



**NHS Standard Contract 2017/18 and  
2018/19 Particulars (Full Length)**  
***(draft for consultation)***

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NHS England INFORMATION READER BOX		
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Nursing	Trans. & Corp. Ops.	<b>Commissioning Strategy</b>
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<b>Description</b>	This Delta View comparison document shows the 'tracked changes' between the draft and the final versions of the NHS Standard Contract full length 2017-19 Particulars. The document should be used for comparison purposes only.	
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# NHS Standard Contract

## 2017/18 and 2018/19 Particulars

First published: ~~September~~[November](#) 2016

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Document Classification: Official

<b>Contract Reference</b>	
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<b>DATE OF CONTRACT</b>	
<b>SERVICE COMMENCEMENT DATE</b>	
<b>CONTRACT TERM</b>	[ ] years/months commencing [ ] [(or as extended in accordance with Schedule 1C)]
<b>COMMISSIONERS</b>	[ ] CCG (ODS [ ]) [ ] CCG (ODS [ ]) [ ] CCG (ODS [ ])  [NHS England]  [Local Authority]
<b>CO-ORDINATING COMMISSIONER</b>	[ ]
<b>PROVIDER</b>	[ ] (ODS [ ]) Principal and/or registered office address: [ ] [Company number: [ ]

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## CONTRACT

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

1. these **Particulars**;
2. the **Service Conditions (Full Length)**;
3. the **General Conditions (Full Length)**,

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** .....  
**Title**

**and on behalf of**  
**[INSERT COMMISSIONER NAME]** .....  
**Date**

**[INSERT AS ABOVE FOR EACH COMMISSIONER]**

**SIGNED by** .....  
....  
**Signature**

**[INSERT AUTHORISED SIGNATORY'S NAME] for** .....  
....  
**Title**

**and on behalf of**  
**[INSERT PROVIDER NAME]** .....  
....  
**Date**

<b>SERVICE COMMENCEMENT AND CONTRACT TERM</b>	
<b>Effective Date</b>	<b>[The date of this Contract] [or as specified here]</b>
<b>Expected Service Commencement Date</b>	
<b>Longstop Date</b>	
<b>Service Commencement Date</b>	
<b>Contract Term</b>	<b>[ ] years/months commencing [ ] [(or as extended in accordance with Schedule 1C)]</b>
<b>Option to extend Contract Term</b>	<b>YES/NO</b>  <b>By [ ] months/years</b>
<b>Commissioner Notice Period (for termination under GC 17.2)</b>	<b>[ ] months [Period(s) as agreed/determined locally in respect of the Contract as a whole and/or specific Services – to be specified here]</b>
<b>Commissioner Earliest Termination Date</b>	<b>[ ] months after the Service Commencement Date [Period(s) as agreed/determined locally in respect of the Contract as a whole and/or specific Services – to be specified here]</b>
<b>Provider Notice Period (for termination under GC17.3)</b>	<b>[ ] months [Period(s) as agreed/determined locally in respect of the Contract as a whole and/or specific Services – to be specified here]</b>
<b>Provider Earliest Termination Date</b>	<b>[ ] months after the Service Commencement Date [Period(s) as agreed/determined locally in respect of the Contract as a whole and/or specific Services – to be specified here]</b>

<b>SERVICES</b>	
<b>Service Categories</b>	<b>Indicate <u>all</u> that apply</b>
<b>Accident and Emergency (A+E)</b>	
<b>Acute Services (A)</b>	
<b>Ambulance Services (AM)</b>	
<b>Cancer Services (CR)</b>	
<b>Continuing Healthcare Services (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>	
<b>Patient Transport Services (PT)</b>	
<b>Radiotherapy Services (R)</b>	
<b>Urgent Care/Walk-in Centre Services/Minor Injuries Unit (U)</b>	
<b>Specialised Services and other services directly commissioned by NHS England</b>	
<b>Services comprise or include Specialised Services and/or other services directly commissioned by NHS England</b>	<b>YES/NO</b>
<b>Service Requirements</b>	
<b>Indicative Activity Plan</b>	<b>YES/NO</b>
<b>Activity Planning Assumptions</b>	<b>YES/NO</b>
<b>Essential Services (NHS Trusts only)</b>	<b>YES/NO</b>
<b>Services to which 18 Weeks applies</b>	<b>YES/NO</b>

<u>Prior Approval Response Time Standard</u>	<u>Within [ ] Operational Days following the date of request</u> <u>Or</u> <u>Not applicable</u>
<b>PAYMENT</b>	
Expected Annual Contract Value Agreed	YES/NO
Must data be submitted by SUS for any of the Services?	YES/NO
<b>QUALITY</b>	
Provider type	NHS Foundation Trust/NHS Trust  Other
Clostridium difficile Baseline Threshold (Acute Services only)	[ ] or Nil or Not applicable
<b>GOVERNANCE AND REGULATORY</b>	
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 Child Sexual Abuse and Exploitation Lead	[ ] Email: [ ] Tel: [ ]
Provider's Mental Capacity and Deprivation of Liberty Lead	[ ] Email: [ ] Tel: [ ]
Provider's Prevent Lead	[ ] Email: [ ]

	Tel: [ ]
<b>Provider's Freedom To Speak Up Guardian</b>	[ ] Email: [ ] Tel: [ ]
<b>CONTRACT MANAGEMENT</b>	
<b>Addresses for service of Notices</b>	Co-ordinating Commissioner: [ ] Address: [ ] Email: [ ]  Commissioner: [ ] Address: [ ] Email: [ ]  [INSERT AS ABOVE FOR EACH COMMISSIONER]  Provider: [ ] Address: [ ] Email: [ ]
<b>Frequency of Review Meetings</b>	Ad hoc/Monthly/Quarterly/Six Monthly
<b>Commissioner Representative(s)</b>	[ ] Address: [ ] Email: [ ] Tel: [ ]
<b>Provider Representative</b>	[ ] Address: [ ] Email: [ ] Tel: [ ]

## **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 Monitor's Licence in respect of Provider and Material Sub-Contractors (where required)]
4. [Copies of all Mandatory Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner]
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*]
6. [A copy of the/each Direction Letter]
7. [Insert text locally as required]

The Provider must complete the following actions:

**[Insert text locally as required]**

## SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

### B. Commissioner Documents

Date	Document	Description
Insert text locally or state Not Applicable		

## **SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM**

### **C. Extension of Contract Term**

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

1. As advertised to all prospective providers before the award of this Contract, the Commissioners may opt to extend the Contract Term by [ ] months/year(s).
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 [ ] months before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
  - 3.1 only once, 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.

**Or**

**NOT USED**



## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.*

<b>Service Specification No.</b>	
<b>Service</b>	
<b>Commissioner Lead</b>	
<b>Provider Lead</b>	
<b>Period</b>	
<b>Date of Review</b>	

<b>1. Population Needs</b>															
1.1 National/local context and evidence base															
<b>2. Outcomes</b>															
2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u>															
<table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td></td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td></td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td></td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td></td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> <td></td> </tr> </table>	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	
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															
<b>3. Scope</b>															
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															

<b>3.5</b>	<b>Interdependence with other services/providers</b>
<b>4.</b>	<b>Applicable Service Standards</b>
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
<b>5.</b>	<b>Applicable quality requirements and CQUIN goals</b>
5.1	Applicable Quality Requirements (See Schedule 4A-C)
5.2	Applicable CQUIN goals (See Schedule 4D)
<b>6.</b>	<b>Location of Provider Premises</b>
	The Provider's Premises are located at:
<b>7.</b>	<b>Individual Service User Placement</b>

## **SCHEDULE 2 – THE SERVICES**

### **A.1 Specialised Services – Derogations from National Service Specifications**

**Insert text locally or state Not Applicable**

**SCHEDULE 2 – THE SERVICES**

**B. Indicative Activity Plan**

Insert text locally in respect of one or more Contract Years, or state Not Applicable

## **SCHEDULE 2 – THE SERVICES**

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

**Insert text locally in respect of one or more Contract Years, or state Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

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

**Insert text locally or state Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

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

**Insert text locally or state Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

### **F. Clinical Networks**

**Insert text locally or state Not Applicable**



## SCHEDULE 2 – THE SERVICES

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

Insert details/web links as required\* or state Not Applicable

\* ie details of and/or web links to local agreement, policy or procedure as at date of Contract. Subsequent changes to those agreements, policies or procedures, or the incorporation of new ones, must be agreed between the Parties.

## **SCHEDULE 2 – THE SERVICES**

### **H. Transition Arrangements**

**Insert text locally or state Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

### **I. Exit Arrangements**

**Insert text locally or state Not Applicable**

## **SCHEDULE 2 – THE SERVICES**

### **J. Transfer of and Discharge from Care Protocols**

**Insert text locally**

## **SCHEDULE 2 – THE SERVICES**

### **K. Safeguarding Policies and Mental Capacity Act Policies**

**Insert text locally**

## **SCHEDULE 2 – THE SERVICES**

### **L. Provisions Applicable to Primary Care Services**

**Insert text locally or state Not Applicable**

## SCHEDULE 3 – PAYMENT

### A. 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: <https://www.gov.uk/guidance/nhs-providers-and-commissioners-submit-locally-determine-d-prices-to-monitor>) 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 prices for the first Contract Year*
- *sets out prices and/or 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

### B. Local Variations

*For each Local Variation which has been agreed for this Contract, copy or attach the completed publication template required by NHS Improvement (available at: <https://www.gov.uk/guidance/nhs-providers-and-commissioners-submit-locally-determined-prices-to-monitor>) – 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

### C. Local Modifications

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

*<https://www.gov.uk/guidance/nhs-providers-and-commissioners-submit-locally-determined-prices-to-monitor>). For each Local Modification application granted by NHS Improvement, copy or attach the decision notice published by NHS Improvement. 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**

### **D. Marginal Rate Emergency Rule: Agreed Baseline Value**

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

## **SCHEDULE 3 – PAYMENT**

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

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

## SCHEDULE 3 – PAYMENT

### F. Expected Annual Contract Values

<b>Commissioner</b>	<b>Expected Annual Contract Value (include separate values for each of one or more Contract Years, as required)</b> <i>(Exclude any expected CQUIN payments. CQUIN on account payments are set out separately in Table 2 of Schedule 4D, as required under SC38.3.)</i>
<b>Insert text and/or attach spreadsheets or documents locally</b>	
<b>Total</b>	

## **SCHEDULE 3 – PAYMENT**

### **G. 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

### A. Operational Standards

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	RTT waiting times for non-urgent consultant-led treatment					
<b>E.B.3</b>	<b>Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*</b>	<b>Operating standard of 92% at specialty level (as reported on Unify)</b>	<b>Review of Service Quality Performance Reports</b>	<b>Where the number of Service Users waiting more than 18 weeks at the end of the month exceeds the tolerance permitted by the threshold, £300 in respect of each such Service User above that threshold</b>	<b>Monthly</b>	<b>Services to which 18 Weeks applies</b>
	Diagnostic test waiting times					
<b>E.B.4</b>	<b>Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test*</b>	<b>Operating standard of no more than 1%</b>	<b>Review of Service Quality Performance Reports</b>	<b>Where the number of Service Users waiting 6 weeks or more at the end of the month exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold</b>	<b>Monthly</b>	<b>A CS CR D</b>
	<b>A&amp;E waits</b>					

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
<b>E.B.5</b>	<b>Percentage of A &amp; E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&amp;E department*</b>	<b>Operating standard of 95%</b>	<b>Review of Service Quality Performance Reports</b>	<b>Where the number of Service Users in the month not admitted, transferred or discharged within 4 hours exceeds the tolerance permitted by the threshold, £120 in respect of each such Service User above that threshold. To the extent that the number of such Service Users exceeds 15% of A&amp;E attendances in the relevant month, no further consequence will be applied in respect of the month</b>	<b>Monthly</b>	<b>A+E U</b>
	<b>Cancer waits - 2 week wait</b>					
E.B.6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment*	Operating standard of 93%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than two weeks during the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.7	Percentage of Service	Operating	Review of Service Quality	Where the number of	Quarterly	A

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment*	standard of 93%	Performance Reports	Service Users who have waited more than two weeks during the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold		CR R
	<b>Cancer waits – 31 days</b>					
E.B.8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*	Operating standard of 96%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	Operating standard of 94%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.10	Percentage of Service	Operating	Review of Service Quality	Where the number of	Quarterly	A



Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen*	standard of 98%	Performance Reports	Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold		CR R
E.B.11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy*	Operating standard of 94%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
	<b>Cancer waits – 62 days</b>					
<b>E.B.12</b>	<b>Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer*</b>	<b>Operating standard of 85%</b>	<b>Review of Service Quality Performance Reports</b>	<b>Where the number of Service Users who have waited more than 62 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold</b>	<b>Quarterly</b>	<b>A CR R</b>
E.B.13	Percentage of Service	Operating	Review of Service Quality	Where the number of	Quarterly	A

<b>Ref</b>	<b>Operational Standards</b>	<b>Threshold</b>	<b>Method of Measurement</b>	<b>Consequence of breach</b>	<b>Timing of application of consequence</b>	<b>Application</b>
	Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers*	standard of 90%	Performance Reports	Service Users in the Quarter who have waited more than 62 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold		CR R
	<b>Category A ambulance calls</b>					
<b>E.B.15.i</b>	<b>Percentage of Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes*</b>	<b>Operating standard of 75%</b>	<b>Review of Service Quality Performance Reports</b>	<b>Where, for the Contract Year as a whole, the number of Red 1 calls where the emergency response did not arrive within 8 minutes exceeds the tolerance permitted by the threshold, £300 in respect of each call above that threshold</b>	<b>Annual</b>	<b>AM</b>
<b>E.B.15.ii</b>	<b>Percentage of Category A Red 2 ambulance calls resulting in an emergency response arriving within 8 minutes*</b>	<b>Operating standard of 75%</b>	<b>Review of Service Quality Performance Reports</b>	<b>Where, for the Contract Year as a whole, the number of Red 2 calls where the emergency response did not arrive within 8 minutes exceeds the tolerance permitted by the threshold, £100 in respect of each call above that threshold**</b>	<b>Annual</b>	<b>AM</b>
<b>E.B.16</b>	<b>Percentage of Category</b>	<b>Operating</b>	<b>Review of Service Quality</b>	<b>Where, for the Contract</b>	<b>Annual</b>	<b>AM</b>

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	<i>A calls resulting in an ambulance arriving at the scene within 19 minutes*</i>	<i>standard of 95%</i>	<i>Performance Reports</i>	<i>Year as a whole, the number of calls where the response did not arrive within 19 minutes exceeds the tolerance permitted by the threshold, £100 in respect of each call above that threshold**</i>		
	<b>Mixed sex accommodation breaches</b>					
E.B.S.1	Mixed sex accommodation breach*	>0	Review of Service Quality Performance Reports	£250 per day per Service User affected	Monthly	A CR MH
	<b>Cancelled operations</b>					
E.B.S.2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice*	Number of Service Users who are not offered another binding date within 28 days >0	Review of Service Quality Performance Reports	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	Monthly	A CR
	<b>Mental health</b>					

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
E.B.S.3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	Operating standard of 95%	Review of Service Quality Performance Reports	Where the number of Service Users in the Quarter not followed up within 7 days exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly	MH MHSS

In respect of those Operational Standards shown in ***bold italics***, the provisions of SC36.37A apply.

\* as further described in [Joint Technical ~~Guidance for Commissioners~~, Definitions for Performance and Activity 2017/18-2018/19](https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/), available at:  
<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>  
<https://www.england.nhs.uk/wp-content/uploads/2015/12/joint-technical-definitions-performance-activity.pdf>

\*\* (The Co-ordinating Commissioner has discretion to vary the consequence of breach, in agreement with the Provider, where it is appropriate to do so to take account of the operation of a nationally-approved pilot project.)

## SCHEDULE 4 – QUALITY REQUIREMENTS

### B. National Quality Requirements

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
E.A.S.4	Zero tolerance methicillin-resistant <i>Staphylococcus aureus</i> *	>0	Review of Service Quality Performance Reports	£10,000 in respect of each incidence in the relevant month	Monthly	A
E.A.S.5	Minimise rates of <i>Clostridium difficile</i> *	[Insert baseline threshold identified for Provider: see Schedule 4F]	Review of Service Quality Performance Reports	As set out in Schedule 4F, in accordance with applicable Guidance	Annual	A
<b>E.B.S.4</b>	<b>Zero tolerance RTT waits over 52 weeks for incomplete pathways*</b>	<b>&gt;0</b>	<b>Review of Service Quality Performance Reports</b>	<b>£5,000 per Service User with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month</b>	<b>Monthly</b>	<b>Services to which 18 Weeks applies</b>
<b>E.B.S.7a</b>	<b>All handovers between ambulance and A&amp;E must take place within 15 minutes with none waiting more than 30 minutes*</b>	<b>&gt;0</b>	<b>Review of Service Quality Performance Reports</b>	<b>£200 per Service User waiting over 30 minutes in the relevant month</b>	<b>Monthly</b>	<b>A+E</b>
<b>E.B.S.7b</b>	<b>All handovers between ambulance and A&amp;E must take place within 15 minutes with none waiting more than 60 minutes*</b>	<b>&gt;0</b>	<b>Review of Service Quality Performance Reports</b>	<b>£1,000 per Service User waiting over 60 minutes (in total, not aggregated with E.B.S.7a consequence) in the relevant month</b>	<b>Monthly</b>	<b>A+E</b>
<b>E.B.S.8a</b>	<b>Following handover between ambulance and</b>	<b>&gt;0</b>	<b>Review of Service Quality Performance</b>	<b>£20 per event where &gt; 30 minutes in the relevant</b>	<b>Monthly</b>	<b>AM</b>

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	<i>A &amp; E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes*</i>		<i>Reports</i>	<i>month</i>		
<i>E.B.S.8b</i>	<i>Following handover between ambulance and A&amp;E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 60 minutes*</i>	<i>&gt;0</i>	<i>Review of Service Quality Performance Reports</i>	<i>£100 per event where &gt; 60 minutes (in total, not aggregated with E.B.S.8a consequence) in the relevant month</i>	<i>Monthly</i>	<i>AM</i>
<i>E.B.S.5</i>	<i>Trolley waits in A&amp;E not longer than 12 hours*</i>	<i>&gt;0</i>	<i>Review of Service Quality Performance Reports</i>	<i>£1,000 per incidence in the relevant month</i>	<i>Monthly</i>	<i>A+E</i>
E.B.S.6	No urgent operation should be cancelled for a second time*	>0	Review of Service Quality Performance Reports	£5,000 per incidence in the relevant month	Monthly	A CR
	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	A
	Duty of candour	Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety	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

	<b>National Quality Requirement</b>	<b>Threshold</b>	<b>Method of Measurement</b>	<b>Consequence of breach</b>	<b>Timing of application of consequence</b>	<b>Application</b>
		Incident in accordance with Regulation 20 of the 2014 Regulations				
	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	A MH MHSS
	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	A&E
	Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Operating standard of 90%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	MH MHSS
	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in	Operating standard of 90%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each	Monthly	MH MHSS

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	Contract Technical Guidance			excess breach above that threshold		
E.H.4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis <del>who commenced</del> <u>or ARMS (at risk mental state) who wait less than two weeks to start</u> a NICE- <del>concordant</del> <u>recomm ended</u> package of care <del>within two weeks of referral*</del>	For the period 1 April 2017 to 31 March 2018, operating standard of 50%. From 1 April 2018, operating standard of 53%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS
E.H.1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who <del>are treated within</del> <u>wait</u> six weeks <del>or less from referral</del> <u>to entering a course of IAPT treatment*</u>	Operating standard of 75%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS
E.H.2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who <del>are</del>	Operating standard of 95%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS



	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	<del>treated within</del> wait 18 weeks <del>or less from</del> referral <u>to entering a course of IAPT treatment*</u>					
	Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider (other than those dealing with children, teenagers and young adults) across all tumour sites	Failure to achieve full implementation as described under Service Specification B15/S/a Cancer: Chemotherapy (Adult) by 31 March 2017	Review of Service Quality Performance Reports	5% of the Actual Monthly Value for the Services provided under Service Specification B15/S/a (Cancer: Chemotherapy (Adult) per month, until full implementation is achieved	Monthly	Where <u>both</u> Specialised Services <u>and</u> Cancer apply
	Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider dealing with children, teenagers and young adults across all tumour sites	Failure to achieve full implementation as described under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults) by 30 September 2017	Review of Service Quality Performance Reports	5% of the Actual Monthly Value for the Services provided under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults) per month, until full implementation is achieved	Monthly	Where <u>both</u> Specialised Services <u>and</u> Cancer apply

In respect of the National Quality Requirements shown in ***bold italics*** the provisions of SC36.37A apply.

\* (as further described in [Joint Technical ~~Guidance for Commissioners~~, \*Definitions for Performance and Activity 2017/18-2018/19\*](#), available at :  
<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>  
)<https://www.england.nhs.uk/wp-content/uploads/2015/12/joint-technical-definitions-performance-activity.pdf>

## SCHEDULE 4 – QUALITY REQUIREMENTS

### C. 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 in respect of one or more Contract Years					

## SCHEDULE 4 – QUALITY REQUIREMENTS

### D. Commissioning for Quality and Innovation (CQUIN)

**CQUIN Table 1: CQUIN Indicators**

<b>Insert completed CQUIN template spreadsheet(s) in respect of one or more Contract Years, or state Not Applicable</b>
---

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

<b>Commissioner</b>	<b>Payment</b>	<b>Frequency/Timing</b>	<b>Agreed provisions for adjustment of CQUIN Payments on Account based on performance</b>

## **SCHEDULE 4 – QUALITY REQUIREMENTS**

### **E. Local Incentive Scheme**

**Insert text locally in respect of one or more Contract Years, or state Not Applicable**

## SCHEDULE 4 – QUALITY REQUIREMENTS

### F. Clostridium difficile

#### **Clostridium difficile adjustment: NHS Foundation Trust/NHS Trust (Acute Services only)**

The financial adjustment (£) is the sum which is the greater of Y and Z, where:

$$Y = 0$$

$$Z = ((A - B) \times 10,000) \times C$$

where:

A = the actual number of cases of Clostridium difficile in respect of all NHS patients treated by the Provider in the Contract Year

B = the baseline threshold (the figure as notified to the Provider and recorded in the Particulars, being the Provider's threshold for the number of cases of Clostridium difficile for the Contract Year, in accordance with Guidance:

<https://www.england.nhs.uk/patientsafety/associated-infections/clostridium-difficile/>)

C =  $\frac{\text{no. of inpatient bed days in respect of Service Users in the Contract Year}}{\text{no. of inpatient bed days in respect of all NHS patients treated by the Provider in the Contract Year}}$

The financial adjustment is calculated on the basis of annual performance. For the purposes of SC36.37 (*Operational Standards, National Quality Requirements and Local Quality Requirements*), any repayment or withholding in respect of Clostridium difficile performance will be made in respect of the final quarter of the Contract Year.

#### **Clostridium difficile adjustment: Other Providers (Acute Services only)**

The financial adjustment (£) is the sum equal to A x 10,000, where:

A = the actual number of cases of Clostridium difficile in respect of Service Users in the Contract Year.

The financial adjustment is calculated on the basis of annual performance. For the purposes of SC36.47 (*Operational Standards, National Quality Requirements and Local Quality Requirements*), any repayment or withholding in respect of Clostridium difficile performance will be made in respect of the final quarter of the Contract Year.

## **SCHEDULE 4 – QUALITY REQUIREMENTS**

### **G. CQUIN Disapplications**

**~~Insert completed template (available via CQUIN Guidance) and insert any additional text and/or attach spreadsheets or documents locally in respect of one or more Contract Years – or state Not Applicable~~**

## SCHEDULE 5 – GOVERNANCE

### A. 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

### B.1 Provider's Mandatory Material Sub-Contractors

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

## SCHEDULE 5 - GOVERNANCE

### B.2 Provider's Permitted Material Sub-Contractors

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

## SCHEDULE 5 - GOVERNANCE

### C. Commissioner Roles and Responsibilities

<b>Co-ordinating Commissioner/Commissioner</b>	<b>Role/Responsibility</b>
Insert text locally	

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

### A. Reporting Requirements

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
<b>National Requirements Reported Centrally</b>				
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 <b>Error! Hyperlink reference not valid.</b> <del><a href="http://digital.nhs.uk/article/5073/Central-Register-of-Collections">http://digital.nhs.uk/article/5073/Central-Register-of-Collections</a></del> <a href="http://content.digital.nhs.uk/article/5073/Central-Register-of-Collections">http://content.digital.nhs.uk/article/5073/Central-Register-of-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	<b>All</b>
2. Patient Reported Outcome Measures (PROMS) <b>Error! Hyperlink reference not valid.</b> <del><a href="http://digital.nhs.uk/proms">http://digital.nhs.uk/proms</a></del> <a href="http://digital.nhs.uk/proms">http://digital.nhs.uk/proms</a>	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	<b>All</b>
<b>National Requirements Reported Locally</b>				
1. Activity and Finance Report ( <i>note that, if appropriately designed, this report may also serve as the reconciliation account to be sent by the Provider by the First Reconciliation Date under SC36.28, or under SC36.31</i> )	Monthly	[For local agreement]	By no later than the First Reconciliation Date for the month to which it relates, consistent with data submitted to SUS, where applicable	<b>All</b>
2. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour, including, without limitation: a. details of any thresholds that have been breached and any Never Events and breaches in respect of the duty of candour that have occurred; b. details of all requirements satisfied;	Monthly	[For local agreement]	Within 15 Operational Days of the end of the month to which it relates.	<b>All</b> <b>All</b>

[NHS STANDARD CONTRACT 2017/18 and 2018/19 PARTICULARS \(Full Length\)](#)

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
c. details of, and reasons for, any failure to meet requirements; d. the outcome of all Root Cause Analyses and audits performed pursuant to SC22 ( <i>Venous Thromboembolism</i> ); e. report on performance against the HCAI Reduction Plan				All  A  A
3. 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]	[For local agreement]	[For local agreement]	All
4. NHS Safety Thermometer Report, detailing and analysing: a. data collected in relation to each relevant NHS Safety Thermometer; b. trends and progress; c. actions to be taken to improve performance.	[Monthly, or as agreed locally]	[For local agreement], according to published NHS Safety Thermometer reporting routes	[For local agreement], according to published NHS Safety Thermometer reporting routes	All (not AM, CS, D, 111, PT, U)
5. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	[For local agreement]	[For local agreement]	[For local agreement]	All
6. 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
7. Cancer Registration dataset reporting (ISN): report on staging data in accordance with Guidance	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	CR R
8. Summary report of all incidents requiring reporting	Monthly	[For local agreement]	[For local agreement]	All
9. 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
10. 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 ( <a href="#">Information Sharing to Tackle Violence (ISTV)</a> ) Initial Standard Specification <a href="http://webarchive.nationalarchives.gov.uk/+/http://">http://webarchive.nationalarchives.gov.uk/+/http://</a>	Monthly	As set out in relevant Guidance	As set out in relevant Guidance	A A+E U

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
<a href="http://www.isb.nhs.uk/documents/isb-1594/amd-31-2012/index.html">www.isb.nhs.uk/documents/isb-1594/amd-31-2012/index.html</a> <a href="http://content.digital.nhs.uk/isce/publication/isb1594">http://content.digital.nhs.uk/isce/publication/isb1594</a>				
11. Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2( <i>Staff</i> )	Six monthly (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	[For local agreement]	[For local agreement]	<b>All</b>
12. Report on compliance with the National Workforce Race Equality Standard and the National Workforce Disability Equality Standard**	Annually	[For local agreement]	[For local agreement]	<b>All</b>
13. Specific reports required by NHS England in relation to Specialised Services and other services directly commissioned by NHS England, as set out at <a href="http://www.england.nhs.uk/nhs-standard-contract/ss-reporting">http://www.england.nhs.uk/nhs-standard-contract/ss-reporting</a> (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at <a href="http://www.england.nhs.uk/nhs-standard-contract/ss-reporting">http://www.england.nhs.uk/nhs-standard-contract/ss-reporting</a>	As set out at <a href="http://www.england.nhs.uk/nhs-standard-contract/ss-reporting">http://www.england.nhs.uk/nhs-standard-contract/ss-reporting</a>	As set out at <a href="http://www.england.nhs.uk/nhs-standard-contract/ss-reporting">http://www.england.nhs.uk/nhs-standard-contract/ss-reporting</a>	<b>Specialised Services</b>
<b>Local Requirements Reported Locally</b>				
<b>Insert as agreed locally *</b>				

\* 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 from 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* website: <https://www.england.nhs.uk/ourwork/tsd/data-services/>

\*\* [As set out in SC13.7, the first annual report on the Provider's progress in implementing the Workforce Disability Equality Standard must be supplied by 31 March 2019.](#)

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

### B. Data Quality Improvement Plans

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

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

### **C. Incidents Requiring Reporting Procedure**

<b>Procedure(s) for reporting, investigating, and implementing and sharing Lessons L-learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) other Patient Safety Incidents</b>
---

Insert text locally
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## SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

### D. Service Development and Improvement Plans

	Milestones	Timescales	Expected Benefit	Consequence of Achievement/ Breach
[Secondary/primary care interface]*				
[Smoke-free premises]*				
Insert text locally				[Subject to GC9 ( <i>Contract Management</i> )] or [locally agreed]

\* Refer to Contract Technical Guidance for detail of requirements

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

### E. Surveys

Type of Survey	Frequency	Method of Reporting	Method of Publication	Application
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	<b>All</b>
Service User Survey [Insert further description locally]				<b>All</b>
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance)  [Other] [Insert further description locally]				<b>All</b>
Carer Survey [Insert further description locally]				<b>All</b>
[Other insert locally]				

## SCHEDULE 7 – PENSIONS

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

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