

SCHEDULE 4 – QUALITY REQUIREMENTS
Appendix 2

Indicator	Threshold	Method of Measurement	Frequency
<p><u>Infection Prevention and Control</u> The provider will take all reasonable steps to prevent healthcare associated infections. This includes having arrangements in place in accordance with national guidance:-</p> <p>NICE clinical guidelines 139 <i>Prevention and control of healthcare-associated</i> (March 2012)</p>	<p>Full compliance with NICE Clinical Guidelines, local policy in place and evidence of audit against policy.</p> <p>Annual audit should also take into account any healthcare associated infections (HCAI) and plans around reduction (SC19)</p>	<p>Production of Infection Control Policy</p> <p>Annual audit</p>	<p>Annually</p>
<p><u>Duty of Candour (SC35)</u> Comply with duty of candour in terms of openness and providing information to patients and their families, - for all patient safety incidents classified as moderate / severe</p>	<p>Root Cause Analysis Reports for all moderate and severe incidents to provide evidence and statement of information and support being provided to service users and or their families</p> <p>Each failure to notify the Relevant Person of a suspected or actual Reportable Service User Safety Incident (as per Guidance)</p> <p>Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate</p>	<p>Production of reports: Root Cause Analysis</p>	<p>Real time</p>
<p><u>Service User Experience (SC12)</u> Service user satisfaction survey which demonstrates an improvement in quality of consultations, overall care received and access to services</p>	<p>Results from the national patient survey - to review areas for improvement identified with an action plan of how this will be achieved</p>	<p>Annual report which includes results and actions taken to improve service user experience, inform service quality and design</p>	<p>Annually</p>

2014/15 NHS STANDARD CONTRACT
PARTICULARS

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<p><u>Incident Reporting (SC33)</u> The provider will report all: (i) incidents, undertaking Significant Event Analysis (SEA), learning from incidents and ensuring corrective actions are in place (ii) serious incidents in line with the current policy for reporting and handling serious incidents</p>	<p>Full compliance with incidents policies and evidence of audit and learning from incidents and serious incidents</p>	<p>Annual Assurance statement from provider of policy compliance Production of incident log and provider report Real time reporting of serious incidents</p>	<p>Annually Real time</p>
<p><u>Complaints (SC17)</u> Management of complaints to improve service user experience and the quality and safety of services delivered. All complaints are reported and managed effectively in line with the NHS complaints policy</p>	<p>Full compliance with NHS complaints policy Complaints to be reviewed and included in the provider report:</p> <ul style="list-style-type: none"> • Number of complaints received • Acknowledgements sent within 3 working days • Length of time to resolution • Areas identified from improvement and learning from complaints • Type and trends of complaints 	<p>Annual Assurance statement from provider of policy compliance Production of complaints log and provider report regarding top 5 complaints, and action plan for improvement (Oct) Complaints log and provider report to demonstrate improvement in light of Action Plan to improve quality of care and services (April)</p>	<p>Annually Bi Annual</p>
<p><u>Safeguarding (SC32)</u> Demonstrate compliance with local, regional and national guidance relating to Safeguarding for both: Children and Adults</p>	<p>Full compliance with national and local Safeguarding policy and guidance. To include for Adults: the Mental Capacity Act and Deprivation of Liberty Standards</p>	<p>Annual Assurance statement from provider of policy compliance Annual audit of staff compliance of training requirements</p>	<p>Annually</p>
<p><u>Equality Duty (SC13)</u> Provider to comply with equality, diversity and human rights in line with the Equality Act 2010</p>	<p>Full compliance with Equality Act 2010 and evidence of audit and learning from providing appropriate assistance and making reasonable adjustments for service users, carers and legal guardians who do not speak or write English or have communication difficulties</p>	<p>Annual Assurance statement from provider of policy compliance Annual audit of compliance of appropriate assistance and reasonable adjustments (SC13.2)</p>	<p>Annually</p>

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<p><u>NHS Counter-Fraud and Security Management (SC24)</u> The provider must have arrangements in place to address counter-fraud and security management issues</p>	<p>Full compliance with counter-fraud and security management arrangements</p>	<p>Annual Assurance statement from provider of policy compliance</p>	<p>Annually</p>
<p><u>Staff (GC5)</u> Provider must ensure they have sufficient appropriately registered and qualified / trained clinical staff who are competent to deliver the services</p>	<p>Awareness of the key Principles of Good Employment Practice and have policies in place relating to staff which includes:-</p> <ul style="list-style-type: none"> • Regular review of staffing requirements • Registered with appropriate professional bodies • Appraisal with continued professional and personal development • Pre-employment checks 	<p>Annual Assurance statement from provider of policy compliance</p> <p>Annual audit of staffing levels, staff training and appraisals undertaken</p>	<p>Annually</p>