NHS Standard Contract 2014/15

Pro forma Contract Management Forms





**NHS Standard Contract 2014/15**

**Pro Forma Contract Management Forms**

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**NHS England**

PRO FORMA CONTRACT MANAGEMENT FORMS

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Contract Query Notice from the Co-ordinating Commissioner to the Provider

**[ON THE HEADED PAPER OF**

**THE CO-ORDINATING COMMISSIONER]**

**[PROVIDER**

**ADDRESS**

**EMAIL – see Contract Management: Addresses for service of Notices]**

**CONTRACT REFERENCE: [ ]**

**CONTRACT QUERY NOTICE REFERENCE: [ ]**

[Insert the date reference (Day/Month/Year) and add .1 or .2 etc if more than one issued on the same day]

This Contract Query Notice is issued by the Co-ordinating Commissioner to [insert name of Provider] under General 9 (*Contract Management*) of the Contract referred to above.

This Contract Query Notice is being issued because:

* [*set out in reasonable detail the nature of the Contract Query*
* *refer to any previous correspondence*
* *refer to any quality indicator(s) breached*
* *reference the source documentation/report(s) used to make the decision to issue the Contract Query Notice*
* *note that this Notice may relate to one or all of the Commissioners*]

The Provider is reminded that, under General Condition 9.8 (*Contract Management Meeting*) of the Contract, it must meet the Co-ordinating Commissioner to discuss the Contract Query. The Provider is therefore required to attend a Contract Management Meeting at [*Specify time, date and location - within 10 Operational Days of the date of this notice*] to discuss the subject matter of this notice and any Excusing Notice issued.

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Co-ordinating Commissioner**

Contract Query Notice from the Provider to the Co-ordinating Commissioner

**[ON THE HEADED PAPER OF**

**THE PROVIDER]**

**[CO-ORDINATING COMMISSIONER**

**ADDRESS**

**EMAIL – see Contract Management: Addresses for service of Notices]**

**CONTRACT REFERENCE: [ ]**

**CONTRACT QUERY NOTICE REFERENCE: [ ]**[**Insert the date reference (Day/Month/Year) and add .1 or .2 etc if more than one issued on the same day**]

This Contract Query Notice is issued by [insert name of Provider] to the Co-ordinating Commissioner under General Condition 9 (*Contract Management*) of the Contract referred to above.

This Contract Query Notice is being issued because:

* [*set out in reasonable detail the nature of the Contract Query*
* *refer to any previous correspondence*
* *reference the source documentation / report(s) used to make the decision to issue the Contract Query Notice*
* *reference the Commissioner(s) to whom this relates*]

The Co-ordinating Commissioner is reminded that, under General Condition 9.8 (*Contract Management Meeting*) of the Contract, it must meet the Provider to discuss the Contract Query. The Co-ordinating Commissioner is therefore required to attend a Contract Management Meeting at [*specify time, date and location - within 10 Operational Days of the date of this notice*] to discuss the subject matter of this notice and any Excusing Notice issued.

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Provider**

First/Second Exception Report from the Co-ordinating Commissioner to the Provider

**[ON THE HEADED PAPER OF**

**THE CO-ORDINATING COMMISSIONER]**

**[PROVIDER**

**ADDRESS**

**EMAIL – see Contract Management: Addresses for service of Notices] [COPY TO CHIEF EXECUTIVE/GOVERNING BODY]**

**CONTRACT REFERENCE: [ ]**

**FIRST EXCEPTION REPORT REFERENCE: [ ]**

**[SECOND EXCEPTION REPORT REFERENCE]: [ ]**

[Insert the date reference (Day/Month/Year) and add .1 or .2 etc if more than one issued on the same day]

This First/Second (*delete as* appropriate) Exception Report is issued by the Co-ordinating Commissioner to [*insert name of Provider*] under General Condition 9 (*Contract Management*) of the Contract referred to above.

This First/Second (*delete as* appropriate) Exception Report has been issued because:

* [*set out in reasonable detail the nature of the Exception Report*
* *attach all correspondence (including Contract Query Notices)*
* *refer to the Remedial Action Plan that has been breached*
* *reference the source documentation / report(s) used to make the decision*
* *set out the consequences of this performance failure in clear and concise terms*
* *set out any specific remedial actions required*
* *set out any time period within which the Remedial Action Plan must be rectified (not less than 5 Operational Days*)]

(*Delete below as appropriate*)

***If First Exception Repor****t:*

The Co-ordinating Commissioner requires that the Governing Body of the Provider or its senior representatives attend a meeting to discuss this First Exception Report at [*time, date, location - specify*].

The Governing Body of the Provider is reminded of General Condition 9.23 (*Withholding of Payment at First Exception Report for Breach of Remedial Action Plan*) of the Contract. The Co-ordinating Commissioner may recommend the Commissioners to withhold up to 2% of the Actual Monthly Value in respect of each milestone in the Remedial Action Plan not met for each month the breach continues, subject to a maximum monthly withholding of 10% of the Actual Monthly Value. [The Co-ordinating Commissioner intends to recommend [*describe recommendation to be made, in accordance with GC 9.23*].]

**If Second Exception Report:**

The Co-ordinating Commissioner requests an urgent meeting with the Governing Body of the Provider or its senior representatives to discuss steps the Governing Body considers appropriate to rectify the causes of this notice.

The Governing Body of the Provider is reminded of General Condition 9.24 (*Retention of Sums Withheld at Second Exception Report for Breach of Remedial Action Plan*) of the Contract. [The Co-ordinating Commissioner may from the date of this notice recommend the Commissioners to retain permanently sums withheld from the date of the First Exception Report.] [The Co-ordinating Commissioner intends to recommend [*describe recommendation to be made, in accordance with GC 9.24*]

The Governing Body of the Provider is also reminded that under General Condition 16 (*Suspension*) and General Condition 17 (*Termination*) of the Contract failure to rectify the issues identified in the Second Exception Report may result in suspension or termination of the Contract.

A copy of this notice has been issued to [*specify Regulatory or Supervisory Body/ies to which letter has been copied*]

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Co-ordinating Commissioner**

[*Attach all supporting documentation (correspondence, Contact Query Notices etc.)]*

First/Second Exception Report from the Provider to the Co-ordinating Commissioner

**[ON THE HEADED PAPER OF**

**THE PROVIDER]**

**[CO-ORDINATING COMMISSIONER**

**ADDRESS**

**EMAIL – see Contract Management: Addresses for service of Notices] [COPY TO CHIEF EXECUTIVE/GOVERNING BODY]**

**CONTRACT REFERENCE: [ ]**

**FIRST EXCEPTION REPORT REFERENCE: [ ]**

**[SECOND EXCEPTION REPORT REFERENCE]: [ ]**

[Insert the date reference (Day/Month/Year) and add .1 or .2 etc if more than one issued on the same day]

This First/Second (*delete as* appropriate) Exception Report is issued by [insert name of Provider] to the Co-ordinating Commissioner under General Condition 9 (*Contract Management*) of the Contract referred to above

This First/Second (*delete as* appropriate) Exception Report has been issued because:

* [*set out in reasonable detail the nature of the Exception Report*
* *attach all correspondence (including Contract Query Notices)*
* *refer to the Remedial Action Plan that has been breached*
* *reference the source documentation / report(s) used to make the decision*
* *set out the consequences of this performance failure in clear and concise terms*
* *set out any specific remedial actions required*
* *set out any time period within which the Remedial Action Plan must be rectified (not less than 5 Operational Days)*]

(*Delete below as appropriate*)

***If First Exception Report:***

The Provider requires that the Governing Body of the Co-ordinating Commissioner or its senior representatives attend a meeting to discuss this First Exception Report at [*time, date, location - specify*].

**If Second Exception Report:**

The Provider requests an urgent meeting with the Governing Body of the Co-ordinating Commissioner or its senior representatives to discuss the steps the Governing Body thinks appropriate to rectify the causes of this notice.

A copy of this notice has been issued to [*specify Regulatory or Supervisory Body/ies to which letter has been copied*]

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Provider**

[*Attach all supporting documentation (correspondence, Contract Query Notices etc.)* ]

Excusing Notice from the Co-ordinating Commissioner to the Provider

**[ON THE HEADED PAPER OF**

**THE CO-ORDINATING COMMISSIONER]**

**[PROVIDER**

**ADDRESS**

**EMAIL – see Contract Management: Addresses for service of Notices]**

**CONTRACT REFERENCE: [ ]**

**CONTRACT QUERY NOTICE REFERENCE: [ ]**

**EXCUSING NOTICE REFERENCE: [ ]**

[Insert the date reference (Day/Month/Year) and add .1 or .2 etc if more than one issued on the same day]

This Excusing Notice is issued by the Co-ordinating Commissioner to the Provider under General Condition 9 (*Contract Management*) of the Contract referred to above.

This Excusing Notice is issued with reference to the receipt of the Contract Query Notice referred to above and is issued within 5 Operational Days of the date of the Contract Query Notice in accordance with General Condition 9.6 of the Contract.

The Co-ordinating Commissioner considers the following explanation to be excusing grounds within the scope of General Condition 9.6. Unless the Provider:

* accepts the explanation set out in this Excusing notice; and
* withdraws the Contract Query Notice within 10 Operational Days of the date of the Contract Query Notice,

the Co-ordinating Commissioner will attend the Contract Management Meeting specified in the Contract Query Notice to discuss the Contract Query and this Excusing Notice.

###### Excusing grounds:

[*Provide:*

* *reasonable detail of the excusing explanation*
* *supporting information where possible*

*to enable the other Party can make an informed decision as to whether to accept this Excusing Notice*.]

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Co-ordinating Commissioner**

Pro-forma Excusing Notice from the Provider to the Co-ordinating Commissioner

**[ON THE HEADED PAPER OF**

**THE PROVIDER]**

**[CO-ORDINATING COMMISSIONER**

**ADDRESS**

**EMAIL – see Contract Management: Addresses for service of Notices]**

**CONTRACT REFERENCE: [ ]**

**CONTRACT QUERY NOTICE REFERENCE: [ ]**

**EXCUSING NOTICE REFERENCE: [ ]**

[Insert the date reference (Day/Month/Year) and add .1 or .2 etc if more than one issued on the same day]

This Excusing Notice is issued by the Provider to the Co-ordinating Commissioner under General Condition 9 (*Contract Management*) of the Contract referred to above.

This Excusing Notice is issued in accordance with General Condition 9 (*Contract Management*) of the Contract with reference to the Contract Query Notice referred to above and is issued within 5 Operational Days of the date of the Contract Query Notice in accordance with General Condition 9.6 of the Contract.

The Provider considers the following explanation to be excusing grounds within the scope of General Condition 9.6. Unless the Co-ordinating Commissioner:

* accepts the explanation set out in this Excusing Notice; and
* withdraws the Contract Query Notice within 10 Operational Days of the date of the Contract Query Notice,

the Provider will attend the Contract Management Meeting specified in the Contract Query Notice to discuss the Contract Query and this Excusing Notice.

###### Excusing grounds:

[*Provide:*

* *reasonable detail of the excusing explanation*
* *supporting information where possible*

*to enable the other Party can make an informed decision as to whether to accept this Excusing Notice*.]

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Provider**

Remedial Action Plan Failure to Agree Notice jointly issued from the Provider and the Co-ordinating Commissioner to their respective Governing Bodies

**[ON THE HEADED PAPER OF THE**

**PROVIDER/CO-ORDINATING COMMISSIONER]**

**[PROVIDER/CO-ORDINATING COMMISSIONER**

**ADDRESS**

**EMAIL – see Contract Management: Addresses for service of Notices]**

**CONTRACT REFERENCE: [ ]**

**FAILURE TO AGREE REMEDIAL ACTION PLAN NOTICE REFERENCE: [ ]**

[Insert the date reference (Day/Month/Year) and add .1 or .2 etc if more than one issued on the same day]

This Remedial Action Plan Failure to Agree Notice is jointly issued by [insert name of Provider] and the Co-ordinating Commissioner to their respective Governing Bodies under General Condition 9 (*Contract Management*) of the Contract referred to above.

Please note General Condition 9.19 (*Withholding Payment for Failure to Agree Remedial Action Plan*) of the Contract. If within 10 Operational Days of the date of this notice the Parties have still not agreed a Remedial Action Plan, the Co-ordinating Commissioner may recommend the Commissioners to withhold up to 2% of the monthly sums payable by them under Service Condition 36 (*Payment Terms*) of the Contract for each further month the Remedial Action Plan is not agreed.

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Provider**

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Co-ordinating Commissioner**