian	Steve Hatton Email: [REDACTED] Tel: [REDACTED]
Provider's Senior Information Risk Owner	Brian Henry Email: [REDACTED] Tel: [REDACTED]
Provider's Accountable Emergency Officer	Richard Lee Email: [REDACTED] Tel: [REDACTED]
Provider's Safeguarding Lead (children) / named professional for safeguarding children	Linda Dominguez Email: [REDACTED] Tel: [REDACTED]
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	Linda Dominguez Email: [REDACTED] Tel: [REDACTED]
Provider's Child Sexual Abuse and Exploitation Lead	Linda Dominguez Email: [REDACTED] Tel: [REDACTED]
Provider's Mental Capacity and Liberty Protection Safeguards Lead	Linda Dominguez Email: [REDACTED] Tel: [REDACTED]
Provider's Prevent Lead	Linda Dominguez Email: [REDACTED] Tel: [REDACTED]
Provider's Freedom To Speak Up Guardian(s)	Tommy Hyun Email: [REDACTED] Tel: [REDACTED]
Provider's UEC DoS Contact	n/a
Commissioners' UEC DoS Leads	n/a
Provider's Infection Prevention Lead	Stevie Slade Email: [REDACTED] Tel: [REDACTED]
Provider's Health Inequalities Lead	Dr Lynn Thomas Email: [REDACTED] Tel: [REDACTED]
Provider's Net Zero Lead	Yvonne Smithers Email: [REDACTED] Tel: [REDACTED]
Provider's 2018 Act Responsible Person	n/a
CONTRACT MANAGEMENT	
Addresses for service of Notices See GC36	Commissioner: NHS England Address: Wellington House 133-155 Waterloo Rd South Bank London SE1 8UG

	Provider: St John Ambulance Address: 27 St. John's Lane, Clerkenwell London EC1M 4BU Email: [REDACTED]
Frequency of Review Meetings <i>See GC8.1</i>	Monthly
Commissioner Representative(s) <i>See GC10.3</i>	Emma Valentine Address: Quarry House, Quarry Hill, Leeds, LS27UE Email: emma.valentine2@nhs.net
Provider Representative <i>See GC10.3</i>	Dan Bevis Address: 27 St John's Lane, London EC1M 4BU Email: [REDACTED] Tel: [REDACTED]

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

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

- | |
|---|
| <ol style="list-style-type: none">1. Evidence of appropriate Indemnity Arrangements2. Evidence of CQC registration3. Clinical Scope of Practice |
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The Provider must complete the following actions:

Not Applicable

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description
Not Applicable		

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

1. The Commissioners may opt to extend the Contract Term on an annual basis for a further 12 months each time, with total extension period not to exceed 36 months (Ending March 2026)
2. If the Commissioners wish to exercise the option to extend the Contract Term, the Co-ordinating Commissioner must give written notice to that effect to the Provider no later than 2 months before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
 - 3.1 On an annual basis, and only on or before the date referred to in paragraph 2 above;
 - 3.2 only by all Commissioners; and
 - 3.3 only in respect of all Services.
4. If the Co-ordinating Commissioner gives notice to extend the Contract Term in accordance with paragraph 2 above, the Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the Contract Technical Guidance. NHS England's Contract Technical Guidance provides (at paragraph 36) further guidance on specifications generally and on what to consider for inclusion under the headings below.

Service name	Ambulance Auxiliary Service
Service specification number	
Population and/or geography to be served	See below Service description
Service aims and desired outcomes	See below Service description
Service description and location(s) from which it will be delivered	<p>1. Introduction and Purpose</p> <p>1.1 Background and Context</p> <p>Historically NHS England & NHS Improvement (NHSEI) has commissioned surge support for ambulance services on a reactive basis during winter pressures. Such services have been successful in freeing up emergency ambulance provision and meeting public need in times of surging demand. Recognising the value of these programmes in reducing pressure; arrangements were extended and scaled up as part of the incident response to the COVID-19 pandemic with 203,742 hours of ambulance support provided between March 2020-March 2022.</p> <p>NHSEI has historically worked with providers reactively, as an emergency response to alleviate pressure, however, there is a need to think strategically about how to maximise this type of support for the NHS, how and where it is needed most. Having an all-year-round contract during the COVID-19 pandemic has demonstrated value in relieving pressure outside of winter periods. Recognising demand for ambulance services fluctuates throughout the year with seasonal pressures not just contained to winter, we are looking to commission a year-round programme of responsive support, providing additional capacity to ambulance trusts when and where it is most needed.</p> <p>Working over a multi-year contract, in close collaboration with NHSEI, the Association of Ambulance Chief Executives and NHS ambulance services, will enable a refinement in approach over time that best matches changing ambulance trust needs and external circumstances. NHSEI therefore expects the successful Provider to work collaboratively with these parties and ensure continuous improvement to deliver greater impact throughout the life of the contract and</p>

	<p>enhance the capacity available to support the NHS in times of need.</p> <p>1.2 Aims and Objectives</p> <p>An embedded Ambulance Auxiliary offer which:</p> <ul style="list-style-type: none"> • Adds capacity and reduces pressure on ambulance services when demand is highest • Reduces delays in 999 call response times for all categories of patient callout • Enhances the NHS' resilience and emergency planning through the Provider's contribution • Maintains a readiness to respond in the event of no-notice major incidents/other disruptive challenges with provision of additional capacity as required . <p>1.3 National Policy Drivers</p> <p>NHS Long Term Plan</p> <p>The NHS Long Term Plan states that ambulance staff will be equipped to respond effectively to people in a crisis, and that all patients get the response they need from the ambulance service first time and in a clinically appropriate timeframe.</p> <p>The 2021/2022 Operational Priorities and Planning Guidance highlights the need to focus on the transformation of urgent and emergency care and improve flow on the emergency pathway.</p> <p>This programme is designed to target the areas of greatest pressure when it is needed most, ultimately to relieve pressure and improve outcomes for patients.</p> <p>1.4 General Overview</p> <p>This auxiliary offer is designed to be called on whenever there is a <u>surge</u> in demand for ambulance services beyond levels managed within local contingency planning.</p> <p><i>Within Scope of surge:</i></p> <p>A surge within the context of ambulance services happens when either there is an uplift in demand (e.g. a spike in the number of 999 calls) or an unplanned reduction in staff/ fleet capacity (e.g. due to staff sickness or handover delays at hospitals) which results in ambulance services being unable to achieve response time standards. This variability is planned for in all NHS ambulance trusts, with capacity and response procedures established within business as usual (BAU) models. However, it is within these contexts that this commissioning sits, as an auxiliary support to further enhance capacity when needed.</p>
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	<p>Some of these surges are predictable based on weather patterns, winter illness transmission rates and severity etc, whereas others can be unanticipated – e.g. a major incident taking place. Resilience planning and surge management aim to plan for such occurrences, mobilising resources effectively to respond to such challenges, or to mitigate the impacts on patients via other means.</p> <p><i>Risk factors</i></p> <p>The following risk factors increase the risk of there being surge in demand for ambulance services:</p> <ul style="list-style-type: none"> • Severe winter weather • Heatwave conditions • A major incident with severe and multiple casualties • Pandemic influenza or other infection disease outbreaks • Extended Bank Holiday Weekends • Major social and cultural events (may be highly localised or national in nature) <p><i>Out of scope:</i></p> <p>Local systems maintain responsibility for commissioning ambulance support services on an all year round or ‘business as usual’ status. This will include a degree of predictable variation in capacity (e.g. city centre cover for Friday and Saturday nights, i.e. ‘night-time economy services’). It will also include the commissioning of medium to long-term external fleet and personnel capacity to support business as usual operations.</p> <p>Pre-arranged provision for activities which fall under existing private contracts, legislative requirements, agreements with Local Resilience Fora and agreements with Local Authorities (e.g. Royal Weddings/Funerals, sporting events etc) also sit outside the scope of surge, and as such beyond the scope of the Ambulance Auxiliary Service.</p> <p>The exception to the above out of scope elements will be if such activity coincides with times of surge incidents, in which case a pragmatic approach should be taken to deployment of resources across a footprint.</p> <p>Defining an Ambulance Auxiliary offer</p> <p>The Ambulance Auxiliary Service would provide the NHS with a long-term base level of preparedness to respond to emergent surge challenges facing ambulance services across England. Via a long-term partnership, it would act as a key strategic partner in the NHS’s emergency response planning processes to ensure that we are able to care for patients in times of disruptive challenge to the Ambulance Service.</p>
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	<p>The majority of the annual output of this contract will be the provision of fully equipped and crewed ambulances to be deployed in localities during times of surge pressure. In addition, the Ambulance Auxiliary provider is expected to have the capacity to rise to other disruptive challenges through the provision of flexible clinical and logistical resource. It is expected that the Provider will maintain a uniformed cadre of clinically trained staff/volunteers able to be drafted at short notice in the event of a no-notice major incident in order to enhance the NHS response. Therefore, a portion of the contract will be reserved to enhance the provider's readiness to provide this response.</p> <p>2. Service Scope</p> <p>2.1 Service Description</p> <p>The commissioned Ambulance Auxiliary provider will deliver year-round surge capacity to relieve pressure on ambulance services and improve services to patients during times of increased demand/reduced service capacity.</p> <p>The successful Provider will make available:</p> <ul style="list-style-type: none"> • Additional ambulance capacity for ambulance service surge requirements • Cohort of trained staff/volunteers able to be drafted at short notice in event of no notice major incident • Appropriately clinically and driving trained individuals to support such ambulance surge requirements • Other clinical, fleet or logistical support as needed in the event of disruptive challenges to the NHS • Internal leadership capacity to engage in long term strategic planning with the NHS and partners to increase service resilience and plan for disruptive challenge • Internal governance capacity to ensure the delivery of a high-quality service, with consistent national reporting, audit, patient and personnel records keeping, and safeguarding/incident reporting requirements which are compatible with NHSEI and ambulance trust requirements <p>2.2 Out of Scope</p> <ul style="list-style-type: none"> • Business as usual "BAU" Ambulance services • Non-Emergency Patient Transport Services (NEPTS) • Specialist Patient Transport services e.g. Children's Acute Transport Service, Adult Critical Care Transport Service • Pre-arranged ambulance provision under private contracts, legislative requirements, agreements with
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	<p>Local Resilience Fora and agreements with Local Authorities etc</p> <ul style="list-style-type: none"> Predictable, regular variation in demand (e.g. night-time economy services) <p>2.3 Accessibility</p> <ul style="list-style-type: none"> The offer will be available for all patients regardless of age and to all categories of call. Resource will be Coordinated via the National Ambulance Coordination Centre, and locally deployed via trust dispatchers. For disruptive incidents the Commissioner may put in place alternative deployment mechanisms on a case by case basis, if needed, in liaison with the National Ambulance Coordination Centre or local NHS ambulance services. <p>The Provider shall ensure that all patients have the following basic rights:</p> <ol style="list-style-type: none"> Continuity and consistency of service A service that is equitable for all users To be addressed by their chosen title and/or name To have their personal dignity respected To have their confidentiality respected A right to complain without fear or recrimination No discrimination on the basis of gender, ethnicity, sexual orientation, disability, age, religion or belief <p>2.4 Whole System Relationships and interdependencies</p> <p>It is expected that The Provider maintain regular communication with regional and national colleagues as required to ensure the surge support offer is embedded in seasonal pressures planning processes</p> <p>2.5 Key relationships</p> <ul style="list-style-type: none"> National and Regional NHS England colleagues NHS Ambulance Services National Ambulance Coordination Centre Association of Ambulance Chief Executives <p>3. Service Delivery</p> <p>3.1 Critical Success Factors</p> <p>The critical success factors (CSFs) are as follows:</p> <ul style="list-style-type: none"> Communication & Engagement processes. Requires effective relationship management with NHS Ambulance Services and commitment to engage on the terms of the contract put in place Relationships – local, regional and national stakeholders Sufficient Fleet and logistics capacity to meet the needs of the service specification
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	<ul style="list-style-type: none"> • Sufficient and appropriately skilled workforce available from the outset of the contract (paid and volunteers) • Sufficient leadership and governance capabilities to meet the objectives of the programme <p>It is expected that the Provider will work together with ambulance trusts to pre-identify a targeted response model of where the Provider crews will be deployed in order to:</p> <ul style="list-style-type: none"> • Maximise patient experience and support across a full range of calls • Minimise excessive delays for 999 call response times <p>3.2 Workforce</p> <p>The Provider must ensure that the workforce (either paid, voluntary or both) is able to provide high quality, safe, effective, caring, responsive and well led care to patients and that there is always sufficient capacity and capability to safely and effectively deliver the service. The Provider will ensure that the workforce is able to work flexibly and provide cover to ensure that shortfalls in staffing can be covered and arrangements are in place to cover absences (including leave, sickness, maternity, training etc)</p> <p>The Provider will have clear recruitment, management and supervision policies in place. The Provider is responsible for provision of all training, development and minimum hours requirements as relevant to their workforce model and the requirements set out in “Technical Specifications”.</p> <p>Technical Specifications</p> <ul style="list-style-type: none"> • It is expected that the Provider has in place an agreed Scope of Clinical Practice covering all roles (paid or voluntary) that fall within the Ambulance Auxiliary Service. • It is expected that the Provider has a Driving Policy which meets the current legal requirements for Ambulance Emergency Response Driving • Minimum induction requirements will be agreed between the Provider and each ambulance trust to allow local deployment • For the deployment of Double Crewed Ambulances, The Provider is expected to comply wherever possible with the National Specification for Double Crewed Ambulances, any deviation from the recommended specification will be noted and agreed by exception between the Authority and Provider. • The Provider must ensure compliance with Health and Social Care Act and CQC Regulations <p>4. Access and Referrals</p> <p>4.1 National Coverage</p>
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	<p>We are seeking a single national Provider able to offer comparable cover to every region within the NHS England Footprint</p> <p>This includes all seven NHS regions:</p> <ul style="list-style-type: none"> • North East and Yorkshire • North West • Midlands • East of England • London • South East • South West <p>4.2 Location of Services</p> <ul style="list-style-type: none"> • The Provider can be based anywhere in England however the offer and ability to provide Ambulance Auxiliary surge capacity needs to deliver at locality level within all regions. • The Provider will work on an ongoing basis with the National Ambulance Coordination Centre to anticipate and respond to emergent Ambulance Auxiliary surge support capacity needs. Whilst much of the Ambulance Auxiliary surge capacity requirements may be identified through resilience/seasonal pressures planning, the Provider will be expected to work to fulfil requests from regions for unanticipated surge support, including no-notice major incidents. This may mean ambulance surge support being concentrated in fewer locally affected regions for a sustained period, dependant on need. • Visits to NHS England offices and NHS Ambulance Trusts may be required from time to time for meetings with the Commissioners and/or local/regional system partners. <p>4.3 Hours of Operation</p> <ul style="list-style-type: none"> • The Provider will be expected to work with the National Ambulance Coordination Centre in a planned way to determine the service elements and hours of operation at the desired locations. There is an expectation that The Provider will be able to facilitate 7-day services all year round, mirroring or enhancing local trust shift patterns. <p>5. Quality and Monitoring</p> <p>5.1 National Standards</p> <p>It is the expectation that services delivered are in line with any standards or requirements referenced within the NHS England Commissioning Framework and the National Urgent and Emergency Ambulance Services Specification</p> <p>In addition, The Provider will:</p>
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	<ul style="list-style-type: none"> • Maintain all required monitoring data in accordance with trust policy (e.g. Patient Report forms, Mileage paperwork) • Maintain all required safeguarding and incident reporting in accordance with trust policy • Maintain robust and comprehensive medicines management arrangements • Confirm to the Commissioner the nature and records retention schedule of all Provider records keeping connected to these services. • Implement a continuous improvement plan in relation to the services, utilising an agreed evaluation process and patient satisfaction • Provide information on complaints and compliments received by the service • Share the outcome of any audits at the quarterly contract meeting. • Have in place and provide assurance of compliance against the following policies as a minimum: <ul style="list-style-type: none"> • Fleet Policy • Health and Safety • Incident Management • Infection Prevention and Control • Information Governance • Recruitment, Training and Development of workforce • Safeguarding • Medicines Management • Cyber Security • Staff Protection, Safety and Welfare <p>5.2 Contract Reporting and Performance Monitoring</p> <p>The Provider will supply information to the commissioner on a monthly basis. This is to include a minimum data set which will also form the basis for service evaluation and contract management. The Provider will work with NHSE/I during mobilisation to develop and finalise reporting content and format for the Ambulance Auxiliary Service.</p> <p>The Commissioner will undertake an annual audit of the service contract.</p> <p>The Commissioner will expect the Provider to complete their own self audit of the contract</p> <p>The service will be monitored on a monthly basis by the Commissioner, but contract meetings will be held on a quarterly basis or ad-hoc as required.</p> <p>5.3 Net Zero and Social Value</p>
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	<p>The NHS is an anchor institution. Its assets and resources can be used to maximise social, economic, and environmental benefits, improve health outcomes and tackle health inequalities. All procurement undertaken by NHS organisations must contribute to the NHS Net Zero and Social Value goals, therefore the successful provider of this programme is expected to demonstrate Social Value and progress towards Net Zero within the proposed delivery model.</p> <p>Social Value is about recognising and achieving additional social, economic and environmental benefits (including working to achieve Net Zero) through workstream delivery. Social Value serves as an umbrella term for these broader effects, and organisations which make a conscious effort to ensure that these effects are positive can be seen as adding Social Value by contributing to the long-term wellbeing and resilience of individuals, communities and society in general. The Commissioner will be looking for the Provider to demonstrate tangible growth in their Social Value and Net Zero commitments over the life of the contract as part of the reporting and monitoring process.</p> <p>From April 2023 the NHS will adopt the Government's 'Taking Account of Carbon Reduction Plans' (PPN 06/21), requiring all suppliers with new contracts for goods, services, and/or works with an anticipated contract value above £5 million per annum, to publish a carbon reduction plan for their direct emissions.</p> <p>5.4 Addressing Health Inequalities</p> <p>It is expected that The Provider works collaboratively with partners to ensure services are delivered in line with NHS England's vision of high-quality care for all through equitable access, excellent experience, and optimal outcomes.</p> <p>6. Service Development</p> <p>6.1 Service Development</p> <p>A percentage of the allocated funding per annum will be assigned to the provider as a 'readiness fund'. The remainder of the funding will be allocated to delivery of ambulance crews.</p> <p>The readiness fund is intended for</p> <ul style="list-style-type: none"> levelling up the core offer and developing the capability and capacity to activate an equitable ambulance auxiliary response anywhere in England training and upskilling of workforce (including volunteers) to ensure readiness to respond to
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	<p>support surge activity or no-notice major incidents/disruptive challenge</p> <ul style="list-style-type: none"> • maintenance, readiness, equipping and capability to deploy in the event of a no-notice major incident/disruptive challenge <p>6.2 Contract Duration</p> <p>It is intended that this will be a multi-year contract with the expectation that this will be a 44 month contract in total. The initial contract for the service will be for a period of 8 months, with further contract extensions agreed annually up to a maximum extension of 36 months. This is in line with NHS England funding cycles.</p> <p>6.3 Anticipated Timescales & Implementation</p> <p><i>July 2022</i></p> <ul style="list-style-type: none"> • Contract Award and Mobilisation – work with Commissioner to agree final specification and data reporting as part of contract signature (within the first month) • Engagement of trusts in partnership with NHSEI to familiarise them with the scope of the Ambulance Auxiliary Service offer and • Establishment of a smooth communication stream between the National Ambulance Coordination Centre and the Provider <p><i>August 2022</i></p> <ul style="list-style-type: none"> • Project ‘go live’ with the expectation that Ambulance Auxiliary provision will be made available from the outset of the contract • Provider to become an active participant in resilience and surge planning within the National Ambulance Coordination Centre structures <p><i>September 2022 onwards</i></p> <ul style="list-style-type: none"> • Quarterly contract meetings to commence <p><i>March 2023</i></p> <ul style="list-style-type: none"> • Contract renewal on basis of satisfactory year 1 performance
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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.

Not applicable

SCHEDULE 2 – THE SERVICES

Aii. Service Specifications – Primary and Community Mental Health Services

Insert text locally from 'NHS Standard Contract Primary and Community Mental Health Services Schedule 2Aii' (<https://www.england.nhs.uk/nhs-standard-contract/>) or state Not Applicable

Not Applicable

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Insert text locally in respect of one or more Contract Years or state Not Applicable

Not applicable

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

Insert text locally in respect of one or more Contract Years or state Not Applicable

Not applicable

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

Insert text locally or state Not Applicable

Not applicable

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Insert text locally or state Not Applicable

Not applicable

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

Insert text locally or state Not Applicable

Not applicable

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

Please refer to Schedule 2A for Service Specification

St John Ambulance will provide ambulance crews to enhance the response, conveyance or support to emergency calls across England.

An emergency ambulance will be crewed by a minimum of two St John Ambulance, Emergency Ambulance Crew trained people, one of whom will be an emergency response driver. The crew may also consist of an IHCD trained Ambulance Technician or Associate Ambulance Practitioner. Health Care Professionals with the appropriate ambulance training can also form part of the crew.

Emergency response drivers should have received appropriate driver training in line with the St John Ambulance Driving Policy. This will be reviewed in line with any changes to Section 19 of the Road Traffic Act 2006 if Section 19 is enacted. St John Ambulance will provide assurance to the Commissioner against mandatory training compliance including driver training.

It is the expectation that services delivered are in line with any standards or requirements referenced within the [NHS England Commissioning Framework and the National Urgent and Emergency Ambulance Services Specification](#)

In addition, The Provider will:

- Maintain all required monitoring data in accordance with trust policy (e.g. Patient Report forms, Mileage paperwork)
- Maintain all required safeguarding and incident reporting in accordance with trust policy
- Maintain robust and comprehensive medicines management arrangements
- Confirm to the Commissioner the nature and records retention schedule of all Provider record keeping connected to these services.
- Implement a continuous improvement plan in relation to the services, utilising an agreed evaluation process and patient satisfaction
- Have in place and provide assurance of compliance against the following policies as a minimum:
 - Fleet Policy
 - Health and Safety
 - Incident Management
 - Infection Prevention and Control
 - Information Governance
 - Recruitment, Training and Development of workforce
 - Safeguarding
 - Medicines Management
 - Cyber Security
 - Staff Protection, Safety and Welfare

Contract Monitoring and Data Reporting

The service will be monitored monthly by the Commissioner. Formal contract meetings will be held bi-monthly on a set date of the month. The agenda and papers will be circulated a

week in advance of the meeting. Bi-monthly operational meetings will be held to support operational delivery with any other meetings set up ad-hoc as required.

Secretariat support will be provided by the Commissioner and formal notes and actions will be taken. The Provider will supply the contract reporting information to the Commissioner each month on an agreed date (to be agreed with the Provider)

A minimum dataset will be in place from day one of the contract and the Commissioner will agree with the Provider the content and format of the report required. The Commissioner will work with the Provider in the first two months of the contract to establish a contract monitoring report and dataset to enable robust contract monitoring. This monthly report will form the basis for service evaluation and contract management over the life of the programme. Any further changes to data collection or contract reporting will be agreed between the two parties.

As a minimum the dataset will include:

- Hours of support provided, broken down by ambulance trust
- Vehicle numbers deployed, broken down by ambulance trust
- Number of operational ambulance crews deployable by trust area
- Operations Centre performance and resourcing
- Utilisation by trust

In addition, the Provider will report on:

- Serious Incidents, Incidents, Safeguarding and Quality assurance
- Referrals to regulatory bodies (inc CQC)
- Complaints and compliments received by the service
- Outcome of any audits
- Assurance of compliance with regards to recruitment checks, mandatory training and adherence to key national technical guidance and policies
- Service development in line with Readiness funding
- Tangible growth in Social Value and Net Zero commitments in line with NHS requirements (to be agreed with Provider)

The Commissioner will undertake an annual audit of the service contract.

The Commissioner will expect the provider to complete their own self audit of the contract

*** ie 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

Insert text locally or state Not Applicable

Not applicable

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

Insert text locally or state Not Applicable

Not applicable

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

Insert text locally

Not applicable

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

Insert text locally

Provider to comply with Service Conditions (SC32) regarding Safeguarding Children and Adults

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Insert text locally from 'NHS Standard Contract Provisions Applicable to Primary Medical Services Schedule 2L and Explanatory Note'

(<https://www.england.nhs.uk/nhs-standard-contract/>) or state Not Applicable

Not applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

Not applicable

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

Not Applicable

SCHEDULE 3 – PAYMENT

A. Local Prices

Insert template in respect of any departure from an applicable national currency; insert text and/or attach spreadsheets or documents locally or state Not Applicable

Not applicable

SCHEDULE 3 – PAYMENT

B. Local Variations

For each Local Variation which has been agreed for this Contract, copy or attach the completed publication template required by NHS England (available at: www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices) – or state Not Applicable. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets. Any locally-agreed adjustments (under rule 3 of the Aligned Payment and Incentives Rules) should also be included here.

Insert template; insert any additional text and/or attach spreadsheets or documents locally or state Not Applicable

Not applicable

SCHEDULE 3 – PAYMENT

C. Local Modifications

For each Local Modification Agreement (as defined in the National Tariff) which applies to this Contract, copy or attach the completed submission template required by NHS England (available at: www.england.nhs.uk/pay-syst/national-tariff/locally-determined-prices). For each Local Modification application granted by NHS England, copy or attach the decision notice published by NHS England. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets.

Insert template; insert any additional text and/or attach spreadsheets or documents locally or state Not Applicable

Not applicable

SCHEDULE 3 – PAYMENT

D. Aligned Payment and Incentive Rules

**Insert text and/or attach spreadsheets or documents locally or state Not Applicable.
Include separate values / information for each of one or more Contract Years, as
required.**

Not applicable

SCHEDULE 3 – PAYMENT

E. CQUIN

Where the Aligned Payment and Incentive Rules apply in respect of payments to be made by any Commissioner, insert details of applicable CQUIN Indicators in respect of the relevant Contract Year or state Not Applicable

Not applicable

SCHEDULE 3 – PAYMENT

F. Expected Annual Contract Values

Commissioner	Expected Annual Contract Value (include separate values for each of one or more Contract Years, as required) or state Not Applicable
Insert text and/or attach spreadsheets or documents locally	
Readiness Fund	0
Ambulance Deployment	
Total	Total Value for 2022-2023 -

SCHEDULE 3 – PAYMENT

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

Insert text and/or attach spreadsheets or documents locally or state Not Applicable

Funding

Funding for this contract is split into Readiness funding and Ambulance Deployment.

Readiness funding

Readiness funding is designated to level up the core offer, train and upskill workforce and ongoing maintenance to ensure deployment in the event of a no notice major incident or disruptive challenge. Readiness funding will be paid monthly to support the costs incurred by the Provider, regardless of deployment levels (subject to evidence of costs incurred)

Readiness funding is not expected to exceed 15% of the total contract value.

The total amount for Readiness funding for 2022-2023 is £

Fixed Costs	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Total
Readiness Funding									

Ambulance Deployment - Draw down funding

The Provider will invoice the Commissioner on a monthly basis for actual ambulance hours delivered with total costs for the year not to exceed the total envelope listed below.

The total financial envelope for Ambulance Deployment for 2022-2023 is

Additional Notes

The Provider takes responsibility for calculating VAT where applicable for the relevant elements of the service and therefore all prices quoted by the Provider are inclusive of VAT.

The Provider is responsible for accounting for and including any inflationary increases due within the final costings supplied. No further inflationary increases will be due to the Provider.

The agreed rates above are based on the Provider's tender submission and do not preclude the Authority and Provider agreeing variation to these where this would best meet the needs of the service. Any variation would be agreed in writing.

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

Quality Requirement	Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
Insert text and/or attach spreadsheet or documents locally in respect of one or more Contract Years or state Not Applicable				

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	Feedback Policy, AQ1
10/06/2022	Feedback & Complaints Procedure, AQ1
10/06/2022	Emergency Preparedness Resilience and Response Policy, AQ2
10/06/2022	Adverse Weather Plan, AQ4
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	Infection Prevention & Control Procedure, AQ3
10/06/2022	IPC Update, May 2022, AQ3
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	Risk Management Framework, AQ4
10/06/2022	[REDACTED]
10/06/2022	Safeguarding Policy & Procedures, AQ5
10/06/2022	Environment & Sustainability Policy (ESP)
10/06/2022	[REDACTED]
10/06/2022	[REDACTED]
10/06/2022	Form of Tender
10/06/2022	Supplier Code of Conduct

Documents supplied by Commissioners

Date	Document
Not Applicable	

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
Not Applicable				

SCHEDULE 5 - GOVERNANCE

C. Commissioner Roles and Responsibilities

Co-ordinating Commissioner/Commissioner	Role/Responsibility
Not Applicable	

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 Data Alliance Partnership Board Schedule of Approved Collections published on the NHS Digital website 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 DCB0092-2062 and with detailed requirements published by NHS Digital 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	If and when mandated by NHS Digital, in the format specified in the relevant Information Standards Notice (DCB2050)	[For local agreement]	A, MH
1b. Activity and Finance Report	Monthly	[For local agreement]	[For local agreement]	All except A, MH
2. Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour, including, without limitation: a. details of any thresholds that have been	Monthly	[For local agreement]	Within 15 Operational Days of the end of the month to which it relates	All

NHS STANDARD CONTRACT 2022/23 PARTICULARS (Full Length)

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
<p>breached and breaches in respect of the duty of candour that have occurred;</p> <p>b. details of all requirements satisfied;</p> <p>c. details of, and reasons for, any failure to meet requirements</p>				<p>All</p> <p>All</p>
3. Where CQUIN applies, CQUIN Performance Report and details of progress towards satisfying any CQUIN Indicators, including details of all CQUIN Indicators satisfied or not satisfied	[For local agreement]	[For local agreement]	[For local agreement]	All
4. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	[For local agreement]	[For local agreement]	[For local agreement]	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 of all incidents requiring reporting	Monthly	[For local agreement]	[For local agreement]	All
7. Data Quality Improvement Plan: report of progress against milestones	In accordance with relevant DQIP	In accordance with relevant DQIP	In accordance with relevant DQIP	All
8. Report and provide monthly data and detailed information relating to violence-related injury resulting in treatment being sought from Staff in A+E departments, urgent care and walk-in centres to the local community safety partnership and the relevant police force, in accordance with applicable Guidance (Information Sharing to Tackle Violence (ISTV)) Initial Standard Specification https://digital.nhs.uk/isce/publication/isb1594	Monthly	As set out in relevant Guidance	As set out in relevant Guidance	<p>A</p> <p>A+E</p> <p>U</p>
9. Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (<i>Staff</i>)	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	[For local agreement]	[For local agreement]	All
10. Report on compliance with the National Workforce Race Equality Standard	Annually	[For local agreement]	[For local agreement]	All
11. Report on compliance with the National Workforce Disability Equality Standard (NHS Trust/FT only)	Annually	[For local agreement]	[For local agreement]	All
12. Where the Services include Specialised Services	As set out at	As set out at	As set out at	All

NHS STANDARD CONTRACT 2022/23 PARTICULARS (Full Length)

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
and/or other services directly commissioned by NHS England, 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)	https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/	
13. Report on performance in reducing Antibiotic Usage in accordance with SC21.3 (<i>Infection Prevention and Control and Staff Vaccination</i>) (NHS Trust/FT only)	Annually	[For local agreement]	[For local agreement]	A
14. 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				
Insert as agreed locally or state Not Applicable			The Provider must submit any patient-identifiable data required in relation to Local Requirements Reported Locally via the Data Landing Portal in accordance with the Data Landing Portal Acceptable Use Statement. [Otherwise, for local agreement]	

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.

Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date
Not Applicable			

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Incidents Requiring Reporting Procedure

Procedure(s) for reporting, investigating, and implementing and acting on insight derived from: (1) Serious Incidents (where applicable) (2) Notifiable Safety Incidents (3) other Patient Safety Incidents
Insert text locally

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. 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
Not Applicable			

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication
Friends and Family Test (where required in accordance with FFT Guidance)	As required by FFT Guidance	As required by FFT Guidance	As required by FFT Guidance
National Quarterly Pulse Survey (NQPS) (if the Provider is an NHS Trust or an NHS Foundation Trust)	As required by NQPS Guidance	As required by NQPS Guidance	As required by NQPS Guidance
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance)	As required by Staff Survey Guidance	As required by Staff Survey Guidance	As required by Staff Survey Guidance
[Other] [Insert further description locally]			

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

F. Data Processing Services

These are the Data Processing Services to be performed by the Provider, as referred to in the Provider Data Processing Agreement set out in Annex B to the Service Conditions.

Processing, Personal Data and Data Subjects

1. The Provider must comply with any further written instructions with respect to processing by the Co-ordinating Commissioner.
2. Any such further instructions will be deemed to be incorporated into this Schedule.
3. Refer to Appendix 1 – Data Processing Agreement

Description	Details
Subject matter of the processing	<i>[This should be a high level, short description of what the processing is about i.e. its subject matter]</i>
Duration of the processing	<i>[Clearly set out the duration of the processing including dates]</i>
Nature and purposes of the processing	<i>[Please be as specific as possible, but make sure that you cover all intended purposes. The nature of the processing means any operation such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of data (whether or not by automated means) etc. The purpose might include: employment processing, statutory obligation, recruitment assessment etc]</i>
Type of Personal Data	<i>[Examples here include: name, address, date of birth, NI number, telephone number, pay, images, biometric data etc]</i>
Categories of Data Subject	<i>[Examples include: Staff (including volunteers, agents, and temporary workers), Co-ordinating Commissioners/clients, suppliers, patients, students/pupils, members of the public, users of a particular website etc]</i>
Plan for return and destruction of the data once the processing is complete UNLESS requirement under law to preserve that type of data	<i>[Describe how long the data will be retained for, how it be returned or destroyed]</i>

SCHEDULE 7 – PENSIONS

Insert text locally (from 'NHS Standard Contract fair deal for staff pensions draft template schedule 7 and accompanying guidance' <http://www.england.nhs.uk/nhs-standard-contract/>) or state Not Applicable

Not applicable

SCHEDULE 8 – JOINT SYSTEM PLAN OBLIGATIONS

Insert text locally in respect of one or more Contract Years or state Not Applicable

Not applicable

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