

Support for Service Managers when dealing with Income Contracts

The Trust receives over £400 million (as of 2019) in income for the Trust from organisations such as CCGs, Local Authorities, NHS England, charities etc in exchange for healthcare and other services.

We meet with commissioners on a monthly or quarterly basis for them to give us feedback on our services, performance, new developments etc. We also have annual contract negotiations for our largest contracts which involve reviews of service specifications, reporting, targets for performance, finances, investments etc. which take place before the new financial year starts each April.

Commissioners at this time may want to speak directly to service managers about these changes. The Service manager role is to communicate and explain from a clinical perspective the position of the service. **Please ensure all requests of this nature are conducted through the BDU to ensure the relevant ELFT departments are represented, included and in agreement.**

1. How to manage commissioner queries regarding changes to a service, reporting or KPIs

Commissioner requests to change a service specification, reporting specification or KPIs need to be sent to the Trusts Contracting team for review. The contracts team will monitor the discussion, and include appropriate support such as Finance, HR, Clinical Systems, Informatics, Performance and Quality. This will ensure that the Trust doesn't overpromise what can be delivered and in what timescales. By including the teams above, there can be a review of the request to see if collection of data can be automated, included in existing reporting etc.

The Contracts team do not need to attend all discussions however we will support in meetings where conversations are getting stuck or difficult or when a service manager feels they need the support. These discussions may also take place in SPR meetings.

2. Changes to a service

Changes to service access criteria, pathways, treatments or interventions can impact on the Trust income and need to be signed off at director level. Where additional staffing are required the business development team will support in providing costings using an agreed format with finance colleagues. Please do not estimate costs. This will ensure that all costs are included i.e. estates, computers, IT support and licences, central costs, travel etc.

**Please see the Bids and Business Cases support available on the BDU intranet page

3. Changes to reporting or performance measures or reporting

Changes to clinical systems require changes to the system, administration processes, testing and changes to reporting. This usually takes at least three months from the sign off of a CV to complete. This needs to be clear to commissioners to set expectations. Please do not agree to undertake manual reporting where at all possible as this has implications for information governance and takes time away from front line staff providing care to service users.

4. Changes to contract value

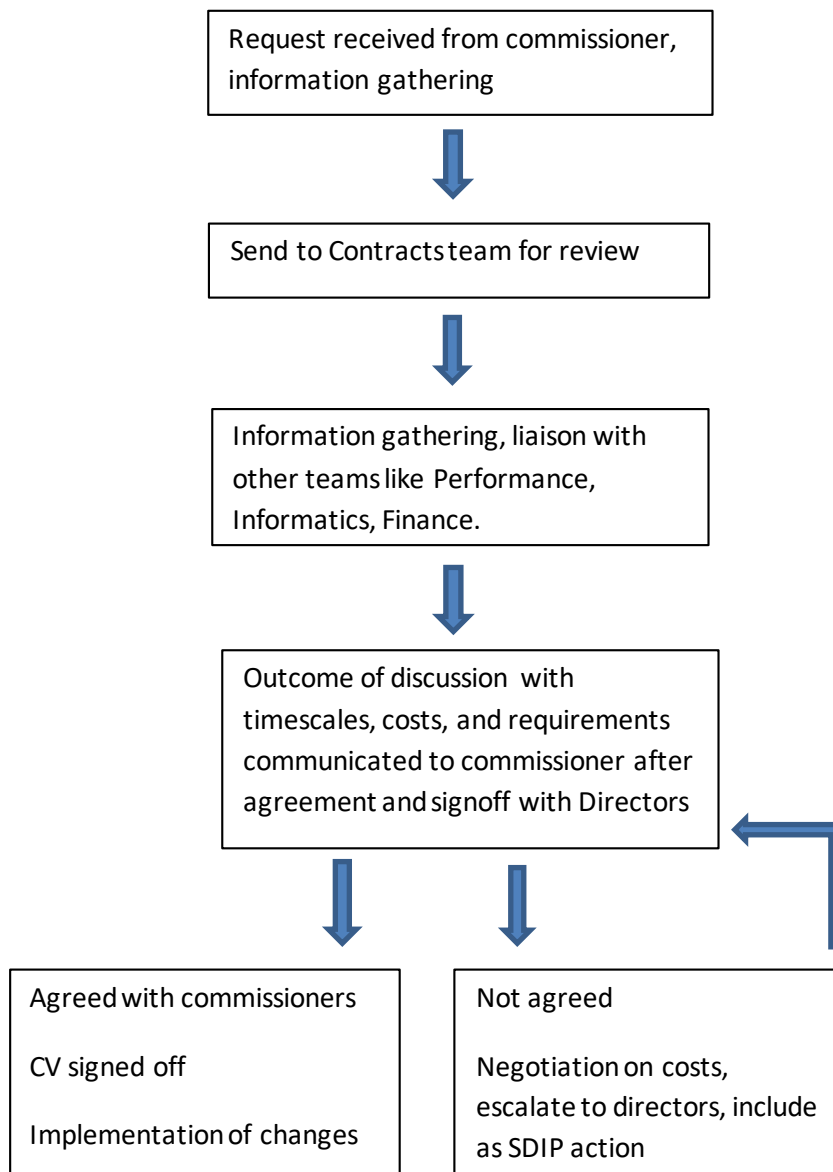
Changes to contract values are only to be discussed with the BDU and finance reps present. The BDU will process and confirm the Trusts positions on any proposals by commissioners that are financial.

5. Contract Variations

Changes to any of the Trusts contracts with commissioners for income need to be actioned with a contract variation to take effect. This will need to be signed off by the Service manager, Service Director, Finance, Performance, Informatics and Clinical Systems, HR, Information Governance and Estates where required.

The only staff who are authorised in the Trust to sign off on behalf of the Trust for Contract Variations are Deputy Finance Directors, Finance Director and Executive Director for Commercial Development and Performance.

6. Process map for changes to services



7. Contract Negotiations with Commissioners

Contract Negotiations usually take place with CCGs and NHS England between December and March in preparation for the new financial year. In this time items such as the contract value, Service specifications, Reporting including Data Quality Improvement Plans (DQIP), Performance and Quality including Service Development Improvement Plans (SDIP) and CQUIN may all be discussed.

Services will be approached by commissioners to review current items above and suggest changes. This is also an opportunity for ELFT to request reviews to reflect current clinical practice, changes to pathways, changes to other providers in the area/pathway, service capacity.

Please ensure all requests of this nature are conducted through the BDU to ensure the relevant ELFT departments are represented, included and in agreement.

When providing comments or feedback on documents and meetings please ensure that this is documented through minutes or written format, that version control is used when feeding back on documents and that it is clear that your comments are from a service perspective and subject to agreement from ELFT directors and corporate departments. For any agreed changes, agreement must be documented for both parties and sent to the contracts team to ensure that it is reflected in the new contract.

If at any point the discussions become difficult, please speak to a Contracts team representative for support. Items that are not agreed within the negotiation timescale can be added to the SDIP to allow further review and discussion to take place throughout the year.

Where the change includes the proposal of a cost for commissioners consider please do not estimate costs. Please send the request to both your Finance Manager and BDU team to provide the costing.

****Please see the Bids and Business Cases support available on the BDU intranet page**

8. Contract Negotiation Timescale

1. Commissioner intentions Published (November – December)
2. Negotiation meetings (December – March)
 - Negotiation and agreement on Finance Schedule – Finance and Commercial Director
 - Negotiation and agreement on Service specifications – Service Managers, Service Directors, Medical Director, Commercial Director
 - Negotiation and agreement on CQUIN – Finance, Service Manager, Performance, CQUIN lead, Commercial Director
 - Negotiation and agreement on Reporting – Informatics, Clinical Systems, Service Manager, Service Director, Director of IT
 - Negotiation and agreement on Performance – Performance, Informatics, Clinical Systems, Service Manager, Service Director, Director of Performance
 - Negotiation and agreement on Quality – Quality, Informatics, Clinical Systems, Service Manager, Service Director, Director of Quality
 - Negotiation and agreement on SDIP and DQIP – Performance, Quality, Informatics, Clinical Systems, Service Manager, Service Director
 - Longstop items – Service Directors, Commercial Director
 - Escalation - Service Directors, Commercial Director, COO, Chief Executive
3. Contract Agreed (March – April)

9. Costings for Commissioners

From time to time Commissioners may approach a Service Manager to discuss potential increases in resources such as staff. These discussions need to take place with the BDU who will co-ordinate the development of a costing for the requested service.

The service manager to support with this process will provide to finance:

- 1) What type of staff (Banding)
- 2) How many staff (WTEs)
- 3) When the staff will work (Shift Patterns)
- 4) Additional costs to support the staff (Travel, IT, consumables)
- 5) Set up costs (Computers, phones, desks, space in an office or clinic)
- 6) Additional costs to report on the impact of the staff (Data collection, processing, reporting)

Support services in ELFT that enable staff to deliver clinical care include:

HR - provide management advice, employee advice and support, annual leave, contracts of employment, mandatory training, and recruitment

Payroll - staff to process payments, issue payslips, pension queries, expenses

Finance - to issue invoices, support budget management

Estates - costs for buildings, maintenance, management of cleaning, security

Informatics - costs like hardware, scanners, printers and software like Microsoft office, an IT helpdesk for issues and Clinical system costs like smart cards

Performance and Quality - helps service managers understand how their services are performing locally, nationally

Information Governance - co-ordinates FOI requests about the Trust, compliance with Law when sharing patient data

Communications - to share information across the organisation, with service users, with GPs

Contracts team - to write and process contracts so the Trust can be audited to demonstrate value for money to public, relationship management with commissioners, project manage negotiations, contractually track changes in agreements for services

Legal team - support colleagues to co-ordinate responses to legal claims against the Trust

Procurement team - support service managers to buy goods and services from other organisations to support the delivery of clinical services