



NHS Standard Contract 2022/23 Particulars (Full Length)

Learning Disability and Autism (LDA) Programme - Senior Intervenors Framework

(Lot 1: Adults)

CONTRACT REF: C98314

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(please do not send contracts to this email address)

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|---------------------------|--------|
| Contract Reference | C98314 |
|---------------------------|--------|

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|---|---|
| DATE OF CONTRACT | 22 August 2022 |
| SERVICE COMMENCEMENT DATE | Services will be called off subject to a further competition process being conducted under this Framework. |
| CONTRACT TERM | 2 years/ 24 months commencing 22 August 2022 |
| COMMISSIONERS <i>Note: contracts signed before the formal establishment of the relevant successor ICB(s) must list and be signed on behalf of the relevant CCGs</i> | NHS England |
| CO-ORDINATING COMMISSIONER <i>See GC10 and Schedule 5C</i> | Not Applicable |
| PROVIDER | <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> |

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Definitions and Interpretation

CONTRACT

Contract title: Learning Disability and Autism (LDA) Programme – Senior Intervenor Framework

Contract ref: C98314

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

.....
**for
and on behalf of
NHS ENGLAND**

.....
Title

.....
Date

SIGNED by

.....
Signature

.....
Title

.....
Date

| SERVICE COMMENCEMENT AND CONTRACT TERM | |
|--|---|
| Effective Date <i>See GC2.1</i> | The date of this Contract |
| Expected Service Commencement Date <i>See GC3.1</i> | N/A - Services will be called off subject to a further competition process being conducted under this Framework. |
| Longstop Date <i>See GC4.1 and 17.10.1</i> | Not Applicable |
| Contract Term | 2 years/ 24 months commencing from the Effective Date |
| Commissioner option to extend Contract Term <i>See Schedule 1C</i> | NO NB: additional information provided in Schedule 1C |
| Commissioner Notice Period (for termination under GC17.2) | 30 Days |
| Commissioner Earliest Termination Date (for termination under GC17.2) | 3 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) | |
| 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) | Yes |
| Mental Health and Learning Disability Secure Services (MHSS) | |
| NHS 111 Services (111) | |
| 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 <i>See SC29.25</i> | Not applicable |
| GOVERNANCE AND REGULATORY | |
| Nominated Mediation Body (where required – see GC14.4) | Not applicable |
| Provider's Nominated Individual | Andrea Pope-Smith Email: andrea.popesmith@gmail.com |
| Provider's Information Governance Lead | As Nominated Individual |
| Provider's Data Protection Officer (if required by Data Protection Legislation) | As Nominated Individual |
| Provider's Caldicott Guardian | Not Applicable |

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| Provider's Senior Information Risk Owner | As Nominated Individual |
| Provider's Accountable Emergency Officer | As Nominated Individual |
| Provider's Safeguarding Lead (children) / named professional for safeguarding children | Not applicable |
| Provider's Safeguarding Lead (adults) / named professional for safeguarding adults | As Nominated Individual |
| Provider's Child Sexual Abuse and Exploitation Lead | Not applicable |
| Provider's Mental Capacity and Liberty Protection Safeguards Lead | Not applicable |
| Provider's Prevent Lead | Not applicable |
| Provider's Freedom To Speak Up Guardian(s) | Not applicable |
| Provider's UEC DoS Contact | Not applicable |
| Commissioners' UEC DoS Leads | Not applicable |
| Provider's Infection Prevention Lead | Not applicable |
| Provider's Health Inequalities Lead | Not applicable |
| Provider's Net Zero Lead | Not applicable |
| Provider's 2018 Act Responsible Person | As Nominated Individual |
| CONTRACT MANAGEMENT | |
| Addresses for service of Notices See GC36 | Commissioner: NHS England Address: Quarry House Quarry Hill Leeds LS2 7UE Email: [REDACTED] Provider: [REDACTED] [REDACTED] Address: [REDACTED] [REDACTED] Email: [REDACTED] |
| Frequency of Review Meetings See GC8.1 | Ad hoc |
| Commissioner Representative(s) See GC10.3 | [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] |
| Provider Representative See GC10.3 | [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Email: [REDACTED] |

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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| <ol style="list-style-type: none">1. Evidence of appropriate Indemnity Arrangements2. [Insert text locally] |
|--|

The Provider must complete the following actions:

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|-----------------------|
| Not Applicable |
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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

There is no provision to extend the Contract Term, however, this Contract (having been let under the Light Touch Regime) may be reopened for competition at approximately six-monthly intervals during its life.

There is no requirement for incumbent Framework providers to re-tender for this, and their status as a provider under the Framework will not be affected.

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 | Learning Disability and Autism (LDA) Programme: Senior Intervenor Framework |
| Service specification number | Lot 1 - Adults |
| Population and/or geography to be served | To be confirmed at Further Competition stage |
| Service aims and desired outcomes | To be confirmed at Further Competition stage |
| Award of work under the Framework | <p>Further Competition</p> <p>It is anticipated that all work will be called off / awarded following responses to an advertised Further Competition under Lot 1 or Lot 2.</p> <p>Direct Award</p> <p>Where, for reasons of urgency and/or to respond to a situation the Authority could not reasonably have planned for, the Authority may, at its discretion, award work directly to a Framework provider without recourse to a Further Competition process.</p> |
| Service description and location(s) from which it will be delivered | <p>Background to the requirements</p> <p>Context</p> <p>The Authority is looking for Suppliers who can deliver senior expert consultancy support to resolve challenges and provide oversight to progress the discharge and community support arrangements for children, young people and adults with a learning disability and/or autism who are inpatients in mental health hospitals. A full description of the requirement is found further below in this section.</p> |

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| | <p>Background</p> <p>In 2019 an independent Oversight Panel chaired by Baroness Sheila Hollins was asked to oversee work to independently review the care of people in long-term segregation (LTS) and to develop recommendations to improve care and support people to be discharged back to the community as quickly as possible. To deliver the reviews, the Independent Care (Education) and Treatment Review (IC(E)TR) programme was jointly developed by the Department of Health and Social Care (DHSC), NHS England and Improvement (NHSEI) and the Care Quality Commission (CQC). One of the proposals the Panel put forward was to pilot a programme of bespoke and intensive case management for individuals in LTS with a strong focus on building capacity and capability within the system to effectively develop and implement person-centred care plans for people with a learning disability or autistic people.</p> <p>In 2020, following consultation on the National Children and Young People Keyworker programme, funding was used to pilot the use of 'Senior Children's Intervenorors' (SCI's) in order to progress the discharge arrangements for a small number of young people with extensive hospital stays and complexities for discharge planning. Following some success this work was extended and has been underway on a small scale since that point.</p> <p>A pilot 'Senior Intervenor' project was established in 2021, using the established SCI model, and work began with 15 of these vulnerable individuals. This pilot will be evaluated fully during 2022/23, however early signs are promising.</p> <p>Scope of the Procurement</p> <p>Aims & Objectives</p> <p>Programme Mission Statement: Together we will work to make sure that people with a learning disability and autistic people have longer, happier, healthier lives.</p> <p>The work the programme delivers supports a number of long term plan commitments, the commitments made through the Building the Right Support Board and various other recommendations following reviews of service and the care and</p> |
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| | <p>treatment for people with a learning disability and/or autism.</p> <p>This work specifically supports the following long-term plan commitments:</p> <ul style="list-style-type: none"> • To implement recommendations on restricting the use of seclusion, long-term segregation and restraint for all patients in inpatient settings, particularly for children and young people. • To bring down the length of time people stay in inpatient care settings and support earlier transfers of care from inpatient settings. <p>Constraints and Dependencies</p> <p>The Invitation to Tender is to appoint suitable providers to the Framework Agreement for this service. Bidders should note that award of a 'slot' on the Framework does not guarantee any work or any minimum level of work. As requirements become apparent the Authority will issue an Invitation to Quote (ITQ) to all Framework providers for that Lot, setting out the specifics of the case and inviting providers to submit a costed proposal for providing that service. This process is known as a 'mini-competition' and will result in the successful provider being awarded a 'call-off' contract for delivery of that piece of work.</p> <p>The Framework Lots are as detailed below and repeated from Document 1 for the avoidance of doubt. Tenderers are able to bid for either Lot or both Lots.</p> <ul style="list-style-type: none"> • Lot 1: Support for Adults • Lot 2: Support for Children and Young People (up to the age of 25) <p>It is anticipated that the requirement for this support for Children and Young People will considerably reduce as the National roll-out of Keyworkers and length of stay oversight progress through 2022 to 2024. As yet there is no clear view for how this may progress for adults.</p> |
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| | <p>Requirements</p> <p>Requirements Overview</p> <p>Building on previous work, the national programme team is now looking to establish a more flexible, competitive and transparent model that will allow further testing of this approach and may encompass work focused on specific system problems, localities, providers, units or individuals. All work will be ultimately focused on the discharge of people into the community, in their local area. The intention of this programme is to provide senior consultancy support to resolve challenges and provide oversight to progress the discharge and community support arrangements for children, young people and adults with a learning disability and/or autism who are inpatients in mental health hospitals. These represent some of the most vulnerable and high risk citizens this programme supports.</p> <p>Primary Objectives</p> <p>The primary objectives are:</p> <ul style="list-style-type: none"> • To provide support, influence and challenge to senior service leaders. • To ensure barriers are overcome for planning and managing the move out of hospital; and • support and ensure the needs of people with learning disabilities or autistic people can be met in the community where they have been assessed as ready for discharge (by their responsible clinician and/or multi-disciplinary team). |
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| | <p>To achieve these objectives suppliers will need to offer persistent oversight, challenge and support to the system to enable progress. They will need to facilitate and influence, particularly at senior levels across organisations.</p> <p>This work is irregular and 'needs led'. It requires a high degree of flexibility, autonomy and influence with skills enmeshed within Local Authorities and CCGs and providers of inpatient care. The work requires highly developed influencing and negotiating skills in the absence of positional authority and minimal levers in a system with some perverse financial incentives</p> <p>Suppliers will represent the needs of the people they are working on behalf of and work virtually with service leaders and key professionals across local systems, regional teams and inpatient units. The work is an adjunct to existing roles, in support of but not to replace or duplicate and is intended to be primarily system facing.</p> <p>Through facilitation and influence suppliers will:</p> <ul style="list-style-type: none"> • Provide senior level challenge and intervention to address embedded challenges and barriers in system working that have impeded progress to step down or discharge. • Support and expedite access to care in the community for people with the most complex needs so that wherever possible more people can live in or near to their own homes and families. • Broker solutions including bringing agencies together; accessing specialist advice e.g. housing; seeking to resolve conflicts about the best plan; finding examples that have worked elsewhere; supporting creative and personalised commissioning. • Build capability at a senior level within local systems to ensure that providers and commissioners are supported and have the necessary expertise and understanding to implement person-centred care plans which |
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| | <p>deliver the best outcomes for people with complex needs.</p> <ul style="list-style-type: none"> • Reduce projected lengths of stay in hospital. <p>Essential Skills Deliverables</p> <p>The Authority's experience to date has found that this work is most effectively carried out by suppliers who have a Director (or similar) level experience of working in local authorities (children's services, adult social care and housing), who also have a strong and credible history and understanding of working with and across health organisations and insight into policy surrounding Building the Right Support. They must be strong communicators with the ability to influence at all levels and to remain focused on the best interests of those they are working on behalf of.</p> <p>Case-specific deliverables will be specified in each mini-competition Invitation to Quote (ITQ) as described above, issued to the successful Framework suppliers for the appropriate Lot. Each ITQ specification will define the patient outcome as success criteria. In addition, a Call-off contract will be required to be signed, a template copy of which is included in this tender pack and which will also be provided with each work package when suppliers are invited to quote.</p> <p>Location</p> <p>While it is considered that the majority of the work undertaken will be conducted remotely at the service providers' usual place of work, it is anticipated that (dependent on individual case requirements) there may be the need to travel with the potential for overnight accommodation. Costs for travel and subsistence will be reimbursed at cost by the Authority, subject to the service provider's adherence to the Authority's Expenses Policy which is provided in the accompanying tender documents.</p> |
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| | <p>Costs and Expenses</p> <p>NHS England will pay up to a rate of up to [REDACTED] per day (dependent on tendered rates), plus travel expenses invoiced monthly in arrears, following receipt of a monthly timesheet that will be supplied by NHS England and should be returned by the first Friday of the following month.</p> <p>Time should be billed in hours based on a 7.5 hour standard working day.</p> <p>NHS England will pay travel expenses in line with the NHS England expenses policy (see Appendices).</p> <p>Contract Term</p> <p>The Framework Contract will run for a period of 2 (two) years. During this time the Authority expects to run numerous mini-competitions (as described earlier in this Statement of Requirements to award individual packages of work to Framework providers. The Framework will re-open for competition at approximately six-monthly intervals to allow for the addition of new service providers to the Framework. Existing Framework providers will not be obliged to re-submit an application to remain on the Framework.</p> <p>Budget</p> <p>While case-specific values may differ from case to case, the Framework has a maximum value of £550,000.00</p> <p>Appendices</p> <p>The following Policies are provided as Appendices to this Invitation to Tender and are for your information only. Successful providers will be expected to adhere to the policies when working on behalf of the Authority:</p> <ul style="list-style-type: none"> • NHS England Expenses Policy; • Information Governance Staff Handbook; • Information Sharing Policy • Confidentiality Policy • NHS Safeguarding Policy. |
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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

As detailed in the service specification (this is an 'as and when' service)

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

As detailed in the service specification (this is an 'as and when' service)

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

Not Applicable

SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Not Applicable

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

Not Applicable

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

The below Policies have been provided to all bidders at Tendering stage and shall apply to this Contract:

- NHS England Expenses Policy
- Information Governance Staff Handbook;
- Information Sharing Policy
- Confidentiality Policy
- NHS Safeguarding Policy.

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Not Applicable

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

Not Applicable

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

In the event that a Senior Intervenor is no longer able to supply their services to a case allocated, we request that services are supplied until a safe transfer is made to an alternative supplier or it is agreed that the service is no longer supplied. This will be to a maximum of 3 months from notification of withdrawal of services

SCHEDULE 2 – THE SERVICES

K. Safeguarding Policies and Mental Capacity Act Policies

- **NHS England Safeguarding Policy (issued to all bidders at Tender stage)**

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

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Medical Services

Not Applicable

SCHEDULE 2 – THE SERVICES

M. Development Plan for Personalised Care

To be advised at Further Competition stage

SCHEDULE 2 – THE SERVICES

N. Health Inequalities Action Plan

Not applicable.

SCHEDULE 3 – PAYMENT

A. Local Prices

TBC - As tendered at Further Competition stage on a case-by-case basis.

NHS England Expenses Policy shall apply at all times.

NB: Day rates shall not exceed [REDACTED] per day

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.

TBC - As tendered at Further Competition stage on a case-by-case basis.

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.

Not Applicable

SCHEDULE 3 – PAYMENT

D. Aligned Payment and Incentive Rules

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|------------------------|
| Not Applicable. |
|------------------------|

SCHEDULE 3 – PAYMENT

E. CQUIN

Not Applicable

SCHEDULE 3 – PAYMENT

F. Expected Annual Contract Values

| | |
|---|---|
| Commissioner | Not Applicable |
| Insert text and/or attach spreadsheets or documents locally | |
| | |
| | |
| Total | NB – the maximum Framework value across both Lots for the entirety of this FrameworkContract is £550,000.00 |

SCHEDULE 3 – PAYMENT

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

NHS England will pay up to a rate of up to [REDACTED] per day (dependent on tendered rates), plus travel expenses invoiced monthly in arrears, following receipt of a monthly timesheet that will be supplied by NHS England and should be returned by the first Friday of the following month.

Time should be billed in hours based on a 7.5 hour standard working day.

NHS England will pay travel expenses in line with the NHS England expenses policy (see Appendices).

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

| Quality Requirement | Threshold | Method of Measurement | Period over which the Requirement is to be achieved | Applicable Service Specification |
|---------------------|-----------|-----------------------|---|----------------------------------|
| Not Applicable | | | | |
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SCHEDULE 5 – GOVERNANCE

A. Documents Relied On

Documents supplied by Provider

| Date | Document |
|----------------|----------|
| Not Applicable | |

Documents supplied by Commissioners

| Date | Document |
|------|---------------------------------------|
| | Confidentiality Policy |
| | Information Governance Staff Handbook |
| | Information Sharing Policy |
| | NHS England Expenses Policy |
| | NHS England Safeguarding Policy |

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 (Staff) | 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 |
|--|------------------------|-----------------------|----------------|
| [Providers of maternity services - improving the accuracy and completeness of Maternity Services Data Set submissions] | | | |
| [Providers of mental health and learning disability services - Mental Health Services Data Set, focusing on Mental Health Clinically-led Review of Standards and on restrictive practices] | | | |
| [Providers of inpatient services - recording of diagnoses of learning disability and autism] | | | |
| [Providers of community services - improving the accuracy and completeness of Community Services Data Set submissions] | | | |
| Insert text locally or state 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 |
|--|
| See NHS England Safeguarding Policy |

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 |
|----------------|-----------|---------------------|-----------------------|
| Not applicable | | | |
| | | | |
| | | | |
| | | | |

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.

| Description | Details |
|--|---|
| Subject matter of the processing | Not applicable at Framework level. To be agreed locally as part of the Further Competition process. |
| Duration of the processing | |
| Nature and purposes of the processing | |
| Type of Personal Data | |
| Categories of Data Subject | |
| Plan for return and destruction of the data once the processing is complete UNLESS requirement under law to preserve that type of data | |

SCHEDULE 7 – PENSIONS

Not Applicable

SCHEDULE 8 – JOINT SYSTEM PLAN OBLIGATIONS

| |
|-----------------------|
| Not Applicable |
|-----------------------|

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