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# NHS Standard Contract 2024/25

## General Conditions (Shorter Form)

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## **GC1 Definitions and Interpretation**

- 1.1 This Contract is to be interpreted in accordance with the Definitions and Interpretation, unless the context requires otherwise.
- 1.2 If there is any conflict or inconsistency between any provisions of this Contract, that conflict or inconsistency must be resolved according to the following order of priority:
  - 1.2.1 the General Conditions;
  - 1.2.2 the Service Conditions; and
  - 1.2.3 the Particulars.

## **GC2 Effective Date and Duration**

- 2.1 This Contract will take effect on the Effective Date.
- 2.2 This Contract expires on the Expiry Date, unless terminated earlier in accordance with GC17 (*Termination*).

## **GC3 Service Commencement**

- 3.1 The Provider will begin delivery of the Services on the later of:
  - 3.1.1 the Expected Service Commencement Date; and
  - 3.1.2 the day after the date on which all Conditions Precedent are satisfied.

## **GC4 Transition Period**

- 4.1 The Provider must satisfy each Condition Precedent before the Expected Service Commencement Date (or by any earlier Longstop Date specified in the Particulars in respect of that Condition Precedent).
- 4.2 The Parties must work together to facilitate the delivery of the Services with effect from the Expected Service Commencement Date.
- 4.3 The Provider must notify the Co-ordinating Commissioner of any material change to any Conditions Precedent document it has delivered under GC4.1 within 5 Operational Days of becoming aware of that change.

## **GC5 Staff**

### **General**

- 5.1 The Provider must apply the Principles of Good Employment Practice (where applicable) and the staff pledges and responsibilities outlined in the NHS Constitution.
- 5.2 The Provider must comply with regulations 18 and 19 of the 2014 Regulations, and without prejudice to that obligation must ensure that there are sufficient appropriately registered, qualified and experienced medical, nursing and other clinical and non-clinical Staff to enable the Services to be provided in all respects and at all times in accordance with this Contract.
- 5.3 The Provider must ensure that all Staff:
  - 5.3.1 if applicable, are registered with and where required have completed their revalidations by the appropriate professional regulatory body;

- 5.3.2 have the appropriate qualifications, experience, skills and competencies to perform the duties required of them and are appropriately supervised (including where appropriate through preceptorship, clinical supervision and rotation arrangements), managerially and professionally;
  - 5.3.3 are covered by the Provider's (and/or by the relevant Sub-Contractor's) Indemnity Arrangements for the provision of the Services;
  - 5.3.4 carry, and where appropriate display, valid and appropriate identification; and
  - 5.3.5 are aware of and respect equality and human rights of colleagues, Service Users, Carers and the public.
- 5.4 The Provider must have in place systems for seeking and recording specialist professional advice and must ensure that every member of Staff receives:
- 5.4.1 proper and sufficient induction, continuing professional and personal development, supervision, training and instruction;
  - 5.4.2 full and detailed appraisal (in terms of performance and on-going education and training) using where applicable the Knowledge and Skills Framework or a similar equivalent framework; and
  - 5.4.3 professional leadership appropriate to the Services,
- each in accordance with Good Practice and the standards of their relevant professional body (if any), and having regard to the Core Skills Training Framework. Training for Staff must include specific training in learning disability and autism, appropriate to their role, in accordance with the requirements of the Oliver McGowan Code of Practice and having regard to the recommendation of DHSC and NHS England of the Oliver McGowan Mandatory Training Package.
- 5.5 The Provider must:
- 5.5.1 co-operate with NHS England, local ICBs and local NHS Trusts and NHS Foundation Trusts in such manner and to such extent they reasonably request in the implementation of the NHS Long Term Workforce Plan, in the development and delivery of healthcare workforce plans, in the planning the provision of, and in providing education and training for healthcare workers;
  - 5.5.2 provide NHS England with such information as it reasonably requests in that regard; and
  - 5.5.3 have regard to the Health Education and Training Quality Framework.
- 5.6 If any Staff are members of the NHS Pension Scheme the Provider must participate and must ensure that any Sub-Contractors participate in any applicable data collection exercise and must ensure that all data relating to Staff membership of the NHS Pension Scheme is up to date and is provided to the NHS Business Services Authority in accordance with Guidance.

### **Freedom To Speak Up**

- 5.7 The Provider must:
- 5.7.1 appoint and at all times have in place one or more Freedom to Speak Up Guardians to fulfil the role set out in and otherwise comply with the requirements of National Guardian's Office Guidance;
  - 5.7.2 ensure that the Co-ordinating Commissioner and the National Guardian's Office are kept informed at all times of the person or persons holding this position;

- 5.7.3 co-operate with the National Guardian's Office in relation to any speaking up reviews and take appropriate and timely action in response to the findings of such reviews;
- 5.7.4 have in place, promote and operate (and ensure that all Sub-Contractors have in place, promote and operate) a policy and effective procedures, in accordance with Freedom to Speak Up Policy and Guidance, to ensure that Staff have appropriate means through which they may speak up about any concerns they may have in relation to the Services and how they can be improved; and
- 5.7.5 ensure that nothing in any contract of employment, or contract for services, settlement agreement or any other agreement entered into by it or any Sub-Contractor with any member of Staff will prevent or inhibit, or purport to prevent or inhibit, that member of Staff from speaking up about any concerns they may have in relation to the quality and/or safety of the care provided by their employer or by any other organisation, nor from speaking up to any Regulatory or Supervisory Body or professional body in accordance with their professional and ethical obligations including those obligations set out in guidance issued by any Regulatory or Supervisory Body or professional body from time to time, nor prejudice any right of that member of Staff to make disclosures under the Employment Rights Act 1996.

### **Pre-employment Checks**

- 5.8 Subject to GC5.9, before the Provider or any Sub-Contractor engages or employs any person in the provision of the Services, or in any activity related to or connected with, the provision of Services, the Provider must and must ensure that any Sub-Contractor will, at its own cost, comply with:
  - 5.8.1 NHS Employment Check Standards; and
  - 5.8.2 other checks as required by the DBS or which are to be undertaken in accordance with current and future national guidelines and policies.
- 5.9 The Provider or any Sub-Contractor may engage a person in an Enhanced DBS Position or a Standard DBS Position (as applicable) pending the receipt of the Standard DBS Check or Enhanced DBS Check or Enhanced DBS and Barred List Check (as appropriate) with the agreement of the Co-ordinating Commissioner and subject to any additional requirement of the Co-ordinating Commissioner for that engagement.

### **TUPE**

- 5.10 The provisions of Schedule 8 (*TUPE*) (if any) will apply.

## **GC6 – GC7 Intentionally Omitted**

### **GC8 Review**

- 8.1 At the request of either the Co-ordinating Commissioner or the Provider they will as soon as practicable hold a Review Meeting to review and discuss any matters that either considers necessary in relation to this Contract.

### **GC9 Contract Management**

- 9.1 The provisions of this GC9 do not affect any other rights and obligations the Parties may have under this Contract.

#### **Contract Performance Notice**

- 9.2 If the Co-ordinating Commissioner believes that the Provider has failed or is failing to comply with any obligation on its part under this Contract it may issue a Contract Performance Notice to the Provider.
- 9.3 If the Provider believes that any Commissioner has failed or is failing to comply with any obligation on its part under this Contract it may issue a Contract Performance Notice to the Co-ordinating Commissioner.

### **Contract Management Meeting**

- 9.4 Unless the Contract Performance Notice has been withdrawn, the Co-ordinating Commissioner and the Provider must meet to discuss the Contract Performance Notice and any related issues within 10 Operational Days following the date of the Contract Performance Notice.
- 9.5 At the Contract Management Meeting the Co-ordinating Commissioner and the Provider must agree either:
- 9.5.1 that the Contract Performance Notice is withdrawn; or
  - 9.5.2 the actions and improvements required, which Party is responsible for completion of each action or improvement, and the date by which each action or improvement, to remedy the failure in question.

### **Remedial Action**

- 9.6 The Provider and each relevant Commissioner must implement the actions and achieve and maintain the improvements applicable to it within the timescales and otherwise as agreed in accordance with GC9.5.
- 9.7 If either the Provider or any Commissioner fails to complete an action required of it, or to deliver or maintain the improvement required of it within the timescales and otherwise as agreed in accordance with GC9.5 (except as a result of an act or omission or the unreasonableness of any Commissioner or the Provider, as appropriate), then the Co-ordinating Commissioner or the Provider (as appropriate) may, at its discretion, exercise whatever remedies under this Contract it considers appropriate in relation to that failure.

## **GC10 Co-ordinating Commissioner and Representatives**

- 10.1 In relation to this Contract the Co-ordinating Commissioner will act for itself and as agent for the Commissioners (who are separate principals) but sums payable to the Provider are to be severally attributed to the relevant Commissioner as appropriate.
- 10.2 The Commissioner Representatives and the Provider Representative will be the relevant Party's respective key points of contact for day-to-day communications.

## **GC11 Liability and Indemnity**

- 11.1 Without affecting its liability for breach of any of its obligations under this Contract, each Commissioner will be severally liable to the Provider for, and must indemnify and keep the Provider indemnified against:
- 11.1.1 any loss, damages, costs, expenses, liabilities, claims, actions and/or proceedings (including the cost of legal and/or professional services) whatsoever in respect of:
    - 11.1.1.1 any loss of or damage to property (whether real or personal); and
    - 11.1.1.2 any injury to any person, including injury resulting in death; and
  - 11.1.2 any Losses of the Provider,
- that result from or arise out of the Commissioner's negligence or breach of contract in connection with the performance of this Contract except insofar as that loss, damage or injury has been caused by any act or omission by or on the part of, or in accordance with the instructions of, the Provider, any Sub-Contractor, their Staff or agents. Except as expressly stated in this GC11, the liability of any Commissioner under this GC11.1 will not be excluded or limited in any way.
- 11.2 Without affecting its liability for breach of any of its obligations under this Contract, the Provider will be liable to each Commissioner for, and must indemnify and keep each Commissioner indemnified against:

11.2.1 any loss, damages, costs, expenses, liabilities, claims, actions and/or proceedings (including the cost of legal and/or professional services) whatsoever in respect of:

11.2.1.1 any loss of or damage to property (whether real or personal); and

11.2.1.2 any injury to any person, including injury resulting in death; and

11.2.2 any Losses of the Commissioner,

that result from or arise out of the Provider's or any Sub-Contractor's negligence or breach of contract in connection with the performance of this Contract or the provision of the Services (including its use of Equipment or other materials or products, and the actions or omissions of Staff or any Sub-Contractor in the provision of the Services), except insofar as that loss, damage or injury has been caused by any act or omission by or on the part of, or in accordance with the instructions of, the Commissioner, its employees or agents. Except as expressly stated in this GC11, the liability of the Provider under this GC11.2 will not be excluded or limited in any way.

11.3 The Provider must put in place and maintain in force (and procure that its Sub-Contractors put in place and maintain in force) until its (or their) liability may reasonably be considered to have ceased, at its (or their) own cost (and not that of any employee), appropriate Indemnity Arrangements in respect of:

11.3.1 employers' liability;

11.3.2 clinical negligence, where the provision or non-provision of any part of the Services (or any other services under this Contract) may result in a clinical negligence claim;

11.3.3 public liability; and

11.3.4 professional negligence.

11.4 Within 5 Operational Days following written request from the Co-ordinating Commissioner, the Provider must provide documentary evidence that Indemnity Arrangements required under GC11.3 are fully maintained and that any premiums on them and/or contributions in respect of them (if any) are fully paid.

11.5 No later than 3 months prior to the expiry of this Contract, or within 10 Operational Days following the date of service of notice to terminate or of agreement to terminate this Contract (as appropriate), the Provider must provide to the Co-ordinating Commissioner satisfactory evidence in writing of its (and its Sub-Contractors') arrangements to satisfy the requirements of GC11.3 in respect of any ongoing liability it has or may have in negligence to any Service User or Commissioner arising out of a Service User's care and treatment under this Contract. If the Provider fails to do so the Commissioners may themselves procure appropriate Indemnity Arrangements in respect of such ongoing liabilities and the Provider must indemnify and keep the Commissioners indemnified against the costs incurred by them in doing so.

11.6 If the proceeds of any Indemnity Arrangements are insufficient to cover the settlement of any claim relating to this Contract the Provider must make good any deficiency.

11.7 Nothing in this Contract will exclude or limit the liability of either Party for death or personal injury caused by negligence or for fraud or fraudulent misrepresentation.

11.8 Except where expressly stated to the contrary, an indemnity under this Contract will not apply and there will be no right to claim damages for breach of this Contract, in tort or on any other basis whatsoever, to the extent that any loss claimed by any Party under that indemnity or on that basis is for Indirect Losses.

11.9 Each Party will at all times take all reasonable steps to minimise and mitigate any Losses or other matters for which one Party is entitled to be indemnified by or to bring a claim against the other under this Contract.

## **GC12 Assignment and Sub-Contracting**

- 12.1 The Provider must not novate this Contract nor assign, delegate, sub-contract, transfer, charge or otherwise dispose of all or any of its rights or obligations or duties under this Contract without the prior written approval of the Co-ordinating Commissioner. The approval of any sub-contracting arrangement may include approval of the terms of the proposed Sub-Contract.
- 12.2 If the Provider enters into a Sub-Contract it must:
- 12.2.1 ensure that a provision is included in that Sub-Contract which requires payment to be made of all undisputed sums due by the Provider to the Sub-Contractor within a specified period not exceeding 30 days from the receipt of a valid invoice;
  - 12.2.2 not vary the provision referred to in GC12.2.1 above;
  - 12.2.3 at all times comply with the provision referred to in GC12.2.1 above; and
  - 12.2.4 ensure that the Sub-Contractor does not further sub-contract its obligations under the Sub-Contract without the approval of the Co-ordinating Commissioner (such approval not to be unreasonably withheld or delayed).
- 12.3 Sub-contracting any part of this Contract will not relieve the Provider of any of its obligations or duties under this Contract. The Provider will be responsible for the performance of and will be liable to the Commissioners for the acts and/or omissions of all Sub-Contractors as though they were its own.
- 12.4 Any positive obligation or duty on the part of the Provider under this Contract includes an obligation or duty to ensure that all Sub-Contractors comply with that positive obligation or duty. Any negative duty or obligation on the part of the Provider under this Contract includes an obligation or duty to ensure that all Sub-Contractors comply with that negative obligation or duty.
- 12.5 This Contract will be binding on and will be to the benefit of the Provider and each Commissioner and their respective successors and permitted transferees and assigns.

## **GC13 Variations**

- 13.1 This Contract may not be amended or varied by the Parties except in accordance with this GC13 and as permitted by regulation 13 and/or 14 of the PSR Regulations.
- 13.2 None of the provisions of this GC13 will entitle any Commissioner to decline to propose or to refuse to agree to a Variation which the Provider has a right to be offered under regulation 42B(6) of the 2012 Regulations.
- 13.3 The Parties:
- 13.3.1 may agree to vary any locally-agreed insertion, selection or content of the Particulars ; and
  - 13.3.2 may not agree to vary any other provision of this Contract (including, for the avoidance of doubt, any part of the Service Conditions or the General Conditions).
- 13.4 Subject to GC13.3, the provisions of this Contract may be varied at any time by a Variation Agreement signed by the Co-ordinating Commissioner on behalf of the Commissioners and by the authorised signatory of the Provider.

## **GC14 Dispute Resolution**

- 14.1 If any Dispute arises out of or in connection with this Contract, the Parties in Dispute must, within 10 Operational Days of a written request from one Party to the other, meet and attempt in good faith to resolve it. If the Dispute



is not resolved within 20 Operational Days of that written request, a member of the Governing Body of each relevant Party, with authority to settle the Dispute, will meet and attempt wholly to resolve the Dispute.

- 14.2 If the Parties are unable to resolve the Dispute within 20 Operational Days of the meeting of Governing Body members under GC14.1, they must, within a further 5 Operational Days of that meeting, submit the Dispute to mediation. The mediation will be arranged by NHS England (where the Provider is an NHS Trust or an NHS Foundation Trust), or by CEDR (where the Provider is not an NHS Trust or an NHS Foundation Trust) (or such other independent body as the Parties may agree in writing before the initiation of the mediation), and the mediation will follow the process specified by the relevant mediating body.
- 14.3 If the Parties are unable to settle the Dispute through mediation, the Dispute must be referred to expert determination for final resolution. The expert must be appointed by agreement in writing between the Parties. If the Parties cannot agree on an expert within 10 Operational Days, or if the relevant person is unable or unwilling to act, the expert will be appointed by CEDR. The expert must act as an expert and not as an arbitrator, and must act fairly and impartially, and the expert's determination will (in the absence of manifest error, fraud, collusion, bias or material breach of instructions on the part of the expert) be final and binding on the Parties.
- 14.4 The expert will decide the procedure to be followed in the determination and must make the determination within 30 Operational Days of his appointment (or to such other timescale as the Parties agree) and the Parties must assist and provide the documentation that the expert requires for the purpose of the determination.
- 14.5 Each Party will bear its own costs in relation to the expert determination. The expert's fees and properly incurred costs will be borne by the Parties equally or in such other proportions as the expert may direct.
- 14.6 All information, whether oral, in writing or otherwise, arising out of or in connection with the expert determination will be inadmissible as evidence in any current or subsequent litigation or other proceedings whatsoever, with the exception of any information which would in any event have been admissible or disclosable in any such proceedings.
- 14.7 Nothing in this GC14 prevents any Party seeking an injunction relating to any matter arising under GC20 (*Confidential Information of the Parties*).

## **GC15 Governance, Transaction Records and Audit**

- 15.1 The Provider must comply with regulation 17 of the 2014 Regulations.
- 15.2 The Provider must comply with all reasonable written requests made by any relevant Regulatory or Supervisory Body (or its authorised representatives), a Local Auditor, or any Authorised Person for access to the Provider's Premises and/or the Services Environment and/or the premises of any Sub-Contractor, and/or to Staff, and/or information relating to the provision of the Services:
- 15.2.1 to audit or inspect those premises and/or the provision of the Services; or
- 15.2.2 in connection with the detection and investigation of bribery, fraud, corruption or security incidents.
- 15.3 Subject to compliance with the Law and Good Practice the Parties must implement and/or respond to all relevant recommendations:
- 15.3.1 made in any report by a relevant Regulatory or Supervisory Body; or
- 15.3.2 agreed with the National Audit Office or a Local Auditor following any audit; or
- 15.3.3 of any appropriate clinical audit or clinical outcome review programme; or
- 15.3.4 that are otherwise agreed by the Provider and the Co-ordinating Commissioner to be implemented.
- 15.4 The Parties must maintain complete and accurate Transaction Records.

- 15.5 The Provider must, at its own expense, in line with applicable Law and Guidance implement an ongoing, proportionate programme of clinical audit of the Services in accordance with Good Practice and provide to the Co-ordinating Commissioner on request the findings of any such audits.
- 15.6 The Co-ordinating Commissioner may at any time, having given the Provider not less than 10 Operational Days' notice of its intention to do so, appoint an Auditor to conduct an objective and impartial audit of any aspect of the Services, sums invoiced and/or paid for them, and/or the performance of any of the Provider's obligations under this Contract. Subject to compliance with Data Protection Legislation (including any applicable Service User consent requirements), the Provider must allow the Auditor reasonable access to (and the right to take copies of) the Transaction Records, books of account and other sources of relevant information, and any Confidential Information so disclosed will be treated in accordance with GC20 (*Confidential Information of the Parties*). The cost of any audit carried out under this GC15.6 will be borne by the Commissioners.
- 15.7 In respect of any audit carried out under GC15.6, the Co-ordinating Commissioner must share the Auditor's draft report with the Provider, to allow discussion of the findings and the correction of any inaccuracies or misinterpretations before the production by the Auditor of a final report.

## **GC16 Suspension**

- 16.1 If a Suspension Event occurs the Co-ordinating Commissioner may by written notice to the Provider require the Provider with immediate effect to suspend all or part of the Services.
- 16.2 If and when the Co-ordinating Commissioner is reasonably satisfied that the Provider is able to and will provide the suspended Service to the required standard, it must by written notice require the Provider to restore the provision of the suspended Service.
- 16.3 The Provider will not be entitled to any payment for the suspended Services in respect of the period of suspension.
- 16.4 Unless suspension occurs as a result of an Event of Force Majeure, the Provider will indemnify the Commissioners in respect of any Losses reasonably incurred by them in respect of a suspension (including for the avoidance of doubt Losses incurred in commissioning the suspended Service from an alternative provider).
- 16.5 The Parties must use all reasonable endeavours to minimise any inconvenience caused or likely to be caused to Service Users as a result of the suspension of the Service.
- 16.6 Where the Co-ordinating Commissioner exercises its rights under GC16 (*Suspension*), it will not be deemed to have waived its rights under GC17 (*Termination*) where such rights exist.

## **GC17 Termination**

### **Termination: No Fault**

- 17.1 The Co-ordinating Commissioner and the Provider may terminate this Contract or any Service at any time by mutual agreement.
- 17.2 Either the Co-ordinating Commissioner or the Provider may terminate this Contract by giving to the other written notice of not less than the Notice Period.
- 17.3 The Co-ordinating Commissioner may by not less than 3 months' written notice to the Provider terminate this Contract if it reasonably believes that any of the circumstances set out or referred to in regulation 73(1)(a) of the Public Contracts Regulations 2015 or regulation 22(1)(a) of the PSR Regulations, (as applicable to this Contract) apply.

**Termination: Commissioner Default**

- 17.4 The Provider may terminate this Contract, in whole or in respect of the relevant Commissioners, with immediate effect, by written notice to the Co-ordinating Commissioner:
- 17.4.1 if at any time the aggregate undisputed amount properly due to the Provider from any Commissioner exceeds the lower of 25% of the Expected Annual Contract Value or £25,000 and full payment is not made within 20 Operational Days of receipt of written notice from the Provider referring to this GC17.4 and requiring payment to be made; or
  - 17.4.2 if any Commissioner is in persistent material breach of any of its obligations under this Contract so as to have a material and adverse effect on the ability of the Provider to provide the Services, and the Commissioner fails to remedy that breach within 20 Operational Days of the Co-ordinating Commissioner's receipt of the Provider's written notice identifying the breach.

**Termination: Provider Default**

- 17.5 The Co-ordinating Commissioner may terminate this Contract or any affected Service, with immediate effect, by written notice to the Provider if:
- 17.5.1 any Condition Precedent is not met by the relevant Longstop Date; or
  - 17.5.2 the Provider ceases to carry on its business or substantially all of its business; or
  - 17.5.3 a Provider Insolvency Event occurs; or
  - 17.5.4 the Provider is in breach of any material obligation, or has persistently breached any obligation, on its part under this Contract and, if capable of remedy, the Provider fails to remedy the breach or breaches within 20 Operational Days following receipt of notice from the Co-ordinating Commissioner requiring it to do so; or
  - 17.5.5 termination is required by any Regulatory or Supervisory Body; or
  - 17.5.6 the Provider has been issued with any enforcement or penalty notice under the DPA 2018, or the Provider or any member of Staff is found guilty or admits guilt in respect of an offence under the DPA 2018, in relation to any matter connected with this Contract or the Services;
  - 17.5.7 the NHS Business Services Authority has notified the Commissioners that the Provider or any Sub-Contractor has, in the opinion of the NHS Business Services Authority, failed in any material respect to comply with its obligations in relation to the NHS Pension Scheme (including those under any Direction Letter/Determination); or
  - 17.5.8 the Co-ordinating Commissioner reasonably believes that the circumstances set out or referred to in either regulation 73(1)(b) of the Public Contracts Regulations 2015 or regulation 22(1)(b) of the PSR Regulations (as applicable to this Contract) apply.

**GC18 Consequence of Expiry or Termination**

- 18.1 Expiry or termination of this Contract, or termination of any Service, will not affect any rights or liabilities of the Parties that have accrued before the date of that expiry or termination or which later accrue.
- 18.2 Before and after termination or expiry of this Contract or of any Service the Provider must co-operate fully with the Co-ordinating Commissioner and any successor provider of the terminated Services in order to ensure continuity and a smooth transfer of the expired or terminated Services.

## **GC19 Provisions Surviving Termination**

19.1 Any rights, duties or obligations of any of the Parties which are expressed to survive, or which otherwise by necessary implication survive the expiry or termination for any reason of this Contract, together with all indemnities, will continue after expiry or termination, subject to any limitations of time expressed in this Contract.

## **GC20 Confidential Information of the Parties**

20.1 Without prejudice to the obligations of the Parties under SC28 (*Information Requirements*) in relation to personal information that is confidential, each Party must, except as permitted by this GC20, keep confidential all information disclosed to it by any other Party in connection with this Contract, and must use all reasonable endeavours to prevent their Staff from making any disclosure to any person of that information.

20.2 GC20.1 will not apply to disclosure of information that:

20.2.1 is in or comes into the public domain other than by breach of this Contract;

20.2.2 the receiving Party can show by its records was in its possession before it received it from the disclosing Party; or

20.2.3 the receiving Party can prove it obtained or was able to obtain from a source other than the disclosing Party without breaching any obligation of confidence.

20.3 A Party may disclose the other Party's Confidential Information:

20.3.1 to comply with applicable Law;

20.3.2 to any appropriate Regulatory or Supervisory Body;

20.3.3 in connection with any Dispute Resolution or litigation between the Parties;

20.3.4 as permitted under any other express arrangement or other provision of this Contract; and

20.3.5 where the disclosing Party is a Commissioner, to NHS Bodies for the purposes of carrying out their duties.

## **GC21 Patient Confidentiality, Data Protection, Freedom of Information and Transparency**

### **Information Governance – General Responsibilities**

21.1 The Parties must comply with Data Protection Legislation, Data Guidance, the FOIA and the EIR, and must assist each other as necessary to enable each other to comply with these obligations.

21.2 The Provider must complete and publish an annual information governance assessment in accordance with, and comply with the mandatory requirements of, the NHS Data Security and Protection Toolkit, as applicable to the Services and the Provider's organisation type.

21.3 The Provider must:

21.3.1 nominate an Information Governance Lead;

21.3.2 nominate a Caldicott Guardian and Senior Information Risk Owner;

21.3.3 where required by Data Protection Legislation, nominate a Data Protection Officer;

- 21.3.4 ensure that the Co-ordinating Commissioner is kept informed at all times of the identities and contact details of the Information Governance Lead, Data Protection Officer, Caldicott Guardian and the Senior Information Risk Owner; and
- 21.3.5 ensure that NHS England is kept informed at all times of the identities and contact details of the Information Governance Lead, Data Protection Officer, Caldicott Guardian and the Senior Information Risk Owner via the NHS Data Security and Protection Toolkit.
- 21.4 The Provider must adopt and implement the National Data Guardian's Data Security Standards and must comply with further Guidance issued by the Department of Health and Social Care, NHS England and/or NHS Digital pursuant to or in connection with those standards. The Provider must be able to demonstrate its compliance with those standards in accordance with the requirements and timescales set out in such Guidance, including requirements for enabling patient choice.
- 21.5 The Provider must, at least once in each Contract Year, audit its practices against quality statements regarding data sharing set out in NICE Clinical Guideline 138.
- 21.6 The Provider must ensure that its NHS Data Security and Protection Toolkit submission is audited in accordance with Information Governance Audit Guidance where applicable. The Provider must inform the Co-ordinating Commissioner of the results of each audit and publish the audit report both within the NHS Data Security and Protection Toolkit and on its website.
- 21.7 The Provider must report and publish any Data Breach and any Information Governance Breach in accordance with Guidance on Reporting a Data Security Incident. If the Provider is required under Data Protection Legislation to notify the Information Commissioner or a Data Subject of a Personal Data Breach then as soon as reasonably practical and in any event on or before the first such notification is made the Provider must inform the Co-ordinating Commissioner of the Personal Data Breach. This GC21.7 does not require the Provider to provide the Co-ordinating Commissioner with information which identifies any individual affected by the Personal Data Breach where doing so would breach Data Protection Legislation.

### **Data Protection**

- 21.8 The Provider must have in place a communications strategy and implementation plan to ensure that Service Users are provided with, or have made readily available to them, Privacy Notices, and to disseminate nationally-produced patient information materials. Any failure by the Provider to inform Service Users as required by Data Protection Legislation or Data Guidance about the uses of Personal Data that may take place under this Contract cannot be relied on by the Provider as evidence that such use is unlawful and therefore not contractually required.
- 21.9 Whether or not a Party or Sub-Contractor is a Data Controller or Data Processor will be determined in accordance with Data Protection Legislation and the ICO Guidance on Data Controllers and Data Processors and any further Data Guidance from a Regulatory or Supervisory Body. The Parties acknowledge that a Party or Sub-Contractor may act as both a Data Controller and a Data Processor. The Parties have indicated in the Particulars whether they consider the Provider to be a Data Processor on behalf of one or more of the Commissioners for the purposes of this Contract by completion or otherwise of Schedule 6E (*Provider Data Processing Agreement*).
- 21.10 The Provider must ensure that all Personal Data processed by or on behalf of the Provider in the course of delivering the Services is processed in accordance with the relevant Parties' obligations under Data Protection Legislation and the Data Guidance.
- 21.11 In relation to Personal Data processed by the Provider in the course of delivering the Services, the Provider must publish, maintain and operate:
  - 21.11.1 policies relating to confidentiality, data protection and information disclosures that comply with the Law, the Caldicott Principles and Good Practice;

- 21.11.2 policies that describe the personal responsibilities of Staff for handling Personal Data;
- 21.11.3 a policy that supports the Provider's obligations under the NHS Care Records Guarantee;
- 21.11.4 agreed protocols to govern the sharing of Personal Data with partner organisations; and
- 21.11.5 where appropriate, a system and a policy in relation to the recording of any telephone calls or other telehealth consultations in relation to the Services, including the retention and disposal of those recordings,

and apply those policies and protocols conscientiously.

21.12 Where a Commissioner requires information for the purposes of quality management of care processes, the Provider must consider whether the Commissioner's request can be met by providing anonymised or aggregated data which does not contain Personal Data. Where Personal Data must be shared in order to meet the requirements of the Commissioner, the Provider must:

21.12.1 provide such information in pseudonymised form where possible; and in any event

21.12.2 ensure that there is a legal basis for the sharing of Personal Data.

21.13 Notwithstanding GC21.12, the Provider must (unless it can lawfully justify non-disclosure) disclose defined or specified confidential patient information to or at the request of the Co-ordinating Commissioner where support has been provided under the Section 251 Regulations, respecting any individual Service User's objections and complying with other conditions of the relevant approval.

#### **The Provider as a Data Processor**

21.14 Where the Provider, in the course of delivering the Services, acts as a Data Processor on behalf of a Commissioner, the provisions of Schedule 6E (*Provider Data Processing Agreement*) will apply.

#### **Responsibilities when engaging Sub-Contractors**

21.15 Subject always to GC12 (*Assignment and Sub-Contracting*), if the Provider is to engage any Sub-Contractor to deliver any part of the Services (other than as a Data Processor) and the Sub-Contractor is to access personal or confidential information or interact with Service Users, the Provider must impose on its Sub-Contractor obligations that are no less onerous than the obligations imposed on the Provider by this GC21.

21.16 Without prejudice to GC12 (*Assignment and Sub-Contracting*), if the Provider is to require any Sub-Contractor to act as a Data Processor on its behalf, the Provider must:

21.16.1 require that Sub-Contractor to provide sufficient guarantees in respect of its technical and organisational security measures governing the data processing to be carried out, and take reasonable steps to ensure compliance with those measures;

21.16.2 carry out and record appropriate due diligence before the Sub-Contractor processes any Personal Data in order to demonstrate compliance with Data Protection Legislation; and

21.16.3 as far as practicable include in the terms of the sub-contract terms equivalent to those set out in Schedule 6E (*Provider Data Processing Agreement*) (if any) and in any event ensure that the Sub-Contractor is engaged under the terms of a binding written agreement requiring the Sub-Contractor to:

21.16.3.1 process Personal Data only in accordance with the Provider's instructions set out in the written agreement, including instructions regarding transfers of Personal Data outside the UK or to an international organisation unless such transfer is required by Law, in which case the Data Processor will inform the Provider of that requirement before processing takes place, unless this is prohibited by law on the grounds of public interest;

- 21.16.3.2 ensure that persons authorised to process the Personal Data on behalf of the Sub-Contractor have committed themselves to confidentiality or are under appropriate statutory obligations of confidentiality;
- 21.16.3.3 comply at all times with those obligations set out at Article 32 of the UK GDPR and equivalent provisions implemented into Law by DPA 2018;
- 21.16.3.4 impose obligations the same as set out in this GC21.16.3 on any Sub-processor appointed by the Sub-Contractor;
- 21.16.3.5 taking into account the nature of the processing, assist the Provider by taking appropriate technical and organisational measures, insofar as this is possible, for the fulfilment of the Provider's obligation to respond to requests for exercising rights granted to individuals by Data Protection Legislation;
- 21.16.3.6 assist the Provider in ensuring compliance with the obligations set out at Article 32 to 36 of the UK GDPR and equivalent provisions implemented into Law, taking into account the nature of processing and the information available to the Sub-Contractor;
- 21.16.3.7 at the choice of the Provider, delete or return all Personal Data to the Provider after the end of the provision of services relating to processing, and delete existing copies unless the Law requires storage of the Personal Data;
- 21.16.3.8 create and maintain a record of all categories of data processing activities carried out under the Sub-Contract, containing:
  - 21.16.3.8.1 the name and contact details of Data Protection Officer (where required by Data Protection Legislation to have one);
  - 21.16.3.8.2 the categories of processing carried out on behalf of the Provider;
  - 21.16.3.8.3 where applicable, transfers of Personal Data to a third country or an international organisation, including the identification of that third country or international organisation and, where relevant, the documentation of suitable safeguards; and
  - 21.16.3.8.4 a general description of the technical and organisation security measures taken to ensure the security and integrity of the Personal Data processed under this Contract;
- 21.16.3.9 guarantee that it has technical and organisational measures in place that are sufficient to ensure that the processing complies with Data Protection Legislation and ensures that the rights of Data Subject are protected;
- 21.16.3.10 allow rights of audit and inspection in respect of relevant data handling systems to the Provider or to the Co-ordinating Commissioner or to any person authorised by the Provider or by the Co-ordinating Commissioner to act on its behalf; and
- 21.16.3.11 impose on its own Sub-Contractors (in the event the Sub-Contractor further sub-contracts any of its obligations under the Sub-Contract) obligations that are substantially equivalent to the obligations imposed on the Sub-Contractor by this GC21.16.3.

21.17 The agreement required by GC21.16 must also set out:

- 21.17.1 the subject matter of the processing;

- 21.17.2 the duration of the processing;
- 21.17.3 the nature and purposes of the processing;
- 21.17.4 the type of personal data processed;
- 21.17.5 the categories of data subjects; and
- 21.17.6 the plan for return and destruction of the data once processing is complete unless the Law requires that the data is preserved.

### **Freedom of Information and Transparency**

- 21.18 The Provider acknowledges that the Commissioners are subject to the requirements of FOIA and EIR. The Provider must assist and co-operate with each Commissioner to enable it to comply with its disclosure obligations under FOIA and EIR. The Provider agrees:
- 21.18.1 that this Contract and any other recorded information held by the Provider on a Commissioner's behalf for the purposes of this Contract are subject to the obligations and commitments of the Commissioner under FOIA and EIR;
  - 21.18.2 that the decision on whether any exemption under FOIA or exception under EIR applies to any information is a decision solely for the Commissioner to whom a request for information is addressed;
  - 21.18.3 that where the Provider receives a request for information relating to the Services provided under this Contract and the Provider itself is subject to FOIA or EIR, it will liaise with the relevant Commissioner as to the contents of any response before a response to a request is issued and will promptly (and in any event within 2 Operational Days) provide a copy of the request and any response to the relevant Commissioner;
  - 21.18.4 that where the Provider receives a request for information and the Provider is not itself subject to FOIA or as applicable EIR, it will not respond to that request (unless directed to do so by the relevant Commissioner to whom the request relates) and will promptly (and in any event within 2 Operational Days) transfer the request to the relevant Commissioner;
  - 21.18.5 that any Commissioner, acting in accordance with the codes of practice issued and revised from time to time under both section 45 of FOIA and regulation 16 of EIR, may disclose information concerning the Provider and this Contract either without consulting with the Provider, or following consultation with the Provider and having taken its views into account; and
  - 21.18.6 to assist the Commissioners in responding to a request for information, by processing information or environmental information (as the same are defined in FOIA or EIR) in accordance with a records management system that complies with all applicable records management recommendations and codes of conduct issued under section 46 of FOIA, and providing copies of all information requested by that Commissioner within 5 Operational Days of that request and without charge.
- 21.19 The Parties acknowledge that, except for any information which is exempt from disclosure in accordance with the provisions of FOIA, or for which an exception applies under EIR, the content of this Contract is not Confidential Information.
- 21.20 Notwithstanding any other term of this Contract, the Provider consents to the publication of this Contract in its entirety (including variations), subject only to the redaction of information that is exempt from disclosure in accordance with the provisions of FOIA or for which an exception applies under EIR.
- 21.21 In preparing a copy of this Contract for publication under GC21.20 the Commissioners may consult with the Provider to inform decision-making regarding any redactions but the final decision in relation to the redaction of information will be at the Commissioners' absolute discretion.



21.22 The Provider must assist and cooperate with the Commissioners to enable the Commissioners to publish this Contract.

### **NHS Data Sharing Principles**

21.23 The Provider must have regard to the NHS Data Sharing Principles.

## **GC22 Intellectual Property**

22.1 Except as set out expressly in this Contract no Party will acquire the IPR of any other Party.

22.2 The Provider grants the Commissioners a fully paid-up, non-exclusive, perpetual licence to use the Provider Deliverables for the purposes of the exercise of their statutory and contractual functions and obtaining the full benefit of the Services under this Contract.

22.3 The Commissioners grant the Provider a fully paid-up, non-exclusive licence:

22.3.1 to use the Commissioner Deliverables; and

22.3.2 to use the NHS Identity,

in each case for the sole purpose of providing the Services. The Provider may not grant any sub-licence of the NHS Identity without the express permission of NHS England's NHS Identity team.

22.4 The Provider must co-operate with the Commissioners to enable the Commissioners to understand and adopt Best Practice (including the dissemination of Best Practice to other commissioners or providers of NHS services), and must supply such materials and information in relation to Best Practice as the Commissioners may reasonably request, and (to the extent that any IPR attaches to Best Practice), grants the Commissioners a fully paid-up, non-exclusive, perpetual licence for the Commissioners to use Best Practice IPR for the commissioning of NHS services and to share any Best Practice IPR with other commissioners of NHS services (and other providers of NHS services) to enable those parties to adopt such Best Practice.

## **GC23 NHS Identity, Marketing and Promotion**

23.1 The Provider must comply with NHS Identity Guidelines.

23.2 Goodwill in the Services, to the extent branded as NHS services, will belong separately to both the Secretary of State and the Provider. The Provider may enforce its rights in its own branding even if it includes the NHS Identity. The Provider must provide whatever assistance the Secretary of State may reasonably be required to allow the Secretary of State to maintain and enforce his rights in respect of the NHS Identity.

23.3 The Provider must indemnify the Secretary of State and the Commissioners for any Losses suffered in relation to any claim made against the Secretary of State or any Commissioner by virtue of section 2 of the Consumer Protection Act 1987 in respect of the use of a defective product by the Provider or any Staff or Sub-Contractor in the provision of the Services.

## **GC24 Change in Control**

24.1 This GC24 applies to any Change in Control in respect of the Provider or any Sub-Contractor, but not to a Change in Control of a company which is a Public Company.

24.2 Without prejudice to GC24.3 the Provider must, as soon as possible following a Change in Control, notify the Co-ordinating Commissioner in writing of that Change in Control and must supply to the Co-ordinating Commissioner whatever further information relating to the Change in Control the Co-ordinating Commissioner may reasonably request.

24.3 Notwithstanding any other provision of this Contract:

24.3.1 a Restricted Person must not hold, and the Provider must not permit a Restricted Person to hold, at any time 5% or more of the total value of any Security in the Provider or in the Provider's Holding Company or any of the Provider's subsidiaries (as defined in the Companies Act 2006); and

24.3.2 a Restricted Person must not hold, and the Provider must not permit (and must procure that a Sub-Contractor must not at any time permit) a Restricted Person to hold, at any time 5% or more of the total value of any Security in a Sub-Contractor or in any Holding Company or any of the subsidiaries (as defined in the Companies Act 2006) of a Sub-Contractor.

## **GC25 Warranties**

25.1 The Provider warrants to each Commissioner that it has notified the Co-ordinating Commissioner in writing of any Occasions of Tax Non-compliance or any litigation in which it is involved in connection with any Occasions of Tax Non-compliance.

25.2 The Provider warrants to each Commissioner that all information supplied by it to the Commissioners during the award procedure leading to the execution of this Contract is, to its reasonable knowledge and belief, true and accurate and it is not aware of any material facts or circumstances which have not been disclosed to the Commissioners which would, if disclosed, be likely to have an adverse effect on a reasonable public sector entity's decision whether or not to contract with the Provider substantially on the terms of this Contract.

## **GC26 Prohibited Acts**

26.1 The Provider must not commit any Prohibited Act.

26.2 If the Provider or its employees or agents (or anyone acting on its or their behalf) commits any Prohibited Act in relation to this Contract with or without the knowledge of the Co-ordinating Commissioner, the Co-ordinating Commissioner will be entitled:

26.2.1 to exercise its right to terminate under GC17.5 (*Termination*) and to recover from the Provider the amount of any loss resulting from the termination; and

26.2.2 to recover from the Provider the amount or value of any gift, consideration or commission concerned; and

26.2.3 to recover from the Provider any loss or expense sustained in consequence of the carrying out of the Prohibited Act or the commission of the offence.

## **GC27 Conflicts of Interest and Transparency on Gifts and Hospitality**

27.1 If a Party becomes aware of any actual, potential or perceived conflict of interest which is likely to affect another Party's decision (that Party acting reasonably) whether or not to contract or continue to contract substantially on the terms of this Contract, the Party aware of the conflict must immediately declare it to the other. The other Party may then, without affecting any other right it may have under Law, take whatever action under this Contract as it deems necessary.

27.2 The Provider must and must ensure that, in delivering the Services, all Staff comply with Law, with Managing Conflicts of Interest in the NHS and other Guidance, and with Good Practice, in relation to gifts, hospitality and other inducements and actual or potential conflicts of interest.

## **GC28 Force Majeure**

28.1 This GC28 must be read in conjunction with SC30 (*Emergency Preparedness, Resilience and Response*).

- 28.2 If an Event of Force Majeure occurs, the Affected Party must:
- 28.2.1 take all reasonable steps to mitigate the consequences of that event;
  - 28.2.2 resume performance of its obligations as soon as practicable; and
  - 28.2.3 use all reasonable efforts to remedy its failure to perform its obligations under this Contract.
- 28.3 The Affected Party must notify the other Parties immediately when it becomes aware of the Event of Force Majeure, giving detail of the Event of Force Majeure and its likely impact on the delivery of the Services.
- 28.4 If it has complied with its obligations under GC28.2 and 28.3, the Affected Party will be relieved from liability under this Contract if and to the extent that it is not able to perform its obligations under this Contract due to the Event of Force Majeure.

### **GC29 Third Party Rights**

- 29.1 A person who is not a Party to this Contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce or enjoy the benefit of this Contract, except that, to the extent that it applies in its or their favour, this Contract may be enforced by:
- 29.1.1 a person who is the Provider's employee and is performing the Services for the Provider, if the matter to be enforced or the benefit to be enjoyed arises under GC5 (*Staff*), other than GC5.2 and GC5.3.2 (*Staff*);
  - 29.1.2 the Secretary of State;
  - 29.1.3 a Regulatory or Supervisory Body;
  - 29.1.4 any ICB or Local Authority;
  - 29.1.5 the NHS Business Services Authority;
  - 29.1.6 a previous provider of services equivalent to the Services or any of them before the Service Commencement Date, or a new provider of services equivalent to the Services or any of them after the expiry or termination of this Contract or of any Service, if the matter to be enforced or the benefit to be enjoyed arises under Schedule 8 (*TUPE*).
- 29.2 Subject to GC13.3.2 (*Variations*), the rights of the Parties to terminate, rescind or agree any Variation, waiver or settlement under this Contract are not subject to the consent of any person who is not a party to this Contract.

### **GC30 Entire Contract**

- 30.1 This Contract constitutes the entire agreement and understanding of the Parties and supersedes any previous agreement between the Parties relating to the subject matter of this Contract, except for any contract entered into between the Commissioners and the Provider to the extent that it relates to the same or similar services and is designed to remain effective until the Service Commencement Date.

### **GC31 Severability**

- 31.1 If any provision or part of any provision of this Contract is declared invalid or otherwise unenforceable, that provision or part of the provision as applicable will be severed from this Contract. This will not affect the validity and/or enforceability of the remaining part of that provision or of other provisions.

### **GC32 Waiver**

32.1 Any relaxation of or delay by any Party in exercising any right under this Contract must not be taken as a waiver of that right and will not affect the ability of that Party subsequently to exercise that right.

### **GC33 Remedies**

33.1 Except as expressly set out in this Contract, no remedy conferred by any provision of this Contract is intended to be exclusive of any other remedy and each and every remedy will be cumulative and will be in addition to every other remedy given under this Contract or existing at law or in equity, by statute or otherwise.

### **GC34 – GC35 Intentionally Omitted**

### **GC36 Notices**

36.1 Any notices given under this Contract must be in writing and must be served by hand, post, or e-mail to the address for service of notices for the relevant Party set out in the Particulars.

36.2 Notices:

36.2.1 by post will be effective upon the earlier of actual receipt, or 5 Operational Days after mailing;

36.2.2 by hand will be effective upon delivery; and

36.2.3 by e-mail will be effective when sent in legible form, but only if, following transmission, the sender does not receive a non-delivery message.

### **GC37 Costs and Expenses**

37.1 Each Party is responsible for paying its own costs and expenses incurred in connection with the negotiation, preparation and execution of this Contract.

### **GC38 Counterparts**

38.1 This Contract may be executed in any number of counterparts, each of which will be regarded as an original, but all of which together will constitute one agreement binding on all of the Parties, notwithstanding that all of the Parties are not signatories to the same counterpart.

### **GC39 Governing Law and Jurisdiction**

39.1 This Contract will be considered as a Contract made in England and will be subject to the laws of England.

39.2 Subject to the provisions of GC14 (*Dispute Resolution*), the Parties agree that the courts of England have exclusive jurisdiction to hear and settle any action, suit, proceedings or dispute in connection with this Contract (whether contractual or non-contractual in nature).

## DEFINITIONS AND INTERPRETATION

1. The headings in this Contract will not affect its interpretation.
2. Reference to any statute or statutory provision, to Law, or to Guidance, includes a reference to that statute or statutory provision, Law or Guidance as from time to time updated, amended, extended, supplemented, re-enacted or replaced.
3. Reference to a statutory provision includes any subordinate legislation made from time to time under that provision.
4. References to Conditions and Schedules are to the Conditions and Schedules of this Contract, unless expressly stated otherwise.
5. References to any body, organisation or office include reference to its applicable successor from time to time.
6. Any references to this Contract or any other documents or resources includes reference to this Contract or those other documents or resources as varied, amended, supplemented, extended, restated and/or replaced from time to time and any reference to a website address for a resource includes reference to any replacement website address for that resource.
7. Use of the singular includes the plural and vice versa.
8. Use of the masculine includes the feminine and vice versa.
9. Use of the term “including” or “includes” will be interpreted as being without limitation.
10. The following words and phrases have the following meanings:

**1983 Act** the Mental Health Act 1983

**1983 Act Code** the ‘code of practice’ published by the Department of Health and Social Care under section 118 of the 1983 Act

**2005 Act** the Mental Capacity Act 2005

**2006 Act** the National Health Service Act 2006

**2008 Act** the Health and Social Care Act 2008

**2012 Act** the Health and Social Care Act 2012

**2012 Regulations** the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

**2014 Regulations** the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

**2022 Act** the Health and Care Act 2022

**Accessible Information Standard** guidance aimed at ensuring that disabled people have access to information that they can understand and any communication support they might need, as set out at:

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

**Accountable Emergency Officer** the individual appointed by the Provider as required by section 252A(9) of the 2006 Act

**Activity** Service User flows and clinical activity under this Contract

**Activity and Finance Report** a report showing actual Activity and the associated costs to Commissioners, in the format agreed and specified in Schedule 6A (*Reporting Requirements*)

**Affected Party** a party the performance of whose obligations under this Contract is affected by an Event of Force Majeure

**Auditor** an appropriately qualified, independent third party auditor appointed by the Co-ordinating Commissioner in accordance with GC15.6 (*Governance, Transaction Records and Audit*)

**Authorised Person**

- (i) any Commissioner or their authorised representatives;
- (ii) any body or person concerned with the treatment or care of a Service User approved by any Commissioner;
- (iii) (for the purposes permitted by Law) any authorised representative of any Regulatory or Supervisory Body;
- (iv) NHS Protect or any body or person appointed by a Commissioner in connection with the investigation of bribery, fraud, corruption or security incidents

**Best Practice** any methodologies, pathway designs and processes relating to the Services developed by the Provider or any Sub-Contractor (whether singly or jointly with any Commissioner or other provider) for the purposes of delivering the Services and which are capable of wider use in the delivery of healthcare services for the purposes of the NHS, but not including inventions that are capable of patent protection and for which patent protection is being sought or has been obtained, registered designs, or copyright in software

**Block Arrangement** an arrangement described in Schedule 3B (*Locally Agreed Adjustments to NHSPS Unit Prices*) or Schedule 3C (*Local Prices*) under which an overall fixed price is agreed which will not change as a result of any changes in Activity levels

**Business Continuity Plan** the Provider's plan for continuity of all of the Services in adverse circumstances, which is in accordance with the NHS England Business Continuity Management Toolkit published at: <https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit/> and the principles of PAS 2015 (British Standards Institution 21 October 2010) and ISO 22301)

**Caldicott Guardian** the senior health professional responsible for safeguarding the confidentiality of patient information

**Caldicott Principles** the principles applying to the handling of patient-identifiable information available at: <https://www.gov.uk/government/publications/the-caldicott-principles>

**Care (Education) and Treatment Review Guidance** *Dynamic support register and Care (Education) and Treatment Review policy and guide*, published by NHS England at: <https://www.england.nhs.uk/publication/dynamic-support-register-and-care-education-and-treatment-review-policy-and-guide/>

**Carer** a family member or friend of the Service User who provides day-to-day support to the Service User without which the Service User could not manage

**CEDR** the Centre for Effective Dispute Resolution

**Change in Control**

- (i) in the case of a corporation with share capital, any sale or other disposal of any legal, beneficial or equitable interest in any or all of the equity share capital of a corporation (the effect of which is to confer on any person (when aggregated with any interest(s) already held or controlled) the beneficial ownership of 50% or more of the issued share capital of that corporation, the ability to control the exercise of 50% or more of the total voting rights exercisable at general meetings of that corporation on all, or substantially all, matters and/or the legal power to direct or cause the direction of the management of that corporation), provided that a Change

- in Control will be deemed not to have occurred if after any such sale or disposal the same entities directly or indirectly exercise the same degree of control over the relevant corporation;
- (ii) in the case of a company limited by guarantee or other corporation without share capital, any transfer of or change in membership (the effect of which is to confer on any person (when aggregated with any interest(s) already held or controlled) the legal power to direct or cause the direction of the management of that corporation and/or the ability to control the exercise of 50% or more of the total voting rights exercisable at general meetings of that corporation on all, or substantially all, matters), provided that a Change in Control will be deemed not to have occurred if after any such transfer or change the same entities directly or indirectly exercise the same degree of control over the relevant corporation;
  - (iii) in the case of any corporation, any transfer to or acquisition by a third party of all or substantially all of the business and assets of that corporation;
  - (iv) in respect of an NHS Body, any change in the ability to control an NHS Body by virtue of the entering into of any franchise, management or other agreement or arrangement, under the terms of which the control over the management of the relevant NHS Body is conferred on another person without the Co-ordinating Commissioner's prior written consent

**Chargeable Overseas Visitor** a patient who is liable to pay charges for NHS services under the Overseas Visitor Charging Regulations

**Child Sexual Abuse and Exploitation Guidance** the *Child Sexual Exploitation: Health Working Group Report* and the Department of Health and Social Care's response to its recommendations, available at: <https://www.gov.uk/government/publications/health-working-group-report-on-child-sexual-exploitation> and all Guidance issued pursuant to those recommendations

**Child Sexual Abuse and Exploitation Lead** the officer of the Provider responsible for implementation and dissemination of Child Abuse and Sexual Exploitation Guidance

**Code of Practice on the Prevention and Control of Infections** the *Health and Social Care Act 2008: Code of Practice on the prevention and control of infections* and related guidance, available at: <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

**Commencement Date** the date that a section or a paragraph of a schedule of the 2022 Act comes into force

**Commissioner** a party identified as such in the Particulars

**Commissioner Assignment Methodology Guidance** detailed technical guidance published by NHS England to enable Providers to allocate the correct commissioner code within specified commissioning data sets for the healthcare activities they provide, available at: <https://www.england.nhs.uk/data-services/commissioning-flows/>

**Commissioner Deliverables** all documents, products and materials developed by any Commissioner in relation to the Services in any form and submitted by any Commissioner to the Provider under this Contract, including data, reports, policies, plans and specifications

**Commissioner Representative** a person identified as such in the Particulars

**Conditions Precedent** the pre-conditions to commencement of service delivery set out in Schedule 1A (*Conditions Precedent*)

**Confidential Information** any information or data in whatever form disclosed, which by its nature is confidential or which the disclosing Party acting reasonably states in writing to the receiving Party is to be regarded as confidential, or which the disclosing Party acting reasonably has marked 'confidential' (including, financial information, or marketing or development or workforce plans and information, and information relating to services or products) but which is not Service User Health Records or information relating to a particular Service User, or Personal Data, or information which is disclosed in accordance with GC21 (*Patient Confidentiality, Data Protection, Freedom of Information and Transparency*), in response to an FOIA request, or information which is published as a result of government policy in relation to transparency

**Consent**

- (i) any permission, consent, approval, certificate, permit, licence, statutory agreement, authorisation, exception or declaration required by Law for or in connection with the performance of Services; and/or
- (ii) any necessary consent or agreement from any third party needed either for the performance of the Provider's obligations under this Contract or for the provision by the Provider of the Services in accordance with this Contract, including any registration with any relevant Regulatory or Supervisory Body

**Consultant** a person employed or engaged by the Provider of equivalent standing and skill as a person appointed by an NHS Body in accordance with the Law governing the appointment of consultants

**Consultant-led Service** a Service for which a Consultant retains overall clinical responsibility (without necessarily being present at each Service User appointment), and in respect of which Referrals of Service Users are made directly to a named Consultant

**Contract Management Meeting** a meeting of the Co-ordinating Commissioner and the Provider held in accordance with GC9.5 (*Contract Management*)

**Contract Performance Notice**

- (i) a notice given by the Co-ordinating Commissioner to the Provider under GC9.2 (*Contract Management*), alleging failure by the Provider to comply with any obligation on its part under this Contract; or
- (ii) a notice given by the Provider to the Co-ordinating Commissioner under GC9.3 (*Contract Management*) alleging failure by any Commissioner to comply with any obligation on its part under this Contract, as appropriate

**Contract Technical Guidance** technical guidance in relation to the NHS Standard Contract, available at: <https://www.england.nhs.uk/nhs-standard-contract/>

**Contract Term** the period specified as such in the Particulars (or where applicable that period as extended in accordance with Schedule 1C (*Extension of Contract Term*))

**Contract Year** the period starting on the Service Commencement Date and ending on the following 31 March and each subsequent period of 12 calendar months starting on 1 April, provided that the final Contract Year will be the period starting on the relevant 1 April and ending on the Expiry Date or date of earlier termination

**Co-ordinating Commissioner** the party identified as such in the Particulars

**Core Skills Training Framework** the framework which sets out national minimum standards for statutory and mandatory training for clinical and non-clinical staff employed or engaged by providers of healthcare services, available at: <https://skillsforhealth.org.uk/info-hub/statutory-mandatory-core-skills-training-framework-cstf/>

**CQC** the Care Quality Commission established under section 1 of the 2008 Act

**CQC Quality Statements** the commitments for providers, commissioners and system leaders, available at: <https://www.cqc.org.uk/assessment/quality-statements>

**CRS** commissioner requested services, as defined in the guidance at: <https://www.england.nhs.uk/licensing-and-oversight-of-independent-providers/information-for-commissioners/>

**Data Breach** has the meaning given to it in the Review of Data Security, Consent and Opt-Outs (July 2016) available at: <https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs>

**Data Controller** has the same meaning as "Controller" in the Data Protection Legislation

**Data Guidance** any applicable guidance, guidelines, direction or determination, framework, code of practice, standard or requirement regarding information governance, confidentiality, privacy or compliance with Data Protection Legislation (whether specifically mentioned in this Contract or not) to the extent published and publicly



available or their existence or contents have been notified to the Provider by the Co-ordinating Commissioner and/or any relevant Regulatory or Supervisory Body. This includes but is not limited to guidance issued by NHS Digital, the National Data Guardian for Health and Care, the Department of Health and Social Care, NHS England, the Health Research Authority, the UK Health Security Agency and the Information Commissioner

**Data Landing Portal** the secure and confidential portal for the receipt of electronic submissions of local patient-level datasets from providers, available at: <https://digital.nhs.uk/services/data-landing-portal>

**Data Landing Portal Acceptable Use Statement** the statement which sets out requirements on providers relating to the use of the Data Landing Portal, available at: <https://digital.nhs.uk/services/data-landing-portal>

**Data Processor** has the same meaning as “Processor” in the Data Protection Legislation

**Data Protection Legislation**

- (i) the UK GDPR and any applicable national Laws implementing them as amended from time to time
- (ii) the DPA 2018
- (iii) all applicable Law concerning privacy, confidentiality or the processing of personal data including but not limited to the Human Rights Act 1998, the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations 2003

**Data Protection Officer** has the meaning given to it in Data Protection Legislation

**Data Quality Maturity Index** the publication which assesses the completeness and quality of datasets submitted nationally by individual providers in relation to different services, available at: <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality>

**Data Subject** has the meaning given to it in Data Protection Legislation

**DBS** the Disclosure and Barring Service established under section 87 of the Protection of Freedoms Act 2012

**Debt Securities** debentures, debenture or loan stock, bonds and notes, whether secured or unsecured

**Definitions and Interpretation** the section of the General Conditions under that heading

**Delivering a ‘Net Zero’ National Health Service** the strategy document setting out the NHS’s commitment to achieving net zero carbon emissions, published by NHS England at: <https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/>

**Department of Health and Social Care** or **DHSC** the Department of Health and Social Care in England of HM Government and its predecessor departments, or such other body superseding or replacing it from time to time and/or the Secretary of State

**Direction Letter/Determination** a letter or determination issued by the NHS Business Services Authority (on behalf of the Secretary of State pursuant to Section 7(2) of the Superannuation (Miscellaneous Provisions) Act 1967 or Section 25(5) of the Public Service Pensions Act 2013) to the Provider (or any Sub-Contractor, as appropriate), setting out the terms on which the Provider (or any Sub-Contractor, as appropriate) is to be granted access to the NHS Pension Scheme in connection with this Contract (or the relevant Sub-Contract as appropriate)

**Discharge Summary** a summary of information relevant to the Service User to be produced by the Provider in accordance with the relevant Transfer of and Discharge from Care Protocol

**Dispute** a dispute, conflict or other disagreement between the Parties arising out of or in connection with this Contract

**Dispute Resolution** the procedure for resolution of disputes set out in GC14 (*Dispute Resolution*)

**DOTAS** the Disclosure of Tax Avoidance Schemes rules, requiring a promoter of tax schemes to tell HM Revenue and Customs of any specified notifiable arrangements or proposals and to provide prescribed information on those arrangements or proposals within set time limits as contained in Part 7 of the Finance Act 2004 and in secondary legislation pursuant to Part 7 of the Finance Act 2004 and as extended to National Insurance Contributions by the National Insurance Contributions (Application of Part 7 of the Finance Act 2004) Regulations 2012, SI 2012/1868 made under section 132A of the Social Security Administration Act 1992

**DPA 2018** the Data Protection Act 2018

**Education, Health and Care Needs Assessment** a joint assessment by the relevant professionals of the healthcare and social care needs of a child or young person, required under the Special Educational Needs and Disability Regulations 2014

**Effective Date** the date referred to as such in the Particulars

**e-Invoicing Guidance** guidance relating to the application and use of the NHS Shared Business Services e-Invoicing Platform, available at:

<https://networkgrowth.s3.amazonaws.com/Tradeshift%20Supplier%20Training%20Guide.pdf>

**e-Invoicing Platform** the NHS Shared Business Services e-invoicing platform provided by Tradeshift

**EIR** the Environmental Information Regulations 2004

**Enhanced DBS and Barred List Check** a disclosure of information comprised in an Enhanced DBS Check together with information from the DBS children's barred list, adults' barred list and children's and adults' barred list

**Enhanced DBS Check** a disclosure of information comprised in a Standard DBS Check together with any information held locally by police forces that it is reasonably considered might be relevant to the post applied for

**Enhanced DBS Position** any position listed in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended), which also meets the criteria set out in the Police Act 1997 (Criminal Records) Regulations 2002 (as amended), and in relation to which an Enhanced DBS Check or an Enhanced DBS and Barred List Check (as appropriate) is permitted

**EPRR Guidance** the emergency preparedness, resilience and response guidance published by NHS England, including:

- (i) *NHS Emergency Preparedness, Resilience and Response Framework*; and
  - (ii) *NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR)*
- available at: <http://www.england.nhs.uk/ourwork/epr/>

**Equipment** medical or non-medical equipment that the Provider may use in the delivery of the Services (including Vehicles)

**Event of Force Majeure** an event or circumstance which is beyond the reasonable control of the Party claiming relief under GC28 (*Force Majeure*), including war, civil war, armed conflict or terrorism, strikes or lock outs, riot, fire, flood or earthquake, and which directly causes that Party to be unable to comply with all or a material part of its obligations under this Contract in relation to any Service

**Expected Annual Contract Value** the sum (if any) set out in Schedule 3D (*Expected Annual Contract Values*) for each Commissioner in respect of each relevant Service for the Contract Year

**Expected Service Commencement Date** the date referred to as such in the Particulars

**Expiry Date** the last day of the Contract Term

**FFT Guidance** guidance on the implementation of the NHS Friends and Family Test, available at: <https://www.england.nhs.uk/fft>

**FOIA** the Freedom of Information Act 2000

**Freedom to Speak Up Guardian** the individual appointed by the Provider in accordance with the National Guardian's Office Guidance and identified as such in the Particulars

**Freedom to Speak Up Policy and Guidance** the national policy on speaking up available at: <https://www.england.nhs.uk/publication/the-national-speak-up-policy/> and the associated national guidance available at: <https://www.england.nhs.uk/publication/the-guide-for-the-nhs-on-freedom-to-speak-up/>

**Friends and Family Test** the Friends and Family Test as defined in FFT Guidance

**Fundamental Standards of Care** the requirements set out in regulations 9 to 19 of the 2014 Regulations

**General Anti-abuse Rule** the legislation in Part 5 of the Finance Act 2013

**General Condition** or **GC** any of the General Conditions, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>, forming part of the Contract

**Good Practice** using standards, practices, methods and procedures conforming to the Law and reflecting up-to-date published evidence and using that degree of skill and care, diligence, prudence and foresight which would reasonably and ordinarily be expected from a skilled, efficient and experienced clinical services provider and a person providing services the same as or similar to the Services at the time the Services are provided, including (where appropriate) assigning a Consultant to each Service User who will be clinically responsible for that Service User at all times during the Service User's care by the Provider

**Governing Body** in respect of any Party, the board of directors, governing body, executive team or other body having overall responsibility for the actions of that Party

**GP** a general medical practitioner or general dental practitioner registered on the performers list prepared, maintained and published in accordance with regulations made under sections 91 and 106 of the 2006 Act

**Guidance** any applicable health or social care guidance, guidelines, direction or determination, framework, code of practice, standard or requirement to which the Commissioners and/or the Provider have a duty to have regard (and whether specifically mentioned in this Contract or not), to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Provider by the Co-ordinating Commissioner and/or any relevant Regulatory or Supervisory Body

**Guidance on Diagnostic Imaging Reporting Turnaround Times** national turnaround time guidance in England for imaging reporting, published by NHS England at: <https://www.england.nhs.uk/long-read/diagnostic-imaging-reporting-turnaround-times/>

**Guidance on End of Life Care**

- (i) *NICE Guidance 31: Care of dying adults in the last days of life*, available at: <https://www.nice.org.uk/guidance/ng31>
- (ii) *NICE Guidance 142: End of life care for adults: service delivery*, available at: <https://www.nice.org.uk/guidance/ng142>
- (iii) *NICE Guidance 61: End of life care for infants, children and young people with life-limiting conditions: planning and management*, available at: <https://www.nice.org.uk/guidance/ng61>
- (iv) *One chance to get it right: Improving people's experience of care in the last few days and hours of life*, published by the Leadership Alliance for the Care of Dying People, available at: <https://www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations>

- (v) *Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026*, available at: <https://www.england.nhs.uk/publication/ambitions-for-palliative-and-end-of-life-care-a-national-framework-for-local-action-2021-2026/>
- (vi) *Universal Principles for Advance Care Planning*, available at: <https://www.england.nhs.uk/publication/universal-principles-for-advance-care-planning/>
- (vii) *Do not attempt cardiopulmonary resuscitation (DNACPR) and people with a learning disability and or autism*, available at: <https://www.england.nhs.uk/long-read/dnacpr-and-people-with-a-learning-disability-and-or-autism/>

**Guidance on Reporting a Data Security Incident** the Guide to the Notification of Data Security and Protection Incidents, published at: <https://www.dsptoolkit.nhs.uk/Help/incident-reporting>

**Halifax Abuse Principle** the principle explained in the CJEU Case C-255/02 Halifax and others

**Hard To Replace Provider** a “hard to replace” provider, as defined the guidance at: <https://www.england.nhs.uk/licensing-and-oversight-of-independent-providers/monitoring-and-enforcement/>

**Health Education and Training Quality Framework**, the national framework of quality standards for the clinical learning environment, available at: <https://hee.nhs.uk/our-work/quality>

**Health Research Authority** the executive non-departmental public body sponsored by the Department of Health and Social Care which protects and promotes the interests of patients and the public in health and social care research

**Health Service Ombudsman** the Parliamentary and Health Service Ombudsman, the independent body the role of which is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS: <https://www.ombudsman.org.uk/>

**Health Services Safety Investigations Body** the independent arm’s length body of the Department of Health and Social Care, which investigates patient safety concerns across the NHS in England and in independent healthcare settings where safety learning could also help to improve NHS care: <https://www.hssib.org.uk/>

**Healthcare Professional** a person qualified in a healthcare-related profession

**Healthwatch England** the independent consumer champion for health and social care in England

**HM Government** the government of the United Kingdom of Great Britain and Northern Ireland

**Holding Company** has the definition given to it in section 1159 of the Companies Act 2006

**HRA** the Human Rights Act 1998

**ICO Guidance on Data Controllers and Data Processors** the guidance on identifying Data Controllers and Data Processors published by the Information Commissioner’s Office at: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/controllers-and-processors/>

**Incident Response Plan** the Provider’s operational plan for response to and recovery from Incidents or Emergencies as identified in national, local and community risk registers and in accordance with the requirements of the NHS Emergency Preparedness, Resilience and Response Framework (<https://www.england.nhs.uk/publication/nhs-emergency-preparedness-resilience-and-response-framework/>) and the Civil Contingencies Act 2004

**Indemnity Arrangements** either:

- (i) a policy of insurance;
- (ii) an arrangement made for the purposes of indemnifying a person or organisation; or
- (iii) a combination of (i) and (ii)

**Indicative Activity Plan** a plan identifying the anticipated indicative Activity and specifying the threshold for each Activity (which may be zero) for one or more Contract Years, set out in Schedule 2B (*Indicative Activity Plan*)

**Indirect Losses** loss of profits (other than profits directly and solely attributable to provision of the Services), loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis but, for the avoidance of doubt, excluding any costs incurred in remedying any breach of Data Protection Legislation

**Information Commissioner** the independent authority established to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals ico.org.uk and any other relevant data protection or supervisory authority recognised pursuant to Data Protection Legislation

**Information Governance Audit Guidance** guidance issued by the Department of Health and Social Care and/or NHS England available at: <http://www.gov.uk/government/publications/a-question-of-balance-independent-assurance-of-information-governance-returns>

**Information Governance Breach** an information governance serious incident requiring investigation, as defined in Guidance on Reporting a Data Security Incident

**Information Governance Lead** the individual responsible for information governance and for providing the Provider's Governing Body with regular reports on information governance matters, including details of all incidents of data loss and breach of confidence

**Integrated Care Board** or **ICB** an integrated care board as defined in Section 14Z25 of the 2006 Act

**Intercollegiate Guidance in Relation to Safeguarding Training** intercollegiate guidance in relation to safeguarding training, including

- (i) *Safeguarding children and young people: roles and competences for health care staff*, available at: <https://www.rcn.org.uk/professional-development/publications/pub-007366>;
- (ii) *Looked after children: Knowledge, skills and competences of health care staff*, available at: <https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>; and
- (iii) *Adult Safeguarding: Roles and Competencies for Health Care Staff*, available at: <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>

**Invoice Payment File Approach** the process through which Commissioners make payments to NHS Trusts and to NHS Foundation Trusts, without the need for submission of invoices and based on discussion and agreement in advance of values to be paid, as described in *Revenue, Finance and Contracting Guidance* available at: <https://www.england.nhs.uk/operational-planning-and-contracting/>

**Invoice Validation Guidance** the NHS England publication *Who Pays? Information Governance Advice for Invoice Validation* December 2013, available at: <https://www.england.nhs.uk/ig/in-val/invoice-validation-faqs/>

**IPR** inventions, copyright, patents, database right, trademarks, designs and confidential know-how and any similar rights anywhere in the world whether registered or not, including applications and the right to apply for any such rights

**ISO 22301** the systems standard defining the requirements for a management systems approach to business continuity management

**Knowledge and Skills Framework** an element of the career and pay progressions strand of Agenda for Change

#### Law

- (i) any applicable statute or proclamation or any delegated or subordinate legislation or regulation;
- (ii) any Assimilated EU Law as defined by section 5 Retained EU Law (Revocation and Reform) Act 2023;

- (iii) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;
  - (iv) Guidance; and
  - (v) any applicable code,
- in each case in force in England and Wales

**Learning from Lives and Deaths Platform** the platform used to report the death of a Service User with a learning disability and/or autism, available at: <https://leder.nhs.uk/>

**Legal Guardian** an individual who, by legal appointment or by the effect of a written law, is given custody of both the property and the person of one who is unable to manage their own affairs

**Local Auditor** a local auditor appointed by a relevant authority in accordance with the Local Audit and Accountability Act 2014

**Local Authority** a county council in England, a county borough council in England, a district council in England, a London borough council, the Common Council of the City of London or the Council of the Isles of Scilly

**Local Counter Fraud Specialist** the accredited local counter fraud specialist nominated by the Commissioner or the Provider (as appropriate)

**Local Healthwatch** an organisation established under section 222 of the Local Government and Public Involvement in Health Act 2007

**Local Price** the price agreed by the Co-ordinating Commissioner and the Provider or determined as payable in accordance with section 7 (*Local Payment Arrangements*) of the NHS Payment Scheme for a health care service where none of the payment mechanisms set out in sections 4 – 6 of the NHS Payment Scheme apply

**Local Quality Requirements** the requirements set out in Schedule 4 (*Local Quality Requirements*) as may be amended by the Parties in accordance with this Contract or with the recommendations or requirements of NICE

**Locally Agreed Adjustment** an adjustment to an NHSPS Unit Price agreed by the Co-ordinating Commissioner and the Provider in accordance with rule 3 of section 6 of the NHS Payment Scheme

**Longstop Date** each date referred to as such in the Particulars

**Losses** all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services) proceedings, demands, charges and fines whether arising under statute, contract or at common law but, to avoid doubt, excluding Indirect Losses

**Making Every Contact Count Guidance** the guidance and tools available at:  
<https://www.e-lfh.org.uk/programmes/making-every-contact-count/>

**Managing Conflicts of Interest in the NHS** the NHS publication by that name available at:  
<https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/>

**MCA Policies** the Provider's written policies for compliance with the 2005 Act and the Deprivation of Liberty Safeguards, as appended in Schedule 2K (*Safeguarding Policies and Mental Capacity Act Policies*) and updated from time to time in accordance with SC32 (*Safeguarding Children and Adults*)

**Mental Capacity and Liberty Protection Safeguards Lead** the officer of the Provider responsible for advice, support, training and audit to ensure compliance with the 2005 Act, the Deprivation of Liberty Safeguards (or, once in effect, the Liberty Protection Safeguards) (where appropriate) and associated codes of practice, identified as such in the Particulars

**Mental Health Crisis Care Concordat** a national agreement between services and agencies involved in the care and support of people in crisis, setting out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis: <http://www.crisiscareconcordat.org.uk/>

**National Audit Office** the independent office established under section 3 of the National Audit Act 1983 which conducts financial audits and reports to Parliament on the spending of public money (and any successor body or bodies from time to time)

**National Data Guardian** the body which advises and challenges the health and care system to help ensure that citizens' confidential information is safeguarded securely and used properly: <https://www.gov.uk/government/organisations/national-data-guardian>, and its predecessor body the Independent Information Governance Oversight Panel

**National Data Guardian's Data Security Standards** the standards recommended by the National Data Guardian and approved by the Department of Health and Social Care, as set out in Annex D of *Your Data: Better Security, Better Choice, Better Care*, available at: <https://www.gov.uk/government/consultations/new-data-security-standards-for-health-and-social-care>

**National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care** the document of this name published by DHSC, available at: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

**National Guardian's Office** the office of the National Guardian, which leads, trains and supports a network of Freedom to Speak Up Guardians in England and conducts speaking up reviews to identify learning and support improvement of the speaking up culture of the healthcare sector: <https://www.nationalguardian.org.uk/>

**National Guardian's Office Guidance** the universal job description for a freedom to speak up guardian and other guidance published by the National Guardian's Office, available at: <https://nationalguardian.org.uk/for-guardians/guidance/>

**National Patient Safety Alert** a communication on an issue critical to patient safety, issued to relevant providers of NHS-funded healthcare services using the national template and accredited process approved by the National Patient Safety Alerting Committee (as described at: <https://www.england.nhs.uk/patient-safety/national-patient-safety-alerting-committee>)

**National Quality Requirements** the quality requirements set out in Annex A (*National Quality Requirements*) to the Service Conditions as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>

**National Standards of Healthcare Cleanliness** the cleanliness standards for healthcare providers published at: <https://www.england.nhs.uk/publication/national-standards-of-healthcare-cleanliness-2021/>

**Never Events Policy Framework** the *Never Events Policy Framework*, available at: <https://www.england.nhs.uk/publication/never-events/>

**NHS** the National Health Service in England

**NHS Body** has the meaning given to it in section 275 of the 2006 Act

**NHS Business Services Authority** the Special Health Authority established under the NHS Business Services Authority (Establishment and Constitution Order) 2005 SI 2005/2414

**NHS Care Records Guarantee** the publication setting out the rules that govern how patient information is used in the NHS and what control the patient can have over this, available here: <https://webarchive.nationalarchives.gov.uk/20130513181153/http://www.nigb.nhs.uk/pubs/nhscrg.pdf>

**NHSCFA** the NHS Counter Fraud Authority, the special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group

**NHSCFA Requirements** the counter-fraud standards and guidance (informed by Government Functional Standard GovS 013: Counter Fraud) issued by NHSCFA and available at: <https://cfa.nhs.uk/government-functional-standard/NHS-requirements>

**NHS Complaint Standards** the model complaint handling procedure and guidance set out how organisations providing NHS services should approach complaint handling:  
<https://www.ombudsman.org.uk/organisations-we-investigate/nhs-complaint-standards>

**NHS Constitution** the constitution for the NHS in England which establishes the principles and values of the NHS in England and sets out the rights, pledges and responsibilities for patients, the public and staff (and including the *Handbook to the NHS Constitution*, available at: <https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england>)

**NHS Data Model and Dictionary** the reference source for information standards to support healthcare activities within the NHS in England

**NHS Data Security and Protection Toolkit** an online system (<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit>) which allows NHS Bodies and non-NHS providers of NHS-funded services to assess their compliance with UK GDPR and with the National Data Guardian's Data Security Standards

**NHS Data Sharing Principles** the document which sets out guiding principles and a framework to help the NHS realise benefits for patients and the public where the NHS shares data with researchers, published by DHSC at: <https://www.gov.uk/government/publications/creating-the-right-framework-to-realise-the-benefits-of-health-data/creating-the-right-framework-to-realise-the-benefits-for-patients-and-the-nhs-where-data-underpins-innovation>

**NHS Digital** the Health and Social Care Information Centre, the body the functions of which were transferred to NHS England and which was abolished on 1 February 2023 by regulations made under section 103 of the 2022 Act: <https://digital.nhs.uk/>

**NHS Employment Check Standards** the pre-appointment checks that are required by Law, those that are mandated by any Regulatory or Supervisory Body policy, and those that are required for access to Service User Health Records: <https://www.nhsemployers.org/topics-networks/employment-standards-and-regulation>

**NHS England** the body established by section 1H of the 2006 Act

**NHS Foundation Trust** a body as defined in section 30 of the 2006 Act

**NHS Identity** the name and logo of the NHS and any other names, logos and graphical presentations as held by the Secretary of State required to be used in connection with the provision of the Services

**NHS Identity Guidelines** NHS Identity policy and guidelines, available at: <https://www.england.nhs.uk/nhsidentity/>, and any other Guidance issued from time to time in relation to the NHS Identity

**NHS Long Term Workforce Plan** the comprehensive workforce plan for the NHS, available at: <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

**NHS Number** the national unique patient identifier given to each person registered with the NHS in England and Wales. Further information is available at: <https://digital.nhs.uk/NHS-Number>

**NHS Payment Scheme** the NHS Payment Scheme, as published by NHS England under section 114A of the 2012 Act, as applicable at the time at which the relevant Service is provided



**NHS Pension Scheme** the National Health Service Pension Scheme for England and Wales, established under the Superannuation Act 1972, governed by subsequent regulations under that Act including the National Health Service Pension Scheme Regulations 1995 (SI 1995/300) and the National Health Service Pension Scheme Regulations 2008 (SI 2008/653)

**NHSPS Unit Price** the unit price as published in Annex A to the NHS Payment Scheme (where applicable, as adjusted in accordance with rule 3 of section 6 of the NHS Payment Scheme)

**NHS Serious Incident Framework** NHS England's serious incident framework, available at: <https://www.england.nhs.uk/patient-safety/serious-incident-framework/>

**NHS Standard Contract** the model commissioning contract or contracts published by NHS England from time to time pursuant to its powers under regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (*Responsibilities and Standing Rules*) Regulations 2012

**NHS Trust** a body established under section 25 of the 2006 Act

**NICE** the National Institute for Health and Care Excellence, the special health authority responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health

**NICE Technology Appraisals** technology appraisals conducted by NICE in order to make recommendations on the use of drugs and other health technologies within the NHS

**Nominated Individual** the person responsible for supervising the management of the Services, being:

- (i) where the Provider is an individual, that individual; and
- (ii) where the Provider is not an individual, an individual who is employed (within the meaning of the 2014 Regulations) as a director, manager or the company secretary of the Provider, (and who will, where appropriate, be the nominated individual notified to CQC in accordance with regulation 6 of the 2014 Regulations)

**Notice Period** the period specified as such in the Particulars

**Notifiable Safety Incident** has the definition given to it in the 2014 Regulations

**Occasion of Tax Non-compliance**

- (i) any tax return of the Provider submitted to a Relevant Tax Authority on or after 1 October 2012 being found on or after 1 April 2013 to be incorrect as a result of either a Relevant Tax Authority successfully challenging the Provider under the General Anti-abuse Rule or the Halifax Abuse Principle or under any tax rules or legislation that have an effect equivalent or similar to either, or the failure of an avoidance scheme in which the Provider was involved and which was or should have been notified to a Relevant Tax Authority under the DOTAS or any equivalent or similar regime; or
- (ii) any tax return of the Provider submitted to a Relevant Tax Authority on or after 1 October 2012 giving rise, on or after 1 April 2013, to a criminal conviction in any jurisdiction for tax-related offences which is not spent at the Effective Date or to a civil penalty for fraud or evasion

**ODS** the NHS Organisation Data Service that is responsible for:

- (i) the publication of all organisation and practitioner codes;
- (ii) the development of national policy and standards relating to organisation and practitioner codes; and
- (iii) the development of national reference organisation data

**Oliver McGowan Code of Practice** the code of practice on statutory learning disability and autism training to be published by DHSC in due course (consultation draft currently available at:

<https://www.gov.uk/government/consultations/oliver-mcgowan-draft-code-of-practice/oliver-mcgowan-draft-code-of-practice-on-statutory-learning-disability-and-autism-training>)

**Oliver McGowan Mandatory Training Package** the package of staff training in relation to the Oliver McGowan Code of Practice preferred and recommended by DHSC and NHS England :

<https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism>

**Operational Day** a day other than a Saturday, Sunday or bank holiday in England

**Overseas Visitor Charging Guidance** any guidance issued from time to time by the Secretary of State or by NHS England on the making and recovery of charges under the Overseas Visitor Charging Regulations, including that available at:

<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>

**Overseas Visitor Charging Regulations** the regulations made by the Secretary of State under section 175 of the National Health Service Act 2006, available at: <http://www.legislation.gov.uk/uksi/2015/238/contents/made>, <http://www.legislation.gov.uk/uksi/2017/756/contents/made> and <https://www.legislation.gov.uk/uksi/2020/1423/contents/made>

**Particulars** the Particulars to this Contract

**Parties** the Commissioners (or such of them as the context requires) and the Provider and “Party” means any one of them

**Parties in Dispute** the Co-ordinating Commissioner and/or other Commissioners directly concerned in the Dispute, as one Party in Dispute, and the Provider, as the other

**Patient Choice Legislation and Guidance:**

- (i) the 2012 Regulations (note the amendments currently awaiting Parliamentary approval – National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No. 2) Regulations 2023) at: <https://www.legislation.gov.uk/uksi/2023/1105/regulation/2/made>
- (ii) the NHS Choice Framework published by DHSC at: <https://www.gov.uk/government/publications/the-nhs-choice-framework>
- (iii) guidance published by NHS England describing how commissioners, providers and primary care referrers can meet the statutory, contractual and policy obligations which enable patients’ rights to choice, available at: <https://www.england.nhs.uk/publication/patient-choice-guidance/>

**Patient Safety Incident** any unintended or unexpected incident that occurs in respect of a Service User, during and as a result of the provision of the Services, that could have led, or did lead to, harm to that Service User

**Patient Safety Incident Response Framework** the national NHS framework for developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety, available at: <https://www.england.nhs.uk/patient-safety/incident-response-framework/>

**PEPPOL** Pan-European Public Procurement Online. See: <https://www.gov.uk/government/publications/nhs-e-procurement-strategy>

**Personal Data** has the meaning given to it in Data Protection Legislation

**Personal Data Breach** has the meaning given to it in Data Protection Legislation

**Place of Safety** a safe place where a mental health assessment can be carried out; this may be a hospital, care home, or any other suitable place where the occupier is willing to receive the person while the assessment is completed. Police stations should only be used in exceptional circumstances

**Price** the price payable by a Commissioner under this Contract, as described in SC36 (*Payment Terms*)

**Primary Care Network** or **PCN** a locally-established network of providers of general medical services, as described at: <https://www.england.nhs.uk/gp/gp/v/ redesign/primary-care-networks/>

**Principles of Good Employment Practice** the guidance note issued by the Cabinet Office in December 2010 titled *Supplier Information Note: Withdrawal of Two-Tier Code* available at: <https://www.gov.uk/government/publications/principles-of-good-employment-practice> including Annex A of that guidance note setting out a set of voluntary principles of good employment practice

**Privacy Notice** the information that must be provided to a Data Subject under whichever of the following Laws is in force at the relevant time:

- (i) Article 13 and Article 14 of the UK GDPR; or
- (ii) DPA 2018

**Prohibited Act** the Provider:

- (i) in connection with this Contract, paying or agreeing to pay any commission, other than a payment particulars of which (including the terms and conditions of the agreement for its payment) have been disclosed in writing to the Co-ordinating Commissioner; or
- (ii) committing an offence under the Bribery Act 2010

**Provider** the party identified as such in the Particulars

**Provider Deliverables** all documents, products and materials developed by the Provider or its agents, subcontractors, consultants and employees in relation to the Services in any form and required to be submitted to any Commissioner under this Contract, including data, reports, policies, plans and specifications

**Provider Insolvency Event** the occurrence of any of the following events in respect of the Provider:

- (i) the Provider being, or being deemed for the purposes of any Law to be, unable to pay its debts or insolvent;
- (ii) the Provider admitting its inability to pay its debts as they fall due;
- (iii) the value of the Provider's assets being less than its liabilities taking into account contingent and prospective liabilities;
- (iv) the Provider suspending payments on any of its debts or announces an intention to do so;
- (v) by reason of actual or anticipated financial difficulties, the Provider commencing negotiations with creditors generally with a view to rescheduling any of its indebtedness;
- (vi) a moratorium is declared in respect of any of the Provider's indebtedness;
- (vii) the suspension of payments, a moratorium of any indebtedness, winding-up, dissolution, administration, (whether out of court or otherwise) or reorganisation (by way of voluntary arrangement, scheme of arrangement or otherwise) of the Provider;
- (viii) a composition, assignment or arrangement with any creditor of any member of the Provider;
- (ix) the appointment of a liquidator, trustee in bankruptcy, judicial custodian, compulsory manager, receiver, administrative receiver, administrator or similar officer (in each case, whether out of court or otherwise) in respect of the Provider or any of its assets;
- (x) a resolution of the Provider or its directors is passed to petition or apply for the Provider's winding-up or administration;
- (xi) the Provider's directors giving written notice of their intention to appoint a liquidator, trustee in bankruptcy, judicial custodian, compulsory manager, receiver, administrative receiver, or administrator (whether out of court or otherwise); or
- (xii) if the Provider suffers any event analogous to the events set out in (i) to (xi) of this definition in any jurisdiction in which it is incorporated or resident

**Provider Licence** a licence granted under section 87 of the 2012 Act

**Provider Representative** the person identified as such in the Particulars

**Provider's Premises** land and buildings controlled or used by the Provider for any purpose connected directly or indirectly with the provision of the Services (whether or not set out or identified in a Service Specification and whether or not open to Service Users, Staff, visitors and/or the public), including entrances, waiting areas, retail and catering areas, roads, access ways, paths, car parks and landscaping

**PSR Regulations** the Health Care Services (Provider Selection Regime) Regulations 2023,

**Public Company** a company which:

- (i) has Shares that can be purchased by the public; and
- (ii) has an authorised share capital of at least £50,000 with each of the company's shares being paid up at least as to one quarter of the nominal value of the share and the whole of any premium on it; and
- (iii) has securities listed on a stock exchange in any jurisdiction

**Quality Requirements** the National Quality Requirements and the Local Quality Requirements

**Quarter** with effect from the Service Commencement Date, each period of 3 months or part thereof ending 30 June, 30 September, 31 December or 31 March and "Quarterly" will be construed accordingly

**Records Management Code of Practice for Health and Social Care** guidance on management and retention of records available at: <https://www.nhs.uk/information-governance/guidance/records-management-code/>

**Referral** the referral of any Service User to the Provider by a Referrer or (for a Service for which a Service User may present or self-refer for assessment and/or treatment in accordance with this Contract and/or Guidance) presentation or self-referral by a Service User or of a Service User by their Carer or Legal Guardian

**Referrer**

- (i) the authorised Healthcare Professional who is responsible for the referral of a Service User to the Provider; and
- (ii) any organisation, legal person or other entity which is permitted or appropriately authorised in accordance with the Law to refer the Service User for assessment and/or treatment by the Provider

**Regulatory or Supervisory Body** any statutory or other body having authority to issue guidance, standards or recommendations with which the relevant Party or Staff must comply or to which it or they must have regard, including CQC, NHS England, the Department of Health and Social Care, NICE, Healthwatch England and Local Healthwatch, the UK Health Security Agency, the General Pharmaceutical Council, the Healthcare Safety Investigation Branch, and the Information Commissioner

**Relevant Person** has the meaning given to it in the 2014 Regulations

**Relevant Tax Authority** HM Revenue and Customs or, if applicable, a tax authority in the jurisdiction in which the supplier is established

**Responsible Commissioner** the Service User's responsible commissioner as determined in accordance with the Law and applicable Guidance (including Who Pays? Rules)

**Restricted Person**

- (i) any person, other than an organisation whose primary purpose is to invest its own assets or those held in trust by it for others, including a bank, mutual fund, pension fund, private equity firm, venture capitalist, insurance company or investment trust, who has a material interest in the production of tobacco products or alcoholic beverages; or
- (ii) any person who the Co-ordinating Commissioner otherwise reasonably believes is inappropriate for public policy reasons to have a controlling interest in the Provider or in a Sub-Contractor

**Review Meeting** a meeting to be held in accordance with GC8.1 (*Review*)

**Royal College of Psychiatrists Standards** standards on the application of section 136 of the Mental Health Act 1983 (England and Wales), published by the Royal College of Psychiatrists  
(<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr159.aspx>)

**Safeguarding Lead** the officer of the Provider responsible for implementation and dissemination of Safeguarding Policies, identified as such in the Particulars

**Safeguarding Guidance**

- (i) *Care and Support Statutory Guidance issued under the Care Act*  
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- (ii) *Working Together to Safeguard Children - Statutory guidance on inter-agency working to safeguard and promote the welfare of children*  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- (iii) *Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework*  
<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>
- (iv) *NICE Quality Standard QS116 Domestic Violence and Abuse* <https://www.nice.org.uk/guidance/qs116>

**Safeguarding Policies** the Provider's written policies for safeguarding children, young people and adults, as appended in Schedule 2K (*Safeguarding Policies and Mental Capacity Act Policies*) and updated from time to time in accordance with SC32 (*Safeguarding Children and Adults*)

**Secretary of State** the Secretary of State for Health and/or the Department of Health and Social Care

**Section 251 Regulations** the Health Service (Control of Patient Information) Regulations 2002, made pursuant to section 251 of the 2006 Act

**Security** Shares, Debt Securities, unit trust schemes (as defined in the Financial Services and Markets Act 2000), miscellaneous warrants, certificates representing Debt Securities, warrants or options to subscribe or purchase securities, other securities of any description and any other type of proprietary or beneficial interest in a limited company

**Senior Information Risk Owner** the Provider's nominated person, being an executive or senior manager on the Governing Body of the Provider, whose role it is to take ownership of the organisation's information risk policy, act as champion for information risk on the Governing Body of the Provider and provide written advice to the accounting officer on the content of the organisation's statement of internal control in regard to information risk

**Serious Incident** has the meaning given to it in the NHS Serious Incident Framework

**Service Commencement Date** the date the Services actually commence which will be either the Expected Service Commencement Date or a later date being the day after the date on which all Conditions Precedent are satisfied, as applicable

**Service Condition** or **SC** any Service Condition, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>, forming part of this Contract

**Service Quality Performance Report** the report required by Schedule 6A (*Reporting Requirements*)

**Service Specifications** each of the service specifications defined by the Commissioners and set out in Schedule 2A (*Service Specifications*) (including, where appropriate, Schedule Ai)

**Service User** a patient or service user for whom a Commissioner has statutory responsibility and who receives Services under this Contract

**Service User Health Record** a record which consists of information and correspondence relating to the particular physical or mental health or condition of a Service User (whether in electronic form or otherwise), including any such record generated by a previous provider of services to the Service User which is required to be retained by the Provider for medico-legal purposes

**Services** the services (and any part or parts of those services) described in each of, or, as the context admits, all of the Service Specifications, and/or as otherwise provided or to be provided by the Provider under and in accordance with this Contract

**Services Environment** the rooms, theatres, wards, treatment bays, clinics or other physical location, space, area, accommodation or other place as may be used or controlled by the Provider from time to time in which the Services are provided, excluding Service Users' private residences, Local Authority premises, schools and premises controlled by the Responsible Commissioner

**Shared Decision-Making** the collaborative process of discussing options and the risks and benefits of various actions and courses of care or treatment based on the needs, goals and personal circumstances of a Service User, with that Service User and/or their Carer or Legal Guardian (as appropriate); further details are available at: <https://www.england.nhs.uk/shared-decision-making/>

**Shares** has the meaning given in section 540 of the Companies Act 2006, including preference shares

**Staff** all persons (whether clinical or non-clinical) employed or engaged by the Provider or by any Sub-Contractor (including volunteers, agency, locums, casual or seconded personnel) in the provision of the Services or any activity related to, or connected with the provision of the Services, including Consultants

**Standard DBS Check** a disclosure of information which contains details of an individual's convictions, cautions, reprimands or warnings recorded on police central records and includes both 'spent' and 'unspent' convictions

**Standard DBS Position** any position listed in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) and in relation to which a Standard DBS Check is permitted: <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>

**Sub-Contract** any sub-contract entered into by the Provider or by any Sub-Contractor of any level for the purpose of the performance of any obligation on the part of the Provider under this Contract

**Sub-Contractor** any sub-contractor, whether of the Provider itself or at any further level of sub-contracting, under any Sub-Contract

**Sub-processor** any Sub-Contractor appointed by a Data Processor to process Personal Data on behalf of the Commissioners pursuant to this Contract

**Surveys** the Friends and Family Test, Service User surveys, Carer surveys, Staff Surveys and any other surveys reasonably required by the Commissioners in relation to the Services

**SUS** the Secondary Uses Service, the single, comprehensive repository for healthcare data in England, maintained by NHS Digital, described at:

**SUS Guidance** guidance in relation to the use of SUS, available at: <https://digital.nhs.uk/services/secondary-uses-service-sus/secondary-uses-services-sus-guidance> and <https://digital.nhs.uk/services/secondary-uses-service-sus/payment-by-results-guidance>

**Suspension Event** the occurrence of any of the following:

- (i) the Co-ordinating Commissioner having the right to terminate this Contract in whole or in part in accordance with GC17.5 (*Termination: Provider Default*);
- (ii) any Commissioner and/or any Regulatory or Supervisory Body having reasonable grounds to believe that the Provider is or may be in breach of the Law, or in material breach of the Quality Requirements or regulatory compliance Standards issued by a Regulatory or Supervisory Body; or
- (iii) any Commissioner and/or any Regulatory or Supervisory Body having reasonable and material concerns as to the continuity, quality or outcomes of any Service, or for the health and safety of any Service User; or
- (iv) the Provider being in breach of any material obligation, or in persistent breach of any obligation, on its part under this Contract; or

- (v) the Co-ordinating Commissioner, acting reasonably, considering that the circumstances constitute an emergency (which may include an Event of Force Majeure affecting provision of a Service or Services); or
- (vi) the Provider failing to complete an action required of it, or to deliver or maintain the improvement required of it within the timescales and otherwise as agreed in accordance with GC9.5 (except as a result of an act or omission or the unreasonableness of any Commissioner); or
- (vii) the Provider or any Sub-Contractor being prevented from providing a Service due to the termination, suspension, restriction or variation of any Consent or its Provider Licence or any Sub-Contract

**Transaction Records** the accounts and transaction records of all payments, receipts and financial and other information relevant to the provision of the Services

**Transfer and Discharge Guidance and Standards**

- (i) *Transition between inpatient hospital settings and community or care home settings for adults with social care needs* (NICE guideline NG27) (<https://www.nice.org.uk/guidance/ng27>)
- (ii) *Transition between inpatient mental health settings and community or care home settings* (NICE guideline NG53) (<https://www.nice.org.uk/guidance/ng53>)
- (iii) Care and support statutory guidance (<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>)
- (iv) *the National Framework for Inter-Facility Transfers* (<https://www.england.nhs.uk/publication/inter-facility-transfers-framework/>)
- (v) Hospital discharge and community support guidance (<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance>)

**Transfer of and Discharge from Care Protocols** the protocols (to include all locally-agreed requirements in respect of information to be provided to the Service User and/or Referrer relating to updates on progress through the care episode, transfer and discharge) set out at Schedule 2J (*Transfer of and Discharge from Care Protocols*) and which must include content based on the *Guide to reducing long hospital stays*, available at: <https://www.england.nhs.uk/urgent-emergency-care/reducing-length-of-stay/reducing-long-term-stays/>

**UK GDPR** the General Data Protection Regulation (*Regulation (EU) 2016/679*) as incorporated into UK legislation by way of the European Union (Withdrawal Agreement) Act 2020 and as amended by the Data Protection, Privacy and Electronic Communications (Amendments etc) (EU Exit) Regulations 2019

**UK Health Security Agency** the executive agency, sponsored by DHSC, with responsibility for planning, preventing and responding to external health threats, and providing intellectual, scientific and operational leadership at national and local level

**Variation** a variation to the provisions of this Contract agreed to be made by the Parties in accordance with GC13 (*Variations*)

**Variation Agreement** an agreement in writing in the form available at: <https://www.england.nhs.uk/nhs-standard-contract/>

**VAT** value added tax at the rate prevailing at the time of the relevant supply charged in accordance with the provisions of the Value Added Tax Act 1994

**Vehicle** any transport vehicle or aircraft, whether emergency or otherwise, to be used by the Provider in providing the Services

**Who Pays? Rules** *Who Pays? Determining the responsibility for payments to providers*, available at: <https://www.england.nhs.uk/who-pays/>

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