



NHS Standard Contract 2022/23 Particulars (Full Length)

***Contract title / ref: 111 National
Resilience - C105404***

Prepared by: NHS Standard Contract Team, NHS England
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(please do not send contracts to this email address)

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Contract Reference	C105404
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DATE OF CONTRACT	16/02/2023
SERVICE COMMENCEMENT DATE	16/02/2023
CONTRACT TERM	1 year commencing 16/02/2023 (or as extended in accordance with Schedule 1C)
COMMISSIONERS	NHS England All references to Commissioner or Commissioners under the Contract shall be deemed to be references to NHS England notwithstanding that the term “Co-ordinating Commissioner” also refers to NHS England.
CO-ORDINATING COMMISSIONER <i>See GC10 and Schedule 5C</i>	NHS England All references to Co-ordinating Commissioner under the Contract shall be deemed to be references to NHS England notwithstanding that the terms “Commissioner” or “Commissioners” also refer to NHS England. All rights under the Contract reserved to the Coordinating Commissioner may be exercised by NHS England.
PROVIDER	Vocare Limited Principal and/or registered office address:

DATE OF CONTRACT	16/02/2023
	Cardinal Square First Floor – West, 10 Nottingham Road, Derby, England, DE1 3QT Company number: 09933257

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CONTRACT

Contract title:111 National Resilience

Contract ref:C105404.....

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 JULIAN KEL
and on behalf of NHS En

SIGNED by Andrew Grego
and on behalf of VO
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SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date <i>See GC2.1</i>	16/02/2023
Expected Service Commencement Date <i>See GC3.1</i>	16/02/2023
Longstop Date <i>See GC4.1 and 17.10.1</i>	01/04/2023 .
Contract Term	1 year commencing as per Effective Date
Commissioner option to extend Contract Term <i>See Schedule 1C, which applies only if YES is indicated here</i>	YES By two 12-month consecutive periods
Commissioner Notice Period (for termination under GC17.2)	3 months
Commissioner Earliest Termination Date (for termination under GC17.2)	3 months after the Service Commencement Date
Provider Notice Period (for termination under GC17.3)	3 months
Provider Earliest Termination Date (for termination under GC17.3)	3 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. <i>Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.</i>
Accident and Emergency Services (Type 1 and Type 2 only) (A+E)	
Acute Services (A)	
Ambulance Services (AM)	
Cancer Services (CR)	
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	
Mental Health and Learning Disability Secure Services (MHSS)	
NHS 111 Services (111)	The scope of this contract is only for provision of non-emergency NHS 111 services
Patient Transport Services (PT)	
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)	NA CEDR (Centre for Effective Dispute Resolution) 100 St. Paul's Churchyard, London EC4M 8BU United Kingdom
Provider's Nominated Individual	Jill Winters [REDACTED]
Provider's Information Governance Lead	Karen Taylor Email: [REDACTED]


Provider's Data Protection Officer (if required by Data Protection Legislation)	Name: Jim Heptinstal [Redacted]
Provider's Caldicott Guardian	Falu Bharmal [Redacted]
Provider's Senior Information Risk Owner	Andrew Gregory [Redacted]
Provider's Accountable Emergency Officer	Andrew Sidebotham [Redacted]
Provider's Safeguarding Lead (children) / named professional for safeguarding children	Name: Sophia Swatton [Redacted] Tel: [Redacted]
Provider's Safeguarding Lead (adults) / named professional for safeguarding adults	Name: Sophia Swatton Email: [Redacted] [Redacted]
Provider's Child Sexual Abuse and Exploitation Lead	Name: Sophia Swatton Email: [Redacted] [Redacted]
Provider's Mental Capacity and Liberty Protection Safeguards Lead	Name: Sophia Swatton Email: [Redacted] [Redacted]
Provider's Prevent Lead	Name: Sophia Swatton Email: [Redacted] [Redacted]
Provider's Freedom To Speak Up Guardian(s)	Name: Jayne Storey Email: [Redacted]
Provider's UEC DoS Contact	Jill Winters Email: [Redacted] [Redacted]
Commissioners' UEC DoS Leads	[Redacted]
Provider's Infection Prevention Lead	Jill Winters Email: [Redacted] [Redacted]
Provider's Health Inequalities Lead	Jill Winters [Redacted] [Redacted]
Provider's Net Zero Lead	Falu Bharmal Email: [Redacted] [Redacted]
Provider's 2018 Act Responsible Person	Falu Bharmal [Redacted] [Redacted]
CONTRACT MANAGEMENT	
Addresses for service of Notices See GC36	Commissioner: Aminur Choudhury NHS England Address: Wellington House 133-155 Waterloo Road London SE1 8UG Email: [Redacted]

	<p>Provider: Vocare Limited</p> <p>Address: Cardinal Square First Floor – West, 10 Nottingham Road, Derby, England, DE1 3QT</p> <p>Email: [REDACTED]</p>
<p>Frequency of Review Meetings</p> <p><i>See GC8.1</i></p>	<p>Monthly Contract Review Meeting (CRM)</p> <p>Quarterly Clinical Review Meeting (CQRM)</p>
<p>Commissioner Representative(s)</p> <p><i>See GC10.3</i></p>	<p>Contract Manager – Ruth Allanson and Lee Hunter</p> <p>Address: Quarry House, Quarry Hill, Leeds, LS2 7UE</p> <p>Email [REDACTED] [REDACTED] [REDACTED]</p>
<p>Provider Representative</p> <p><i>See GC10.3</i></p>	<p>Assistant Director of Contracting and Commercial Services - Angela Cheek</p> <p>Address: Vocare House, Balliol Business Park, Benton Lane, Newcastle upon Tyne, NE12 8EW</p> <p>[REDACTED]</p>

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

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


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The Provider must complete the following actions:

Supply an exit plan to the Commissioner in a form that is satisfactory to the Commissioner to be inserted at Schedule 2 I

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

B. Commissioner Documents

Date	Document	Description
Date of publication 31 st August 2017	<u>NHS England IUC Service Specification – August 2017</u>	The Service will be delivered in accordance with the 2017 Integrated Urgent Care Service Specification as required in the Service Specifications set out at Schedule 2A.

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

C. Extension of Contract Term

1. The Commissioners may opt to extend the Contract Term by two separate consecutive 12 month periods.
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 3 months before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
 - 3.1 As per paragraph 1 above, 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

Service name	111 National Resilience
Service specification number	Version 1.0
Population and/or geography to be served	England
Service aims and desired outcomes	<p>Service outcomes will be aligned to current IUC ADC. The service will provide</p> <ul style="list-style-type: none"> • Appropriate levels of care to close calls first time • Access to advice, care and treatment 24 hours a day 7 days a week from appropriately trained and qualified staff • Rapid access to an appropriate clinician • Rapid access to emergency services • Access to locally based community care • Access to quality self-care advice and guidance
Service description and location(s) from which it will be delivered	<p>The provision of a core NHS 111 service as described in IUC Service Specification consisting of Health Advisors and Clinicians as a national resilience service.</p> <p>To be delivered from Vocare contact centres, including homeworking. Head Office - Cardinal Square West, 10 Nottingham Road, Derby, DE1 3QT</p>
Alignment to 2017 Specification	<p>Vocare will deliver the service in accordance with the 2017 Integrated Urgent Care Service Specification and associated addendum ensuring that all necessary technical, telephony and training requirements for both the Pathways Light and National Resilience Capacity Services are compliant.</p> <p>https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf</p>
Service Description	A national service commissioned to provide additional national call handling and clinical capacity to be used to alleviate pressures on local core NHS111 service provision.
Supporting Functions	<p>111 National Resilience Services will need to include but not be limited to:</p> <ul style="list-style-type: none"> • Training team(s) • Clinical governance / complaints etc. • Audit team(s) • Pathways Clinicians/CAS • Operations • Contract Performance Manager (only required if sub-contract is in place) • Project management

	<ul style="list-style-type: none"> • ICT support • Systems administrator (for chosen workflow system) • Pharmacy Specialist
Service Standards	<p>Standards</p> <p>Vocare will deliver the service in accordance with the service standards set out in the 2017 Service Specification and the KPI set out in the IUC Aggregate Data Collection (ADC)</p> <p>NHS England » Integrated Urgent Care Service Specification NHS England » Integrated urgent care: key performance indicators 2022/23 https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2022/05/IUC-ADC-Specification-2022-23-v1.4.pdf</p> <p>Vocare must be able to deliver the services without impacting on other business lines, such as any NHS 111 contract(s) they hold.</p> <p>Vocare shall produce a suite of draft SOPs available to adapt for use in the services set out in Section 4 (including any homeworking element). The Service Provider shall be responsible for the production and clinical assurance of the SOP.</p> <p>Reporting & Evaluation</p> <p>Outcomes are to be measured via benchmarking agents, quality control and improvement cycle, auditing of calls and system activity monitoring.</p> <p>Key performance indicators will be aligned to the current IUC ADC. Any changes or specifics to this will be agreed across the providers concerned as SLAs.</p> <p>NHS England will set evaluation criteria for the programme of work to be agreed with the Service Provider at the outset to ensure successful delivery.</p> <p>Ongoing evaluation and contract monitoring will take place at regular intervals throughout the contract period (proposed 3, 6, 9 and 12 months) into the service delivery.</p>
Access	<p>National Resilience Service</p> <p>The targeted contingency tool will be used to take a percentage of calls away from one or more providers and deliver them to the 111 National Resilience service as shown in Figure 2. Alternatively, a percentage of national demand may be skimmed off at national level and sent to the service.</p>

	<p>Figure 2</p>
Hours of Operation	<p>Vocare shall deliver the service on a 24/7 basis 365 days a year. In the event that demand profiles do not warrant 24/7 operation, the NHS England may request that that the service hours are reduced. If required, the Service Provider shall deliver a service within NHS England's specified hours extending resources beyond the specified close time to ensure that all cases are cleared from the queues prior to closure.</p>
Operating Model	<p>Call Handling and Clinical</p> <p>Vocare shall implement a call handling and clinical model of the National Resilience Service provision as set out in the 2017 IUC Service Specification.</p> <p>Integrated Urgent Care Clinical Assessment Services will be available for onward transfer should a patient require clinical intervention/advice.</p> <p>The 111 National Resilience Model will have an associated clinical capacity (see workforce section). This will include but not limited to, clinical floor walkers who will be available to take questions from Service Advisors/Health Advisors (whilst putting the caller on hold) relating to the CRM/workforce management tool, questions around the medication, spelling, generic /pharmaceutical names and questions around the NHS Pathways screens and questions.</p>
Technical	<p>Telephony</p> <p>NHS England will deliver calls to Vocare via the local ADC or SVCC to the following skills sets in the phone network.</p> <ul style="list-style-type: none"> • Health Advisors will be allocated all of the aforementioned skill sets. • Health Advisors will get a whisper informing of the call type. • DDI for Language Line calls on this service (if required). • Clinical Floorwalkers must have access to the Telephony System. • Calls will be delivered to designated delivery numbers specified by the Service Provider. • Uninterruptable announcement when call arrives at the Service Provider/s network. It is required to say: <p><i>"Calls are recorded and monitored for quality and safety purposes. Details of your call will be shared with other healthcare providers so that we can provide you with this service. For more information about how we use information please ask the call handler".</i></p>

	<p>Additional requirements</p> <ul style="list-style-type: none"> Any workflow system changes made as part of this programme go through a full UAT prior to go live. All services must have functionality to record calls into the service and any enquiry calls made to supervisors and/or clinicians. All services must have the ability to conference in then transfer the call to 999. <p>Sub-contractor requirements</p> <ul style="list-style-type: none"> The Service Provider shall ensure that sub-contractors adhere to the same requirements as set out in the 2017 IUC Service Specification. Must be on the HSCN network link. Must be able to access the same instance of the workflow system. All clinicians must be able to access the same instance of the workflow system. Any data is repatriated by the data controller on termination or expiry of the contract. <p>Registration Authority</p> <p>Vocare shall be responsible for Registration Authority (RA) functions. Any sub-contracted providers should also be managed using the same RA process.</p> <p>Timeframes to introduce smartcards for all staff on this programme should be built into the programme timeline – min 5 days in mobilisation phase of this service.</p> <p>The preference of NHS England would be for virtual smartcards to be used but a back-up of smartcard with readers should be planned, to ensure EPS can be accessed.</p> <p>Equipment</p> <p>Vocare shall ensure the suitability of all equipment utilised by call agents for service delivery and shall ensure that homeworking staff connect remotely via secure VPN, with no data at rest on the device and compatible with chosen workflow system.</p> <p>All call agents must register for an NHS Mail email account to access the required systems for these services. The existing process for Service Providers requesting these nhs.net accounts for call agents will be the same route used in these services.</p> <p>Clinical Decision Support System</p> <p>Vocare will be required to adhere to the terms of the NHS Pathways “licence to use” and any extant easements.</p> <p>Directory of Service (DoS)</p> <p>Vocare’s Health / Clinical advisors will refer patients appropriately to available services via the DoS.</p> <p>Vocare shall configure the workflow system functionality to make clinical staff available across the provider network and implement the ability to move cases to the receiving CAS using DOS.</p> <p>The DoS should be updated by area/regional DoS leads to support onward referral across the entire country, it would be advisable to ensure there is DoS support within the project team set up to manage across a multi-provider provision.</p>
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	Should DoS endpoints not be available then Vocare shall make provision for cases to go to a clinician/ clinical queue and plan for this eventuality. Consideration is required as to how Vocare would implement clinical service referrals to external services.
Workforce	
Training	<p>Vocare shall ensure for 111 National Resilience Services that all that staff are trained in according with the Pathways “licence to use” and any extant easements.</p> <p>The Service Provider shall ensure that:</p> <ul style="list-style-type: none"> • Call Handlers and Pathways Clinicians are trained in accordance with the NHS Pathways “licence to use” • staff are trained on the chosen workflow system. • Core training is delivered to staff for other business systems such as telephony. • Statutory and Mandatory training is delivered to all staff in line with NHS requirements. • Availability of sites for mentoring visits or face to face training, to be determined locally. • Undertaking of a desktop exercise by all agents between training and go live to increase Health adviser capabilities. This can also be achieved by having a soft launch date ahead of an official go live date. • Undertake quality improvement audit requirement (including evaluation from staff on training programme). • Enhanced support offer for homeworkers (e.g. ongoing mentoring and mentorship programme)

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

Not Applicable

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Not Applicable

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

To be agreed via the weekly planning process outline in schedule 6aa ref 15

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

<p>Not Applicable</p>

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Not Applicable

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

Not Applicable

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

Not Applicable

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Not Applicable

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

It is a Condition Precedent that the Provider must supply an exit plan to the Commissioner in a form that is satisfactory to the Commissioner.

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

The Provider has a responsibility to ensure the onward referral of patients to the most appropriate, available service as per the directory of service and the transfer of appropriate supporting information to those parties involved in providing direct patient care

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies



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tally+Safeguarding+C



V-CP 150 Vocare
Safeguarding Childrer



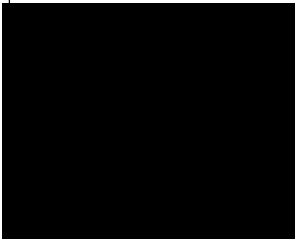
V-CP 169
Safeguarding Adults F

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

This embedded schedule outlines those elements which are part of an Integrated Urgent Care (IUC) service provision which are classed as primary medical services and commissioned under S 83 of the 2006 Act. IUC delivers services 24/7 and as such now encompasses those services which were previously delivered under the title of 'Out of Hours' services, that is, those services designed to provide primary medical services outside of the core operating hours of general practice.

The provisions of the embedded schedule are incorporated into this Contract as operative contractual terms.



SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

Not Applicable

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

Equal Opportunity

Employment

Vocare recognise that some sections of society experience prejudice and discrimination.

We believe everyone has the right to be treated with dignity and respect. We are committed to equality of opportunity and anti-discriminatory practice in the provision of our services, and to the elimination of unfair and unlawful discriminatory practices.

Our framework follows the principles of the Equality, Diversity and Inclusion (EDI) Policy and strategy that align to our company values of Demonstrating Accountability, Being Respectful, Acting with Courage and Delivering Excellence. These are critical to delivery of high-quality services and equal opportunity of employment for all.

Policies

Our EDI policies foster an inclusive workforce and service.

All of Vocare's employment policies have been reviewed in 2022 and contain an equality impact statement to identify any potential discriminatory impact. Where relevant, recommendations from the assessment have been incorporated into the policy and have been considered by the approving committee.

Vocare is part of the Totally Group who have recently launched its Equality, Diversity and Inclusion colleague networks forums. The aim of the forums is to discuss issues and concerns staff have and to develop an action plan to resolve these issues where possible. It is open and inclusive to all staff regardless of whether they possess a protected characteristic or not.

Staff Training

All staff are required to complete equality and diversity mandatory training. Further training is also available; Vocare have recently partnered with "The Learning Curve" a provider of short NCFE fully funded courses on a range of subjects, including a Level 2 award in Equality and Diversity.

Disability Confident employer

We are a Disability Confident Committed Scheme registered employer

We further embrace diversity by:

- Encouraging full/part-time applications from wide and diverse backgrounds via local advertisements and careers fairs, and through community stakeholders and our friends/family referral scheme.
- Supporting flexibility that facilitates observation of cultural/religious requirements.
- Offering private prayer facilities.
- Advance workforce planning for staff to equitably attend/observe cultural events.

- Workforce-representative networks e.g. LGBTQIA, Disability Staff Network, Menopause support.
- Race Religion and Beliefs Equality staff network
- Celebrating the diversity and inclusion and wellbeing of events e.g. Eid.
- Our Reward Specialist monitoring employee rewards for workforce-wide relevance.
- Our People Committee will regularly review job opportunity, job descriptions and recruitment materials to avoid language that may deter applicants from certain groups.

Our Head of Resourcing will continue collaborating with our 111-leadership team to encourage diverse applications by:

- Monitoring EDI data to review candidate trends and formulate strategies to attract more diverse groups.
- Appreciative inquiry within our E&D framework for our attraction strategy, i.e. asking staff what is good and what could increase inclusivity.
- Regularly reviewing roles/vacancies to identify innovative working and opportunities to attract more diverse applicants including being registered as an Armed Forces Covenant signatory.

Disability

Offering reasonable adjustments to work environments for staff with physical, sensory and intellectual diversity, and to those with caring responsibilities encourages diverse applications and facilitates employment, e.g.:

- Occupational-health services for workplace advice/support including DSE-assessment tools, Access to-work schemes.

We make adjustments to working hours/practices e.g. we recently arranged additional breaks and a Private room for an employee to administer dialysis.

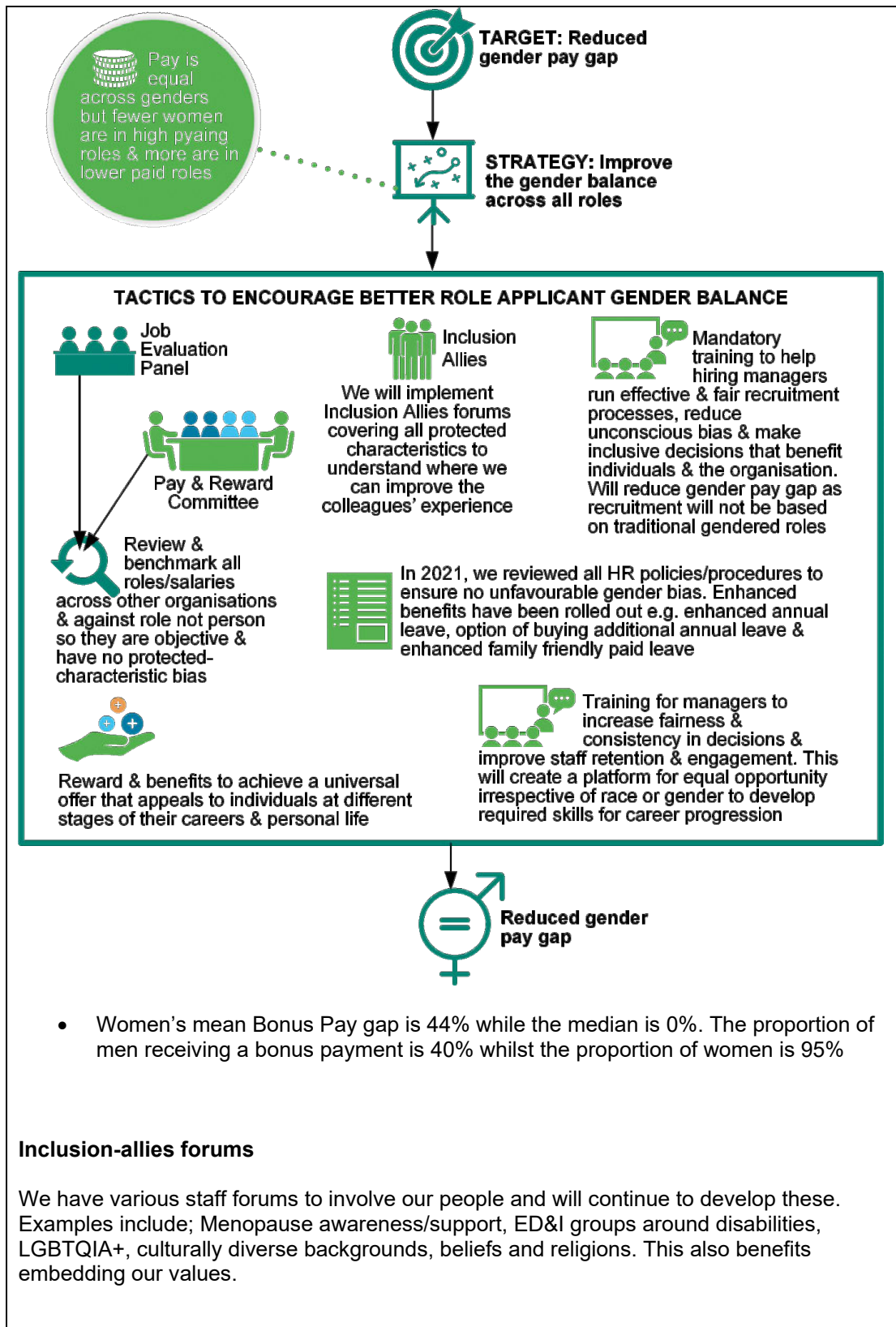
All salaries within Bands/Grades are objectively determined, not by gender or race. Scale-determining factors include experience length/type, demonstrable skills, qualifications and education.

By grading roles and aligning salaries to roles not people, we do not envisage any racial pay concerns. Our new HR system enables inclusion of race/ethnic origins, which will enable us to determine any racial pay concerns that needs addressing.

Gender Pay Gap

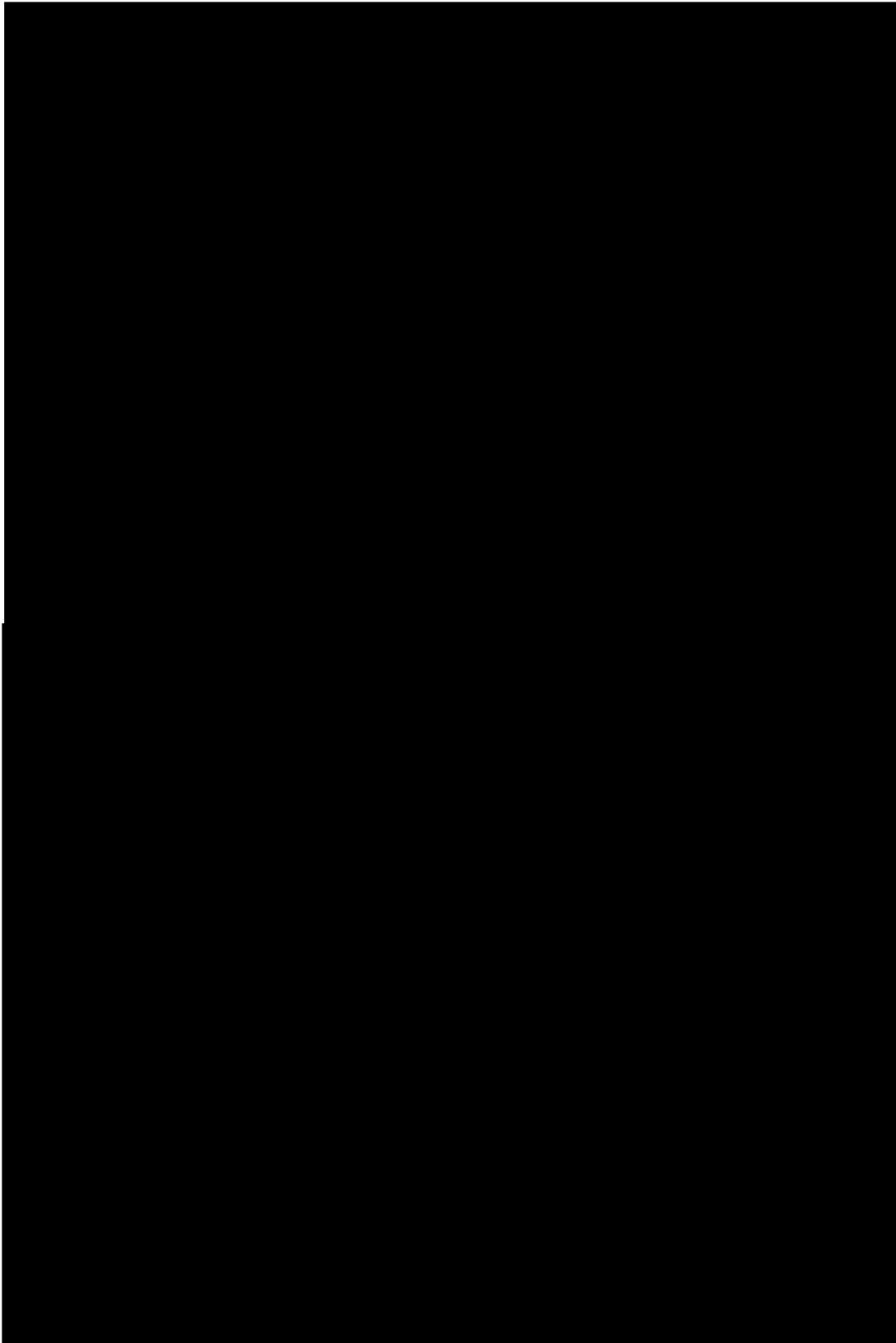
We actively monitor, report and take steps to address gender pay equality and our most recent Gender Pay Gap results reported the following:

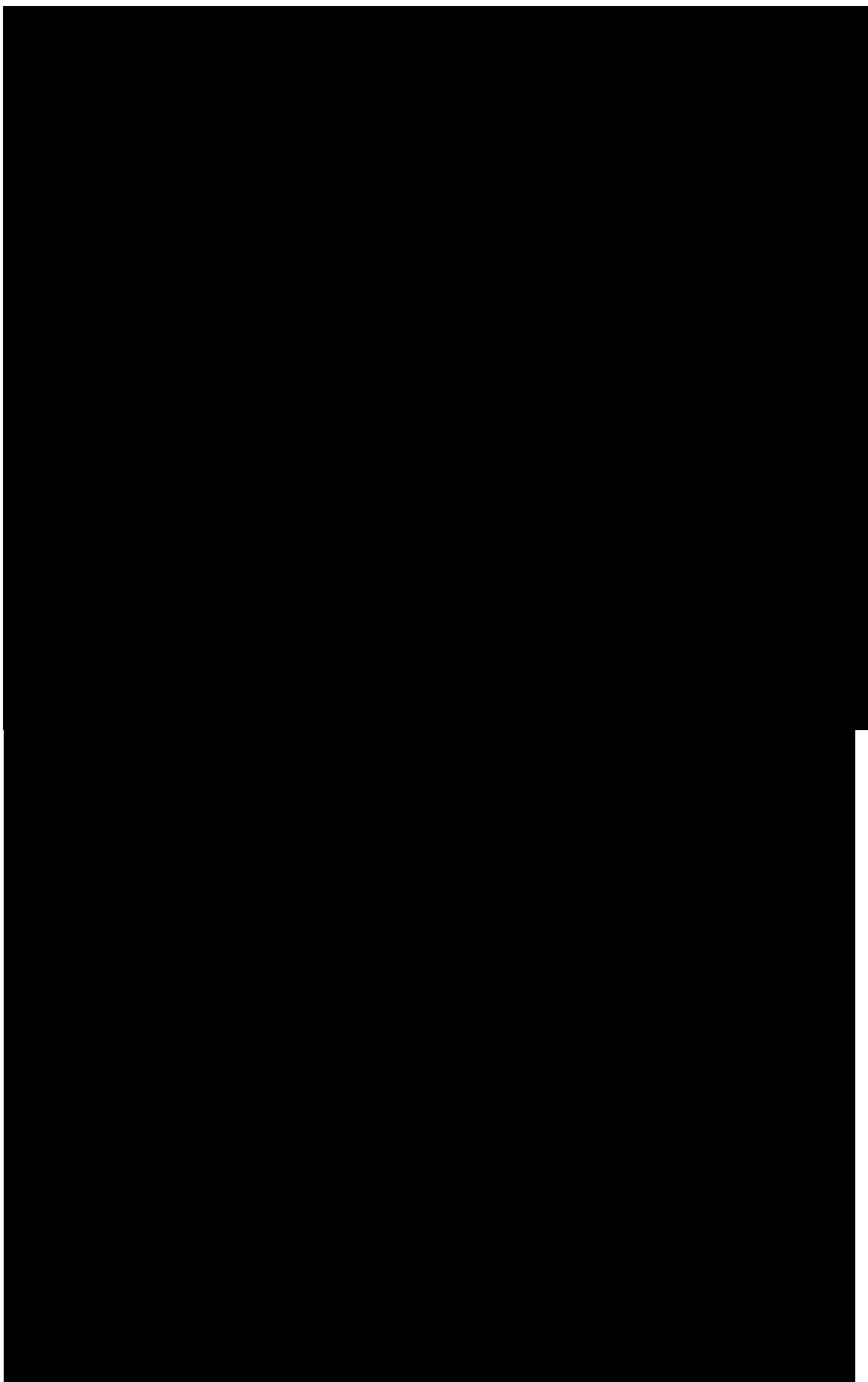
- We employ a greater number of women in our workforce than men. 71% of the workforce at Vocare are women and 29% are men.
- The gender pay gap at Vocare remains small.
- Women's mean average hourly pay is 9% lower than men's but the more representative median hourly pay is 6% higher than men.
- Women occupy 43% of the highest paid jobs and 65% of the lowest paid jobs.

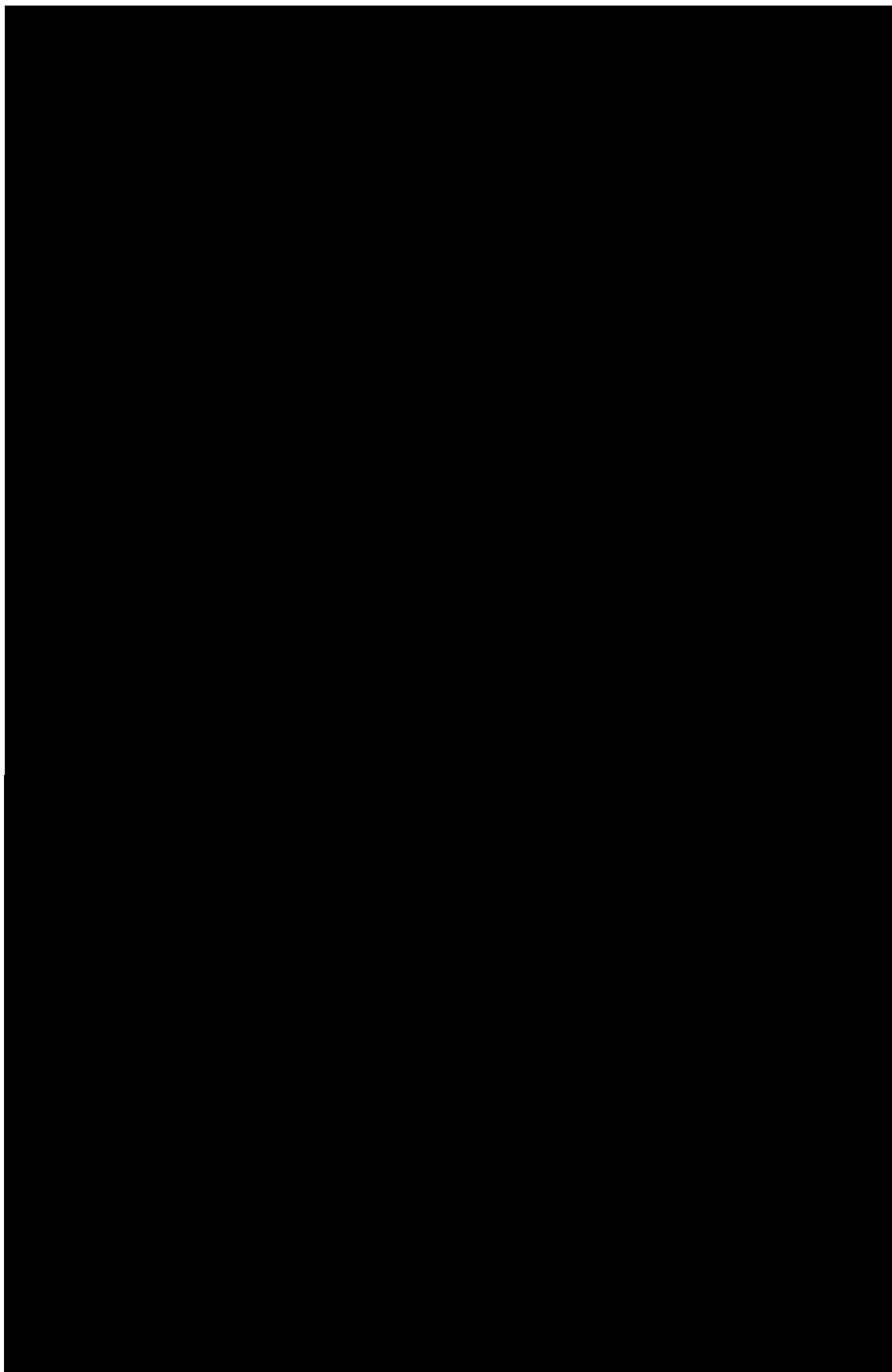


SCHEDULE 3 – PAYMENT

A. Local Prices







SCHEDULE 3 – PAYMENT

B. Local Variations

Not Applicable

SCHEDULE 3 – PAYMENT

C. Local Modifications

Not Applicable

SCHEDULE 3 – PAYMENT

D. Aligned Payment and Incentive Rules

<p>Not Applicable.</p>

SCHEDULE 3 – PAYMENT

E. CQUIN

Not Applicable

SCHEDULE 3 – PAYMENT

F. Expected Annual Contract Values

Not Applicable

SCHEDULE 3 – PAYMENT

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

1. Payment by the Commissioner to the Provider of amounts due in accordance with the provisions of Schedule 3A will be made monthly, mid-month for the month in progress:
 - Month 1 - 1st payment will be made mid-March 2023, following receipt of invoice for the number of Calls assumed by the relevant Monthly Indicative Activity Plan.
 - Month 2 - 2nd payment will be made mid-April 2023, following receipt of invoice for the number of Calls assumed by the relevant Monthly Indicative Activity Plan.
 - Month 3 - 3rd payment will be made mid-May 2023 for the number of Calls assumed by the relevant Monthly Indicative Activity Plan adjusted for any over or under payments in months 1 and 2 as calculated in accordance with a reconciliation carried out in accordance with Schedule 3A.
 - Month 4 - 4th payment will be made mid June 2023 for the number of Calls assumed by the relevant Monthly Indicative Activity Plan adjusted for any over or underpayments for month 3 as calculated in accordance with a reconciliation carried out in accordance with Schedule 3A.
2. Payments between July 2023 (month 5) onwards during the Contract Term will follow the same sequence and methodology as the month 4 payment.
3. Subject to the provisions of paragraph 4 of this Schedule 3G if the Contract is extended payments will continue as described in month 4.
4. In this Contract a reference to a month is that portion of any calendar month falling within the Contract Term.
5. Where the Service Commencement Date does not fall on the first day of a month then Month 1 of the Contract shall be that period remaining within the calendar month in which the Service Commencement Date falls and the final month of the Contract Term (save where the Contract is terminated early) shall be that portion of the final calendar month preceding the expiry of the Contract Term
6. Following termination or expiry of this Contract payment will be made within 10 working days by either Party (as applicable) to the other of any sum due for any shortfall or excess of Calls Answered (as applicable) in the last month that the Contract was in force as determined following a reconciliation out in accordance with Schedule 3A of the Calls Answered in the last month that the Contract was in force prior to such termination or expiry.
7. Paragraph 6 of this Schedule 3G shall survive the expiry or termination of this Contract howsoever caused and shall continue in full force and effect.

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

Local Quality Requirements are set out at Schedule 6A following on in the table from the heading “Local Requirements Reported Locally Quality Requirement.

SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

Date	Document
Not Applicable	

Documents supplied by Commissioners

Date	Document
Published August 2017	NHS E IUC Service Specification
Updated August 2022	NHS IUC Key Performance Indicators 22/23

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 and Local Quality Requirements

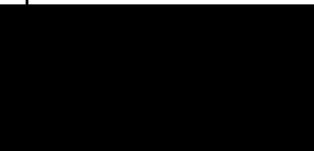
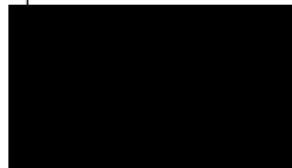
National Requirements shown in grey text are not applicable to NHS 111 service category

	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	To be provided by commissioner	To be presented at Contract review meeting	All except A, MH
2. Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and	Monthly	Provider to supply	Within 15 Operational Days of the end of the month to which it relates	

NHS STANDARD CONTRACT 2022/23 PARTICULARS (Full Length)

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
the duty of candour, including, without limitation: a. details of any thresholds that have been breached and breaches in respect of the duty of candour that have occurred; b. details of all requirements satisfied; c. details of, and reasons for, any failure to meet requirements				All All All
3. Where CQUIN applies, CQUIN Performance Report and details of progress towards satisfying any CQUIN Indicators, including details of all CQUIN Indicators satisfied or not satisfied	NA – no current CQUIN applied to NHS 111	NA – no current CQUIN applied to NHS 111	NA – no current CQUIN applied to NHS 111	All
4. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Quarterly	Provider to supply	To be presented at Contract review meeting	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	Provider to supply	To be presented at Quarterly CQRG	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	A A+E U
9. Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (Staff)	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	Provider to supply	To be presented at contract review meeting	All
10. Report on compliance with the National Workforce Race Equality Standard	Annually	Provider to supply	To be presented at contract review meeting	All
11. Report on compliance with the National Workforce Disability Equality Standard (NHS	Annually	Provider to supply	To be presented at contract review meeting	All

NHS STANDARD CONTRACT 2022/23 PARTICULARS (Full Length)

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Service category
Trust/FT only)				
12. Where the Services include Specialised Services 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)	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
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	Provider to supply	To be presented at contract review meeting	All
15. Hourly breakdown of resourcing including delivered hours, answered calls (IUC ADC A03) and abandoned calls (IUC ADC B02) for the previous week, and forecast net staffing for Health Advisors, Clinical Advisors and all other clinicians for the current week and 4 future weeks.	Weekly	Template embedded below 	To be supplied by Monday 12:00 each week Email to FACMI inbox.	All
16. IUC Workforce Trajectory Report	Fortnightly	Template embedded below (with 23/24 revision to be supplied in due course). 	To be supplied by 16:00 every 2 nd Friday. Email to FACMI inbox	All
Local Requirements Reported Locally				

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
Ref	Category	Local Quality Requirement/ Operational Standards				
QS1	Patient Experience	<p>Complaints and Commissioning Concerns:</p> <p>The Provider will have systems in place to comply with the NHS Complaints Regulation 2009.</p> <p>The Provider will share information with commissioners on complaints and commissioning concerns.</p>	<p>A report will be provided that;</p> <ul style="list-style-type: none"> - Demonstrates an analysis of trends and emerging themes, lessons learnt from investigations and will evidence changes implemented as a result linked to both complaints and commissioning concerns. - Shows how many complaints were received, the number resolved within the negotiated timescales and an explanation and trajectory for those that breached. - shows the number of complaints upheld and any referred to the Ombudsman. Details of the outcome and action taken in response to the Ombudsman's recommendations should also be included where appropriate. 	<p>Report to Commissioner as part of the regular quality report. To include three months rolling data.</p> <p>Submission of policy to commissioners.</p>	<p>Quarterly in line with the CQRG meeting schedule.</p> <p>Annual - end of quarter four or by exception.</p>	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			<p>- includes the actions that have been taken in response to feedback and progress reports.</p> <p>The Provider will share their complaints policy with Commissioners. If the policy is updated at any point, the updated copy should be shared with Commissioners also.</p>			
QS2	Patient Experience	<p>Patient Experience Report:</p> <p>The Provider will work to gather information around the quality of the patient and carer experience and will provide evidence of improvements made.</p>	<p>The Provider is to provide narrative evidence from a variety of sources in relation to patient experience.</p> <p>The Provider must demonstrate that patients can provide feedback in a variety of formats and that systems are in place to assist all patients to provide feedback e.g., where English is not the first language, physical disabilities and communication difficulties, mental health issues. The Provider should demonstrate how they are developing feedback mechanisms for harder to</p>	<p>Standalone report to be submitted to the CQRG.</p> <p>The Provider shall supply the Commissioner with an exception report upon request.</p>	Annual - end of quarter four and by exception if requested.	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			<p>reach patients.</p> <p>The Provider will participate in the national friends and family test. This may be through the CFEP survey should that satisfy the ask in the national friends and family test.</p> <p>The Provider should use the CFEP survey and share results along with analysis and actions taken to address any identified issues.</p> <p>The Provider should be able to evidence dissemination of feedback to NHS111 staff.</p>			
QS3	Staffing and Workforce	<p>Workforce: The Provider has the appropriate number of staff in post to deliver commissioned services to a high quality.</p> <p>The Provider must ensure all levels of staff have access to appraisal, personal development plan, mandatory and essential training.</p>	<p>Report to include:</p> <ul style="list-style-type: none"> - Actual workforce numbers against planned - Agency usage - Percentage of shift fulfilment - Staff turnover to show starters and leavers - Reasons for leavers leaving - Narrative on current recruitment process and 	<p>Monthly report with monthly data split by staff group. Trends over 12 months to be shown also.</p> <p>The Provider shall supply the Commissioner with an exception report upon request. This will occur when either contractual performance is below target or when</p>	Monthly in line with CMB meeting schedule and by exception if requested.	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		All call centre staff to have access to and undertake autism awareness training.	<p>status.</p> <ul style="list-style-type: none"> - Sickness and absence rates, both short and long-term - Proportion of eligible workforce with a completed appraisal that includes a personal development plan - to achieve 90% per annum - Uptake of mandatory / essential training - to achieve 90% per annum of eligible workforce: <p>Safeguarding including Prevent and MCA IG/Data security awareness Health and Safety (inclusive of Fire Safety) Basic Life Support Equality and diversity training to all staff on induction</p>	Commissioners have concerns about the workforce.		
QS4	Business Continuity	<p>Business Continuity:</p> <p>The Provider is to notify the Commissioner of any business continuity issues that have impacted or are likely to impact on the delivery of services, or that have led to an increase in</p>	Notification of any major reduction/closure of services that results in a concern about safety or a request for National Contingency must be reported to Commissioners using the agreed escalation process in a realistic	<p>Commissioners are sighted on all use of National Contingency in realistic timeframe.</p> <p>Commissioners are sighted on safety concerns.</p>	By exception, in realistic timeframe.	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		incidents or concerns over safe delivery.	<p>timeframe.</p> <p>Any concerns about safe delivery must be shared with Commissioners in realistic timeframe.</p> <p>If the Provider invokes unplanned National Contingency, then this must be discussed with Commissioners considering the principles of the NHSE Serious Incident Framework, and thresholds /criteria for StEIS reporting.</p>	National contingency usage is reported and agreed with commissioners as a serious incident as per QS10.		
QS5	Staffing and Workforce	<p>Staff Survey:</p> <p>The Provider should complete an annual staff survey and share the results and learning.</p>	<p>2022/23 results to be used as a benchmark for agreed improvements in 2023/24.</p> <p>Report to show the learning with themed analysis and actions. Update to be given six months later to show progress against actions.</p>	<p>Staff survey result and an improvement plan to be presented to CQRG annually after the completion of the survey.</p> <p>Update report of action plan to be presented to CQRG annually 6 months after the first report.</p>	6 monthly.	NHS111 and Category 3 & 4 Ambulance Validation
QS6	Staffing and Workforce	<p>Staffing Levels:</p> <p>The Provider should ensure safe staffing levels at all times.</p> <p>The Provider should escalate to</p>	<p>Written exception report where safe staffing levels have not been met.</p> <p>Recovery action plan to be produced, delivered and</p>	Written report to the Commissioner.	By exception.	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		Commissioners if there are concerns about staffing levels affecting the safety of service provision	shared with Commissioners.			
QS7	Quality Assessments	Quality Account: Provision of an annual Provider Quality Account.	To include a transparent review of all aspects of quality evidencing areas of good practice and service delivery, where developments have been undertaken and any potential improvements.	Published Quality Account	Annual.	NHS111 and Category 3 & 4 Ambulance Validation
QS8	Quality Assessments	External Assessment, Review & Quality Visits: The Provider will participate in all quality visits and produce and deliver any relevant implementation plans. The Provider will share all external assessments and reviews with Commissioners.	Provider to share all external assessments and reviews with Commissioners, this includes reviews or assessments from: CQC, Health watch, Health Education England (HEE) in accordance to General Condition 15. This is a non-exhaustive list. The Provider will facilitate all quality visit requests made through the Coordinating Commissioner; this includes unannounced visits made by any Commissioner. The Provider must develop an implementation plan to support their response to	All reports and information to be shared with the Commissioner	By exception.	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			<p>any recommendations made in the visit report.</p> <p>The Provider will inform the coordinating commissioning team of any audits, observations and, or inspections undertaken by external agencies as soon as they are known in line with General Condition 15.</p> <p>All action plans developed as a result of a quality visit or external inspection are to be shared and monitored by the CQRG.</p> <p>Commissioners will feedback to the CQRG at the earliest opportunity any observations made, concerns raised and general feedback following any quality visit.</p>			
QS9	Patient Safety	<p>Patient Safety: Provider can demonstrate full implementation of Central Alerting Systems/ Patient Safety Alerts.</p>	<p>100% of appropriate alerts are actioned within specified timescales.</p> <p>The Provider is to provide assurance that the alert process is in place and is operating effectively.</p>	<p>Exception report against non-compliance</p> <p>Annual report to demonstrate implementation of process and relevant actions. To form part of</p>	<p>By exception.</p> <p>Annual - end of quarter four</p>	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
				the quarterly Quality Report.		
QS10	Patient Safety	<p>Incident Reporting: The Provider will monitor all incidents with identification of themes and trends for escalation.</p> <p>The Provider will be compliant with the NHS England Serious Incident Framework.</p>	<p>All incidents to be reported to the CQRG with evidence of learning, where applicable. All incidents should be risk assessed and the rating of this should be clearly shown in the report (low, medium, high). The number of incidents should be reported by County and also as a proportion of Calls Triaged along with trends and learning where applicable.</p> <p>Comprehensive investigation for all STEIS reported serious incidents with evidence of lessons learned. Reported and investigated within the national Serious Incident Framework.</p>	Incident report to be included in the CQRG Quality Report.	Quarterly in line with the CQRG meeting schedule.	NHS111 and Category 3 & 4 Ambulance Validation
QS11	Patient Safety	<p>Clinical Audit All audit requirements from NHS Pathways are completed as per the license agreement.</p>	<p>The Provider will share results of audits with commissioners as part of the regular Provider quality report.</p> <p>The Commissioner reserves the right to request an audit if there is a quality issue</p>	<p>Report on audit to be included in the CQRG Quality Report.</p> <p>Improvement and changes in practice to be evidenced annually for local and national audits,</p>	<p>Quarterly in line with the CQRG meeting schedule.</p> <p>Annually - end of quarter four.</p>	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			identified at any point in year. The Provider is able to evidence changes in practice, clinical or otherwise, based on audit outcomes.	and as national reports become available.	By exception if a significant report becomes available nationally.	
QS12	National Reports	National Reports: The Provider agrees to abide by and learn from all of the recommendations identified within any new or updated relevant national reports e.g., the Berwick Report, NHS Long term plan and Saville Report as agreed at CQRG.	The Provider will complete an assessment against any new recommendations. Where improvement or a change is identified, when agreed with commissioners, the Provider will develop a plan to demonstrate implementation; this will be shared with commissioners, with any required monitoring through CQRG. Clear evidence of implementation of improvements and learning to be shared with Commissioners at a mutually agreed frequency.	Reports to be submitted to the Commissioner	By exception.	NHS111 and Category 3 & 4 Ambulance Validation
QS13	Infection Control	Infection Prevention and Control (IPC) Service Strategy: The Provider has an IPC Strategy in place for its workforce and this is	The Provider is to share their IPC Strategy annually and at any point when any significant changes are made. The Provider is to share	Submission to the Coordinating Commissioning Team. Annual report.	Annual end of quarter four and by exception when updates are made.	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		shared with Commissioners.	results of IPC audits and associated actions.			
QS14	Safeguarding	<p>Safeguarding Children: The Provider is required under statutory legislation to safeguard children and to promote their welfare in all services they provide under the principles of Section 11 of the Children Act 1989 & 2004 and be compliant with the NHS England Accountability and Assurance Framework safeguarding children standard requirements for Provider Services.</p> <p>The Provider should be able to demonstrate that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged in the work of the Local Safeguarding Children Boards.</p>	<p>The Provider will participate in the ICBs safeguarding self-assessment process, Section 11 and other Assurance Framework working with the Designated Professionals and CCG Commissioners.</p> <p>The Provider will demonstrate active participation with the Local Safeguarding Children's Board and its functions and have representation at the subgroups.</p> <p>The Provider will complete a quarterly activity report covering as a minimum:</p> <ul style="list-style-type: none"> - The number of safeguarding allegations made against the Provider and analysis of any themes as well as evidence of improved practice as a result. - The number of safeguarding referrals made by Provider staff. 	<p>Safeguarding Self – Assessment completed, quality site visits undertaken, and action plan agreed upon to respond to any gaps in compliance.</p> <p>Report to the CQRG.</p>	Quarterly in line with the CQRG meeting schedule	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			- Staff Training for Safeguarding Children.			
QS15	Safeguarding	<p>Adult Safeguarding: The Provider should be able to demonstrate that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged in the work of the Local Safeguarding Adult Boards.</p>	<p>The Provider will complete the Safeguarding Annual Assurance Framework (SAAF) or Joint Safeguarding Assurance Framework (JSF) and provide an action plan to address any areas for development. The SAAF/JSF findings will be reported to the Commissioners. The action plan will be monitored six monthly via CQRG & SAAF assurance visits.</p> <p>The Provider will complete a quarterly activity report covering as a minimum:</p> <ul style="list-style-type: none"> - The number of safeguarding allegations made against the Provider and analysis of any themes as well as evidence of improved practice as a result. - The number of safeguarding referrals made by Provider staff and 	<p>Safeguarding Self – Assessment completed, quality site visits undertaken, and action plan agreed upon to respond to any gaps in compliance.</p> <p>Report to the CQRG.</p>	Quarterly in line with the CQRG meeting schedule	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			<p>evidence of embedding Making Safeguarding Personal agenda.</p> <p>- Staff Training (to include MCA/DoL, Safeguarding, and PREVENT) compliance figures.</p>			
QS16	Safeguarding	<p>Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS): The Provider can demonstrate that they are following the principles of the MCA and DoLS Codes of Practices.</p>	<p>90% of clinical staff have received training in MCA and DoLS within a year rolling programme.</p> <p>90% of non-clinical staff have received awareness training in MCA and DoLS within a year rolling programme.</p> <p>This training may be included as part of the organisation's safeguarding training.</p>	Statement of compliance as part of the quality report for CQRG.	Annual end of quarter four	NHS111 and Category 3 & 4 Ambulance Validation
QS17	Assurance	<p>Staff Health and Well Being: The Provider can demonstrate commitment to staff engagement, health and wellbeing.</p>	<p>The Provider to demonstrate initiatives that promote engagement with staff and improve health and wellbeing.</p> <p>The Provider to ensure healthy options are available for staff and the sale of high, fat, salt and sugar (HFSS) products are</p>	Report to CQRG.	Annual - end of quarter four	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			limited on the premises that they own or lease. The Provider to demonstrate improved health and wellbeing delivery.			
QS18	Assurance	<p>Duty of Candour: Full compliance with duty of candour (Regulation 20) in all cases where patients are deemed to have suffered moderate harm, severe harm or death from a notifiable safety event*</p> <p>*The regulations define a 'notifiable safety incident' as 'an unintended or unexpected incident... that could result in, or appears to have resulted in the death of a service user or severe or moderate harm or prolonged psychological harm to the service user'.</p>	<p>The Provider should follow the relevant national expectation for Duty of Candour.</p> <ul style="list-style-type: none"> - A meaningful apology must be given and documented in the patients' notes. - A written notification must be given or sent. - The written notification must be sent within 10 working days. - An offer to share any findings from the investigation must be made (patient need not accept) 	<p>By exception show where Duty of Candour applies or has been instigated.</p> <p>Annual audit of Serious Incident cases to ensure DoC fulfilled.</p>	<p>By Exception.</p> <p>Annual - end of quarter four</p>	NHS111 and Category 3 & 4 Ambulance Validation
QS12	National Reports	<p>National Reports: The Provider agrees to abide by and learn from all of the recommendations identified within any new or updated relevant national reports e.g., the Berwick Report, NHS</p>	<p>The Provider will complete an assessment against any new recommendations. Where improvement or a change is identified, when agreed with commissioners, the Provider will develop a plan to demonstrate</p>	<p>Reports to be submitted to the Coordinating Commissioning Team.</p>	<p>By exception.</p>	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		Long term plan and Saville Report as agreed at CQRG.	<p>implementation; this will be shared with commissioners, with any required monitoring through CQRG.</p> <p>Clear evidence of implementation of improvements and learning to be shared with Commissioners at a mutually agreed frequency.</p>			
QS19	NHS Equality Delivery System 2	<p>NHS Equality Delivery System (EDS2) evidence / progress reporting / assessment grades:</p> <p>Provider to demonstrate compliance with Equality and Human Rights legislation:</p> <ul style="list-style-type: none"> - Equality Act 2010 - Public Sector Equality Duty (PSED) - Evidence of the needs of services users considered around changes to services that affect them (Due Regard). - Actions plans and progress in addressing issues identified. - An up-to-date Equality and Human Rights Policy to cover both staff and service users. 	<p>2020 to provide a baseline position</p> <p>Compliance against Equality Act 2019, Public Sector Equality Duty, Due Regard, DES2, WRES and WDES. Actions plans and progress in addressing issues identified.</p> <p>Equality and Human Rights Policy to be shared with Commissioners annually or sooner if a significant update is made.</p>	<p>Annual Report to CQRG with mid-year update.</p> <p>Provider to work in conjunction with Equality Delivery System (EDS).</p>	Six-monthly.	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		The Provider to demonstrate compliance with NHS Contractual requirements. - EDS2 - WRES - WDES				
QS20	Governance	<p>Information Governance: The Provider must complete the appropriate Data Security and Protection Toolkit (DSPT) dependent on organisation type and must achieve a minimum submission of 'standards met'</p> <p>Provider to share with Commissioners a confidentiality policy to include direction around consent and data management.</p>	<p>Annual report to include (but are not exclusive to) the Data Security & Protection Toolkit.</p> <p>The Provider to share a quarterly statement identifying:</p> <ul style="list-style-type: none"> - Any changes to the Information Governance Structure - A List of Data Security breaches/incidents and assurance reports where serious breaches/incidents have occurred - Details of any ICO enforcement or decision notices. - Copy of any ICO audit or advisory visit. 	<p>A copy of the Data Security & Protection Toolkit audit report for the previous year.</p> <p>Quarterly statement.</p>	<p>Annual.</p> <p>Quarterly.</p>	NHS111 and Category 3 & 4 Ambulance Validation
QS21	Registration	<p>Compliance: The Provider to comply with NHS Pathways' requirements at all times in order to maintain a valid</p>	To provide the Commissioner with evidence of compliance for both NHS Pathways and the CQC.	As per requirements set by NHS Pathways and the CQC	Annual or by exception if compliance standards change or an	NHS111 and Category 3 & 4 Ambulance Validation

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		<p>license to operate a NHS111 service.</p> <p>The Provider to fully comply with their Care Quality Commission (CQC) Registration.</p>			issue with compliance is identified.	
QS22	Performance	Key Performance Indicators (KPI):	<p>As detailed in NHSE Integrated Urgent Care: Key Performance Indicators</p> <p>https://www.england.nhs.uk/wp-content/uploads/2018/06/B1567-i-integrated-urgent-care-key-performance-indicators-22-23.pdf</p>	Monthly reporting of KPIs to be provided for Contract Review Meeting.	Monthly in the Performance Report for CMB.	NHS111 and Category 3 & 4 Ambulance Validation
QS23	Call Review	End to End Case Review: Participation in Quarterly case reviews	<p>The Provider to actively participate in Quarterly End to end case reviews per county.</p> <p>The Provider should provide the call recording and ensure any actions required of Vocare are completed in a timely manner. This may be changes to their own operation, joint working with another provider or liaison with national teams in order to escalate any concerns.</p>	<p>Commissioners will bring Quarterly call review minutes to CQRG.</p> <p>Feedback from Commissioners as to the input from the Provider.</p>	Quarterly in line with the CQRG meeting schedule.	NHS111 and Category 3 & 4 Ambulance Validation

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

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

The Provider shall implement and observe the requirements of the Patient Safety Incident Response Framework (PSIRF), which sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The policy and supporting documents can be found in the link below.

<https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance/>

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

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

F. Data Processing Services

Not applicable

SCHEDULE 7 – PENSIONS

Not Applicable

SCHEDULE 8 – JOINT SYSTEM PLAN OBLIGATIONS

Not Applicable

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