

SCHEDULE 4 – QUALITY REQUIREMENTS

A. Operational Standards

Ref	Operational Standards	Threshold	Guidance on definition	Consequence of breach	Timing of application of consequence	Application
	RTT waiting times for non-urgent consultant-led treatment					
<i>E.B.3</i>	<i>Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral</i>	<i>Operating standard of 92% at specialty level (as reported to NHS Digital)</i>	<i>See RTT Rules Suite and Recording and Reporting FAQs at: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/</i>	<i>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</i>	<i>Monthly</i>	<i>Services to which 18 Weeks applies</i>
	Diagnostic test waiting times					
	A&E waits					
	Cancer waits - 2 week wait					
	Cancer waits – 31 days					
	Cancer waits – 62 days					

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Ref	Operational Standards	Threshold	Guidance on definition	Consequence of breach	Timing of application of consequence	Application
	Ambulance Service Response Times					
	Mixed-sex accommodation breaches					
E.B.S.1	Mixed-sex accommodation breach	>0	See Mixed-Sex Accommodation Guidance, Mixed-Sex Accommodation FAQ and Professional Letter at: https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/	£250 per day per Service User affected	Monthly	A CR MH
	Cancelled operations					
	Mental health					
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%	See MHPC Guidance at: https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/	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

The Provider must report its performance against each applicable Operational Standard through its Service Quality Performance Report, in accordance with Schedule 6A.

In respect of those Operational Standards shown in ***bold italics***, the provisions of SC36.38 apply.

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B. National Quality Requirements

	National Quality Requirement	Threshold	Guidance on definition	Consequence of breach	Timing of application of consequence	Application
E.B.S.4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	>0	See RTT Rules Suite and Recording and Reporting FAQs at: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/	£2,500 per Service User with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	Monthly	Services to which 18 Weeks applies
	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	See CQC guidance on Regulation 20 at: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour	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
E.H.4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less	Operating standard of 56%	See Guidance for Reporting Against Access and Waiting Time Standards and FAQs Document at: https://www.england.nhs.uk/mental-	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH


	National Quality Requirement	Threshold	Guidance on definition	Consequence of breach	Timing of application of consequence	Application
	<i>than two weeks to start a NICE-recommended package of care</i>		<u>health/resources/access-waiting-time/</u>			
<i>E.H.1</i>	<i>Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait six weeks or less from referral to entering a course of IAPT treatment</i>	<i>Operating standard of 75%</i>	<i>See Contract Technical Guidance Appendix 3</i>	<i>Issue of Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>MH</i>
<i>E.H.2</i>	<i>Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait 18 weeks or less from referral to entering a course of IAPT treatment</i>	<i>Operating standard of 95%</i>	<i>See Contract Technical Guidance Appendix 3</i>	<i>Issue of Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>MH</i>

The Provider must report its performance against each applicable National Quality Requirement through its Service Quality Performance Report, in accordance with Schedule 6A.

In respect of the National Quality Requirements shown in ***bold italics***, the provisions of SC36.38 apply.

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C. Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
 Revised MH workbook Sep19 &			Issue of a Contract Performance Notice and subsequent process in accordance with GC9		
Also see Workbook in Schedule 6(A)					

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D. Commissioning for Quality and Innovation (CQUIN)

EITHER:

CQUIN Table 1: CQUIN Indicators



CQUIN-Guidance-1
920-080319.pdf

<https://www.england.nhs.uk/wp-content/uploads/2019/03/CQUIN-Guidance-1920-080319.pdf>



ccg-cquin-1920-ir

Submissions as per CQUIN guidance above

Quarterly quality report should be submitted no later than noon on:

Q1 12th August 2019

Q2 11th September 2019

Q3 10th January 2020

Q4 11th May 2020

CQUIN Table 2: CQUIN Payments on Account

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Commissioner	Payment	Frequency/Timing	Agreed provisions for adjustment of CQUIN Payments on Account based on performance
BBC	£23,539	As per BCCG	As per BCCG
CBC	£25,603	As per BCCG	As per BCCG
BCCG	£578,296	50% aggregated over 12 months & paid monthly	50% paid on achievement of CQUIN requirements at year end
NHSE	£14,043	As per BCCG	As per BCCG

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E. Local Incentive Scheme

Not Applicable

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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 = no. of inpatient bed days in respect of Service Users in the Contract Year
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 SC36.37 (*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.


SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS



A. Reporting Requirements

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
National Requirements Reported Centrally				
1. As specified in the DCB Schedule of Approved Collections published on the NHS Digital website at https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
2. Patient Reported Outcome Measures (PROMS) https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	All
National Requirements Reported Locally				
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	Excel Contract Reporting Workbook – supplied by BCCG (see Local Requirements Reported Locally below) Finance report – format agreed between BCCG & ELFT	Within 15 Operational Days of the end of the month to which it relates.	All
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:	Monthly	Excel Contract Reporting Workbook – supplied by BCCG	Within 15 Operational Days of the end of the month to which it relates.	

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
<ul style="list-style-type: none"> 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; 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>Assessment and Treatment for Acute Illness</i>); e. report on performance against the HCAI Reduction Plan 				<p style="text-align: center;">All</p> <p style="text-align: center;">All</p> <p style="text-align: center;">All</p> <p style="text-align: center;">A</p> <p style="text-align: center;">All except 111</p>
<p>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</p>	<p>Quarterly</p>	<p style="text-align: center;"> ELFT MH 19-21 CQUIN 1920-ir</p>	<p>Quarterly CQUIN report should be submitted electronically as per CQUIN guidance.</p> <p style="text-align: center;"> ccg-cquin-1920-ir</p>	<p style="text-align: center;">All</p>

		Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
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	According to published NHS Safety Thermometer reporting routes	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	Quarterly	Quarterly Quality Report	Quarterly quality report should be submitted no later than noon on: Q1 12 th August 2019 Q2 11 th September 2019 Q3 10 th January 2020 Q4 11 th May 2020	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.	Summary report of all incidents requiring reporting	Monthly	SQPR (data) & Quarterly Quality Report (narrative)	As per reporting timeframes for SQPR & Quarterly Quality Reports. Sui.bedfordshire1@nhs.net	All
8.	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
9.	Not Used				
10.	Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (<i>Staff</i>)	Annually (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	Incorporated into Quarterly Quality report	As per Quality Report	All

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
11. Report on compliance with the National Workforce Race Equality Standard.	Annually	Annual Quality report	Annually within 8 weeks of year end	All
12. Specific reports required by NHS England in relation to Specialised Services and other services directly commissioned by NHS England, as set out at http://www.england.nhs.uk/nhs-standard-contract/ss-reporting (where not otherwise required to be submitted as a national requirement reported centrally or locally)	As set out at http://www.england.nhs.uk/nhs-standard-contract/ss-reporting	As set out at http://www.england.nhs.uk/nhs-standard-contract/ss-reporting	As set out at http://www.england.nhs.uk/nhs-standard-contract/ss-reporting	Specialised Services
13. Not used				
14. Report on progress against sustainable development management plan in accordance with SC18.2	Annually	Annual Quality report	Annually within 8 weeks of year end	All
Local Requirements Reported Locally				
Contract Reporting Workbook to be supplied by BCCG  Revised MH workbook Sep19 &	Monthly	Excel Contract Reporting Workbook – supplied by BCCG (see Local Requirements Reported Locally below)	Within 15 Operational Days of the end of the month to which it relates.	MH
Report on ELFT's Eating Disorder Service – content to be agreed with BCCG	Annual	Word document	Annually within 8 weeks of year end	MH
Report on the achievement of the Outcomes (Schedule 2A)	Annual	Word document	During Q.4 19/20	MH
Report on the Psychiatric Liaison Service – BCCG to inform ELFT of content required	Six-monthly	Word document	Within six weeks of period end	MH
Report on the Primary Care Link Workers service – BCCG to inform ELFT of content required	Six-monthly	Word document	Within six weeks of period end	MH

	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
Report on the Mental Health Street Triage service – BCCG to inform ELFT of content required	Six-monthly	Word document	Within six weeks of period end	MH
Health & Justice post	Monthly	 CYPMTW National Workstream KPIs ter	To be confirmed by NHSE	MH
Perinatal Mental health	Quarterly	Word document	Within six weeks of period end	MH
L&DS Women's Pathway As specified in business case	Monthly	Excel document  CSTR Data Capture - Beds & Luton - BL/	Within 15 Operational Days of the end of the month to which it relates.	MH
Report as specified in any Business Cases that are varied into the Contract after 1st April 2019 & not otherwise specified in Schedule 6(A)	As per Business Case	As per Business Case	As per Business Case	MH

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

B. Data Quality Improvement Plans

This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s43 of the Contract Technical Guidance, which requires commissioners and providers to agree DQIPs in the areas below.

Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date	Consequence

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Incidents Requiring Reporting Procedure

Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) other Patient Safety Incidents

Procedures for incident reporting are in accordance with BCCG incident reporting and best practice guidance.

1. Serious incidents must be reported to the co-ordinating commissioner within 48 hours of notification. Investigation, implementation and sharing lessons learnt will be completed as per Schedule 6B. The provider must report any Serious Incidents (SIs) via the Strategic Executive Information System (STEIS) (<http://nww.steis.doh.nhs.uk/steis/steis.nsf/steismain?readform>) in line with the timeframes set out in the NHS Serious Incident Framework (<http://www.england.nhs.uk/ourwork/patientsafety/>) and ensure such incidents are also reported to the National Reporting and Learning System (<http://www.nrls.npsa.nhs.uk/report-a-patientsafety-incident/>).

The provider must investigate any SI using appropriate Root Cause Analysis methodology as set out in the NHS Serious Incident Framework and relevant guidance or, where reasonably required by the commissioner in accordance with the NHS Serious Incident Framework, commission a fully independent investigation. The outcomes of any investigation, including the investigation report and relevant action plan should be reported to the commissioner within the timescales set out in the NHS Serious Incident Framework.

The provider must ensure that the processes and principles set out in the Serious Incident Framework are incorporated into their organisational policies and standard operating procedures.

The provider must operate an internal system to record, collate and implement learning from all patient safety Incidents and will agree to share such information with the commissioner as the commissioner reasonably requires.

The commissioner will address any failure by the provider to comply with the requirements specified in Schedule 6B or 6D by using the provisions for **Review (GC8)** and **Contract Management (GC9)**. However, commissioner recognises the primary importance of encouraging and supporting the reporting of incidents in order to promote learning and the improvement of patient safety. Incident reports will be welcomed and appreciated as opportunities to improve, not automatic triggers for sanction. Only where the provider fails to report, or does not comply with the specific requirements of Schedule 6B or 6D, or where the reporting of patient safety incidents or SIs identifies a specific breach of contractual terms leading to the incident in question occurring, should the commissioner address these using the formal processes of Review and Contract Management.


2. Reportable Patient Safety Incidents must be reported to the co-ordinating commissioner within 48 hours of notification. Investigation, implementation and sharing lessons learnt will be completed as per Schedule 6B. Final reports for all serious incidents will be submitted within 45 operational days which include a high level action plan to be followed up with a detailed action plan within a further 10 operational days in line with national policy.

3. Other Patient Safety Incidents must be reported to the co-ordinating commissioner within 10 operational days of notification. Investigation, implementation and sharing lessons learnt will be completed as per Schedule 6A

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

D. Service Development and Improvement Plans

This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s41 of the Contract Technical Guidance, which requires commissioners and providers to agree SDIPs in the areas below.

	Milestones	Timescales	Expected Benefit	Consequence of Achievement/Breach
 ELFT MH SDIP 19-20 Dec-update-v2.1.xls	Incorporated in SDIP spreadsheet	Incorporated in SDIP spreadsheet	Incorporated in SDIP spreadsheet	Incorporated in SDIP spreadsheet

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	All
Service User Survey [Insert further description locally]	Annual	CQRM	Quality Meeting	All
Staff Survey (appropriate NHS staff surveys where required by Staff Survey Guidance) [Other] [Insert further description locally]	Annual	Report	https://www.england.nhs.uk/ourwork/pe/fft/staff-fft/data/	All
Carer Survey	Annual	Annual report	In line with national guidance	All

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

F. Provider Data Processing Agreement

Not Applicable – ELFT is a Data Controller