



# NHS Standard Contract 2022/23

## Particulars (Full Length)

***Contract title / ref: National Service  
Adviser Module Support Service  
C105404***

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Version number: 1

First published: March 2022

Publication Approval Number: PAR907

<b>Contract Reference</b>	C105404
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<b>DATE OF CONTRACT</b>	<b>01/03/2023</b>
<b>SERVICE COMMENCEMENT DATE</b>	<b>01/03/2023</b>
<b>CONTRACT TERM</b>	<b>1 year commencing</b> 01/02/2023 (or as extended in accordance with Schedule 1C)
<b>COMMISSIONERS</b>	<b>NHS England</b>  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.
<b>CO-ORDINATING COMMISSIONER</b>  <i>See GC10 and Schedule 5C</i>	<b>NHS England.</b>  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.
<b>PROVIDER</b>	<b>Integrated Care 24</b>

<b>DATE OF CONTRACT</b>	<b>01/03/2023</b>
	<b>Principal and/or registered office address: Kingston House, The Long Barrow, Ashford, Kent TN24 0GP Company number: 3193182</b>

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- SC3 Service Standards
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- SC8 Unmet Needs, Making Every Contact Count and Self Care
- SC9 Consent
- SC10 Personalised Care
- SC11 Transfer of and Discharge from Care; Communication with GPs
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## **GENERAL CONDITIONS**

- GC1 Definitions and Interpretation
- GC2 Effective Date and Duration
- GC3 Service Commencement
- GC4 Transition Period
- GC5 Staff
- GC6 Intentionally Omitted
- GC7 Intentionally Omitted
- GC8 Review
- GC9 Contract Management
- GC10 Co-ordinating Commissioner and Representatives
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## **Definitions and Interpretation**

## CONTRACT

**Contract title:** ...National Service Adviser Module Support....

**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 KELLY for  
and on behalf of NHS England:**

**SIGNED by Dr Andrew Catto for  
and on behalf of INTEGRATED  
CARE 24 LIMITED:**



<b>SERVICE COMMENCEMENT AND CONTRACT TERM</b>	
<b>Effective Date</b>  <i>See GC2.1</i>	<b>01/03/2023</b>
<b>Expected Service Commencement Date</b>  <i>See GC3.1</i>	<b>01/03/2023</b>
<b>Longstop Date</b>  <i>See GC4.1 and 17.10.1</i>	<b>01/04/2023</b>
<b>Contract Term</b>	<b>1 year commencing as per Effective Date</b>
<b>Commissioner option to extend Contract Term</b>  <i>See Schedule 1C, which applies only if YES is indicated here</i>	<b>YES</b>  <b>By two 12-month consecutive periods</b>
<b>Commissioner Notice Period</b> (for termination under GC17.2)	<b>3 months</b>
<b>Commissioner Earliest Termination Date</b> (for termination under GC17.2)	<b>3 months after the Service Commencement Date</b>
<b>Provider Notice Period</b> (for termination under GC17.3)	<b>3 months</b>
<b>Provider Earliest Termination Date</b> (for termination under GC17.3)	<b>3 months after the Service Commencement Date</b>

<b>SERVICES</b>	
<b>Service Categories</b>	<b>Indicate <u>all</u> categories of service which the Provider is commissioned to provide under this Contract.</b> <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>
<b>Accident and Emergency Services (Type 1 and Type 2 only) (A+E)</b>	
<b>Acute Services (A)</b>	
<b>Ambulance Services (AM)</b>	
<b>Cancer Services (CR)</b>	
<b>Continuing Healthcare Services (including continuing care for children) (CHC)</b>	
<b>Community Services (CS)</b>	
<b>Diagnostic, Screening and/or Pathology Services (D)</b>	
<b>End of Life Care Services (ELC)</b>	
<b>Mental Health and Learning Disability Services (MH)</b>	
<b>Mental Health and Learning Disability Secure Services (MHSS)</b>	
<b>NHS 111 Services (111)</b>	The scope of this contract is only for provision on non-emergency NHS 111 services
<b>Patient Transport Services (PT)</b>	
<b>Radiotherapy Services (R)</b>	
<b>Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)</b>	
<b>Service Requirements</b>	
<b>Prior Approval Response Time Standard</b>  See SC29.25	Not applicable
<b>GOVERNANCE AND REGULATORY</b>	
<b>Nominated Mediation Body (where required – see GC14.4)</b>	<b>CEDR (Centre for Effective Dispute Resolution)</b> 100 St. Paul's Churchyard, London EC4M 8BU United Kingdom
<b>Provider's Nominated Individual</b>	<b>Robert McEwan</b> Chief Operating Officer

<b>Provider's Information Governance Lead</b>	<b>David Brown</b> [REDACTED]
<b>Provider's Data Protection Officer (if required by Data Protection Legislation)</b>	<b>Craig Christiaens</b> <b>Data Protection Officer</b> <b>IT Security and Governance</b> [REDACTED]
<b>Provider's Caldicott Guardian</b>	<b>Dr Sanjeev Rana – Regional Medical Director Essex</b> [REDACTED]
<b>Provider's Senior Information Risk Owner</b>	<b>David Brown</b> <b>Chief Information Officer</b> [REDACTED]
<b>Provider's Accountable Emergency Officer</b>	<b>Robert McEwan</b> <b>Chief Operating Officer</b> [REDACTED]
<b>Provider's Safeguarding Lead (children) / named professional for safeguarding children</b>	<b>Rachel Robinson</b> <b>Chief Nurse</b> [REDACTED]
<b>Provider's Safeguarding Lead (adults) / named professional for safeguarding adults</b>	<b>Rachel Robinson</b> <b>Chief Nurse</b> [REDACTED]
<b>Provider's Child Sexual Abuse and Exploitation Lead</b>	<b>Rachel Robinson</b> <b>Chief Nurse</b> [REDACTED]
<b>Provider's Mental Capacity and Liberty Protection Safeguards Lead</b>	<b>Rachel Robinson</b> <b>Chief Nurse</b> [REDACTED]
<b>Provider's Prevent Lead</b>	<b>Rachel Robinson</b> <b>Chief Nurse</b> [REDACTED]
<b>Provider's Freedom To Speak Up Guardian(s)</b>	<b>Jo Mills</b> [REDACTED]
<b>Provider's UEC DoS Contact</b>	<b>Sam Baker</b> <b>IUC Operations Manager</b> [REDACTED]

<b>Commissioners' UEC DoS Leads</b>	
<b>Provider's Infection Prevention Lead</b>	Rachel Robinson Chief Nurse
<b>Provider's Health Inequalities Lead</b>	Rachel Robinson Chief Nurse
<b>Provider's Net Zero Lead</b>	David Baines Chief Finance Officer
<b>Provider's 2018 Act Responsible Person</b>	Rachel Robinson Chief Nurse
<b>CONTRACT MANAGEMENT</b>	
<b>Addresses for service of Notices</b>  See GC36	Commissioner: Aminur Choudhury NHS England Address: Wellington House 133-155 Waterloo Road London SE1 8UG  Provider: Integrated Urgent Care 24 Kingston House The Long Barrow Ashford Kent TN24 0GP <a href="mailto:info@IC24.org.uk">info@IC24.org.uk</a>
<b>Frequency of Review Meetings</b>  See GC8.1	Monthly Contract Review Meeting (CRM)  Quarterly Clinical Quality Review (CQRG)
<b>Commissioner Representative(s)</b>  See GC10.3	Contract Manager – Ruth Allanson and Lee Hunter Address: Quarry House, Quarry Hill, Leeds,  Tel:

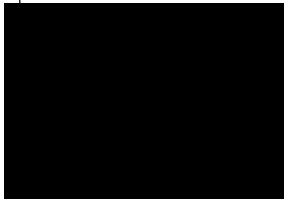
<p><b>Provider Representative</b></p> <p><i>See GC10.3</i></p>	<p><b>Robert McEwan</b>  <b>Chief Operating Officer</b>  <b>Integrated Care 24</b>  <b>Kingston House</b>  <b>The Long Barrow</b>  <b>Ashford</b>  <b>Kent</b>  <b>TN24 0GP</b></p> <div data-bbox="826 472 1200 546" style="background-color: black; width: 234px; height: 33px;"></div>
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## **SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM**

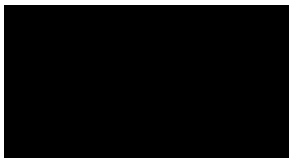
### **A. Conditions Precedent**

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

1. Evidence of appropriate Indemnity Arrangements



2. Evidence of CQC registration in respect of Provider and Material Sub-Contractors (where required)



3. Evidence of the Provider Licence in respect of Provider and Material Sub-Contractors (where required)




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		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	National Service Adviser Module Support
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"> <li>• Appropriate levels of care to close calls first time</li> <li>• Access to advice, care and treatment 24 hours a day 7 days a week from appropriately trained and qualified staff</li> <li>• Rapid access to an appropriate clinician</li> <li>• Rapid access to emergency services</li> <li>• Access to locally based community care</li> <li>• Access to quality self-care advice and guidance</li> </ul>
Service description and location(s) from which it will be delivered	<p>Pilot of a National Service Adviser Module Service responsible for the management and delivery of repeat prescriptions, dental and minor injuries calls for NHS 111 (up to an agreed percentage of the total volume of NHS 111 demand).</p> <p>To be delivered from Integrated Care 24 contact centres, including homeworking. Head office - Integrated Care 24, Kingston House, The Long Barrow, Orbital Park, Ashford, Kent, TN24 0GP/</p>
Alignment to 2017 Specification	<p>Integrated Care 24 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 Service Adviser Module Support are compliant.</p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf">https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf</a></p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf">https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf</a></p>
Service Description	<p>This will be a nationally commissioned service accessed via a “press 1” style menu option on 111 to manage lower complexity conditions. It will supplement the core NHS 111 service to reduce activity for other NHS 111 providers (by circa [REDACTED] if fully implemented).</p> <p>The service involves the provision of Service Advisors trained to utilise the appropriate NHS Service Adviser modules for:</p> <ul style="list-style-type: none"> <li>• Repeat prescriptions</li> <li>• Dental</li> <li>• Minor Injuries</li> </ul>
Supporting Functions	111 National Service Adviser Module support will need to include but not be limited to:

	<ul style="list-style-type: none"> <li>• Training team(s)</li> <li>• Clinical governance / complaints etc.</li> <li>• Audit team(s)</li> <li>• Pathways Clinicians/CAS</li> <li>• Operations</li> <li>• Contract Performance Manager (only required if sub-contract is in place)</li> <li>• Project management</li> <li>• ICT support</li> <li>• Systems administrator (for chosen workflow system)</li> <li>• Pharmacy Specialist</li> </ul>
Service Standards	<p><b>Standards</b></p> <p>Integrated Care 24 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>[REDACTED]</p> <p>Integrated Care 24 must be able to deliver the services without impacting on other business lines, such as any NHS 111 contract(s) they hold.</p> <p>Integrated Care 24 shall produce a suite of draft SOPs available to adapt for use in the services set out in Section 4 (including any homeworking element). Integrated Care 24 shall be responsible for the production and clinical assurance of the SOP.</p> <p><b>Reporting &amp; Evaluation</b></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 Integrated Care 24 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><b>Service Adviser Module Service</b></p> <p>A “press 1” style menu option as shown in Figure 1 will be used to identify callers eligible for assessment through the Service Adviser Module Service. Where local services already exist, the call will first be offered to that service and only sent to the national service when the local service is busy. In areas where no local service exists, all callers will be sent to the national service (or a controlled percentage as appropriate)</p>

Hours of Operation	Integrated Care 24 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 the service hours are reduced. If required, Integrated Care 24 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.
Operating Model	<p><b>Call Handling</b></p> <p>Integrated Care 24 shall work with NHS England to establish the demand profile for Service Adviser Module eligible callers and develop rosters to match. This is likely to mean that working hours and call arrival patterns will be at peak times, and the shifts of the staff servicing these calls are likely to match the high demand profile</p> <p><b>Clinical</b></p> <p>Integrated Care 24 shall implement a call handling model as set out in the 2017 IUC Service Specification. Integrated Urgent Care Clinical Assessment Services will be available for onward transfer should a patient require clinical intervention/advice.</p> <p>The Service Adviser Module support service will have an associated clinical capacity (see section on Workforce). 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> <p>The Service Adviser Module support Service will require a Health Advisor / clinical queue to be set up by Integrated Care 24, should patients require transfer into the health advisor workflow.</p>
Technical	<p><b>Telephony</b></p> <p>NHS England will deliver calls to Integrated Care 24s via the local ADC or SVCC the following skills sets in the phone network.</p> <ul style="list-style-type: none"> <li>• Repeat prescription.</li> <li>• Dental Problems.</li> <li>• Minor Injuries.</li> </ul> <ul style="list-style-type: none"> <li>• Service Advisors will be allocated all of the aforementioned skill sets.</li> <li>• Service Advisors will get a whisper informing of the call type.</li> <li>• DDI for Language Line calls on this service (if required).</li> <li>• Clinical Floorwalkers must have access to the Telephony System.</li> <li>• Calls will be delivered to designated delivery numbers specified by Integrated Care 24.</li> </ul>

	<ul style="list-style-type: none"> <li>Uninterruptable announcement when call arrives at the Integrated Care 24 network. It is required to say:  <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></li> </ul> <p><b>Additional requirements</b></p> <ul style="list-style-type: none"> <li>Any workflow system changes made as part of this programme go through a full UAT prior to go live.</li> <li>All services must have functionality to record calls into the service and any enquiry calls made to supervisors and/or clinicians.</li> <li>All services must have the ability to conference in then transfer the call to 999.</li> </ul> <p><b>Sub-contractor requirements</b></p> <ul style="list-style-type: none"> <li>Integrated Care 24 shall ensure that sub-contractors adhere to the same requirements as set out in the 2017 IUC Service Specification.</li> <li>Must be on the HSCN network link.</li> <li>Must be able to access the same instance of the workflow system.</li> <li>All clinicians must be able to access the same instance of the workflow system.</li> <li>Any data is repatriated by the data controller on termination or expiry of the contract.</li> </ul> <p><b>Registration Authority</b> Integrated Care 24 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><b>Equipment</b> Integrated Care 24 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><b>Clinical Decision Support System</b> Integrated Care 24 will be required to adhere to the terms of the NHS Pathways “licence to use” and any extant easements.</p> <p><b>Directory of Service (DoS)</b>  Integrated Care 24 shall ensure that the DoS is sufficiently updated with the national and local DoS teams so that appropriate services in all areas are accessible.</p>
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	<p>All local workarounds will need to be embedded into the DoS. Integrated Care 24 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 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 multiplier provision.</p> <p>Should DoS endpoints not be available then Integrated Care 24 shall make provision for cases to go to a clinician/ clinical queue and plan for this eventuality. Consideration is required as to how Integrated Care 24 would implement clinical service referrals to external services.</p>
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## **SCHEDULE 2 – THE SERVICES**

### **Ai. Service Specifications – Enhanced Health in Care Homes**

<p><b>Not Applicable</b></p>
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## **SCHEDULE 2 – THE SERVICES**

### **Aii. Service Specifications – Primary and Community Mental Health Services**

<b>Not Applicable</b>
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## **B. Indicative Activity Plan**

Not Applicable
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## **SCHEDULE 2 – THE SERVICES**

### **C. Activity Planning Assumptions**

<b>Not Applicable</b>
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## **SCHEDULE 2 – THE SERVICES**

### **D. Essential Services (NHS Trusts only)**

<b>Not Applicable</b>
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## **SCHEDULE 2 – THE SERVICES**

### **E. Essential Services Continuity Plan (NHS Trusts only)**

<b>Not Applicable</b>
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## **SCHEDULE 2 – THE SERVICES**

### **F. Clinical Networks**

<b>Not Applicable</b>
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## **SCHEDULE 2 – THE SERVICES**

### **G. Other Local Agreements, Policies and Procedures**

<p><b>Not Applicable</b></p>
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## **SCHEDULE 2 – THE SERVICES**

### **H. Transition Arrangements**

<b>Not Applicable</b>
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## **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



Mental Capacity Act  
and Deprivation of L



Safeguarding  
Adults at Risk Policy



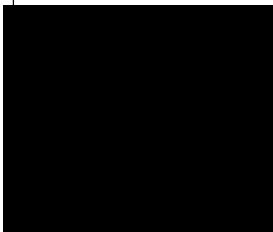
Safeguarding  
Children's Policy V1.

## **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**

<b>Not Applicable</b>
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## SCHEDULE 2 – THE SERVICES

### N. Health Inequalities Action Plan



Health Inequalities  
Plan for the Nationa

At IC24 we are committed to ensuring inclusivity and belonging is brought to life and integrated as a core part of the work we do and the services we deliver on a daily basis. We are on a journey to create a culture where everyone is included and has a personal sense of belonging.

Our Inclusion and Belonging Strategy was launched in September 2021 and the first year focused on building a sustainable culture and structure on which we can continually develop our diversity and inclusion agenda. A key part of the strategy was the formation of Colleague Resource Groups (CRGs) covering the following areas:

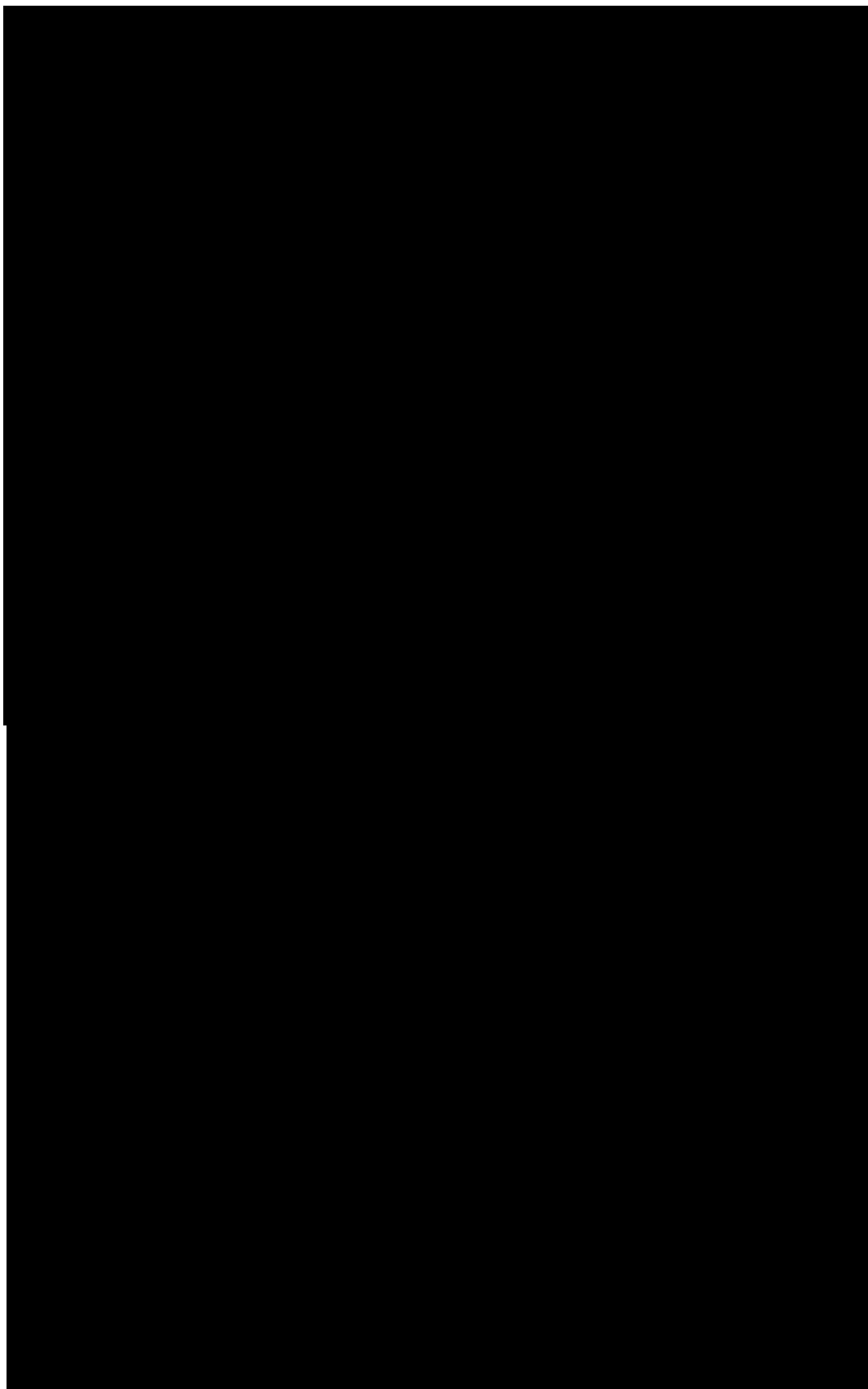
- Brave women.
- Disability Confident.
- Cultural Inclusion.
- LGBTQ + Friends.

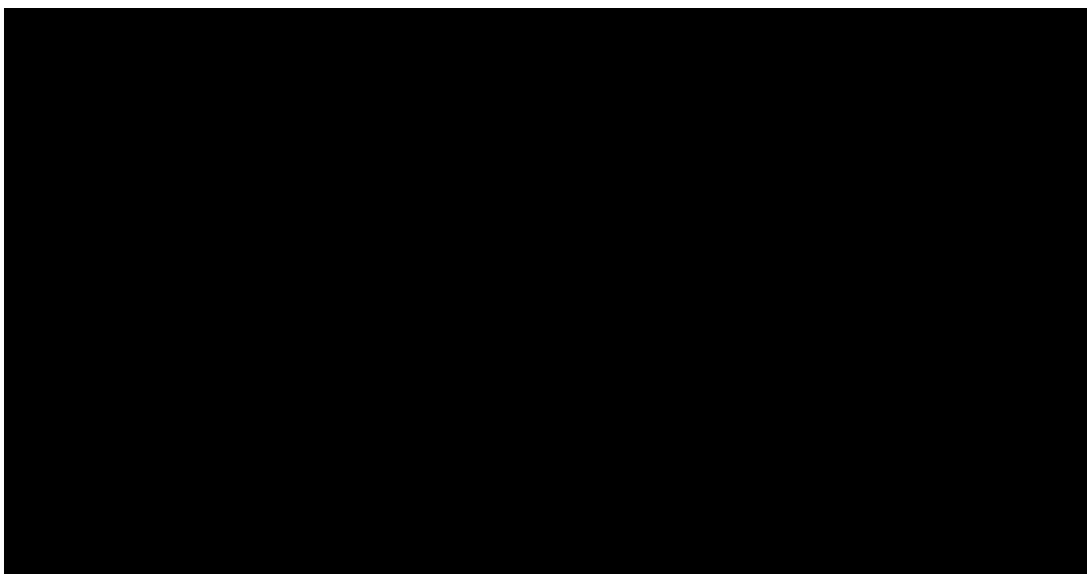
We provide inclusive learning experiences covering a variety of topics including white allyship and Trans 101 awareness. We are continuing our inclusive learning journey by creating our own learning material for new starters and colleagues. This includes equality, diversity and inclusion training as part of our essential learning requirement and training on ZOUD (zone of uncomfortable debate) which supports our colleagues to have difficult conversations within a safe space.

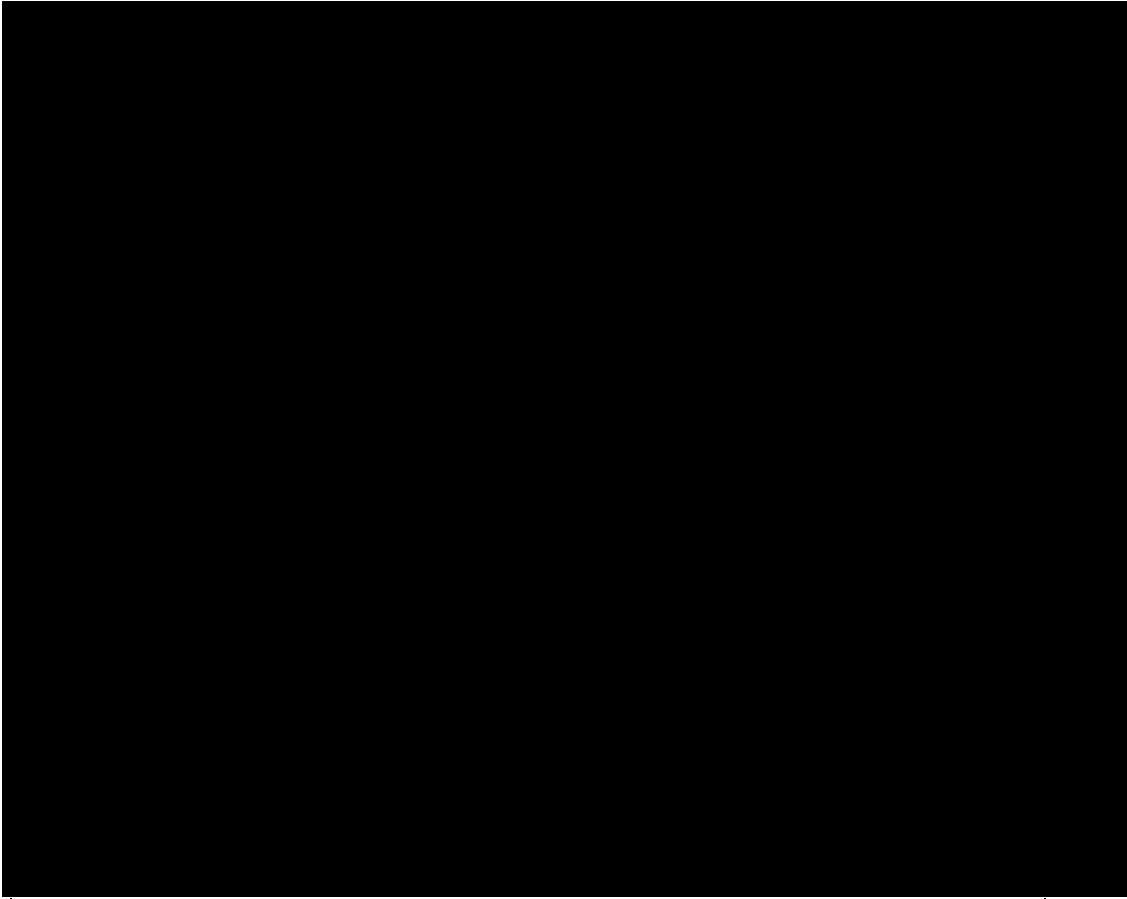
Using the Disability Smart Framework from our membership with The Business Development Forum, we are working to achieve Disability Confident Level 2 – Confident Employer. We have champions in place leading work streams covering - Accessibility (Premises and Digital), Colleague Experience (including Education, Awareness and Policy refinement), Pre-Employment and Recruitment.

## **SCHEDULE 3 – PAYMENT**

### **A. Local Prices**







## **SCHEDULE 3 – PAYMENT**

### **B. Local Variations**

<b>Not Applicable</b>
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## **SCHEDULE 3 – PAYMENT**

### **C. Local Modifications**

<b>Not Applicable</b>
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## **SCHEDULE 3 – PAYMENT**

### **D. Aligned Payment and Incentive Rules**

<p><b>Not Applicable.</b></p>
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## **SCHEDULE 3 – PAYMENT**

### **E. CQUIN**

<b>Not Applicable</b>
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## **SCHEDULE 3 – PAYMENT**

### **F. Expected Annual Contract Values**

<b>Not Applicable</b>
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## 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 - 2<sup>nd</sup> 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 - 3<sup>rd</sup> 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 - 4<sup>th</sup> 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

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><b>Complaints and Commissioning Concerns:</b> 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"> <li>- 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.</li> <li>- Shows how many complaints were received, the number resolved within the negotiated timescales and an explanation and trajectory for those that breached.</li> <li>- shows the number of</li> </ul>	<p>Report to each Clinical Quality Review Group (CQRG) 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>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> <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	<b>Patient Experience Report:</b> The Provider will work to gather information around the quality of the patient and carer experience and	<p>The Provider is to provide narrative evidence from a variety of sources in relation to patient experience.</p> <p>The Provider must</p>	<p>Standalone report to be submitted to the CQRG.</p> <p>The Provider shall supply the Commissioner with</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
		will provide evidence of improvements made.	<p>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 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</p>	an exception report upon request.		



Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			<p>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><b>Workforce:</b> 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>All call centre staff to have access to and undertake autism awareness training.</p>	<p>Report to include:</p> <ul style="list-style-type: none"> <li>- Actual workforce numbers against planned</li> <li>- Agency usage</li> <li>- Percentage of shift fulfilment</li> <li>- Staff turnover to show starters and leavers</li> <li>- Reasons for leavers leaving</li> <li>- Narrative on current recruitment process and status.</li> <li>- Sickness and absence rates, both short and long-term</li> <li>- Proportion of eligible workforce with a completed</li> </ul>	<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 Commissioners have concerns about the workforce.</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
			<p>appraisal that includes a personal development plan</p> <ul style="list-style-type: none"> <li>- to achieve 90% per annum</li> <li>- Uptake of mandatory / essential training - to achieve 90% per annum of eligible workforce:</li> </ul> <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>			
QS4	Business Continuity	<p><b>Business Continuity:</b></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>	<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>	<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	<b>Staff Survey:</b> The Provider should complete an annual staff survey and share the results and learning.	<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

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
QS6	Staffing and Workforce	<p><b>Staffing Levels:</b> The Provider should ensure safe staffing levels at all times.</p> <p>The Provider should escalate to Commissioners if there are concerns about staffing levels affecting the safety of service provision</p>	<p>Written exception report where safe staffing levels have not been met.</p> <p>Recovery action plan to be produced, delivered and shared with Commissioners.</p>	Written report to the Commissioner.	By exception.	NHS111 and Category 3 & 4 Ambulance Validation
QS7	Quality Assessments	<p><b>Quality Account:</b> Provision of an annual Provider Quality Account.</p>	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	<p><b>External Assessment, Review &amp; Quality Visits:</b> The Provider will participate in all quality visits and produce and deliver any relevant implementation plans.</p> <p>The Provider will share all</p>	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	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
		external assessments and reviews with Commissioners.	<p>Condition 15. This is a non-exhaustive list.</p> <p>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 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</p>			

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
			<p>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	<b>Patient Safety:</b> Provider can demonstrate full implementation of Central Alerting Systems/ Patient Safety Alerts.	<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 the quarterly Quality Report.</p>	<p>By exception.</p> <p>Annual - end of quarter four</p>	NHS111 and Category 3 & 4 Ambulance Validation
QS10	Patient Safety	<b>Incident Reporting:</b> The Provider will monitor all incidents with identification of themes and trends for escalation.	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	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



Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		The Provider will be compliant with the NHS England Serious Incident Framework.	<p>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>			
QS11	Patient Safety	<b>Clinical Audit</b> All audit requirements from NHS Pathways are completed as per the license agreement.	<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 identified at any point in year.</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, and as national reports become available.</p>	<p>Quarterly in line with the CQRG meeting schedule.</p> <p>Annually - end of quarter four.</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
			The Provider is able to evidence changes in practice, clinical or otherwise, based on audit outcomes.		if a significant report becomes available nationally.	
QS12	National Reports	<b>National Reports:</b> 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	<b>Infection Prevention and Control (IPC) Service Strategy:</b>	The Provider is to share their IPC Strategy annually and at any point when any	Submission to the Coordinating Commissioning Team.	Annual end of quarter four and by	NHS111 and Category 3 & 4



Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		The Provider has an IPC Strategy in place for its workforce and this is shared with Commissioners.	significant changes are made.  The Provider is to share results of IPC audits and associated actions.	Annual report.	exception when updates are made.	Ambulance Validation
QS14	Safeguarding	<p><b>Safeguarding Children:</b> 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 &amp; 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</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>	<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
		their organisation and that they are fully engaged in the work of the Local Safeguarding Children Boards.	<ul style="list-style-type: none"> <li>- The number of safeguarding allegations made against the Provider and analysis of any themes as well as evidence of improved practice as a result.</li> <li>- The number of safeguarding referrals made by Provider staff.</li> <li>- Staff Training for Safeguarding Children.</li> </ul>			
QS15	Safeguarding	<b>Adult Safeguarding:</b> 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.	The Provider will complete the Safeguarding Annual Assurance Framework (SAAF) or Joint Safeguarding Assurance Framework (JSAF) and provide an action plan to address any areas for development. The SAAF/JSAF findings will be reported to the Commissioners. The action plan will be monitored six	Safeguarding Self – Assessment completed, quality site visits undertaken, and action plan agreed upon to respond to any gaps in compliance.  Report to the CQRG.	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>monthly via CQRG &amp; SAAF assurance visits.</p> <p>The Provider will complete a quarterly activity report covering as a minimum:</p> <ul style="list-style-type: none"> <li>- The number of safeguarding allegations made against the Provider and analysis of any themes as well as evidence of improved practice as a result.</li> <li>- The number of safeguarding referrals made by Provider staff and evidence of embedding Making Safeguarding Personal agenda.</li> <li>- Staff Training (to include MCA/DoL, Safeguarding, and PREVENT) compliance figures.</li> </ul>			

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
QS16	Safeguarding	<b>Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS):</b> The Provider can demonstrate that they are following the principles of the MCA and DoLS Codes of Practices.	90% of clinical staff have received training in MCA and DoLS within a year rolling programme.  90% of non-clinical staff have received awareness training in MCA and DoLS within a year rolling programme.  This training may be included as part of the organisation's safeguarding training.	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	<b>Staff Health and Well Being:</b> The Provider can demonstrate commitment to staff engagement, health and wellbeing.	The Provider to demonstrate initiatives that promote engagement with staff and improve health and wellbeing.  The Provider to ensure healthy options are available for staff and the sale of high, fat, salt and sugar (HFSS) products are limited on the premises that they own or lease.	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
			The Provider to demonstrate improved health and wellbeing delivery.			
QS18	Assurance	<p><b>Duty of Candour:</b> 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"> <li>- A meaningful apology must be given and documented in the patients' notes.</li> <li>- A written notification must be given or sent.</li> <li>- The written notification must be sent within 10 working days.</li> <li>- An offer to share any findings from the investigation must be made (patient need not accept)</li> </ul>	<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><b>National Reports:</b> The Provider agrees to abide by and learn from all</p>	The Provider will complete an assessment against any new recommendations.	Reports to be submitted to the Coordinating Commissioning Team.	By exception.	NHS111 and Category 3 & 4

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		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.	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.			Ambulance Validation
QS19	NHS Equality Delivery System 2	<b>NHS Equality Delivery System (EDS2) evidence / progress reporting / assessment grades:</b> Provider to demonstrate compliance with Equality and Human Rights legislation: - Equality Act 2010 - Public Sector Equality Duty (PSED) - Evidence of the needs of	2020 to provide a baseline position  Compliance against Equality Act 2019, Public Sector Equality Duty, Due Regard, DES2, WRES and WDES. Actions plans and progress in addressing issues identified.  Equality and Human Rights	Annual Report to CQRG with mid-year update.  Provider to work in conjunction with Equality Delivery System (EDS).	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
		<p>services users considered around changes to services that affect them (Due Regard).</p> <ul style="list-style-type: none"> <li>- Actions plans and progress in addressing issues identified.</li> <li>- An up-to-date Equality and Human Rights Policy to cover both staff and service users.</li> </ul> <p>The Provider to demonstrate compliance with NHS Contractual requirements.</p> <ul style="list-style-type: none"> <li>- EDS2</li> <li>- WRES</li> <li>- WDES</li> </ul>	Policy to be shared with Commissioners annually or sooner if a significant update is made.			
QS20	Governance	<p><b>Information Governance:</b></p> <p>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>Annual report to include (but are not exclusive to) the Data Security &amp; Protection Toolkit.</p> <p>The Provider to share a quarterly statement identifying:</p> <ul style="list-style-type: none"> <li>- Any changes to the</li> </ul>	<p>A copy of the Data Security &amp; 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

Quality Requirement			Threshold	Method of Measurement	Period over which the Requirement is to be achieved	Applicable Service Specification
		Provider to share with Commissioners a confidentiality policy to include direction around consent and data management.	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.			
QS21	Registration	<b>Compliance:</b> The Provider to comply with NHS Pathways' requirements at all times in order to maintain a valid license to operate a NHS111 service.  The Provider to fully comply with their Care Quality Commission (CQC) Registration.	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 issue with compliance is identified.	NHS111 and Category 3 & 4 Ambulance Validation
QS22	Performance	<b>Key Performance Indicators (KPI):</b>	<b>As detailed in NHSE Integrated Urgent Care: Key Performance Indicators</b>	Monthly reporting of KPIs to be provided for Contract Review Meeting.	Monthly in the Performance Report for	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
			<a href="https://www.england.nhs.uk/wp-content/uploads/2018/06/B1567-i-integrated-urgent-care-key-performance-indicators-22-23.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/06/B1567-i-integrated-urgent-care-key-performance-indicators-22-23.pdf</a>		CMB.	
QS23	Call Review	<b>End to End Case Review:</b> Participation in Quarterly case reviews for each of the five counties party to the contract.	<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 IC24 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 5 – GOVERNANCE

### A. Documents Relied On

#### Documents supplied by Provider


#### Documents supplied by Commissioners

Date	Document
Published August 2017	<a href="#">NHS E IUC Service Specification</a>
Updated August 2022	<a href="#">NHS IUC Key Performance Indicators 22/23</a>

**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

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
<b>National Requirements Reported Centrally</b>				
1. As specified in the Data Alliance Partnership Board Schedule of Approved Collections published on the NHS Digital website at <a href="https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections">https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections</a> 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 <a href="https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/ecds-latest-update">https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds/ecds-latest-update</a>	As set out in relevant Guidance	As set out in relevant Guidance	Daily	A+E, U
2. Patient Reported Outcome Measures (PROMS) <a href="https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms">https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms</a>	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
<b>National Requirements Reported Locally</b>				
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 the duty of candour, including, without limitation:	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
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 <a href="https://digital.nhs.uk/isce/publication/isb1594">https://digital.nhs.uk/isce/publication/isb1594</a>	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 Trust/FT only)	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
12. Where the Services include Specialised Services and/or other services directly commissioned by NHS England, specific reports as set out at <a href="https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/">https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/</a> (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at <a href="https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/">https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/</a>	As set out at <a href="https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/">https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/</a>	As set out at <a href="https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/">https://www.england.nhs.uk/nhs-standard-contract/dc-reporting/</a>	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 ibox	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 <sup>nd</sup> Friday.  Email to FACMI inbox	All
Local Requirements Reported Locally				
Not Applicable				

## **SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

### **B. Data Quality Improvement Plans**

<b>Data Quality Indicator</b>	<b>Data Quality Threshold</b>	<b>Method of Measurement</b>	<b>Milestone Date</b>
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
<p>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.</p> <p>The policy and supporting documents can be found in the link below.</p> <p><a href="https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance/">https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance/</a></p>

## **SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

### **D. Service Development and Improvement Plans NA**

	<b>Milestones</b>	<b>Timescales</b>	<b>Expected Benefit</b>
<b>Not Applicable</b>			

## 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
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## **SCHEDULE 7 – PENSIONS**

<b>Not Applicable</b>
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## SCHEDULE 8 – JOINT SYSTEM PLAN OBLIGATIONS

<b>Not Applicable</b>
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First published March 2022  
Published in electronic format only