# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

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| **Service Specification No.** | **July 2017** |
| **Service** | **Provision of Nursing and Non-nursing Healthcare for Children at Home** |
| **Commissioner Lead** | **Rebecca Wellburn, Director of Commissioning and Planning** |
| **Provider Lead** |  |
| **Period** | **For implementation in 2017/18** |
| **Date of Review** | **July 2018** |
| **1. Population Needs** | |
| The Provision of Nursing and Non-nursing Healthcare for Children at Home provides support to a small number of families within Wandsworth where a continuing care package is required for a child or young person up to their 18th birthday with complex health needs arising from disability, accident or illness that cannot be met by existing or specialist services alone. The team works together with the families to ensure that families are supported and care is provided according to defined assessed needs. | |
| **2. Outcomes** | |
| The Provision of Nursing and Non-nursing Healthcare for Children at Home provides bespoke packages of care predominately in the home. The service uses a skill mix team comprising appropriately trained healthcare assistants and registered paediatric nurses working together to provide 24 hours’ care, seven days a week over 365 days per year.  Care providers will provide assurance that staff employed are suitably competent in meeting the identified health needs of the child and young person. Care delivery should focus on the delivery of a child centred service. Providers would work together with the child/young person and their families, involving them in every stage of the service delivery, taking into consideration their wishes and views and ensuring their care is based on outcome measures.  Consideration should be given to the sensitive needs of the child/young person and care should be carefully managed to ensure continuity of care and stability of support from appropriately trained and competent staff.  **NHS Outcomes Framework Domains & Indicators (2016 – 2017)**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** |  | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** |  | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  | | **Domain 4** | **Ensuring people have a positive experience of care** |  | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |  |   **The expected outcomes are:**   * The prevention of unnecessary hospitalisation * Enabling families greater choice, consistency and control over aspects of their child’s health care with greater flexibility so that they can receive services that benefit and make sense to them * Continuity of care * Promotion of the needs of disabled children and young people * Prevention of harm to the affected child from the care environment * Greater choice over their lives and be supported to develop person centred health plans * Access the healthcare they need and the support to live a normal life as possible * Enhance their dignity, self-respect and individuality and respect and regard to their wishes and preferences * Enable the children to acquire new skills whilst maintaining existing skills; and support them to achieve their full potential.   **Evidence Base**  *Aiming High for Disabled Children (AHDC) – 2008:* Aiming High for Disabled Children is the Government’s transformation programme for disabled children’s services in England. The vision behind Aiming High for Disabled Children is for all families with disabled children to have the support they need to live ordinary family lives, as a matter of course. Supported by substantial new funding and measures designed to make the system work better. AHDC identified the core offer standard for services to be delivered to consist of:   * Information * Transparency * Assessment * Participation * Feedback   ***National Framework for Children and Young People’s Continuing Care (2016)***  This framework is a key part of delivering the vision and standards for the care of disabled children and young people and those with complex health needs set out in standard 8 of the National framework for Children, young People and Maternity services.  Other relevant national and local policy documents are the following:   * Special educational needs and disability Code of Practice: 0-25years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities (January, 2015) * Children Act 1989/2004 Childcare Act 2006 * NHS Act (section 3, 2006) * Every Child Matters HM Government (2004) * Valuing People (2001) * Valuing People Now (2009) * Choosing Health (2004) * Together from the Start (2003) * Hall D and Elliman D (2006) Health for all Children * Department of Health (2007b) Facing the Future * Department of Health (2008) The Child Health Promotion Programme * NSF for maternity and children’s services (2004) * London child protection procedures (5th Edition 2016) * Better Care, better lives (2008) * Working together to safeguard children (2015) * Disability Discrimination Act (1995) * Children and Families Act (2014) * The National Health Service (Direct Payments) Regulations 2013 * Equality Act 2010 * Improving quality of life for people with long term conditions (March 2013) * Integrated Care and Support: Our Shared Commitment (March 2013) | |
| **3. Scope** | |
| **Aims of the service**  This service specification details services provided by the provision of Nursing and Non-nursing Healthcare for Children at Home.  Emerson et al (2001)[[1]](#footnote-1) defined learning or intellectual disabilities to include ‘*the presence of a significant intellectual impairment and deficits in social functioning or adaptive behaviour (basic everyday skills) which are present from childhood*’.  **Objectives of the service**  The Service will deliver appropriate specific specialist/expert services for children with complex health needs which are integrated with primary and secondary care services, based on assessed needs of the individual child and that children receive prompt, appropriate, accessible and evidence-based treatment and advice to enable them to achieve their full potential and measured outcomes.  The service will conform to NSF for maternity and children’s services standard ‘*Children and Young People who are disabled or who have complex health needs receive coordinated, high-quality child and family centred services which are based on assessed needs, which promote social inclusion and where possible, which enable them and their families to live ordinary*”, (NSF, 2004).  The service will:   * adhere to a set of core values, key principles and timetables as set out in the National Framework for Children and Young People’s Continuing Care (2016) * make the child or young person and their family the focus of the continuing care process and facilitate the provision of personalised packages of care; * involve cross organisational and inter-agency partnerships, thus reducing the possibility of fragmented care; * include measurements of outcomes and promote continuous quality improvement * ensure the care of children leaving care and children looked-after are outlined in their E-Health Passport   The service will ensure children and young peoples’ welfare is of paramount consideration in the delivery of services.  The service provider will demonstrate appropriate staffing levels and evidence of the provision of regular staff training.  Minimum standard of competencies is required to ensure children and young people are cared for appropriately. As a minimum staff should have completed the following training:   |  |  | | --- | --- | | **Minimum Competencies achieved** | **Staff group** | | Safeguarding & promoting the welfare of the child and young person level 1 & 2 |  | | Effective communication & engagement of children and young people |  | | Equality and inclusion |  | | Person-centred support and care | All healthcare staff, | | Health and safety |  | | Basic life support (Paediatric and adult) | All nursing staff and | | Moving and handling |  | | Infection prevention and control | All management staff | | Multi-agency & integrated working |  | | Information sharing |  | | Caring for children and young people with complex care needs |  | | Nursing care for children with complex health care needs and end of life care | Qualified children nurses | | Safeguarding & promoting the welfare of the child and young person level 3 |  |   Additionally, the Service Provider will ensure staff delivering individualised care packages to children have access to specific specialist training and that they receive regular update training to maintain their level of skills and competencies. All cost of staff training is met by the Service Provider.  The Service Provider will deliver a service that provides high quality care, improved outcomes, patients’ choice and offers value for money.  **Service Model**  The service will provide the following:   * Delivery of care packages based on assessed needs. * Develop and implement an individualised care plan based on identified health needs of the child and young person * Review the child’s care needs and their care plans based on their changing health needs. * Support for children with medical/nursing/emotional need * Transitional planning * Child protection and Safeguarding children * Case management of complex cases * The provider is required to undertake at least 2 monthly review of the child’s/young person’s health needs as per their care plans. * Referral and signposting to other agencies * Training staff in the management and care of a child with complex needs * The provider will be available 24/7 to offer support and guidance to families and staff in regards to any queries relating to service provision   **Service description/ care pathway**  The care process will meet the vision of *High Quality Care For All* and include:   * Clinical competency and clinical effectiveness; * patient safety and well-being * the experience of the child or young person and their family * Evidence of outcomes   The continuing care process will also meet the standards of the *Aiming High for Disabled Children Core Offer.*  The service will satisfy the NSF 9 key markers of “best practice” listed below:   1. Disabled Children are able to access all mainstream children’s services 2. Disabled Children and Young People receive child-centred, multi-agency coordinated services from the point of referral through identification and assessment to delivery 3. Early identification and intervention are provided through clinical diagnosis and the “Framework for assessment of Children in Need and their Families”. Intervention support optimal physical, cognitive and social development and are provided as early as possible with minimum waiting times. 4. Disabled children and young people who require ongoing health interventions have access to high-quality, evidence-based care, delivered by staff who have the right skills for diagnosis, assessment, treatment and ongoing care and support 5. Families are offered a range of appropriate family support services that are flexible and responsive to their needs and that promote inclusion in the local community. 6. Disabled children and young people and their families are routinely involved and supported in making informed decisions about their treatment, care and support. 7. Multi-agency transition planning focuses on meeting the hopes, aspirations and potential of disabled young people including maximizing inclusive provision, education and training opportunities 8. A range of flexible, sensitive services available to support those affected by the death of a disabled child or a child with life limiting illness.   The service will:   * Shape packages of care to meet the assessed health needs of children or young people. * Have adequate and appropriate trained and competent staff * Be sensitive to the unique set of needs of the child or young person * Take account of the social and cultural background of the child/young person. * The welfare of the child is paramount; safeguarding will need to be considered at all stages of the care provision and all concerns are acted upon immediately. * Have appropriate safeguarding policies and systems in place to ensure children are safeguarded * Providers are required to work in partnership with multiagency groups to ensure the needs the varied and changing needs of child and families are met.   The service will promote an integrated care pathway for children and young people with Disability/ Special Needs.  **Care Plan standards**  The Provider will develop a Care Plan:     * with the involvement of the Service User, the Service User’s family and Carers, and any relevant healthcare professionals, as appropriate * with Shared Decision-Making * record the Service User’s needs and the corresponding Provider requirements to meet those needs * record the Service User’s preferences, as informed by the Care Consultation or life story tools e.g. “patient passport”; * include a description of the Service User’s personal outcomes for the care package     The Care Plan is a living document. The Provider will review, edit and develop the Care Plan contents on an on-going basis. The Provider will maintain a record of Care Plan reviews and provide copies to CCG.  **Accessibility/ acceptability**  Services must ensure equal access for all eligible children and young people, irrespective of their age, gender, religion or belief, race or disability (learning and physical) up to the age of 18 years old dependent on the assessed needs.  The provision of Nursing and Non-nursing Healthcare for Children at Home provides services to children and young people with a Wandsworth GP as set out in the NHS England guidance ‘Who Pays? Determining responsibility for payment to providers’ August 2013. Access for children resident in Wandsworth without a GP and Children Looked After who are placed out of Borough also follow the same guidance.  Access is through open referral by anyone and service is delivered after assessment by appropriately trained and competent staff.  **Equipment**    The Provider will supply infection prevention and control equipment in line with the Health and Social Care Act 2008 regulation 2014.  Accessible from: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-ofpractice-on-the-prevention-and-control-of-infections-and-related-guidance>  The equipment will be supplied at no additional cost to the Commissioner. The cost of the equipment will be built into the cost of care. This equipment will include:     * single use disposable gloves * single use disposable aprons and * alcohol hand rub.     The Provider will safely and appropriately dispose of the above items and clinical waste in the Service User’s home.  **Brokerage**  The Provision of Nursing and Non-nursing Healthcare for Children at Home providers will work through a brokerage agency who will be contracted by the CCG to allocate, support, monitor and allocate packages. The CCHS will work in partnership with partnership with parents/ carers and children and young people and the brokerage agency.  **Whole System Relationships, stakeholders and interdependencies**  The service works closely with GPs, Community Children’s Nurse, Health Visitors, School Nurses, Dentists, Speech and Language Therapist, Physiotherapists, OT, Psychologists and Dieticians and other specialist advisors. The service also works in partnership with Education, Children’s Specialist Services, and other agencies as and when required.  Interdependencies exist between the service and:   * Safeguarding Teams – acute and community * Statutory services - LA * Acute services – St Georges, London wide tertiary centres/acute hospitals * Allied health professionals * Audiology * CAMHS * Children’s Specialist Services – Children’s disabled children’s team * Common Assessment framework integrated services * Community Children Nursing teams * Continence services * Dental services * Dietetics * Enuresis * Universal Health Visiting/School Nursing * Look After Children network * Positive parent action * Parents and children   There are a number of relevant clinical networks associated with the service.   * Royal College of Nursing * Nursing and Midwifery Council (NMC) * Paediatric network for universal and specialist service i.e. palliative care, learning disabilities * NICE guidance * National Service framework for children * Education and social Care network partnership. * Voluntary Sector support for families * Child Development Centre * National Service Framework for Children’s Continuing care. * Positive Parent Action * Contact a Family   Providers of the Provision of Nursing and Non-nursing Healthcare for Children at Home will be expected to work closely together, both within their own professional group and with those from other disciplines to ensure high standards of care and required outcomes continue to be achieved, measured and monitored. This will also assist them in being able to demonstrate the benefits and impacts of their interventions.  **Referral route**  Referrals are accepted from all sources including self-referrals, schools and health and social care professionals; once the referrer has identified a child who is eligible for continuing care support following the completion of checklist form. Referrals together with a completed checklist and supporting documents should be sent directly to the Independent Health Assessor at Wandsworth Clinical Commissioning Group.  **Eligibility and acceptance criteria**  Eligibility for the Provision of Nursing and Non-nursing Healthcare for Children at Home is based on the National Framework criteria following completion of the standard checklist form. A continuing care package is required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone. Following an assessment, the report is presented by the Independent Health Assessor to the Education Health Care (EHC) Panel for Children with Complex Needs which review and authorise allocation of care packages. Any disagreement over assessed packages can be brought by parent/carers to the Complex Need Panel for discussion and agreement across agencies.  **Exclusion criteria**  Exclusion criteria *(DH, 2010)[[2]](#footnote-2) exist for the service.*The provision of Nursing and Non-nursing Healthcare for Children at Home does not cover children and young people with care needs that may be met appropriately through existing universal or specialist health services. In this instance, they should be referred or sign posted to existing services as appropriate.  **Response time & detail and prioritisation**  Provider should contact the parents within 24 hours to arrange assessment and care plan after notification of care package by the Independent Health Assessor.  Assessment and Care plan should be completed within 48 hours of receiving notification.  The provider will ensure the full package of care is implemented within 72 hours of receiving notification.  **In regards to children and young people requiring palliative care or end of life care, the provider will ensure care provision is implemented straightaway on notification from Independent Health Assessor.**  **Discharge criteria and planning** | |
| **4. Applicable Service Standards** | |
| Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)  NICE guidance and professional guidelines apply.  All qualified nursing staff are regulated by the Nursing & Midwifery Council (NMC).  Individual team members will have specific professional standards to meet contained within the Codes of Practice/Conduct of the Nursing & Midwifery Council  All staff are expected to evidence their continuing professional development, have regular supervision sessions and annual appraisals.  Friends and Family Test Guidance  The service will be delivered within the scope of NHS policies, legislation and terms, including:   * Compliance with local and national guidance for NHS staff and services * NHS standard Infection control procedures and protocols including decontamination * Clinical audit and effectiveness * Health and Safety legislation * Risk management policy and systems for incident reporting. SUIs will be reported to the commissioners. * MHRA directives around medical devices and equipment safety policies. * Medicines management policy for the safe handling of medicines. * Public and patient involvement systems and processes to provide information to patients and seek patients’ views on services. * Confidentiality, Caldecott principles, consent procedures, complaints procedures, data protection and information governance policy and protocols * Systems for monitoring activity and staff performance and competency * Systems and process for managing safeguarding * Service specific appropriate NSF and NICE guidelines and appropriate professional standards | |
| **5. Applicable quality and performance indicators** | |
| **QULAITY REQUIREMENTS:** Please refer to Schedule 4 – Quality Requirements.  **KEY PERFORMANCE INDICATORS (Monthly reporting):** please refer to Schedule 6 – Contract Management, Reporting and Information Requirements. | |
| **6. Location of Provider Premises** | |
| **The Provider’s Premises are located at:**  The provision of Nursing and Non-nursing Healthcare for Children at Home will be delivered in various settings but predominately families’ homes | |
| **7. Individual Service User Placement** | |
| Not applicable | |

# SCHEDULE 4 – QUALITY REQUIREMENTS

1. **Operational Standards and National Quality Requirements**

| **Ref** | **Operational Standards/National Quality Requirements** | **Threshold** | **Method of Measurement** | **Consequence of breach** | **Timing of application of consequence** | **Applicable Service Category** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Duty of candour | Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety Incident in accordance with Regulation 20 of the 2014 Regulations | Review of Service Quality Performance Reports | Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate | Monthly | All |

In respect of the Operational Standard shown in ***bold italics*** the provisions of SC36.27A apply.

\* as further described in *Joint Technical Definitions for Performance and Activity 2017/18-2018/19,* available at: <https://www.england.nhs.uk/wp-content/uploads/2015/12/joint-technical-definitions-performance-activity.pdf>

**SCHEDULE 4 – QUALITY REQUIREMENTS**

**B. Local Quality Requirements (reviewed annually)\***

| **Quality Requirement** | **Threshold** | **Method of Measurement** | **Consequence of breach** | **Reporting** | **Timing of application of consequence** | **Applicable Service Specification** |
| --- | --- | --- | --- | --- | --- | --- |
| Pathway for urgent support/crisis | 90% of children requiring urgent care packages due to crisis will receive this within 24 hours | Date of urgent care request and  Date of implementation of crisis care packages  Numerator = number of children receiving crisis care package within 24 hours  Denominator = total number of children with Continuing Care package | £1,000 penalty | Monthly |  |  |
| Pathway for continuing care service provision | 95% of service users will have care in place with 72 hours of notification of care package | Date of care package notification received  Date of care implementation  Numerator = number of children receiving care package with 72 hours of notification  Denominator = total number of children caseload with continuing care package | £1,000 penalty |  |  |  |
| Personalisation | 95% of service users will have a Personalized Care Plan that is in date, detailing the level of care being provided | Numerator = no of care plans  Denominator = number of children in Continuing Care | £1,000 penalty | Monthly |  |  |
| Patient experience survey results (FFT) | 90% of Patient surveys should demonstrate a satisfaction rate greater than or equal to 85% | Numerator = number of patients who are satisfied  Denominator = number of patients surveyed | £500 penalty | Monthly |  |  |
| Involvement in Care Planning | 100% patients surveyed who indicated they had been actively involved in developing their care plan (including goal setting, preferences and treatment) | Numerator: The number of patients surveyed who indicated they had been actively involved in developing their care plan (including goal setting, preferences and treatment)  Denominator:  Total number of patients on caseload | £1,000 penalty | Monthly |  |  |
| Number of complaints & compliments received | 95% of complaints responded to fully within 25 working days or within an agreed extension period | Numerator: Number of complaints responded to within the 25 days  Denominator: total number of complaints received |  | Monthly |  |  |
| Serious Incidents | 95% of serious incidents fully investigated and reported within the standard deadline of 45 days | Numerator: number of serious incidents investigated within 45 days of notification  Denominator: total number of serious incidents reported |  | Monthly |  |  |

\*Please note commissioners may choose not to exercise fines for the above local quality requirements in certain circumstances. These will be considered on a case by case base basis .

# SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

1. **Reporting Requirements**

|  | **Reporting Period** | **Format of Report** | **Timing and Method for delivery of Report** |
| --- | --- | --- | --- |
| **National Requirements Reported Centrally** |  |  |  |
| 1. As specified in the list of omnibus, secure electronic file transfer data collections and BAAS schedule of approved collections published on the NHS Digital website to be found at   <http://content.digital.nhs.uk/article/5073/Central-Register-of-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 |
| **National Requirements Reported Locally** |  |  |  |
| 1. Activity and Finance Report *(note that, if appropriately designed, this report may also serve as the reconciliation account to be sent by the Provider under SC36.22)* | Monthly | Microsoft Excel Spreadsheet | Monthly |
| 1. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour | Monthly | Microsoft Excel Spreadsheet | Monthly |
| 1. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints | Monthly | Microsoft Excel Spreadsheet | Monthly |
| 1. Summary report of all incidents requiring reporting | Monthly | Microsoft Excel Spreadsheet | Monthly |
| **Local Requirements Reported Locally** |  |  |  |
| Number of new referrals received and accepted by service | Monthly | Microsoft Excel Spreadsheet |  |
| Numbers and % of cancelled or unused appointments | Monthly | Microsoft Excel Spreadsheet |  |
| Numbers and % of appointments attended | Monthly | Microsoft Excel Spreadsheet |  |
| Waiting times for access to care provision | Monthly | Microsoft Excel Spreadsheet |  |
| Number of MASH (multi-agency safeguarding hub) referrals / number of children escalated to Child Protection Services | Monthly | Microsoft Excel Spreadsheet |  |
| Number of children subject to Child Protection Plan / Child in need plan | Monthly | Microsoft Excel Spreadsheet |  |
| Number of Team Around child (TAC) and CP meetings attended | Monthly | Microsoft Excel Spreadsheet |  |

\* In completing this section, the Parties should, where applicable, consider the change requirements for local commissioning patient-level data flows which will need to be implemented when the new national Data Services for Commissioners technical solution becomes operational. These change requirements will be published within the *Data Services for Commissioners Resources* webpage: <https://www.england.nhs.uk/ourwork/tsd/data-services/>

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

1. **Incidents Requiring Reporting Procedure**

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| **Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) Other Patient Safety Incidents** |
| Wandsworth CCG will be specifically advised of the notification any Serious Incidents (SIs), Deaths or reportable incidents, within 48 hours in accordance with Wandsworth CCG Policy using the SI reporting form on the CCG website.  The SIs will be managed in accordance with the NHS England SI framework and WCCG Policy and reporting requirements.  Please see attached Quality reporting requirements and associated guidance.  For further information please contact:  Wandsworth Quality Team via email on [WACCG.si@nhs.net](mailto:WACCG.si@nhs.net)  and please follow the link to complete an incident form  <http://www.wandsworthccg.nhs.uk/about/Governance/Serious%20incident%20documents/WCCG%20SI%20Reporting%20From.pdf> |

# SCHEDULE 7 – PENSIONS

**Not Applicable**

# SCHEDULE 8 – TUPE\*

1. The Provider must comply and must ensure that any Sub-Contractor will comply with their respective obligations under TUPE and COSOP in relation to any persons who transfer to the employment of the Provider or that Sub-Contractor by operation of TUPE and/or COSOP as a result of this Contract or any Sub-Contract, and that the Provider or the relevant Sub-Contractor (as appropriate) will ensure a smooth transfer of those persons to its employment. The Provider must indemnify and keep indemnified the Commissioners and any previous provider of services equivalent to the Services or any of them before the Service Commencement Date against any Losses in respect of:
   1. any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any relevant transfer under TUPE and/or COSOP;
   2. any claim by any person that any proposed or actual substantial change by the Provider and/or any Sub-Contractor to that person’s working conditions or any proposed measures on the part of the Provider and/or any Sub-Contractor are to that person’s detriment, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor; and/or
   3. any claim by any person in relation to any breach of contract arising from any proposed measures on the part of the Provider and/or any Sub-Contractor, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor.
2. If the Co-ordinating Commissioner notifies the Provider that any Commissioner intends to tender or retender any Services, the Provider must within 20 Operational Days following written request (unless otherwise agreed in writing) provide the Co-ordinating Commissioner with anonymised details (as set out in Regulation 11(2) of TUPE) of Staff engaged in the provision of the relevant Services who may be subject to TUPE. The Provider must indemnify and keep indemnified the relevant Commissioner and, at the Co-ordinating Commissioner’s request, any new provider who provides any services equivalent to the Services or any of them after expiry or termination of this Contract or termination of a Service, against any Losses in respect any inaccuracy in or omission from the information provided under this Schedule.
3. During the 3 months immediately preceding the expiry of this Contract or at any time following a notice of termination of this Contract or of any Service being given, the Provider must not and must procure that its Sub-Contractors do not, without the prior written consent of the Co-ordinating Commissioner (that consent not to be unreasonably withheld or delayed), in relation to any persons engaged in the provision of the Services or the relevant Service:
   1. terminate or give notice to terminate the employment of any person engaged in the provision of the Services or the relevant Service (other than for gross misconduct);
   2. increase or reduce the total number of people employed or engaged in the provision of the Services or the relevant Service by the Provider and any Sub-Contractor by more than 5% (except in the ordinary course of business);
   3. propose, make or promise to make any material change to the remuneration or other terms and conditions of employment of the individuals engaged in the provision of the Services or the relevant Service;
   4. replace or relocate any persons engaged in the provision of the Services or the relevant Service or reassign any of them to duties unconnected with the Services or the relevant Service; and/or
   5. assign or redeploy to the Services or the relevant Service any person who was not previously a member of Staff engaged in the provision of the Services or the relevant Service.
4. On termination or expiry of this Contract or of any Service for any reason, the Provider must indemnify and keep indemnified the relevant Commissioners and any new provider who provides any services equivalent to the Services or any of them after that expiry or termination against any Losses in respect of:
   1. the employment or termination of employment of any person employed or engaged in the delivery of the relevant Services by the Provider and/or any Sub-Contractor before the expiry or termination of this Contract or of any Service which arise from the acts or omissions of the Provider and/or any Sub-Contractor;
   2. claims brought by any other person employed or engaged by the Provider and/or any Sub-Contractor who is found to or is alleged to transfer to any Commissioner or new provider under TUPE and/or COSOP; and/or
   3. any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any transfer to any Commissioner or new provider.
5. In this Schedule:

**COSOP** means the Cabinet Office Statement of Practice *Staff Transfers in the Public Sector* January 2000

**TUPE** meansthe Transfer of Undertakings (Protection of Employment) Regulations 2006 and EC Council Directive 77/187

**\****Note: it may in certain circumstances be appropriate to omit the text set out in paragraphs 1-5 above or to amend it to suit the circumstances - in particular, if the prospect of employees transferring either at the outset or on termination/expiry is extremely remote because their work in connection with the subject matter of the Contract will represent only a minor proportion of their workload. However, it is recommended that legal advice is taken before deleting or amending these provisions.*

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First published: November 2016

Published in electronic format only

1. Emerson, E., Hatton, C., Felce, D. and Murphy, G. (2001) Learning disabilities: The fundamental facts, Foundation for People with Learning Disabilities, London [↑](#footnote-ref-1)
2. National Framework for Children and Young People’s Continuing Care [↑](#footnote-ref-2)