



**NHS Standard Contract 2015/16**

**Particulars**

***Contract Reference: Sample - Wirral Minor Ailments Scheme Contract***

**NHS Standard Contract**

**2015/16**

**Particulars**

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|  |  |
| --- | --- |
| **Contract Reference** | **Sample - Wirral Minor Ailments Scheme Contract** |

|  |  |
| --- | --- |
| **DATE OF CONTRACT** |  |
| **SERVICE COMMENCEMENT DATE** |  |
| **CONTRACT TERM** | **1 year**  **[Subject to extension in accordance with Schedule 1C where applicable]** |
| **COMMISSIONERS** | **[ ] CCG (ODS [ ])**  **[ ] CCG (ODS [ ])**  **[ ] CCG (ODS [ ])**  **[NHS England]**  **[Local Authority]** |
| **CO-ORDINATING Commissioner** | **Wirral Clinical Commissioning Group (12F)**  **Old Market House Hamilton Street Birkenhead Wirral CH41 5AL** |
| **PROVIDER** | **Example**  **Principal and/or registered office address:**  **1 Smith Avenue Wallasey Wirral CH44 1AB**  **[Company number: [ ]** |

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SC7 Withholding and/or Discontinuation of Service

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GC3Service Commencement

GC4 Transition Period

GC5 Staff

GC6 Not used

GC7 Partnership Arrangements

GC8 Review

GC9 Contract Management

GC10 Co-ordinating Commissioner and Representatives

GC11 Liability and Indemnity

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**CONTRACT**

This Contract records the agreement between the Commissioners and the Provider and comprises

1. the **Particulars**;
2. the **Service** **Conditions**;
3. the **General Conditions**,

as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*).

**IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below**

|  |  |
| --- | --- |
| **SIGNED by** | ……………………………………………………….  Signature |
| **[INSERT AUTHORISED**  **SIGNATORY’S**  **NAME] for**  **and on behalf of**  **[INSERT COMMISSIONER NAME]** | ……………………………………………………….  Title  ……………………………………………………….  Date |
|  |  |
| **SIGNED by** | ……………………………………………………….  Signature |
| **[INSERT AUTHORISED**  **SIGNATORY’S**  **NAME] for**  **and on behalf of**  **[INSERT PROVIDER NAME]** | ……………………………………………………….  Title  ……………………………………………………….  Date |

|  |  |
| --- | --- |
| **SERVICE COMMENCEMENT AND CONTRACT TERM** |  |
| **Effective Date** |  |
| **Expected Service Commencement Date** |  |
| **Longstop Date** |  |
| **Service Commencement Date** |  |
| **Contract Term** | **1 year commencing on the Effective Date** |
| **Option to extend Contract Term** | **No** |
| **Expiry Date** | **[ ]** |
| **Commissioner Notice Period (for termination under GC 17.2)** | **01 month** |
| **Commissioner Earliest Termination Date** | **01 month** |
| **Provider Notice Period (for termination under GC17.3)** | **01 month** |
| **Provider Earliest Termination Date** | **01 month** |

|  |  |
| --- | --- |
| **SERVICES** |  |
| **Service Categories** | **Selected** |
| **Accident and Emergency Services (A+E)** |  |
| **Acute Services (A)** |  |
| **Ambulance Services (AM)** |  |
| **Cancer Services (CR)** |  |
| **Continuing Healthcare Services (CHC)** |  |
| **Pharmacy Delivered Community Services (Ph)** | **Yes** |
| **Community Services (CS)** |  |
| **Diagnostic, Screening and/or Pathology Services (D)** |  |
| **End of Life Care Services (ELC)** |  |
| **Mental Health and Learning Disability Services (MH)** |  |
| **Mental Health and Learning Disability Secure Services (MHSS)** |  |
| **NHS 111 Services (111)** |  |
| **Patient Transport Services (PT)** |  |
| **Radiotherapy Services (R)** |  |
| **Surgical Services in a Community Setting (S)** |  |
| **Urgent Care/Walk-in Centre Services/Minor Injuries Unit (U)** |  |
| **Specialised Services** |  |
| **Services comprise or include Specialised Services commissioned by NHS England** | **No** |
| **Service Requirements** |  |
| **Indicative Activity Plan** | **No** |
| **Activity Planning Assumptions** | **No** |
| **Essential Services (NHS Trusts only)** | **No** |
| **Services to which 18 Weeks applies** | **No** |

|  |  |
| --- | --- |
| **PAYMENT** |  |
| **National Prices** | **Not applicable** |
| **Expected Annual Contract Value Agreed** | **No** |
| **Small Provider** | **Yes** |
| **SUS Applies** | **No** |

|  |  |
| --- | --- |
| **QUALITY** |  |
| **Provider Type** | **Other** |
| **Clostridium Difficile Baseline Threshold** | **Not applicable** |

|  |  |
| --- | --- |
| **GOVERNANCE AND REGULATORY** |  |
| **Nominated Mediation Body** | **CEDR/Other – [ ]** |
| **Provider’s Nominated Individual** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Information Governance Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Caldicott Guardian** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Senior Information Risk Owner** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Accountable Emergency Officer** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Safeguarding Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Mental Capacity and Deprivation of Liberty Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider’s Prevent Lead** | **[ ]**  **Email: [ ]**  **Tel: [ ]** |

|  |  |
| --- | --- |
| **CONTRACT MANAGEMENT** |  |
| **Addresses for service of Notices** | **Co-ordinating Commissioner: [ ]**  **Address: [ ]**  **Email: [ ]**  **Provider: [ ]**  **Address: [ ]**  **Email: [ ]** |
| **Frequency of Review Meetings** | **Ad hoc/Monthly/Quarterly/Six Monthly** |
| **Commissioner Representative(s)** | **[ ]**  **Address: [ ]**  **Email: [ ]**  **Tel: [ ]** |
| **Provider Representative** | **[ ]**  **Address: [ ]**  **Email: [ ]**  **Tel: [ ]** |

**SCHEDULE 1 – SERVICE COMMENCEMENT**

**AND CONTRACT TERM**

1. **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 - **not applicable** 3. Evidence of Monitor’s Licence in respect of Provider and Material Sub-Contractors (where required) – **not applicable** 4. Copies of all Mandatory Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner – **not applicable** 5. Copies of the following Permitted Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner: [*LIST ONLY THOSE REQUIRED FOR SERVICE COMMENCEMENT* –**not applicable** 6. General Pharmaceutical Council Registration Number: 7. Declaration of Competence (store not individual) **Yes/No** *(delete as appropriate)* 8. Business Continuity Plan |

The Provider must complete the following actions:

|  |
| --- |
| Not applicable |

**SCHEDULE 1 – SERVICE COMMENCEMENT**

**AND CONTRACT TERM**

1. **Commissioner Documents**

|  |  |  |
| --- | --- | --- |
| **Date** | **Document** | **Description** |
| **Not Applicable** |  |  |

**SCHEDULE 1 – SERVICE COMMENCEMENT**

**AND CONTRACT TERM**

1. **Extension of Contract Term**

*To be included only in accordance with NHS Standard Contract Technical Guidance.*

**NOT USED**

# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

|  |  |
| --- | --- |
| **Service Specification No.** |  |
| **Service** |  |
| **Commissioner Lead** |  |
| **Provider Lead** |  |
| **Period** |  |
| **Date of Review** |  |

|  |
| --- |
| **1. Population Needs** |
| * 1. **National/local context and evidence base** |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **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** |  |   **2.2 Local defined outcomes** |
| **3. Scope** |
| **3.1 Aims and objectives of service**  **3.2 Service description/care pathway**  **3.3 Population covered**  **3.4 Any acceptance and exclusion criteria and thresholds**  **3.5 Interdependence with other services/providers** |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**  **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**  **4.3 Applicable local standards** |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-D)**   2. **Applicable CQUIN goals (See Schedule 4E)** |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:** |
| **7. Individual Service User Placement** |
|  |

# SCHEDULE 2 – THE SERVICES

**A1. Specialised Services – Derogations from National Service Specifications**

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

# SCHEDULE 2 – THE SERVICES

1. **Indicative Activity Plan**

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

# SCHEDULE 2 – THE SERVICES

1. **Activity Planning Assumptions**

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

# SCHEDULE 2 – THE SERVICES

1. **Essential Services (NHS Trusts only)**

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

# SCHEDULE 2 – THE SERVICES

1. **Essential Services Continuity Plan (NHS Trusts only)**

|  |
| --- |
| **Insert text locally or state Not Applicable** |

# SCHEDULE 2 – THE SERVICES

1. **Clinical Networks**

|  |
| --- |
| **Insert text locally or state Not Applicable** |

# SCHEDULE 2 – THE SERVICES

1. **Other Local Agreements, Policies and Procedures**

|  |  |  |
| --- | --- | --- |
| **Policy** | **Date** | **Weblink** |
| **Insert text locally or state Not Applicable** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# SCHEDULE 2 – THE SERVICES

1. **Transition Arrangements**

|  |
| --- |
| **Insert text locally or state Not Applicable** |

# SCHEDULE 2 – THE SERVICES

1. **Exit Arrangements**

|  |
| --- |
| **Insert text locally or state Not Applicable** |

# SCHEDULE 2 – THE SERVICES

1. **Transfer of and Discharge from Care Protocols**

|  |
| --- |
| **Insert text locally** |

# SCHEDULE 2 – THE SERVICES

1. **Safeguarding Policies and Mental Capacity Act Policies**

|  |
| --- |
| **Insert text locally** |

# SCHEDULE 2 – THE SERVICES

1. **Provisions Applicable to Primary Care Services**

|  |
| --- |
| **Insert text locally or state Not Applicable** |

**SCHEDULE 3 – PAYMENT**

1. **Local Prices**

*Enter text below which, for each separately priced Service:*

* *identifies the Service;*
* *describes any agreement to depart from an applicable national currency (in respect of which the appropriate summary template (available at:* <http://www.monitor.gov.uk/locallydeterminedprices>*) should be copied or attached)*
* *describes any currencies (including national currencies) to be used to measure activity*
* *describes the basis on which payment is to be made (that is, whether dependent on activity, quality or outcomes (and if so how), a block payment, or made on any other basis)*
* *sets out any agreed regime for adjustment of prices for the second and any subsequent Contract Year(s)*.

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

**SCHEDULE 3 – PAYMENT**

1. **Local Variations**

*For each Local Variation which has been agreed for this Contract, copy or attach the completed publication template required by Monitor (available at:* <http://www.monitor.gov.uk/locallydeterminedprices>*) – or state Not Applicable. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets.*

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

**SCHEDULE 3 – PAYMENT**

1. **Local Modifications**

*For each Local Modification Agreement (as defined in the National Tariff) which applies to this Contract, copy or attach the completed submission template required by Monitor (available at:*

<http://www.monitor.gov.uk/locallydeterminedprices>*). For each Local Modification application granted by Monitor, copy or attach the decision notice published by Monitor. Additional locally-agreed detail may be included as necessary by attaching further documents or spreadsheets*.

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

**SCHEDULE 3 – PAYMENT**

1. **Marginal Rate Emergency Rule: Agreed Baseline Value**

|  |
| --- |
| **In line with the requirements set out in the National Tariff Guidance, insert text and/or attach spreadsheets or documents locally – or state Not Applicable** |

**SCHEDULE 3 – PAYMENT**

1. **Emergency Re-admissions Within 30 Days: Agreed Threshold**

|  |
| --- |
| **In line with the requirements set out in the National Tariff Guidance, insert text and/or attach spreadsheets or documents locally – or state Not Applicable** |

**SCHEDULE 3 – PAYMENT**

1. **Expected Annual Contract Values**

|  |  |
| --- | --- |
| **Commissioner** | **Expected Annual Contract Value**  *(Exclude any expected CQUIN payments. CQUIN on account payments are set out separately in Table 2 of Schedule 4E, as required under SC38.3.)* |
| **Insert text and/or attach spreadsheets or documents locally** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**SCHEDULE 3 – PAYMENT**

1. **Notices to Aggregate / Disaggregate Payments**

|  |
| --- |
| **Insert text locally as and when required or state Not Applicable** |

**SCHEDULE 3 – PAYMENT**

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

|  |
| --- |
| **Insert text and/or attach spreadsheets or documents locally – or state Not Applicable** |

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Operational Standards**

**NOT USED**

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **National Quality Requirements**

|  | **National Quality Requirement** | **Threshold**  **(2015/16)** | **Method of Measurement**  **(2015/16)** | **Consequence of breach** | **Timing of application of consequence** |
| --- | --- | --- | --- | --- | --- |
|  | Duty of candour | Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident (as per Guidance) | Review of monthly Service Quality Performance Report | 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 |

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Local Quality Requirements**

| **Quality Requirement** | **Threshold** | **Method of Measurement** | **Consequence of breach** | **Timing of application of consequence** | **Applicable Service Specification** |
| --- | --- | --- | --- | --- | --- |
| **Insert text and/or attach spreadsheet or documents locally** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Never Events**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Never Event Breach** | **Threshold** | **Method of Measurement** | **Never Event Consequence (per occurrence)** | **Applicability** |
| The occurrence of a Never Event as defined in the Never Events Policy Framework from time to time | >0 | Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report | In accordance with Never Events Policy Framework, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event | All healthcare premises and settings |

**SCHEDULE 4 – QUALITY REQUIREMENTS**

**E. Commissioning for Quality and Innovation (CQUIN)**

**CQUIN Table 1: CQUIN Schemes**

|  |
| --- |
| **Insert completed CQUIN template spreadsheet(s) or state Not Applicable** |

**CQUIN Table 2**: **CQUIN Payments on Account**

|  |  |  |  |
| --- | --- | --- | --- |
| **Commissioner** | **Payment** | **Frequency/Timing** | **Agreed provisions for adjustment of CQUIN Payments on Account based on performance** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Local Incentive Scheme**

|  |
| --- |
| **Insert text locally or state Not Applicable** |

**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Clostridium difficile**

**NOT USED**

**SCHEDULE 4 – QUALITY REQUIREMENTS**

**H. CQUIN Variations**

|  |
| --- |
| **Insert completed template (available via CQUIN Guidance); insert any additional text and/or attach spreadsheets or documents locally - or state Not Applicable** |

**SCHEDULE 5 - GOVERNANCE**

1. **Documents Relied On**

**Documents supplied by Provider**

|  |  |
| --- | --- |
| **Date** | **Document** |
| **Insert text locally or state Not Applicable** |  |
|  |  |
|  |  |
|  |  |

**Documents supplied by Commissioners**

|  |  |
| --- | --- |
| **Date** | **Document** |
| **Insert text locally or state Not Applicable** |  |
|  |  |
|  |  |
|  |  |

**SCHEDULE 5 - GOVERNANCE**

**B1. Provider’s Mandatory Material Sub-Contracts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mandatory Material Sub-Contractor**  **[Name]**  **[Registered Office]**  **[Company number]** | **Service Description** | **Start date/expiry date** | **Processing data – Yes/No** |
| **Insert text locally or state Not Applicable** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SCHEDULE 5 - GOVERNANCE**

**B2. Provider’s Permitted Material Sub-Contracts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Permitted Material Sub-Contractor**  **[Name]**  **[Registered Office]**  **[Company number]** | **Service Description** | **Start date/expiry date** | **Processing data – Yes/No** |
| **Insert text locally or state Not Applicable** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SCHEDULE 5 - GOVERNANCE**

**C. IPR**

**Commissioner IPR**

|  |  |
| --- | --- |
| **Commissioner** | **Document/Data/Process** |
| **Insert text locally or state Not Applicable** |  |
|  |  |
|  |  |

**Provider IPR**

|  |  |
| --- | --- |
| **Provider/Sub-Contractor** | **Document/Data/Process** |
| **Insert text locally or state Not Applicable** |  |
|  |  |
|  |  |

**SCHEDULE 5 - GOVERNANCE**

1. **Commissioner Roles and Responsibilities**

|  |  |
| --- | --- |
| **Co-ordinating Commissioner** | **Role/Responsibility** |
| **Insert text locally** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SCHEDULE 5 - GOVERNANCE**

1. **Partnership Agreements**

**To which the Provider is a party:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Parties** | **Description** |
| **Insert text locally or state Not Applicable** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**To which a Commissioner is a party:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Parties** | **Description** |
| **Insert text locally or state Not Applicable** |  |  |
|  |  |  |
|  |  |  |
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**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

1. **Recorded Variations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variation Number** | **Description of Variation** | **Date of Variation Proposal** | **Party proposing the Variation** | **Date of Variation Agreement** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 HSCIC website to be found at [https://rocrsubmissions.ic.nhs.uk/Pages/search.aspx?k=R\*](https://rocrsubmissions.ic.nhs.uk/Pages/search.aspx?k=R*)   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 | [For local agreement, not less than quarterly] | [For local agreement] | [For local agreement] |
| 1. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour | [For local agreement, not less than quarterly] | [For local agreement] | [For local agreement] |
| 1. CQUIN Performance Report and details of progress towards satisfying any Quality Incentive Scheme Indicators, including details of all Quality Incentive Scheme Indicators satisfied or not satisfied | [For local agreement, not less than annually] | [For local agreement] | [For local agreement] |
| 1. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints | [For local agreement, not less than annually] | [For local agreement] | [For local agreement] |
| 1. 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 |
| 1. Summary report of all incidents requiring reporting | [For local agreement, not less than annually] | [For local agreement] | [For local agreement] |
| 1. Data Quality Improvement Plan: report of progress against milestones | In accordance with relevant DQIP | In accordance with relevant DQIP | In accordance with relevant DQIP |
| 1. Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (*Staff*) | 6 monthly (or more frequently if and as required by the Co-ordinating Commissioner from time to time) | [For local agreement] | [For local agreement] |
| **Local Requirements Reported Locally** |  |  |  |
| **Insert as agreed locally** |  |  |  |

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

1. **Data Quality Improvement Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Quality Indicator** | **Data Quality Threshold** | **Method of Measurement** | **Milestone Date** | **Consequence** |
| **Insert text locally** |  |  |  |  |
|  |  |  |  |  |

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

1. **Incidents Requiring Reporting Procedure**

|  |
| --- |
| **Procedure(s) for reporting, investigating, and implementing and sharing lessons learned from: (1) Serious Incidents (2) Reportable Patient Safety Incidents (3) Other Patient Safety Incidents** |
| **Insert text locally** |

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

1. **Service Development and Improvement Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Milestones** | **Timescales** | **Expected Benefit** | **Consequence of Achievement/ Breach** |
| **Insert text locally** |  |  |  | [Subject to GC9 (*Contract Management*)] or [locally agreed] |
|  |  |  |  |  |

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

1. **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 |
| Service User Survey **[Insert further description locally]** |  |  |  |
| Carer Survey **[Insert further description locally]** |  |  |  |
| [Other insert locally] |  |  |  |

**SCHEDULE 7 – PENSIONS**

**Insert text locally (template drafting available via** [**http://www.england.nhs.uk/nhs-standard-contract/**](http://www.england.nhs.uk/nhs-standard-contract/)**) or state Not Applicable**

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