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| NHS Standard Contract |
| Pro forma Contract Management Forms and Change in Control Notification |
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(please do not send contract management forms to this email address)

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# Contract Performance Notice from the Co-ordinating Commissioner to the Provider

**[ON THE HEADED PAPER OF THE CO-ORDINATING COMMISSIONER]**

**[PROVIDER ADDRESS [DATE]**

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

**CONTRACT REFERENCE: [ ]**

**CONTRACT PERFORMANCE NOTICE REFERENCE: [ ]**

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

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

This Contract Performance Notice is being issued because:

* [*set out in reasonable detail the nature of the alleged failure on the part of the Provider to comply with its obligations under the Contract*
* *refer to any previous correspondence*
* *refer to any quality indicator(s) breached*
* *reference the source documentation/report(s) used to make the decision to issue the Contract Performance Notice*
* *note that this Notice may relate to one or all of the Commissioners*]

The Provider is reminded that, under General Condition 9.5 (*Contract Management Meeting*) of the Contract, it must meet the Co-ordinating Commissioner to discuss the Contract Performance. The Provider is therefore required to attend a Contract Management Meeting at [s*pecify time, date and location - within 10 Operational Days of the date of this notice*] to discuss the subject matter of this notice.

**SIGNED BY**

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

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

# Contract Performance Notice from the Provider to the Co ordinating Commissioner

**[ON THE HEADED PAPER OF THE PROVIDER]**

**[CO-ORDINATING COMMISSIONER ADDRESS [DATE]**

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

**CONTRACT REFERENCE: [ ]**

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

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

This Contract Performance Notice is being issued because:

* *[set out in reasonable detail the nature of the alleged failure on the part of the Commissioner(s) to comply with its/their obligations under the Contract*
* *refer to any previous correspondence*
* *reference the source documentation / report(s) used to make the decision to issue the Contract Performance Notice*
* *reference the Commissioner(s) to whom this relates]*

The Co-ordinating Commissioner is reminded that, under General Condition 9.5 (*Contract Management Meeting*) of the Contract, it must meet the Provider to discuss the Contract Performance. The Co-ordinating Commissioner is therefore required to attend a Contract Management Meeting at [*specify time, date and location - within 10 Operational Days of the date of this notice*] to discuss the subject matter of this notice.

**SIGNED BY**

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

**for and on behalf of the Provider**

# Exception Report from the Co-ordinating Commissioner to the Provider

**[ON THE HEADED PAPER OF THE CO-ORDINATING COMMISSIONER]**

**[PROVIDER ADDRESS [DATE]**

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

**[COPY TO CHIEF EXECUTIVE/GOVERNING BODY]**

**CONTRACT REFERENCE: [ ]**

**EXCEPTION REPORT REFERENCE: [ ]**

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

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

This Exception Report has been issued because:

* *[set out in reasonable detail the nature of the Exception Report*
* *attach all correspondence (including Contract Performance Notices)*
* *refer to the Remedial Action Plan that has been breached*
* *reference the source documentation / report(s) used to make the decision*
* *set out the consequences of this performance failure in clear and concise terms*
* *set out any specific remedial actions now required*
* *set out any time period within which the Remedial Action Plan must now be rectified]*

(*Delete below as appropriate*)

[The Governing Body of the Provider is reminded of General Condition 9.20 (*Withholding of Payment at Exception Report for Breach of Remedial Action Plan*) of the Contract. The Co-ordinating Commissioner may recommend the Commissioners to withhold up to 2% of the Actual Monthly Value in respect of each milestone in the Remedial Action Plan not met for each month the breach continues, subject to a maximum monthly withholding of 10% of the Actual Monthly Value. [The Co-ordinating Commissioner intends to recommend [*describe recommendation to be made, in accordance with GC9.20* (*Withholding of Payment at Exception Report for Breach of Remedial Action Plan*)].

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

The Governing Body of the Provider is reminded of General Condition 9.21 (*Retention of Sums Withheld at for Breach of Remedial Action Plan*) of the Contract. [The Co-ordinating Commissioner may from the date of this notice recommend the Commissioners to retain permanently sums withheld from the date of the Exception Report.] [The Co-ordinating Commissioner intends to recommend [*describe recommendation to be made, in accordance with GC9.21 (Retention of Sums Withheld at for Breach of Remedial Action Plan)*].

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

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

**SIGNED BY**

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

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

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

# Exception Report from the Provider to the Co-ordinating Commissioner

**[ON THE HEADED PAPER OF THE PROVIDER]**

**[CO-ORDINATING COMMISSIONER ADDRESS [DATE]**

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

**[COPY TO CHIEF EXECUTIVE/GOVERNING BODY]**

**CONTRACT REFERENCE: [ ]**

**EXCEPTION REPORT REFERENCE: [ ]**

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

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

This Exception Report has been issued because:

* [*set out in reasonable detail the nature of the Exception Report*
* *attach all correspondence (including Contract Performance Notices)*
* *refer to the Remedial Action Plan that has been breached*
* *reference the source documentation / report(s) used to make the decision*
* *set out the consequences of this performance failure in clear and concise terms*
* *set out any specific remedial actions now required*
* *set out any time period within which the Remedial Action Plan must now be rectified*]

(*Delete below as appropriate*)

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

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

**SIGNED BY**

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

**for and on behalf of the Provider**

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

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

**[ON THE HEADED PAPER OF THE PROVIDER/CO-ORDINATING COMMISSIONER]**

**[PROVIDER/CO-ORDINATING COMMISSIONER ADDRESS [DATE]**

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

**CONTRACT REFERENCE: [ ]**

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

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

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

Please note General Condition 9.14 (*Withholding Payment for Failure to Engage or Agree*) of the Contract. If within 10 Operational Days of the date of this notice the Parties have still not agreed a Remedial Action Plan, the Co-ordinating Commissioner may recommend the Commissioners to withhold up to 2% of the Actual Monthly Value for each further month the Remedial Action Plan is not agreed.

**SIGNED BY**

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

**for and on behalf of the Provider**

**SIGNED BY**

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

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

# Change in Control Notification

***(To be served by the Provider on the Co-ordinating Commissioner in accordance with General Condition 36)***

|  |  |
| --- | --- |
| **CONTRACT REFERENCE** |  |
| **PROVIDER** |  |
| **CO-ORDINATING COMMISSIONER** |  |
| **Date of Change in Control** |  |
| **Date of Change in Control Notification** |  |
| **Name of entity to which Change in Control relates** |  |
| **Role of affected entity** | *(delete as appropriate and give further details as required)*  Provider/Provider’s Holding Company *(state relationship)*  Material Sub-Contractor/Material Sub-contractor’s Holding Company *(state relationship)*  (If Material Sub-contractor, state services provided) |
| **Details of Change in Control and transaction effecting Change in Control** |  |
| **Regulatory approvals required and confirmation of receipt** |  |
| List all regulators whose consent is required by Law (*delete/complete as appropriate*) | Care Quality Commission/Charity Commission/ Other (*give details*) |
| Confirm that, from each relevant regulator whose consent is required by Law that consent has been obtained |  |
| Details of approval  *(give further details as required)* |  |
| **Consequential Changes to Provider’s operations** | *(State:*  *‘The Provider has no intention or proposal to make a consequential change to its operations.’ OR*  *‘The Provider intends or proposes to make a consequential change to its operations but that change will not have an adverse impact on its ability to provide the Services in accordance with the Contract.’ OR*  *‘The Provider intends or proposes to make a consequential change to its operations which will or is be likely to have an adverse impact on its ability to provide the Services in accordance with the Contract.’*  *as appropriate, and give details as necessary.)*  *(NB General Conditions 24.3 and 24.4)* |
| **Disposal of Provider’s Premises** | *(Either state ‘The Provider has no intention or proposal to sell or otherwise dispose of any legal or beneficial interest in the Provider’s Premises as a result of or in connection with the Change in Control’*  *OR give further details)*  *(NB General Condition 24.5)* |
| **Variations required as a result of Change in Control** | *(Refer to relevant Variation Proposal*  *OR state ‘Not applicable’)*  *(NB General Conditions 24.3 and 24.4)* |

**SIGNED BY**

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

**for and on behalf of the Provider**

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