|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contract number:** | Click here to enter text | | | |
| **Name of contract holder:** | Click here to enter text | | | |
| **Name of person completing form: (only if different to above)** | Click here to enter text | | | |
| **Practice role:** | Click here to enter text | | | |
| **Date of completion:** | Please select date of completion of form | | | |
| **Factors affecting delivery of activity:** |  | | | |
| Factor affecting delivery of activity  (1 April- 30 September 2022) | Please comment | | | |
| **Adverse events/ Force Majeure Events:** |  | | | |
| Details of any unplanned events that due to circumstances or events beyond your control could have had a detrimental impact on service provision and delivery of activity (between 1 April- 30 September 2022) | Please comment | | | |
| Was notification provided to the commissioner within five working days of occurrence of the event? **If not, please provide an explanation** | Please comment | | | |
| **Planned mitigation:** |  | | | |
| What measures have you put in place to make sure that you can deliver care to NHS patients to the level at which you have been funded | Please comment | | | |
| Please be specific about your plans for on-going delivery of care to NHS patients to the level at which you have been funded and claim submission in 2022/23, including clear timelines for delivering your planned mitigations | Please comment | | | |
| **Please forecast final year achievements in terms of number of UDAs delivered:** | Please comment | | | |
| **Workforce:** | Vacancy 1 | Vacancy 2 | | Vacancy 3 |
| Current number of vacancies (WTE) | Please enter vacancy information | Please enter vacancy information | | Please enter vacancy information |
| Type of vacancy i.e., dentist/therapist/nurse | Please enter type of vacancy | Please enter type of vacancy | | Please enter type of vacancy |
| How long has the post been vacant | Please enter text here | Please enter text here | | Please enter text here |
| Is the post currently advertised | Please enter text here | Please enter text here | | Please enter text here |
| Details of any staff on long term sick leave including role, WTE, length of sickness to date and estimated return date | Please comment | | | |
| Are absences due to long term sickness being covered either by other practice employees, temporary or agency staff? **If not, please provide an explanation** | Please comment | | | |
| Details of staff on planned long term leave e.g. maternity leave. Include role, WTE, length of leave to date and estimate return date | Please comment | | | |
| Are absences due to planned long term sickness being covered either by other practice employees, temporary or agency staff? **If not, please provide an explanation** | Please comment | | | |
| Please describe how any staff shortages have affected your delivery of care to NHS patients to the level at which you have been funded | Please comment | | | |
| **Accessibility/availability of appointments:** | NHS | | Private | |
| Do you currently have capacity to see **new** patients (including NHS and private)? | Please select “Yes or No” | | Please select “Yes or No” | |
| If you do not have capacity to see **new** NHS patients, please explain why not | Please comment | | Please comment | |
| Please explain any differences in current capacity to see **new\*** NHS vs private patients | Please comment | | | |
| Please set out the impact this reduced capacity has had on your non-NHS activity | Please comment | | | |
| Do you currently have capacity to see vulnerable patients and those with urgent needs (including NHS and private)? | Please select “Yes or No” | | Please select “Yes or No” | |
| If you do not have capacity to see vulnerable\*/urgent NHS patients, please explain why | Please comment | | | |
| Please explain any differences in current capacity to see vulnerable\*/urgent patients for NHS and private patients | Please comment | | | |
| When is your next available routine appointment for your existing patients (including NHS and private)? | Please comment | | Please comment | |
| Please explain any differences in current availability of appointments for **existing** NHS and private patients | Please comment | | | |
| Estimated split of NHS and private patients seen in the practice for the financial year 2019/2020 | Percentage % | | Percentage % | |
| Estimated split of NHS and private patients seen at the practice 1 April- 30 September 20XX | Percentage % | | Percentage % | |
| **Business continuity plan:** |  | | | |
| Do you have an up-to-date, Business Continuity Plan and does it include the factors affecting delivery of care to NHS patients to the level at which you have been funded? | Please comment | | | |
| If you do not have an up-to-date Business Continuity Plan or it does not include factors affecting delivery of care to NHS patients to the level at which you have been funded, please provide an explanation | Please comment | | | |
| Please give details of how you are implementing systems outlined in the Business Continuity Plan to restore and maintain the full delivery of services to NHS patients to the level at which you have been funded. Include timescales for implementation/completion | Please comment | | | |
| **Implementation date of action plan:** | Please select date of implementation of action plan | | | |
| **Any other comments:** | Please add any other comments here | | | |
| TO BE COMPLETED BY COMMISSIONER | | | | |
| **Name:** | Click here to enter text | | | |
| **Role:** | Click here to enter text | | | |
| **Date:** | Click here to enter date | | | |
| **Region/ICB:** | Click here to enter text | | | |
| **Are you assured that the action plan is deliverable, and that the contractor will deliver care to NHS patients to the level at which they have been funded?** | Please select “Yes or No” | | | |
| **If you answered yes to the above and are assured by the contractor, please provide details and a timescale for delivery:** | Please comment | | | |
| **If you answered no and are not assured by the contractor, please provide details:** | Please comment | | | |
| **Please indicate the main reason(s) for under-performance given by the contractor:** | (Check applicable options)  Adverse events/ Force Majeure Events  Workforce  Other (provide a brief summary)  Please provide summary here | | | |
| **Please outline all actions taken:** | Please comment | | | |
| **Please provide details of any follow-up review meetings:** | Please comment | | | |
| **Outcome:** Please provide details of non-recurrent in-year contract variations, contract sanctions, monies withheld or adjustments to the payment system | Please comment | | | |
| **Any other comments:** | Please comment | | | |
| \* New patients are those that have not attended the practice within the last 24 months  \*\* The Department of Health defines a vulnerable adult as a person aged 18 or over who may need community care services because of a disability (mental or other), age, or illness. A person is also considered vulnerable if they are unable to look after themselves, protect themselves from harm or exploitation, or are unable to report abuse. 'Vulnerable children' are defined as any children at greater risk of experiencing physical or emotional harm and/or experiencing poor outcomes because of one or more factors in their lives. Some vulnerable children may also have adverse childhood experiences | | | | |