



(1) **NATIONAL HEALTH SERVICE COMMISSIONING BOARD**

-AND-

(2) **PULSE HEALTHCARE LIMITED T/A XYLA HEALTH & WELLBEING**

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**FRAMEWORK AGREEMENT**

**RELATING TO**

**NHS DIABETES PREVENTION PROGRAMME**

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**THIS FRAMEWORK AGREEMENT** is made on .....

**BETWEEN:**

- (1) **NATIONAL HEALTH SERVICE COMMISSIONING BOARD** of Quarry House, Quarry Hill, Leeds LS2 7UE which uses the operational name NHS England (the **Commissioner**); and
- (2) **PULSE HEALTHCARE LIMITED T/A Xyla Health & Wellbeing** of Turnford Place, Great Cambridge Road, Turnford, Broxbourne EN10 6NH with registered number 3156103 (the **Provider**)

The Commissioner and the Provider are each a **Party** and together the **Parties**.

**INTRODUCTION:**

- (A) The NHS Diabetes Prevention Programme (**NDPP**) is a joint initiative between NHS England and NHS Improvement, Public Health England and Diabetes UK.
- (B) The Commissioner previously procured framework agreements for the provision of services relating to the NDPP in 2016 and 2019.
- (C) The Commissioner published a prior information notice on the Find a Tender Service website (reference: 2021/S 000-014001) on 21 June 2021.
- (D) The Commissioner published a contract notice on the Find a Tender Service website (reference: 2021/S 000-023829) on 24 September 2021 and on Contracts Finder on 24 September 2021 in relation to a new framework arrangement for the provision of services relating to the NDPP.
- (E) In response to the invitation to tender, the Provider submitted a tender to the Commissioner on 3 November 2021.
- (F) On the basis of the tender, the Commissioner selected the Provider to enter into this Framework Agreement along with a number of other suppliers appointed to the framework to provide the services.
- (G) This Framework Agreement sets out the award and calling-off ordering procedure for providing the services, the terms and conditions for any call off agreement and the rights and obligations of the Commissioner and the Provider during and after the term of this Framework Agreement.

**NOW IT IS HEREBY AGREED** as follows:

**1. DEFINITIONS AND INTERPRETATION**

- 1.1 References to any statute or order shall include any statutory extension, modification or re-enactment, and any order, regulation, bye-law or other subordinate legislation.
- 1.2 References to any legal entity shall include any body that takes over responsibility for the functions of such entity.
- 1.3 References in this Framework Agreement to a "Schedule", or to a "Clause" are to schedules and clauses of this Framework Agreement.
- 1.4 Reference to this Framework Agreement includes Schedule 1 (Definitions) and the Schedules.
- 1.5 References in this Framework Agreement to a day or to the calculation of time frames are references to a calendar day unless expressly specified as an Operational Day.
- 1.6 The headings are for convenience only and shall not affect the interpretation of this Framework Agreement.



- 1.7 Words denoting the singular shall include the plural and vice versa.
- 1.8 Where a term of this Framework Agreement provides for a list of one or more items following the word “including” or “includes” then such list is not to be interpreted as an exhaustive list. Any such list shall not be treated as excluding any item that might have been included in such list having regard to the context of the contractual term in question. General words are not to be given a restrictive meaning where they are followed by examples intended to be included within the general words.
- 1.9 Where a document is required under this Framework Agreement, the Parties may agree in writing that this shall be in electronic format only.
- 1.10 Subject to Clauses 1.11 and 1.12, for the purposes of interpreting this Framework Agreement, in the event and to the extent only of a conflict between any of the provisions of this Framework Agreement, the conflict shall be resolved in accordance with the following descending order of precedence:
  - 1.10.1 the Clauses and Schedule 1 (Definitions);
  - 1.10.2 Schedule 2 (Information Governance Provisions);
  - 1.10.3 Schedule 3 (Specification);
  - 1.10.4 Schedules 5 - 10 inclusive;
  - 1.10.5 Schedule 4 (Tender Response Document).
- 1.11 If there is any conflict between the provisions of this Framework Agreement and provisions of any Contract, the provisions of this Framework Agreement shall prevail over those of the Contract save that:
  - 1.11.1 any refinement to the Call-off Terms and Conditions permitted for the purposes of a Contract under Schedule 6 (Ordering Procedure) shall prevail over Schedule 7 (Call-off Terms and Conditions); and
  - 1.11.2 subject to Clause 1.11.1, the Call-off Terms and Conditions shall prevail over Schedule 4 (Tender Response Document).
- 1.12 Where Schedule 4 (Tender Response Document) contains provisions which are more favourable to the Commissioner in relation to the rest of the Framework Agreement, such provisions of the Tender Response Document shall prevail. The Commissioner shall in its absolute and sole discretion determine whether any provision in the Tender Response Document is more favourable to it in relation to this Framework Agreement.

## 2. PROVIDER’S APPOINTMENT

- 2.1 The Commissioner appoints the Provider as a potential provider of the Services and the Provider shall be eligible to be considered for the award of Orders during the Term.
- 2.2 In consideration of the Commissioner agreeing to appoint the Provider to this Framework Agreement in accordance with Clause 2.1 and the mutual exchange of promises and obligations under this Framework Agreement, the Provider undertakes to provide the Services under Orders placed with the Provider.
- 2.3 The Provider shall comply fully with its obligations set out in this Framework Agreement, the Specification, the Tender Response Document, the Call-off Terms and Conditions and any other provisions of Contracts entered into under and in accordance with this Framework Agreement.



- 2.4 In complying with its obligations under this Framework Agreement, the Provider shall, and shall procure that all Staff shall, act in accordance with the NHS values as set out in the NHS Constitution from time to time.
- 2.5 The Provider shall bear the cost of complying with its obligations under this Framework Agreement.
- 2.6 The Provider agrees that the Call-Off Terms and Conditions shall apply to all supplies of the Services made by the Provider to the Commissioner pursuant to this Framework Agreement. The Provider agrees that it will not in its dealings with the Commissioner seek to impose or rely on any other contractual terms which in any way vary or contradict the relevant Contract.

### **3. COMMISSIONER COMMITMENTS**

- 3.1 The Provider acknowledges that:
  - 3.1.1 there is no obligation on the Commissioner to purchase any Services from the Provider during the Term;
  - 3.1.2 no undertaking or any form of statement, promise, representation or obligation has been made by the Commissioner in respect of the total volumes or value of the Services to be ordered by them pursuant to this Framework Agreement and the Provider acknowledges and agrees that it has not entered into this Framework Agreement on the basis of any such undertaking, statement, promise or representation;
  - 3.1.3 in entering this Framework Agreement, no form of exclusivity has been granted by the Commissioner; and
  - 3.1.4 the Commissioner is at all times entitled to enter into other contracts and agreements with other suppliers for the provision of any or all services which are the same as or similar to the Services.

### **4. ORDERING PROCEDURE**

- 4.1 The Commissioner may enter into Contracts by placing an Order in accordance with the Ordering Procedure.

### **5. REASONABLE ASSISTANCE**

- 5.1 Upon the written request of the Commissioner, the Provider shall provide the Commissioner with any reasonable and proportionate information that it holds about the Services it supplies under this Framework Agreement including, without limitation, alongside other related services, to enable the Commissioner to complete any necessary due diligence before purchasing such Services, or any connected or replacement Services.

### **6. PROVIDER PERFORMANCE**

- 6.1 The Provider shall perform all Contracts entered into under this Framework Agreement by the Commissioner in accordance with:
  - 6.1.1 the requirements of this Framework Agreement; and
  - 6.1.2 the provisions of the respective Contracts.
- 6.2 The Provider shall have an ongoing obligation throughout the Term to identify new or potential improvements to the Services. As part of this obligation the Provider shall identify and report to the Commissioner's Contract Manager as part of the review meetings referred to in Clause 8.3 on:



- 6.2.1 the emergence of new and evolving relevant technologies which could improve the Services;
- 6.2.2 new or potential improvements to the Services including in relation to the quality or responsiveness of the Services, the maximising of attendance of Service Users at the sessions run as part of the Services, procedures, and performance mechanisms in relation to the Services;
- 6.2.3 new or potential improvements to the interfaces or integration of the Services with other services provided by third parties which might result in improvements in outcomes for Service Users; and
- 6.2.4 changes in ways of working that would enable the Services to be delivered at lower costs, improve the Provider's performance and/or achieve greater value for money, including benchmarking the Provider's performance of the Services against the performance of the Services by other Framework Providers (using comparative data provided by the Commissioner to the Provider, as appropriate) in relation to:
  - (a) the outcomes achieved by the Provider for Service Users under any Contracts;
  - (b) the Provider's retention rates for Service Users under any Contracts; and
  - (c) such other factors and trends as may be reasonably specified by the Commissioner.
- 6.3 The Commissioner may identify new or potential improvements to the Services at any time during the Term and may notify the Provider of such at the review meetings referred to in Clause 8.3.
- 6.4 Any potential changes highlighted as a result of the Provider's reporting in accordance with Clause 6.2 or the Commissioner's notification under Clause 6.3 shall be addressed by the Parties in accordance with Clause 18 (Change Management).

## **7. THE COMMISSIONER'S OBLIGATIONS**

- 7.1 The Commissioner shall, as appropriate, provide copies of or give the Provider access to such of the Policies that are relevant to the Provider complying with its obligations under this Framework Agreement.
- 7.2 The Commissioner shall comply with the Commissioner's Obligations, if any.

## **7A GUARANTEE**

- 7A.1 Where:
  - 7A.1.1 prior to the Commissioner and the Provider entering into this Framework Agreement, the Commissioner indicated to the Provider that the Commissioner required a valid Guarantee and the Commissioner has not been provided with such a Guarantee; or
  - 7A.1.2 following the Commissioner and the Provider entering into this Framework Agreement, the Commissioner requires a valid Guarantee,
 then the Provider shall deliver to the Commissioner within a timescale determined by the Commissioner:
  - 7A.1.3 an executed Guarantee from a Guarantor; and



7A.1.4 a certified copy extract of the board minutes and/or resolution of the Guarantor approving the execution of the Guarantee.

7A.2 In addition to any other consequence set out in this Framework Agreement, failure to deliver a Guarantee, and/or extract of the board of minutes and/or resolution that complies with this clause 7A to the Commissioner within the timescale determined by the Commissioner may result in the Provider not being awarded a Contract.

7A.3 The Commissioner may in its sole discretion at any time agree to waive compliance with the requirement in Clause 7A.1 by giving the Provider notice in writing.

## **7B BUSINESS CONTINUITY**

7B.1 Throughout the Term, the Provider will ensure its Business Continuity Plan provides for continuity during a Business Continuity Event. The Provider confirms and agrees such Business Continuity Plan details and will continue to detail robust arrangements that are reasonable and proportionate to:

7B.1.1 the criticality of this Framework Agreement to the Commissioner; and

7B.1.2 the size and scope of the Provider's business operations,

regarding continuity of the provision of the Services during and following a Business Continuity Event.

7B.2 The Provider shall test its Business Continuity Plan at reasonable intervals, and in any event no less than once every twelve (12) months or such other period as may be agreed between the Parties taking into account the criticality of this Framework Agreement to the Commissioner and the size and scope of the Provider's business operations. The Provider shall promptly provide to the Commissioner, at the Commissioner's written request, copies of its Business Continuity Plan, reasonable and proportionate documentary evidence that the Provider tests its Business Continuity Plan in accordance with the requirements of this Clause 7B.2 and reasonable and proportionate information regarding the outcome of such tests. The Provider shall provide to the Commissioner a copy of any updated or revised Business Continuity Plan within fourteen (14) Operational Days of any material update or revision to the Business Continuity Plan.

7B.3 The Commissioner may suggest reasonable and proportionate amendments to the Provider regarding the Business Continuity Plan at any time. Where the Provider, acting reasonably, deems such suggestions made by the Commissioner to be relevant and appropriate, the Provider will incorporate into the Business Continuity Plan all such suggestions made by the Commissioner in respect of such Business Continuity Plan. Should the Provider not incorporate any suggestion made by the Commissioner into such Business Continuity Plan it will explain the reasons for not doing so to the Commissioner.

7B.4 Should a Business Continuity Event occur at any time, the Provider shall implement and comply with its Business Continuity Plan and provide regular written reports to the Commissioner on such implementation.

## **8. CONTRACT MANAGEMENT**

8.1 Each Party shall appoint and retain a Contract Manager who shall be the primary point of contact for the other Party in relation to matters arising from this Framework Agreement. Should the Contract Manager be replaced, the Party replacing the Contract Manager shall promptly inform the other Party in writing of the name and contact details for the new Contract Manager. Any Contract Manager appointed shall be of sufficient seniority and experience to be able to make decisions on the day to day operation of the Framework Agreement. The Provider confirms and agrees that it will be expected to work closely and cooperate fully with the Commissioner's Contract Manager.



8.2 The Contract Managers at the commencement of this Framework Agreement are:



8.3 Each Party shall ensure that its representatives (to include, without limitation, its Contract Manager) shall attend review meetings on a quarterly basis (or such other frequency as reasonably required by the Commissioner) to review the performance of the Provider under this Framework Agreement and to discuss matters arising generally under this Framework Agreement. Each Party shall ensure that those attending such meetings have the authority to make decisions regarding the day to day operation of the Framework Agreement. For the avoidance of doubt, such review meetings referred to in this Clause 8.3 shall be in addition to any review meetings set out in the Call-off Terms and Conditions.

8.4 On or before the 10<sup>th</sup> Operational Day of each calendar month, the Provider shall provide a written contract management report to the Commissioner regarding the provision of the Services and the operation of this Framework Agreement. Unless otherwise agreed by the Parties in writing, such contract management report shall contain:

8.4.1 details of the performance of the Provider under this Framework Agreement and any Contracts when assessed in accordance with the Quality Requirements, as relevant to the Framework Agreement and any Contracts, since the last such performance report, such details to include a month by month rolling analysis of:

- (a) the volume of referrals to the Services received, the proportion of Service Users completing each milestone (as defined in Schedule 3A of the Call-off Terms and Conditions) for the Face to Face Service, the Tailored Remote Service and the Digital Service under each Contract and the overall expected trajectory for referral volumes and Service Users completing each milestone for the Face to Face Service, the Tailored Remote Service and the Digital Service (as defined in Schedule 3A of the Call-off Terms and Conditions) under each Contract;
- (b) the outcomes achieved for Service Users (including retention rates for the Face to Face Service, the Tailored Remote Service and the Digital Service) under each Contract; and
- (c) the information set out at Clause 8.4.1(a) and 8.4.1(b) broken down by Protected Characteristics;

8.4.2 a report in relation to the Provider's obligations as to continuous improvement as referred to in Clause 6.2;

8.4.3 a status report in relation to the implementation of any current Remedial Proposals by either Party;

8.4.4 capacity plans, for each Contract under which the Provider is providing Services, in a format which the Commissioner will from time to time provide to the Provider;

8.4.5 waiting times information, for each Contract under which the Provider is providing Services, in a format which the Commissioner will from time to time provide to the Provider;

8.4.6 a report, relating to complaints received in respect of Services provided under any Contract in a format which the Commissioner will from time to time provide to the Provider;



8.4.7 any feedback from Service Uses on the Provider's delivery of Services;  
and

8.4.8 such other information as reasonably required by the Commissioner,

and the Provider confirms and agrees that the Commissioner may share data provided under this Clause 8.4 with third parties in order for those third parties to assist the Commissioner.

8.5 The Provider shall provide such management information as the Commissioner may request from time to time within seven (7) Operational Days of the date of the request. The Provider shall supply the management information to the Commissioner in such form as may be specified by the Commissioner and, where requested to do so, the Provider shall also provide such management information to another Contracting Authority, whose role it is to analyse such management information in accordance with UK government policy (to include, without limitation, for the purposes of analysing public sector expenditure and planning future procurement activities) ("**Third Party Body**"). The Provider confirms and agrees that the Commissioner may itself provide the Third Party Body with management information relating to the Services ordered and any payments made under this Framework Agreement or any Contracts and any other information relevant to the operation of this Framework Agreement.

8.6 Upon receipt of management information supplied by the Provider to the Commissioner and/or the Third Party Body, or by the Commissioner to the Third Party Body, the Parties hereby consent to the Third Party Body and the Commissioner:

8.6.1 storing and analysing the management information and producing statistics; and

8.6.2 sharing the management information, or any statistics produced using the management information with any other Contracting Authority.

8.7 If the Third Party Body and/or the Commissioner shares the management information or any other information provided under Clause 8.5, any Contracting Authority receiving the management information shall, where such management information is subject to obligations of confidence under this Framework Agreement and such management information is provided direct by the Commissioner to such Contracting Authority, be informed of the confidential nature of that information by the Commissioner and shall be requested by the Commissioner not to disclose it to any body that is not a Contracting Authority (unless required to do so by Law).

8.8 The Commissioner may make changes to the type of management information which the Provider is required to supply and shall give the Provider at least one (1) month's written notice of any changes.

8.9 The Provider shall ensure that no Personal Data is disclosed to the Commissioner under this Clause 8 unless the Commissioner expressly requests this in writing in advance of the disclosure. If the Commissioner makes such a request it shall provide a written explanation of why the disclosure does not breach the Data Protection Legislation.

8.10 The Provider shall during and after the Term indemnify the Commissioner against all Losses incurred by, awarded against or agreed to be paid by the Commissioner (whether before or after the making of the demand pursuant to the indemnity hereunder) arising from a breach of Clause 8.9 by the Provider.

## 9. **PRICE AND PAYMENT**

9.1 The Prices for all Contracts shall be set in accordance with the relevant Ordering Procedure. The Ceiling Prices will be fixed for the duration of the Term as set out in



Schedule 5 (Commercial Schedule). The payment provisions for all Contracts shall be as set out in the Call-off Terms and Conditions.

- 9.2 Where any payments are to be made under this Framework Agreement by either Party in addition to any payments to be made by the Commissioner under any Contracts, the details of such payments and the invoicing arrangements shall be agreed in writing between the Parties.

## 10. WARRANTIES

- 10.1 The Provider warrants and undertakes that:
- 10.1.1 it will comply with the terms of all Contracts entered into by the Commissioner under this Framework Agreement;
  - 10.1.2 it will fully and promptly respond to all requests for information and/or requests for answers to questions regarding this Framework Agreement, the Services, any Contracts, any complaints and any disputes arising out of or in connection with this Framework Agreement at the frequency, in the timescales and in the format that the Commissioner may reasonably require from time to time;
  - 10.1.3 all information included within the Provider's responses to any documents issued by the Commissioner as part of the procurement relating to the award of this Framework Agreement (to include, without limitation, as referred to in the Tender Response Document, the Specification and the Commercial Schedule) and all accompanying materials was accurate at the time it was provided and shall remain accurate;
  - 10.1.4 it has and shall as relevant maintain all rights, consents, authorisations, licences and accreditations required to enter into and comply with its obligations under this Framework Agreement;
  - 10.1.5 it has the right and authority to enter into this Framework Agreement and that it has the capability and capacity to fulfil its obligations under this Framework Agreement;
  - 10.1.6 it is a properly constituted entity and it is fully empowered by the terms of its constitutional documents to enter into and to carry out its obligations under this Framework Agreement and the documents referred to in this Framework Agreement;
  - 10.1.7 all necessary actions to authorise the execution of and performance of its obligations under this Framework Agreement have been taken before such execution;
  - 10.1.8 there are no pending or threatened actions or proceedings before any court or administrative agency which would materially adversely affect the financial condition, business or operations of the Provider;
  - 10.1.9 there are no material agreements existing to which the Provider is a party which prevent the Provider from entering into or complying with this Framework Agreement;
  - 10.1.10 it has and will continue to have the capacity, funding and cash flow to meet all its obligations under this Framework Agreement;
  - 10.1.11 it has satisfied itself as to the nature and extent of the risks assumed by it under this Framework Agreement and has gathered all information necessary to perform its obligations under this Framework Agreement and all other obligations assumed by it;



- 10.1.12 it shall: (i) comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and (ii) notify the Commissioner immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains; and
- 10.1.13 it shall at all times conduct its business in a manner that is consistent with any anti-slavery Policy of the Commissioner and shall provide to the Commissioner any reports or other information that the Commissioner may request as evidence of the Provider's compliance with this Clause 10.1.13 and/or as may be requested or otherwise required by the Commissioner in accordance with its anti-slavery Policy.
- 10.2 The Provider warrants that all information, data and other records and documents required by the Commissioner as set out in the Specification, the Tender Response Document and the Call-off Terms and Conditions shall be submitted to the Commissioner in the format and in accordance with any timescales set out in the Specification and the Tender Response Document and/or the Call-off Terms and Conditions (as appropriate).
- 10.3 The Provider warrants and undertakes to the Commissioner that it shall comply with any eProcurement Guidance as it may apply to the Provider and shall carry out all reasonable acts required of the Provider to enable the Commissioner to comply with such eProcurement Guidance.
- 10.4 The Provider warrants and undertakes to the Commissioner that, as at the Commencement Date, it has notified the Commissioner in writing of any Occasions of Tax Non-Compliance or any litigation that it is involved in that is in connection with any Occasions of Tax Non-Compliance. If, at any point during the Term, an Occasion of Tax Non-Compliance occurs, the Provider shall:
  - 10.4.1 notify the Commissioner in writing of such fact within five (5) Operational Days of its occurrence; and
  - 10.4.2 promptly provide to the Commissioner:
    - (a) details of the steps which the Provider is taking to address the Occasion of Tax Non-Compliance and to prevent the same from recurring, together with any mitigating factors that it considers relevant; and
    - (b) such other information in relation to the Occasion of Tax Non-Compliance as the Commissioner may reasonably require.
- 10.5 The Provider further warrants and undertakes to the Commissioner that it will inform the Commissioner in writing immediately upon becoming aware that any of the warranties set out in this Clause 10 have been breached or there is a risk that any warranties may be breached.
- 10.6 Any warranties provided under this Framework Agreement are both independent and cumulative and may be enforced independently or collectively at the sole discretion of the enforcing Party.
- 10.7 The Provider must immediately notify the Commissioner if there is any change to the information included within the Provider's responses to any documents issued by the Commissioner as part of the procurement relating to the award of this Framework Agreement. This includes, but is not limited to, any changes to the Provider's position that may result in the Provider failing to:
  - 10.7.1 meet the Mandatory and Discretionary Criteria;
  - 10.7.2 meet the Financial Standing Requirements; or



10.7.3 satisfy the Minimum Requirements under the Specification.

## **11. STATUTORY COMPLIANCE**

- 11.1 The Provider shall comply with all Law and Guidance relevant to its obligations under this Framework Agreement and any Contracts.
- 11.2 Without limitation to Clause 11.1, the Provider shall be responsible for obtaining any statutory licences, authorisations, consents or permits required in connection with its performance of its obligations under this Framework Agreement and any Contracts including any CQC registration required in relation to the Services in accordance with the Health and Social Care Act 2008.

## **12. LIMITATION OF LIABILITY**

- 12.1 Nothing in this Framework Agreement shall exclude or restrict the liability of either Party:
  - 12.1.1 for death or personal injury resulting from its negligence;
  - 12.1.2 for fraud or fraudulent misrepresentation;
  - 12.1.3 in any other circumstances where liability may not be limited or excluded under any applicable law; or
  - 12.1.4 to make any payments agreed in accordance with Clause 9.
- 12.2 Subject to Clauses 12.1, 12.3 and 12.5, the total liability of each Party to the other under or in connection with this Framework Agreement whether arising in contract, tort, negligence, breach of statutory duty or otherwise shall be limited in aggregate to one million GBP (£1,000,000). The Parties agree that this limitation of liability does not extend or apply in any way to any liability pursuant to a Contract. To avoid all doubt, the liability of each Party under or in connection with a Contract whether arising in contract, tort, negligence, breach of statutory duty or otherwise shall be as set out in that Contract.
- 12.3 There shall be no right to claim Indirect Losses under or in connection with this Framework Agreement whether arising in contract (to include, without limitation, under any relevant indemnity), tort, negligence, breach of statutory duty or otherwise.
- 12.4 Each Party shall at all times take all reasonable steps to minimise and mitigate any loss for which that Party is entitled to bring a claim against the other pursuant to this Framework Agreement.
- 12.5 The liability of the Provider and the Commissioner under any Contracts entered into pursuant to this Framework Agreement shall be as set out in the Call-off Terms and Conditions forming part of such Contracts. The Provider shall not agree or seek to agree with the Commissioner any cap or limitation of liability under or in connection with any proposed or existing Contract.

## **13. INSURANCE**

- 13.1 Subject to Clauses 13.2 and 13.3, without prejudice to the Call-off Terms and Conditions and unless otherwise confirmed in writing by the Commissioner, as a minimum level of protection the Provider shall put in place and/or maintain in force at its own cost Indemnity Arrangements in respect of employer's liability, public liability and professional indemnity and clinical negligence in accordance with Good Industry Practice with the minimum cover per claim of five million pounds (£5,000,000).



- 13.2 The terms of any Indemnity Arrangements or the amount of cover shall not relieve the Provider of any liabilities under this Framework Agreement. It shall be the responsibility of the Provider to determine the amount of indemnity cover that will be adequate to enable it to satisfy its potential liabilities under this Framework Agreement. Accordingly, the Provider shall be liable to make good any deficiency if the proceeds of any indemnity cover are insufficient to cover the settlement of any claim.
- 13.3 The Provider warrants that it shall not take any action or fail to take any reasonable action or (in so far as it is reasonable and within its power) allow others to take action or fail to take any reasonable action, as a result of which any Indemnity Arrangements put in place in accordance with Clause 13.1 may be rendered wholly or partly void, voidable, unenforceable, or be suspended or impaired or which may otherwise render any sum paid out under those Indemnity Arrangements wholly or partly repayable.
- 13.4 Within five (5) Operational Days following written request from the Commissioner, the Provider must provide documentary evidence that Indemnity Arrangements required under Clause 13.1 are fully maintained and that any premiums on them and/or contributions in respect of them (if any) are fully paid.
- 13.5 If the proceeds of any Indemnity Arrangements are insufficient to cover the settlement of any claim relating to this Framework Agreement the Provider must make good any deficiency.
- 13.6 Upon the expiry or earlier termination of this Framework Agreement, the Provider shall ensure that any ongoing liability it has or may have arising out of this Framework Agreement shall continue to be the subject of appropriate Indemnity Arrangements for the period of twenty one (21) years from termination or expiry of this Framework Agreement or until such earlier date as that liability may reasonably be considered to have ceased to exist.
- 13.7 The Parties agree that the requirements in respect of Indemnity Arrangements set out in this Clause 13 do not extend or apply in any way to a Contract. To avoid all doubt, requirements in respect of indemnity arrangements under or in connection with a Contract are set out in that Contract.

#### 14. TERM AND TERMINATION

- 14.1 This Framework Agreement shall commence on the Commencement Date and, unless terminated earlier in accordance with the terms of this Framework Agreement or the general law, shall continue until the end of the Term.
- 14.2 The Commissioner shall be entitled to extend the Term on one or more occasions by giving the Provider written notice no less than three (3) months prior to the date on which this Framework Agreement would otherwise have expired, provided that the duration of this Framework Agreement shall be no longer than four (4) years in total.
- 14.3 The Commissioner shall have the right to terminate this Framework Agreement any time after the Commencement Date by giving at least three (3) months' written notice to the Provider.
- 14.4 In the case of a breach of any of the terms of this Framework Agreement by either Party that is capable of remedy, the non-breaching Party shall, without prejudice to its other rights and remedies under this Framework Agreement, issue notice of the breach and allow the Party in breach the opportunity to remedy such breach in the first instance via a remedial proposal put forward by the Party in breach ("**Remedial Proposal**") before exercising any right to terminate this Framework Agreement in accordance with Clause 14.5.1(b). Such Remedial Proposal must be agreed with the non-breaching Party (such agreement not to be unreasonably withheld or



delayed) and must be implemented by the Party in breach in accordance with the timescales referred to in the agreed Remedial Proposal. Once agreed, any changes to a Remedial Proposal must be approved by the Parties in writing. Any failure by the Party in breach to:

- 14.4.1 put forward and agree a Remedial Proposal with the non-breaching Party in relation to the relevant default or breach within a period of ten (10) Operational Days (or such other period as the non-breaching Party may agree in writing) from written notification of the relevant default or breach from the non-breaching Party;
- 14.4.2 comply with such Remedial Proposal (including, without limitation, as to its timescales for implementation, which shall be thirty (30) days unless otherwise agreed between the Parties); and/or
- 14.4.3 remedy the default or breach notwithstanding the implementation of such Remedial Proposal in accordance with the agreed timescales for implementation,

shall be deemed, for the purposes of Clause 14.5.1(b), a material breach of this Framework Agreement by the Party in breach which has not been remedied in accordance with an agreed Remedial Proposal.

- 14.5 Either Party may terminate this Framework Agreement forthwith by notice in writing to the other Party if such other Party:

- 14.5.1 commits a material breach of any of the terms of this Framework Agreement which is:

- (a) not capable of remedy; or
    - (b) in the case of a breach capable of remedy, which is not remedied in accordance with a Remedial Proposal; or

- 14.5.2 has been served with at least two (2) previous notices of breach as a result of any material breaches which are capable of remedy within any twelve (12) month rolling period whether or not the Party in breach has remedied the breach in accordance with a Remedial Proposal. The twelve (12) months rolling period is the twelve (12) months immediately preceding the date of the third breach.

- 14.6 The Commissioner may terminate this Framework Agreement forthwith by notice in writing to the Provider if:

- 14.6.1 an Insolvency Event affecting the Provider occurs;
  - 14.6.2 the Provider undergoes a change of control within the meaning of sections 450 and 451 of the Corporation Tax Act 2010 (other than for an intra-group change of control) without the prior written consent of the Commissioner and the Commissioner shall be entitled to withhold such consent if, in the reasonable opinion of the Commissioner, the proposed change of control will have a material impact on the performance of this Framework Agreement or the reputation of the Commissioner;
  - 14.6.3 the Provider purports to assign, sub-contract, novate, create a trust in or otherwise transfer or dispose of this Framework Agreement in breach of Clause 26.1;
  - 14.6.4 pursuant to and in accordance with Clauses 14.7, 17.9.1, 20.8, 22.2, 22.4 and 27.2; or



- 14.6.5 the warranty given by the Provider pursuant to Clause 10.4 is materially untrue, the Provider commits a material breach of its obligation to notify the Commissioner of any Occasion of Tax Non-Compliance as required by Clause 10.4, or the Provider fails to provide details of proposed mitigating factors as required by Clause 10.4 that in the reasonable opinion of the Commissioner are acceptable;
- 14.6.6 pursuant to paragraph 2.2 of Schedule 6;
- 14.6.7 the Provider fails to accept an Order pursuant to paragraph 5.2 of Schedule 6;
- 14.6.8 the Commissioner terminates a Contract for the Provider's breach of that Contract;
- 14.6.8A if the Provider has not procured a Guarantee and/or extract of the board minutes and/or resolution that complies with Clause 7A.1 in the timescale indicated by the Commissioner pursuant to Clause 7A.1;
- 14.6.9 if the Provider has procured a Guarantee pursuant to Clause 7A.1 and:
  - (a) the Guarantor withdraws the Guarantee for any reason whatsoever;
  - (b) the Guarantor is in breach or anticipatory breach of the Guarantee;
  - (c) an Insolvency Event occurs in respect of the Guarantor; or
  - (d) the Guarantee becomes invalid or unenforceable for any reason whatsoever,and in each case the Guarantee (as applicable) is not replaced by an alternative guarantee agreement acceptable to the Commissioner;
- 14.6.10 the Provider fails to provide the documentation required by Clause 7A.1 by the date so specified by the Commissioner in accordance with Clause 7A.1;
- 14.6.11 the Framework Agreement has been substantially amended to the extent that the Public Contracts Regulations 2015 require a new procurement procedure;
- 14.6.12 the Commissioner has become aware that the Provider should have been excluded under Regulation 57(1) or (2) of the Public Contracts Regulations 2015 from the procurement procedure leading to the award of this Framework Agreement;
- 14.6.13 not used;
- 14.6.14 there has been a failure by the Provider and/or one of its Sub-Contractors to comply with legal obligations in the fields of environmental, social or labour Law. Where the failure to comply with legal obligations in the fields of environmental, social or labour Law is a failure by one of the Provider's Sub-Contractors, the Commissioner may request the replacement of such Sub-Contractor and the Provider shall comply with such request as an alternative to the Commissioner terminating this Framework Agreement under this Clause 14.6.14; or
- 14.6.15 the Provider has been issued with any enforcement or penalty notice under the Data Protection Legislation or member of staff is found guilty or admits guilt in respect of an offence under the Data Protection Legislation, in relation to any matter connected with this Framework Agreement or the Services.



- 14.7 If the Commissioner, acting reasonably, has good cause to believe that there has been a material deterioration in the financial circumstances of the Provider and/or any Guarantor and/or any Material Sub-Contractor of the Provider when compared to any information provided to and/or assessed by the Commissioner as part of any procurement process or other due diligence leading to the award of this Framework Agreement to the Provider or the entering into a Material Sub-Contract by the Provider, the following process shall apply:
- 14.7.1 the Commissioner may (but shall not be obliged to) give notice to the Provider requesting adequate financial or other security and/or assurances for due performance of its material obligations under this Framework Agreement on such reasonable and proportionate terms as the Commissioner may require within a reasonable time period as specified in such notice;
  - 14.7.2 a failure or refusal by the Provider to provide the financial or other security and/or assurances requested in accordance with this Clause 14.7 in accordance with any reasonable timescales specified in any such notice issued by the Commissioner shall be deemed a breach of this Framework Agreement by the Provider and shall be referred to and resolved in accordance with the Dispute Resolution Procedure; and
  - 14.7.3 a failure to resolve such breach in accordance with such Dispute Resolution Procedure by the end of the escalation stage of such process (as set out in Clause 19.3) shall entitle, but shall not compel, the Commissioner to terminate this Framework Agreement in accordance with Clause 14.5.1(a).
- 14.8 In order that the Commissioner may act reasonably in exercising its discretion in accordance with Clause 14.7, the Provider shall provide the Commissioner with such reasonable and proportionate up-to-date financial or other information relating to the Provider or any relevant third party entity upon request.
- 14.9 If the Commissioner novates this Framework Agreement to any body that is not a Contracting Authority, from the effective date of such novation, the rights of the Commissioner to terminate this Framework Agreement in accordance with Clause 14.6.1 to Clause 14.6.3 shall be deemed mutual termination rights and the Provider may terminate this Framework Agreement forthwith by notice in writing to the entity assuming the position of the Commissioner if any of the circumstances referred to in such Clauses apply to the entity assuming the position of the Commissioner.
- 15. CONSEQUENCES OF EXPIRY OR EARLIER TERMINATION OF THIS FRAMEWORK AGREEMENT**
- 15.1 Upon expiry or earlier termination of this Framework Agreement, the Commissioner and the Provider agree that all Contracts entered into under this Framework Agreement will continue in full force and effect unless otherwise terminated under the terms and conditions of such Contracts.
  - 15.2 The Provider shall cooperate fully with the Commissioner or, as the case may be, any replacement supplier during any re-procurement and handover period prior to and following the expiry or earlier termination of this Framework Agreement. This cooperation shall extend to providing access to all information relevant to the operation of this Framework Agreement, as reasonably required by the Commissioner to achieve a fair and transparent re-procurement and/or an effective transition without disruption to routine operational requirements. Any Personal Data Processed by the Provider on behalf of the Commissioner shall be returned to the Commissioner or destroyed in accordance with the relevant provisions of the Schedule 2 (Information Governance Provisions).



- 15.3 The expiry or earlier termination of this Framework Agreement for whatever reason shall not affect any rights or obligations of either Party which accrued prior to such expiry or earlier termination.
- 15.4 The expiry or earlier termination of this Framework Agreement shall not affect any obligations which expressly or by implication are intended to come into or continue in force on or after such expiry or earlier termination.
16. **SUSPENSION OF PROVIDER'S APPOINTMENT**
- 16.1 Without prejudice to the Commissioner's rights to terminate this Framework Agreement, if:
- 16.1.1 a right for the Commissioner to terminate this Framework Agreement arises (irrespective of whether the circumstances leading to such right are capable of remedy) in accordance with Clause 14; and/or
- 16.1.2 the Commissioner exercises its rights under any Contract between the Commissioner and the Provider to:
- (a) terminate in full or in part the provision of any Services due to the provider's breach of that Contract; or
- (b) suspend all or any Services provided pursuant to that Contract in accordance with any relevant provision of the Contract,
- the Commissioner may at its sole discretion elect to suspend the Provider's appointment to participate in the Ordering Procedure and/or receive new Orders under this Framework Agreement by giving notice in writing to the Provider.
- 16.2 If the Commissioner provides notice to the Provider in accordance with Clause 16.1, the Provider's appointment shall be suspended for the period set out in the notice or such other period notified to the Provider by the Commissioner in writing from time to time provided that such suspension shall be lifted where:
- 16.2.1 the circumstances leading to the Commissioner's right to terminate this Framework Agreement have been remedied;
- 16.2.2 the Commissioner has satisfied itself that the risk and/or impact of the circumstances giving rise to the Commissioner's right to terminate this Framework Agreement no longer requires such suspension; or
- 16.2.3 the Commissioner exercises its rights to terminate this Framework Agreement in accordance with Clause 14;
- 16.2.4 the Commissioner notifies the Provider in writing requiring the Provider to restore the provision of the suspended Service(s) referred to in Clause 16.1.2 in accordance with any relevant provision of the relevant Contract; or
- 16.2.5 the Commissioner has satisfied itself that the risk and/or impact of the circumstances that led to the Commissioner terminating in full or part the provision of any Services of a Contract due to the Provider's breach of that Contract no longer requires such suspension.
- 16.3 The Parties acknowledge that suspension shall not affect the Provider's obligation to perform any Contracts entered into prior to the suspension notice.
- 16.4 For the avoidance of doubt, no period of suspension under this Clause 16 shall result in an extension of the Term.



## 17. INTELLECTUAL PROPERTY

- 17.1 Except as set out expressly in this Framework Agreement no Party will acquire the IPR of any other Party.
- 17.2 The Provider grants the Commissioner a fully paid-up non-exclusive licence to use Provider IPR for the purposes of the exercise of its functions and obtaining the full benefit of the Services under this Framework Agreement, which will include the dissemination of best practice to commissioners and providers of health and social care services.
- 17.3 The Commissioner grants the Provider a fully paid-up non-exclusive licence to use Commissioner IPR under this Framework Agreement for the sole purpose of providing the Services.
- 17.4 In the event that the Provider or the Commissioner at any time devise, discover or acquire rights in any Improvement it or they must promptly notify the owner of the IPR to which that Improvement relates giving full details of the Improvement and whatever information and explanations as that Party may reasonably require to be able to use the Improvement effectively and must assign to that Party all rights and title in any such Improvement without charge.
- 17.4A Any IPR created by the Commissioner in the exercise of its licence rights under this Framework Agreement will be owned by the Commissioner
- 17.5 The Provider must disclose all documents and information concerning the development of Best Practice IPR to the Commissioner at review meetings and must grant the Commissioner a fully paid-up, non-exclusive perpetual licence to use Best Practice IPR for the purpose of the exercise of its functions together with the right to grant sub-licences to Public Health England and any Participating Commissioner for the purpose of the exercise of their respective functions.
- 17.6 The Provider shall ensure and procure that the availability, provision and use of the Services and the performance of the Provider's responsibilities and obligations hereunder shall not infringe any Intellectual Property Rights of any third party.
- 17.7 The Provider shall during and after the Term indemnify the Commissioner against all Losses incurred by, awarded against or agreed to be paid by the Commissioner (whether before or after the making of the demand pursuant to the indemnity hereunder) arising from an IPR Claim.
- 17.8 If an IPR Claim is made, or the Provider anticipates that an IPR Claim might be made, the Provider may, at its own expense and sole option, either:
  - 17.8.1 procure for the Commissioner the right to continue using the relevant IPR which is subject to the IPR Claim; or
  - 17.8.2 replace or modify the relevant deliverable with non-infringing substitutes provided that:
    - (a) the performance and functionality of the replaced or modified deliverable is at least equivalent to the performance and functionality of the original deliverable; and
    - (b) there is no additional cost to the Commissioner.
- 17.9 If the Provider elects to procure a licence in accordance with Clause 17.8.1 or to modify or replace a deliverable pursuant to Clause 17.8.2, but this has not avoided or resolved the IPR Claim, then:
  - 17.9.1 the Commissioner may terminate this Framework Agreement by written notice with immediate effect; and



- 17.9.2 without prejudice to the indemnity set out in Clause 17.7, the Provider shall be liable for all reasonable and unavoidable costs of the substitute deliverables and/or services including the additional costs of procuring, implementing and maintaining the substitute deliverables.
- 17.10 Subject to Clauses 17.2, 17.3 and 17.5 neither Party shall have any right to use any of the other Party's names, logos or trademarks on any of its products or services without the other Party's prior written consent.
- 17.11 The Provider must comply with the applicable Branding Guidance (or such other requirements or guidance as to branding as notified to the Provider by the Commissioner from time to time) in complying with its obligations under this Framework Agreement and in delivering the Services under any Contract in accordance with the Call-off Terms and Conditions.

## 18. CHANGE MANAGEMENT

- 18.1 The Provider acknowledges to the Commissioner that the requirements for the Services may change during the Term and, subject to any provisions of the Specification that enable the Commissioner to unilaterally amend the Specification, the Provider shall not unreasonably withhold or delay its consent to any reasonable variation or addition to the Specification and the Tender Response Document, as may be requested by the Commissioner from time to time in accordance with this Clause 18.
- 18.2 Subject to any provisions of the Specification that enable the Commissioner to unilaterally amend the Specification, any change to the Services or other variation to this Framework Agreement shall only be binding once it has been agreed in writing and signed by an authorised representative of both Parties.
- 18.3 Subject to this Clause 18, the Commissioner may, at its own instance or where in its sole and absolute discretion it decides to having been requested to do so by the Provider, request a variation to this Framework Agreement at any time. Such a change once implemented is hereinafter called a “**Variation**”.
- 18.4 The Commissioner may request a Variation by completing and sending the Variation Form as set out in Schedule 8 (Variation Form) to the Provider giving sufficient information for the Provider to assess the extent of the proposed Variation and any additional cost that may be incurred.
- 18.5 The Provider shall respond to the Commissioner’s request pursuant to Clause 18.4 within the time limits specified by the Commissioner and, where the Provider considers that additional costs may be incurred as a result of the proposed Variation, the Provider will provide detailed written evidence of such additional costs to the Commissioner. The Commissioner may require the Provider to meet and discuss any additional costs that may result from the Variation and/or request further evidence as required. The time limits specified by the Commissioner shall be reasonable and ultimately at the discretion of the Commissioner having regard to the nature of the proposed Variation.
- 18.6 In the event that the Provider is unable to agree to or provide the Variation the Commissioner may:
  - 18.6.1 agree to continue to perform its obligations under this Framework Agreement without the Variation; or
  - 18.6.2 terminate this Framework Agreement with immediate effect.
- 18.7 The Provider shall neither be relieved of its obligations under this Framework Agreement nor be entitled to an increase in the Prices as the result of a Change in Law.



- 18.8 Any change to Schedule 2 (Information Governance Provisions) shall be made in accordance with the relevant provisions of Schedule 2 (Information Governance Provisions).

19. **DISPUTE RESOLUTION**

- 19.1 During any dispute, including a dispute as to the validity of this Framework Agreement, it is agreed that the Provider shall continue its performance of the provisions of the Framework Agreement (unless the Commissioner requests in writing that the Provider does not do so).
- 19.2 In the case of a dispute arising out of or in connection with this Framework Agreement the Provider and the Commissioner shall make every reasonable effort to communicate and cooperate with each other with a view to resolving the dispute and follow the procedure set out in Clause 19.3 before commencing court proceedings.
- 19.3 If any dispute arises out of the Framework Agreement either Party may serve a notice on the other Party to commence formal resolution of the dispute. Level 1 of the management levels of the dispute as set out in Clause 19.4 will commence on the date of service of the dispute notice. Respective representatives, as set out in Clause 19.4, shall have five (5) Operational Days at each level to resolve the dispute before escalating the matter to the next level as appropriate.
- 19.4 The management levels at which a dispute will be dealt with are as follows:

Level	Commissioner representative	Provider representative

- 19.5 If the procedure set out in Clause 19.3 above fails to resolve such dispute, the Parties will attempt to settle it by mediation with the Centre for Effective Dispute Resolution (“CEDR”); using the model procedures of CEDR.
- 19.6 To initiate mediation a Party shall:
- 19.6.1 give notice in writing (“**Mediation Notice**”) to the other Party requesting mediation of the dispute; and
- 19.6.2 send a copy of the Mediation Notice to CEDR asking them to nominate a mediator if the Parties are not able to agree such appointment by negotiation.
- 19.7 Neither Party may issue a Mediation Notice until the process set out in Clause 19.3 has been exhausted.
- 19.8 The mediation shall commence within twenty eight (28) days of the Mediation Notice being served. Neither Party will terminate such mediation until each Party has made its opening presentation and the mediator has met each Party separately for at least one hour or one Party has failed to participate in the mediation process. Neither Party will commence legal proceedings against the other until thirty (30) days after such mediation of the dispute in question has failed to resolve the dispute. The Commissioner and the Provider will cooperate with any person appointed as mediator providing them with such information and other assistance as they shall require and will pay their costs, as they shall determine or in the absence of such determination such costs will be shared equally.



- 19.9 Nothing in this Framework Agreement shall prevent:
- 19.9.1 the Commissioner taking action in any court in relation to any death or personal injury arising or allegedly arising in connection with the provision of the Services; or
  - 19.9.2 either Party seeking from any court any interim or provisional relief that may be necessary to protect the rights or property of that Party or that relates to the safety of patients or the security of Confidential Information, pending resolution of the relevant dispute in accordance with the CEDR procedure.
- 19.10 This Clause 19 shall survive the expiry of or earlier termination of this Framework Agreement for any reason.

**20. FORCE MAJEURE**

- 20.1 Subject to Clause 20.2 neither Party shall be liable to the other for any failure to perform all or any of its obligations under this Framework Agreement nor liable to the other Party for any loss or damage arising out of the failure to perform its obligations to the extent only that such performance is rendered impossible by a Force Majeure Event.
- 20.2 The Provider shall only be entitled to rely on a Force Majeure Event and the relief set out in this Clause 20 and will not be considered to be in default or liable for breach of any obligations under this Framework Agreement if:
- 20.2.1 the Force Majeure Event does not arise directly or indirectly as a result of any wilful or negligent act or default of the Provider; and
  - 20.2.2 the Provider has complied with the procedural requirements set out in this Clause 20.
- 20.3 Where a Party is (or claims to be) affected by a Force Majeure Event it shall use reasonable endeavours to mitigate the consequences of such a Force Majeure Event upon the performance of its obligations under this Framework Agreement and to resume the performance of its obligations affected by the Force Majeure Event as soon as practicable.
- 20.4 Where the Force Majeure Event affects the Provider's ability to perform part of its obligations under the Framework Agreement the Provider shall fulfil all such contractual obligations that are not so affected and shall not be relieved from its liability to do so.
- 20.5 If either Party is prevented or delayed in the performance of its obligations under this Framework Agreement by a Force Majeure Event, that Party shall as soon as reasonably practicable serve notice in writing on the other Party specifying the nature and extent of the circumstances giving rise to its failure to perform or any anticipated delay in performance of its obligations.
- 20.6 Subject to service of such notice, the Party affected by such circumstances shall have no liability for its failure to perform or for any delay in performance of its obligations affected by the Force Majeure Event only for so long as such circumstances continue and for such time after they cease as is necessary for that Party, using its best endeavours, to recommence its affected operations in order for it to perform its obligations.
- 20.7 The Party claiming relief shall notify the other in writing as soon as the consequences of the Force Majeure Event have ceased and of when performance of its affected obligations can be resumed.



- 20.8 If the Provider is prevented from performance of its obligations as a result of a Force Majeure Event, the Commissioner may at any time if the Force Majeure Event subsists for thirty (30) days or more, terminate this Framework Agreement on service of written notice on the Provider.
- 20.9 Following such termination in accordance with Clause 20.8 and subject to Clause 20.10, neither Party shall have any liability to the other.
- 20.10 Any rights and liabilities of either Party which have accrued prior to such termination in accordance with Clause 20.8 shall continue in full force and effect unless otherwise specified in this Framework Agreement.
- 20.11 The Parties acknowledge and agree that nothing in this Clause 20 affects the operation of a Contract and that the provisions of the relevant Contract will apply if a Party fails to perform its obligations under that Contract.

## **21. RECORDS RETENTION AND RIGHT OF AUDIT**

- 21.1 Subject to any statutory requirement and Clause 21.2, the Provider shall keep secure and maintain for the Term and six (6) years afterwards, or such longer period as may be agreed between the Parties, full and accurate records of all matters relating to this Framework Agreement.
- 21.2 Where any records could be relevant to a claim for personal injury such records shall be kept secure and maintained for a period of twenty one (21) years from the date of expiry or earlier termination of this Framework Agreement.
- 21.3 The Commissioner shall have the right to audit the Provider's compliance with this Framework Agreement. The Provider shall permit or procure permission for the Commissioner or its authorised representative during normal business hours having given advance written notice of no less than five (5) Operational Days, access to any premises and facilities, books and records reasonably required to audit the Provider's compliance with its obligations under this Framework Agreement.
- 21.4 Should the Provider sub-contract any of its obligations under this Framework Agreement, the Commissioner shall have the right to audit and inspect such third party. The Provider shall procure permission for the Commissioner or its authorised representative during normal business hours no more than once in any twelve (12) months, having given advance written notice of no less than five (5) Operational Days, access to any premises and facilities, books and records used in the performance of the Provider's obligations under this Framework Agreement that are sub-contracted to such third party. The Provider shall cooperate with such audit and inspection and accompany the Commissioner or its authorised representative if requested.
- 21.5 The Provider shall grant to the Commissioner or its authorised representative, such access to those records as they may reasonably require in order to check the Provider's compliance with this Framework Agreement for the purposes of:
- 21.5.1 the examination and certification of the Commissioner's accounts; or
- 21.5.2 any examination pursuant to section 6(1) of the National Audit Act 1983 of the economic efficiency and effectiveness with which the Commissioner has used its resources.
- 21.6 The Comptroller and Auditor General may examine such documents as they may reasonably require which are owned, held or otherwise within the control of the Provider and may require the Provider to provide such oral and/or written explanations as they consider necessary. Clause 21 does not constitute a requirement or agreement for the examination, certification or inspection of the accounts of the Provider under sections 6(3)(d) and 6(5) of the National Audit Act 1983.



- 21.7 The Provider shall provide reasonable cooperation to the Commissioner, its representatives and any regulatory body in relation to any audit, review, investigation or enquiry carried out in relation to the subject matter of this Framework Agreement.
- 21.8 The Provider shall provide all reasonable information as may be reasonably requested by the Commissioner to evidence the Provider's compliance with the requirements of this Framework Agreement.

## **22. CONFLICTS OF INTEREST AND THE PREVENTION OF FRAUD**

- 22.1 The Provider shall take appropriate steps to ensure that neither the Provider nor any Staff are placed in a position where, in the reasonable opinion of the Commissioner, there is or may be an actual conflict, or a potential conflict, between the pecuniary or personal interests of the Provider and the duties owed to the Commissioner under the provisions of this Framework Agreement. The Provider will disclose to the Commissioner full particulars of any such conflict of interest which may arise.
- 22.2 The Commissioner reserves the right to terminate this Framework Agreement immediately by notice in writing and/or to take such other steps it deems necessary where, in the reasonable opinion of the Commissioner, there is or may be an actual conflict, or a potential conflict, between the pecuniary or personal interests of the Provider and the duties owed to the Commissioner under the provisions of this Framework Agreement. The actions of the Commissioner pursuant to this Clause 22.2 shall not prejudice or affect any right of action or remedy which shall have accrued or shall subsequently accrue to the Commissioner.
- 22.3 The Provider shall take all reasonable steps to prevent Fraud by Staff and the Provider (including its owners, members and directors). The Provider shall notify the Commissioner immediately if it has reason to suspect that any Fraud has occurred or is occurring or is likely to occur.
- 22.4 If the Provider or its Staff commits Fraud the Commissioner may terminate this Framework Agreement and recover from the Provider the amount of any Losses suffered by the Commissioner resulting from the termination.

## **23. EQUALITY AND HUMAN RIGHTS**

- 23.1 The Provider shall:
- 23.1.1 ensure that it does not, whether as employer or as a provider of Services, engage in any act or omission that would contravene the Equality Legislation or cause the Commissioner to contravene the Equality Legislation;
  - 23.1.2 comply with the obligations placed on the Commissioner by section 13G of the NHS Act 2006 (due regard to the need to reduce health inequalities) as if those obligations applied directly to the Provider;
  - 23.1.3 if section 149 of the Equality Act 2010, the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and/or the Human Rights Act 1998 do not apply to the Provider, the Provider shall comply with the obligations placed on the Commissioner by that legislation as if those obligations applied directly to the Provider;
  - 23.1.4 without prejudice to the generality of Clause 23.1.1 take reasonable endeavours to ensure its Staff do not unlawfully discriminate within the meaning of the Equality Legislation;
  - 23.1.5 in the management of its affairs and the development of its equality and diversity policies, cooperate with the Commissioner in light of the Commissioner's obligations to comply with the Equality Legislation;



23.1.6 take such reasonable and proportionate steps as the Commissioner considers appropriate to promote equality and diversity, including race equality, equality of opportunity for disabled people, gender equality, and equality relating to religion and belief, sexual orientation and age, equality of access to health services and equality of health outcomes; and

23.1.7 impose on all its Sub-Contractors obligations substantially similar to those imposed on the Provider by this Clause 23.

23.2 The Provider shall promptly meet reasonable requests by the Commissioner for information evidencing the Provider's compliance with the provisions of this Clause 23.

## 24. **PUBLICITY AND BRANDING**

24.1 The Provider shall not:

24.1.1 make any press announcements or publicise this Framework Agreement in any way; or

24.1.2 use the Commissioner's name or brand in any promotion or marketing or announcement of Orders,

without the prior written consent of the Commissioner (such consent not to be unreasonably withheld or delayed).

24.2 The Provider must not conduct any marketing of the Services until they have been awarded a Contract under the Framework Agreement, in which case such marketing must be in accordance with the terms of the relevant Contract.

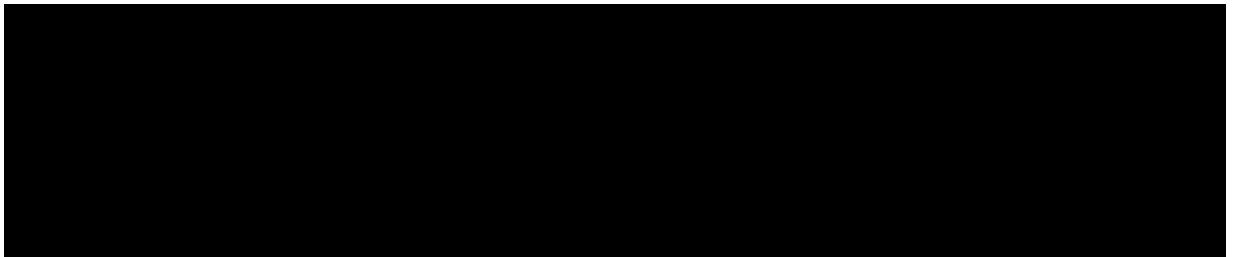
24.3 Each Party acknowledges to the other that nothing in this Framework Agreement either expressly or by implication constitutes an approval and/or endorsement of any products or services of the other Party (including the Services) and each Party agrees not to conduct itself in such a way as to imply or express any such approval and/or endorsement.

24.4 The Commissioner shall be entitled to publicise this Framework Agreement in accordance with any legal obligation upon the Commissioner, including any examination of this Framework Agreement by the National Audit Office pursuant to the National Audit Act 1983 or otherwise.

## 25. **NOTICE**

25.1 Any notice required to be given by either Party under this Framework Agreement shall be in writing quoting the date of the Framework Agreement and shall be delivered by hand or sent by prepaid first class recorded delivery or by email to the person referred to in Clause 25.2 or such other person as one Party may inform the other Party in writing from time to time.

25.2 Notices served under this Framework Agreement are to be delivered to:



25.3 A notice shall be treated as having been received:



- 25.3.1 if delivered by hand within normal business hours when so delivered or, if delivered by hand outside normal business hours, at the next start of normal business hours; or
- 25.3.2 if sent by first class recorded delivery mail on a normal Operational Day, at 9.00 am on the second Operational Day subsequent to the day of posting, or, if the notice was not posted on an Operational Day, at 9.00 am on the third Operational Day subsequent to the day of posting; or
- 25.3.3 if sent by email, if sent within normal business hours when so sent or, if sent outside normal business hours, at the next start of normal business hours, provided it is sent in legible form and if, following transmission, the sender does not receive a non-delivery message.

## 26. **ASSIGNMENT, NOVATION AND SUB-CONTRACTING**

- 26.1 Subject to clause 26.2A, the Provider shall not assign, sub-contract, novate, create a trust in, or in any other way dispose of the whole or any part of this Framework Agreement without the prior written consent of the Commissioner.
- 26.2 For the purposes of any Contract entered into under this Framework Agreement, the Commissioner has consented to the engagement of the Material Sub-Contractors listed in Schedule 10 (Material Sub-Contractors).
- 26.2A The Provider may assign, sub-contract or novate this Framework Agreement to a member of its Group, provided always that such Group member shall have been assessed by the Commissioner and passed to the satisfaction of the Commissioner all grounds for exclusion and shortlisting criteria to be awarded onto this Framework Agreement.
- 26.2B Any authority given by the Commissioner for the Provider to sub-contract any of its obligations under this Framework Agreement shall not impose any duty on the Commissioner to enquire as to the competency of any authorised Sub-Contractor. The Provider shall ensure that any authorised Sub-Contractor has the appropriate capability and capacity to perform the relevant obligations and that the obligations carried out by such Sub-Contractor are fully in accordance with this Framework Agreement.
- 26.3 The Provider agrees that the provisions of any Contract will apply to any sub-contracting of rights or obligations pursuant to that Contract. In relation to this Framework Agreement, the Provider shall ensure that any Sub-Contracts contain a provision:
  - 26.3.1 enabling the Provider to discharge its obligations under this Framework Agreement;
  - 26.3.2 imposing on the Sub-Contractor obligations that are no less onerous than the obligations imposed on the Provider by Schedule 2 (Information Governance Provisions); and
  - 26.3.3 providing a right for the Commissioner to publish the Provider's compliance with its obligation to pay undisputed invoices within the specified payment period.
- 26.4 The Commissioner shall upon written request have the right to review any Sub-Contract entered into by the Provider in respect of the provision of the Services and the Provider shall provide a certified copy of any Sub-Contract within five (5) Operational Days of the date of a written request from the Commissioner.
- 26.5 The Commissioner may at any time transfer, assign, novate, sub-contract or otherwise dispose of its rights and obligations under this Framework Agreement or any part of this Framework Agreement and the Provider warrants that it will carry



out all such reasonable further acts required to effect such transfer, assignment, novation, sub-contracting or disposal. If the Commissioner novates this Framework Agreement to any body that is not a Contracting Authority, from the effective date of such novation, the party assuming the position of the Commissioner shall not further transfer, assign, novate, sub-contract or otherwise dispose of its rights and obligations under this Framework Agreement or any part of this Framework Agreement without the prior written consent of the Provider, such consent not to be unreasonably withheld or delayed by the Provider.

26.6 Where the Commissioner considers that the grounds for exclusion under Regulation 57 of the Public Contracts Regulations 2015 apply to any Sub-Contractor, then:

26.6.1 if the Commissioner finds there are compulsory grounds for exclusion, the Provider shall ensure, or shall procure, that such Sub-Contractor is replaced or not appointed; or

26.6.2 if the Commissioner finds there are non-compulsory grounds for exclusion, the Commissioner may require the Provider to ensure, or to procure, that such Sub-Contractor is replaced or not appointed and the Provider shall comply with such a requirement. The Commissioner shall upon written request have the right to review any Sub-Contract entered into by the Provider in respect of the provision of the Services and the Provider shall provide a certified copy of any Sub-Contract within five (5) Business Days of the date of a written request from the Commissioner. For the avoidance of doubt, the Provider shall have the right to redact any confidential pricing information in relation to such copies of the Sub-Contract.

## 27. PROHIBITED ACTS

27.1 The Provider warrants and represents that:

27.1.1 it has not committed any offence under the Bribery Act 2010 or done any of the following (“**Prohibited Acts**”):

(a) offered, given or agreed to give any officer or employee of the Commissioner any gift or consideration of any kind as an inducement or reward for doing or not doing or for having done or not having done any act in relation to the obtaining or performance of this or any other agreement with the Commissioner or for showing or not showing favour or disfavour to any person in relation to this or any other agreement with the Commissioner; or

(b) in connection with this Framework Agreement paid or agreed 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 Commissioner; and

27.1.2 it has in place adequate procedures to prevent bribery and corruption, as contemplated by section 7 of the Bribery Act 2010.

27.2 If the Provider or its Staff (or anyone acting on its or their behalf) has done or does any of the Prohibited Acts or has committed or commits any offence under the Bribery Act 2010 with or without the knowledge of the Provider in relation to this or any other agreement with the Commissioner, the Commissioner shall be entitled:

27.2.1 to terminate this Framework Agreement and recover from the Provider the amount of any loss resulting from the termination;

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



27.2.3 to recover from the Provider any other loss or expense sustained in consequence of the carrying out of the Prohibited Act or the commission of the offence under the Bribery Act 2010.

27.3 Any termination under Clause 27.2 shall be without prejudice to any right or remedy that has already accrued, or subsequently accrues, to the Commissioner; and notwithstanding Clause 19, any dispute relating to:

27.3.1 the interpretation of Clause 27; or

27.3.2 the amount or value of any gift, consideration or commission,

shall be determined by the Commissioner, acting reasonably, and the decision shall be final and conclusive.

## 28. GENERAL

28.1 Each of the Parties is independent of the other and nothing contained in this Framework Agreement shall be construed to imply that there is any relationship between the Parties of partnership or of principal/agent or of employer/employee nor are the Parties hereby engaging in a joint venture and accordingly neither of the Parties shall have any right or authority to act on behalf of the other nor to bind the other by agreement or otherwise, unless expressly permitted by the terms of this Framework Agreement.

28.2 Failure or delay by either Party to exercise an option or right conferred by this Framework Agreement shall not of itself constitute a waiver of such option or right.

28.3 The delay or failure by either Party to insist upon the strict performance of any provision, term or condition of this Framework Agreement or to exercise any right or remedy consequent upon such breach shall not constitute a waiver of any such breach or any subsequent breach of such provision, term or condition.

28.4 Any provision of this Framework Agreement which is held to be invalid or unenforceable in any jurisdiction shall be ineffective to the extent of such invalidity or unenforceability without invalidating or rendering unenforceable the remaining provisions of this Framework Agreement and any such invalidity or unenforceability in any jurisdiction shall not invalidate or render unenforceable such provisions in any other jurisdiction.

28.5 Each Party acknowledges and agrees that it has not relied on any representation, warranty or undertaking (whether written or oral) in relation to the subject matter of this Framework Agreement and therefore irrevocably and unconditionally waives any rights it may have to claim damages against the other Party for any misrepresentation or undertaking (whether made carelessly or not) or for breach of any warranty unless the representation, undertaking or warranty relied upon is set out in this Framework Agreement or unless such representation, undertaking or warranty was made fraudulently.

28.6 Each Party shall bear its own expenses in relation to the preparation and execution of this Framework Agreement including all costs, legal fees and other expenses so incurred.

28.7 The rights and remedies provided in this Framework Agreement are cumulative and not exclusive of any rights or remedies provided by general law, or by any other contract or document. In this Clause 28.7, right includes any power, privilege, remedy, or proprietary or security interest.

28.8 No persons other than the Parties to this Framework Agreement shall have the right to enforce the terms of this Framework Agreement which confer a benefit on such person or shall be entitled to object to or be required to consent to any amendment to the provisions of this Framework Agreement.



- 28.9 This Framework Agreement, any variation in writing signed by an authorised representative of each Party and any document referred to (explicitly or by implication) in this Framework Agreement or any variation to this Framework Agreement, contain the entire understanding between the Provider and the Commissioner relating to the operation of this Framework Agreement to the exclusion of all previous agreements, confirmations and understandings and there are no promises, terms, conditions or obligations whether oral or written, express or implied other than those contained or referred to in this Framework Agreement. Nothing in this Framework Agreement seeks to exclude either Party's liability for Fraud.
- 28.10 This Framework Agreement, and any dispute or claim arising out of or in connection with it or its subject matter (including any non-contractual claims), shall be governed by, and construed in accordance with, the laws of England and Wales.
- 28.11 Subject to Clause 19, the Parties irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this Framework Agreement or its subject matter.
- 28.12 All written and oral communications and all written material referred to under this Framework Agreement shall be in English.
- 28.13 This Framework Agreement 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 the Parties, notwithstanding that the Parties are not signatories to the same counterpart.



## **SIGNATURE PAGE**

SIGNED by

for and on behalf of **NATIONAL HEALTH SERVICE  
COMMISSIONING BOARD**

SIGNED by

for and on behalf of **PULSE HEALTHCARE LIMITED  
TRADING AS Xyla HEALTH & WELLBEING**



## SCHEDULE 1

### Definitions

#### 1. Definitions

- 1.1 In this Framework Agreement the following words shall have the following meanings unless the context requires otherwise, other than in relation to the Call-off Terms and Conditions. The definitions and Interpretations that apply to the Call-off Terms and Conditions are as set out in the Call-off Terms and Conditions.

<b>"Branding Guidance"</b>	NHS brand policy and guidelines, as revised, updated or re-issued from time to time by the Commissioner and/or the Department of Health and Social Care, and which are available at <a href="http://www.england.nhs.uk/nhsidentity/">www.england.nhs.uk/nhsidentity/</a> ;
<b>"Best Practice IPR"</b>	any IPR developed by the Provider including Improvements to such IPR in connection with or as a result of the Services;
<b>"Business Continuity Event"</b>	means any event or issue that could impact on the operations of the Provider and its ability to fulfil its obligations under this Framework Agreement including an influenza pandemic and any Force Majeure Event but excluding, for the avoidance of doubt, <ul style="list-style-type: none"><li>(a) the withdrawal of the United Kingdom from the European Union and any related circumstances, events, changes or requirements; and</li><li>(b) the Covid-19 pandemic and any related circumstances, events, changes or requirements;</li></ul>
<b>"Business Continuity Plan"</b>	the Provider's business continuity plan which includes its plans for continuity of the Services during a Business Continuity Event;
<b>"Caldicott Guardian"</b>	the senior health professional responsible for safeguarding the confidentiality of patient information;
<b>"Caldicott Principles"</b>	the principles applying to the handling of patient-identifiable information set out in the Caldicott Information Governance Review;
<b>"Call-off Terms and Conditions"</b>	the call-off terms and conditions for Contracts as set out at Schedule 7 of this Framework Agreement forming part of the Contracts placed under this Framework Agreement;
<b>"Ceiling Prices"</b>	the Face to Face Service Ceiling Price, the Tailored Remote Service Ceiling Price, and the Digital Service Ceiling Price, , and "Ceiling Price" shall be construed accordingly;
<b>"Change in Law"</b>	any change in Law which impacts on the supply of the Services and performance of the Call-off Terms and Conditions which comes into force after the Commencement Date;
<b>"Commencement Date"</b>	25 January 2022;



<b>“Commercial Schedule”</b>	the document set out at Schedule 5;
<b>“Commissioner”</b>	the commissioner named on the form of Framework Agreement on the first page;
<b>"Commissioner IPR"</b>	any IPR owned by or licensed to the Commissioner which is relevant and necessary to the performance of the Services by the Provider, including Improvements;
<b>“Commissioner’s Obligations”</b>	the Commissioner’s further obligations, if any, referred to in the Specification and the Tender Response Document;
<b>“Confidential Information”</b>	<p>information, data and material of any nature, which either Party may receive or obtain in connection with the conclusion and/or operation of the Framework Agreement including any procurement process which is:</p> <ul style="list-style-type: none"> <li>(a) Personal Data including without limitation Personal Data which relates to any patient or other service user or his or her treatment or clinical or care history;</li> <li>(b) designated as confidential by either party or that ought reasonably to be considered as confidential (however it is conveyed or on whatever media it is stored); and/or</li> <li>(c) Policies and such other documents which the Provider may obtain or have access to through the Commissioner’s intranet;</li> </ul>
<b>“Contract”</b>	any contract entered into under this Framework Agreement with the Provider by the Commissioner based on the Call-off Terms and Conditions;
<b>“Contract Manager”</b>	for the Commissioner and for the Provider the individuals specified in Clause 8.2 or such other person notified by a Party to the other Party from time to time in accordance with Clause 8.1;
<b>“Contracting Authority”</b>	any contracting authority as defined in regulation 2 of the Public Contracts Regulations 2015 (SI 2015/102) (as amended), other than the Commissioner;
<b>“CQC”</b>	the Care Quality Commission established under section 1 of the Health and Social Care Act 2008;
<b>"Data Breach"</b>	has the meaning given to it in the Caldicott Information Governance Review;
<b>"Data Controller"</b>	has the meaning given to it in the Data Protection Legislation and modified by paragraph 1.2;
<b>"Data Guidance"</b>	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 Commissioner and/or NHS Digital, the Caldicott Guardian, the Department of Health and Social Care, NHS England and NHS Improvement, the Health Research Authority, Public Health England, and the Information Commissioner;
<b>"Data Processing Services"</b>	the data processing services described in the Annex to Schedule 6F of the Call-off Terms and Conditions;
<b>"Data Protection Legislation"</b>	(i) the UK GDPR; (ii) the DPA 2018; and (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;
<b>"Data Protection Officer"</b>	has the meaning given to it in Data Protection Legislation;
<b>"Data Subject"</b>	has the meaning given to it in the Data Protection Legislation;
<b>"Digital Service"</b>	the digital service that will be provided by the Provider in accordance with Schedule 2A (Service Specification) of the Call-off Terms and Conditions;
<b>"Digital Service Ceiling Price"</b>	the maximum price payable under any Contract in respect of the Digital Service provided by the Provider under Schedule 2A (Service Specification) of the Call-off Terms and Conditions and such price is set out in Schedule 5;
<b>"Direct Ordering Procedure"</b>	the procedure for the direct award of Contracts under this Framework Agreement as set out in paragraph 2 of Schedule 6;
<b>"Dispute Resolution Procedure"</b>	the process for resolving disputes as set out in Clause 19;
<b>"DOTAS"</b>	the Disclosure of Tax Avoidance Schemes rules which require 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 made under vires contained in 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 s.132A Social Security Administration Act 1992;
<b>"DPA 2018"</b>	Data Protection Act 2018;
<b>"DSPT"</b>	the NHS Data Security and Protection Toolkit, which is an online system 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, available at: <a href="https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit">https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit</a> ;



<b>“Environmental Regulations”</b>	shall have the meaning given to the term in paragraph 1.2 of Schedule 2;
<b>“eProcurement Guidance”</b>	the NHS eProcurement Strategy available via: <a href="http://www.gov.uk/government/collections/nhs-procurement">http://www.gov.uk/government/collections/nhs-procurement</a> together with any further Guidance issued by the Department of Health and Social Care in connection with it;
<b>“Equality Legislation”</b>	any and all legislation, applicable guidance and statutory codes of practice relating to equality, diversity, non-discrimination and human rights as may be in force in England and Wales from time to time including, but not limited to, the Equality Act 2010, Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the National Health Service Act 2006 (in particular but not limited to section 13G), the Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000 and the Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002 (SI 2002/2034) and the Human Rights Act 1998;
<b>"European Data Protection Board"</b>	has the meaning given to it in Data Protection Legislation;
<b>"European Economic Area or EEA"</b>	the European Economic Area (EEA) which consists of the European Union and all the European Free Trade Association (EFTA) countries except Switzerland;
<b>"Face to Face Service"</b>	the face to face service that will be provided by the Provider in accordance with Schedule 2A (Service Specification) of the Call-off Terms and Conditions;
<b>“Face to Face Service Ceiling Price”</b>	the maximum price payable under any Contract in respect of the Face to Face Service provided by the Provider under Schedule 2A (Service Specification) of the Call-off Terms and Conditions and such price is set out in Schedule 5;
<b>“Financial Standing Requirements”</b>	the financial standing requirements that the Provider was required to meet as part of the procurement process leading to the award of this Framework Agreement;
<b>“FOIA”</b>	shall have the meaning given to the term in paragraph 1.2 of Schedule 2;
<b>“Force Majeure Event”</b>	any event beyond the reasonable control of the Party in question to include, without limitation: <ul style="list-style-type: none"> <li>(a) war including civil war (whether declared or undeclared), riot, civil commotion or armed conflict materially affecting either Party’s ability to perform its obligations under this Framework Agreement;</li> <li>(b) acts of terrorism;</li> <li>(c) flood, storm or other natural disasters;</li> <li>(d) fire;</li> </ul>



- (e) unavailability of public utilities and/or access to transport networks to the extent no diligent supplier could reasonably have planned for such unavailability as part of its business continuity planning;
- (f) government requisition or impoundment to the extent such requisition or impoundment does not result from any failure by the Provider to comply with any relevant regulations, laws or procedures (including such laws or regulations relating to the payment of any duties or taxes) and subject to the Provider having used all reasonable legal means to resist such requisition or impoundment;
- (g) compliance with any local law or governmental order, rule, regulation or direction that could not have been reasonably foreseen;
- (h) industrial action which affects the ability of the Provider to provide the Services, but which is not confined to the workforce of the Provider or the workforce of any sub-contractor of the Provider; and
- (i) a failure in the Provider's and/or Commissioner's supply chain to the extent that such failure is due to any event suffered by a member of such supply chain, which would also qualify as a Force Majeure Event in accordance with this definition had it been suffered by one of the Parties,

but excluding, for the avoidance of doubt:

- (j) the withdrawal of the United Kingdom from the European Union and any related circumstances, events, changes or requirements; and
- (k) the Covid-19 pandemic and any related circumstances, events, changes or requirements;

<b>"Framework"</b>	the framework arrangements established by the Commissioner for the provision of the Services to the Commissioner by Framework Providers (including the Provider) pursuant to the FTS Notice;
<b>"Framework Agreement"</b>	this framework agreement and all schedules and appendices attached to this framework agreement;
<b>"Framework Providers"</b>	the providers (including the Provider) appointed under this Framework Agreement or agreements on the same or similar terms to this Framework Agreement as part of the Framework;
<b>"Fraud"</b>	any offence under any law in respect of fraud in relation to this Framework Agreement or defrauding or attempting to defraud or conspiring to defraud the government, parliament or any Contracting Authority;
<b>"FTS Notice"</b>	the contract notice published on the Find a Tender Service website as referenced in this Framework Agreement;



<b>“General Anti-Abuse Rule”</b>	means <ul style="list-style-type: none"> <li>(a) the legislation in Part 5 of the Finance Act 2013; and</li> <li>(b) any future legislation introduced into parliament to counteract tax advantages arising from abusive arrangements to avoid national insurance contributions;</li> </ul>
<b>"Good Clinical Practice"</b>	has the meaning given to it in the Call-off Terms and Conditions
<b>"Good Health and/or Social Care Practice"</b>	has the meaning given to it in the Call-off Terms and Conditions
<b>"Good Practice"</b>	Good Clinical Practice and/or Good Health and/or Social Care Practice, as appropriate
<b>“Good Industry Practice”</b>	the exercise of that degree of skill, diligence, prudence, risk management, quality management and foresight which would reasonably and ordinarily be expected from a skilled and experienced service provider engaged in the provision of services similar to the Services under the same or similar circumstances as those applicable to this Framework Agreement, including in accordance with any codes of practice published by relevant trade associations;
<b>"Governing Body"</b>	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;
<b>“Group”</b>	means in relation to a Party, that Party, any subsidiary or holding company from time to time of that Party, and any subsidiary from time to time of a holding company of that Party and holding company and subsidiary company shall have the meaning given in Section 1159 of the Companies Act 2006;
<b>"Guarantee"</b>	a deed of guarantee in favour of the Commissioner in the form set out in Schedule 9 (Guarantee) granted pursuant to Clause 7A.1;
<b>"Guarantor"</b>	any person acceptable to the Commissioner to give a Guarantee;
<b>“Guidance”</b>	any applicable guidance, direction or determination and any policies, advice or industry alerts which apply to the Services, 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 Commissioner and/or have been published and/or notified to the Provider by the Department of Health and Social Care, NHS England and NHS Improvement, the Medicines and Healthcare Products Regulatory Agency, the Care Quality Commission and/or any other regulator or competent body;
<b>“Halifax Abuse Principle”</b>	the principle explained in the CJEU Case C-255/02 Halifax and others;
<b>"Health Research Authority"</b>	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;
<b>"HM Government Cyber Essentials Scheme"</b>	the HM Government Cyber Essentials Scheme as further defined in the documents relating to this scheme published at: <a href="https://www.gov.uk/government/publications/cyber-essentials-scheme-overview">https://www.gov.uk/government/publications/cyber-essentials-scheme-overview</a>
<b>"IG Guidance for Serious Incidents"</b>	NHS Digital's Checklist Guidance for Information Governance Serious Incidents Requiring Investigation June 2013, available at:  <a href="https://www.igt.hscic.gov.uk/KnowledgeBaseNew/HSCIC%20IG%20SIRI%20%20Checklist%20Guidance%20V2%200%201st%20June%202013.pdf">https://www.igt.hscic.gov.uk/KnowledgeBaseNew/HSCIC%20IG%20SIRI%20%20Checklist%20Guidance%20V2%200%201st%20June%202013.pdf</a> ;
<b>"Improvement"</b>	any improvement, enhancement or modification to Commissioner IPR, Provider IPR or Best Practice IPR (as the case may be) which cannot be used independently of such IPR;
<b>"Indemnity Arrangements"</b>	either:  (a) a policy of insurance;  (b) an arrangement made for the purposes of indemnifying a person or organisation; or  (c) a combination of (a) and (b);
<b>"Indirect Losses"</b>	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;
<b>"Information Commissioner"</b>	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;
<b>"Information Governance Audit Guidance"</b>	guidance issued by the Department of Health and Social Care and/or NHS England available at: <a href="http://www.gov.uk/government/publications/a-question-of-balance-independent-assurance-of-information-governance-returns">http://www.gov.uk/government/publications/a-question-of-balance-independent-assurance-of-information-governance-returns</a>
<b>"Information Governance Breach"</b>	an information governance serious incident requiring investigation, as defined in IG Guidance for Serious Incidents;
<b>"Information Governance Lead"</b>	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;
<b>"Insolvency Event"</b>	in respect of the Provider or Guarantor (as applicable):



- (a) the Provider or Guarantor (as applicable) being, or being deemed for the purposes of any Law to be, unable to pay its debts or insolvent;
- (b) the Provider or Guarantor (as applicable) admitting its inability to pay its debts as they fall due;
- (c) the value of the Provider's or Guarantor's (as applicable) assets being less than its liabilities taking into account contingent and prospective liabilities;
- (d) the Provider or Guarantor (as applicable) suspending payments on any of its debts or announces an intention to do so;
- (e) by reason of actual or anticipated financial difficulties, the Provider or Guarantor (as applicable) commencing negotiations with creditors generally with a view to rescheduling any of its indebtedness;
- (f) a moratorium is declared in respect of any of the Provider's or Guarantor's (as applicable) indebtedness;
- (g) 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 or Guarantor (as applicable);
- (h) a composition, assignment or arrangement with any creditor of any member of the Provider or Guarantor (as applicable);
- (i) 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 Guarantor (as applicable) or any of its assets;
- (j) a resolution of the Provider or Guarantor (as applicable) or its directors is passed to petition or apply for the Provider's or Guarantor's winding-up or administration;
- (k) the Provider's or Guarantor's (as applicable) 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
- (l) if the Provider or Guarantor (as applicable) suffers any event analogous to the events set out in (a) to (k) of this definition in any jurisdiction in which it is incorporated or resident;

**"Intellectual Property Rights" or "IPR"**

inventions, copyright, patents, database right, domain names, trade marks, module names, rights in computer software,



database rights, rights in get-up, goodwill and the right to sue for passing off, 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;

**"IPR Claim"**

any claim of infringement or alleged or threatened infringement (including the defence of such infringement or alleged infringement) by a third party (including the defence of such infringement or alleged or threatened infringement) of any IPR, used to provide the Services or as otherwise provided and/or licensed by the Provider (or to which the Provider has provided access) to the Commissioner in the fulfilment of its obligations under this Framework Agreement;

**"Law"**

means any applicable legal requirements, including without limitation:

- (m) any applicable statute or proclamation, delegated or subordinate legislation, bye-law, order, regulation or instrument;
- (n) any Guidance;
- (o) any enforceable community right within the meaning of section 2(1) European Communities Act 1972;
- (p) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;
- (q) requirements set by any regulatory body;
- (r) any applicable code of practice; and
- (s) any relevant collective agreement and/or international law provisions (to include, without limitation, as referred to in (a) to (f) above),

in each case as applicable in England and Wales;

**"Losses"**

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

**"Mandatory and Discretionary Criteria"**

the mandatory and discretionary criteria that the Provider was required to meet as part of the procurement process leading to the award of this Framework Agreement;

**"Material Sub-Contract"**

any sub-contract with a Material Sub-Contractor for the purpose of the performance of any obligation on the part of the Provider under any Contract;

**"Material Sub-Contractors"**

any sub-contractor which, in the opinion of the Commissioner, performs (or would perform if appointed) a critical role in the provision of all or any part of the Services;

**"Mediation Notice"**

has the meaning given under Clause 19.6.1;



<b>"Mini-Competition"</b>	a mini-competition carried out in accordance with the Mini-Competition Procedure;
<b>"Mini-Competition Award Criteria"</b>	the award criteria to be applied for the award of Contracts for Services pursuant to the Mini-Competition Procedure;
<b>"Mini-Competition Procedure"</b>	the mini-competition procedure described in paragraph 3 of Schedule 6;
<b>"Minimum Requirements under the Specification"</b>	the pass/fail technical questions that the Provider was required to satisfy as part of the procurement process leading to the award of this Framework Agreement;
<b>"National Data Guardian"</b>	the body which advises and challenges the health and care system to help ensure that citizens' confidential information is safeguarded securely and used properly: <a href="https://www.gov.uk/government/organisations/national-data-guardian">https://www.gov.uk/government/organisations/national-data-guardian</a> , and its predecessor body the Independent Information Governance Oversight Panel
<b>"National Data Guardian's Data Security Standards"</b>	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 <a href="https://www.gov.uk/government/consultations/new-data-securitystandards-for-health-and-social-care">https://www.gov.uk/government/consultations/new-data-securitystandards-for-health-and-social-care</a>
<b>"NHS"</b>	the National Health Service;
<b>"NHS Digital"</b>	the Health and Social Care Information Centre <a href="https://digital.nhs.uk/">https://digital.nhs.uk/</a> ;
<b>"NHS Foundation Trust"</b>	a body that is defined in section 30 of the NHS Act 2006;
<b>"NHS Information Governance Toolkit"</b>	an online system which allows NHS organisations and partners to assess themselves against Department of Health and Social Care information governance policies and standards <a href="https://nww.igt.hscic.gov.uk/">https://nww.igt.hscic.gov.uk/</a>
<b>"NHS Serious Incident Framework"</b>	the Commissioner's serious incident framework, available at: <a href="http://www.England.nhs.uk/ourwork/patientsafety/">http://www.England.nhs.uk/ourwork/patientsafety/</a> ;
<b>"NHS Trust"</b>	a body that is established under section 25 of the NHS Act 2006;
<b>"Occasion of Tax Non-Compliance"</b>	means: <ul style="list-style-type: none"> <li>(a) any tax return of the Provider submitted to a Relevant Tax Authority on or after 1 October 2012 is found on or after 1 April 2013 to be incorrect as a result of: <ul style="list-style-type: none"> <li>(i) 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 the General Anti-Abuse Rule or the Halifax Abuse Principle;</li> </ul> </li> </ul>



	<p>(ii) the failure of an avoidance scheme which the Provider was involved in, and which was, or should have been, notified to a Relevant Tax Authority under the DOTAS or any equivalent or similar regime; and/or</p> <p>(b) any tax return of the Provider submitted to a Relevant Tax Authority on or after 1 October 2012 gives 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;</p>
<b>"Operational Day"</b>	a day other than a Saturday, Sunday or bank holiday in England;
<b>"Ordering Procedure"</b>	the procedures enabling the Commissioner to call-off Services and enter into Contracts under this Framework Agreement, as set out in Schedule 6, comprising the Direct Ordering Procedure and the Mini-Competition Procedure;
<b>"Orders"</b>	orders for Services placed under this Framework Agreement by the Commissioner in the form of the amended or refined Call-off Terms and Conditions as appropriate and "Order" shall be construed accordingly;
<b>"Participating Commissioner"</b>	a clinical commissioning group (or any successor or replacement body) or local authority in relation to whose geographical area a Contract is entered into pursuant to this Framework Agreement;
<b>"Party"</b>	the Commissioner or the Provider as appropriate and "Parties" means both the Commissioner and the Provider;
<b>"Personal Data"</b>	has the meaning given to it in the Data Protection Legislation and modified by paragraph 1.2 of this Schedule 1;
<b>"Personal Data Breach"</b>	has the meaning given to it in the Data Protection Legislation;
<b>"Policies"</b>	the policies, rules and procedures of the Commissioner as notified to the Provider from time to time;
<b>"Prices"</b>	the prices payable under a Contract;
<b>"Privacy Notice"</b>	the information that must be provided to a Data Subject under Article 13 and Article 14 of the UK GDPR and/or the DPA 2018;
<b>"Prohibited Acts"</b>	has the meaning given under Clause 27.1.1;
<b>"Protected Characteristics"</b>	has the meaning set out in section 4 of the Equality Act 2010;
<b>"Provider"</b>	the provider named on the first page of this Framework Agreement;
<b>"Provider IPR"</b>	any IPR owned by or licensed to the Provider (other than by the Commissioner) that will be used by the Provider in the delivery of the Services, including Improvements to such IPR;



<b>"Public Health England"</b>	an executive agency of the Department of Health and Social Care established under the 2012 Act;
<b>"Quality Requirements"</b>	has the meaning set out in the Call-off Terms and Conditions;
<b>"Relevant Tax Authority"</b>	HM Revenue and Customs, or, if applicable, a tax authority in the jurisdiction in which the Provider is established;
<b>"Remedial Proposal"</b>	has the meaning given under Clause 14.4;
<b>"s251 Regulations"</b>	the Health Service (Control of Patient Information) Regulations 2002, made pursuant to section 251 of the 2006 Act and any other regulations made under that section;
<b>"Senior Information Risk Owner"</b>	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;
<b>"Serious Incident"</b>	has the meaning given to it in the NHS Serious Incident Framework;
<b>"Service User"</b>	has the meaning set out in the Call-off Terms and Conditions;
<b>"Services"</b>	the services that the Provider is required to provide to the Commissioner under Contracts placed under this Framework Agreement, details of such Services being set out in the Specification and the Tender Response Document and any Order;
<b>"Specification"</b>	the document set out in Schedule 3;
<b>"Staff"</b>	all persons employed or engaged by the Provider to perform its obligations under this Framework Agreement including any Sub-Contractors and person employed or engaged by such Sub-Contractors;
<b>"Statement of Requirements"</b>	a statement issued by the Commissioner detailing its requirements based on the Specification issued in accordance with the Ordering Procedure;
<b>"Sub-Contract"</b>	any sub-contract for the purpose of the performance of any obligation on the part of the Provider under any Contract, including a Material Sub-Contract;
<b>"Sub-Contractor"</b>	any sub-contractor under any Sub-Contract, including a Material Sub-Contractor;
<b>"Tailored Remote Service"</b>	the tailored remote service that will be provided by the Provider in accordance with Schedule 2A (Service Specification) of the Call-off Terms and Conditions;
<b>"Tailored Remote Service Ceiling Price"</b>	the maximum price payable under any Contract in respect of the Tailored Remote Service provided by the Provider under



	Schedule 2A (Service Specification) of the Call-off Terms and Conditions and such price is set out in Schedule 5;
<b>"Tender Response Document"</b>	the document set out in Schedule 4 submitted by the Provider in response to the invitation to tender issued by the Commissioner;
<b>"Term"</b>	three years from the Commencement Date which may be extended in accordance with Clause 14.2 provided that the duration of this Framework Agreement shall be no longer than four (4) years in total;
<b>"Third Party Body"</b>	has the meaning given under Clause 8.5;
<b>"UK GDPR"</b>	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;
<b>"Variation"</b>	has the meaning set out in Clause 18.3;
<b>"Variation Form"</b>	the form set out in Schedule 8; and
<b>"VAT"</b>	value added tax chargeable under the Value Added Tax Act 1994 or any similar, replacement or extra tax.
1.2	Where a term in paragraph 1.1 is defined by reference to its definition in the Data Protection Legislation that definition shall be modified so that the reference to "living" in the definition of "personal data" is omitted with the effect that personal data can relate to individuals either living or deceased.



## SCHEDULE 2

### Information Governance Provisions

#### 1. Confidentiality

- 1.1 In respect of any Confidential Information it may receive directly or indirectly from the other Party ("**Discloser**") and subject always to the remainder of paragraph 1 of Schedule 2, each Party ("**Recipient**") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party without the Discloser's prior written consent provided that:
  - 1.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date;
  - 1.1.2 the provisions of paragraph 1 of Schedule 2 shall not apply to any Confidential Information:
    - 1.1.2.1 which is in or enters the public domain other than by breach of this Framework Agreement or other act or omissions of the Recipient;
    - 1.1.2.2 which is obtained from a third party who is lawfully authorised to disclose such information without any obligation of confidentiality;
    - 1.1.2.3 which is authorised for disclosure by the prior written consent of the Discloser;
    - 1.1.2.4 which the Recipient can demonstrate was in its possession without any obligation of confidentiality prior to receipt of the Confidential Information from the Discloser; or
    - 1.1.2.5 which the Recipient is required to disclose purely to the extent to comply with the requirements of any relevant stock exchange.
- 1.2 Nothing in paragraph 1 of Schedule 2 shall prevent the Recipient from disclosing Confidential Information where it is required to do so by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law, including the Freedom of Information Act 2000 ("**FOIA**"), Codes of Practice on Access to Government Information, on the Discharge of Public Authorities' Functions or on the Management of Records or the Environmental Information Regulations 2004 ("**Environmental Regulations**" or "**EIR**").
- 1.3 The Commissioner may disclose the Provider's Confidential Information:
  - 1.3.1 on a confidential basis, to any Contracting Authority (the Parties agree that all Contracting Authorities receiving such Confidential Information shall be entitled to further disclose the Confidential Information to other Contracting Authorities on the basis that the information is confidential and is not to be disclosed to a third party which is not part of any Contracting Authority);
  - 1.3.2 on a confidential basis, to any consultant, contractor or other person engaged by the Commissioner and/or the Contracting Authority receiving such information;
  - 1.3.3 to any relevant party for the purpose of the examination and certification of the Commissioner's accounts;



- 1.3.4 to any relevant party for any examination pursuant to section 6(1) of the National Audit Act 1983 of the economy, efficiency and effectiveness with which the Commissioner has used its resources;
- 1.3.5 to Parliament and Parliamentary Committees or if required by any Parliamentary reporting requirements; or
- 1.3.6 on a confidential basis, to a proposed successor body in connection with any proposed or actual, assignment, novation or other disposal of rights, obligations, liabilities or property in connection with this Framework Agreement;

and for the purposes of this Framework Agreement, references to disclosure "on a confidential basis" shall mean the Commissioner making clear the confidential nature of such information and that it must not be further disclosed except in accordance with Law or this paragraph 1.3 of Schedule 2.

- 1.4 The Provider may only disclose the Commissioner's Confidential Information, and any other information provided to the Provider by the Commissioner in relation to the operation of this Framework Agreement, to the Provider's Staff or professional advisors who are directly involved in the performance of or advising on the Provider's obligations under this Framework Agreement. The Provider shall ensure that such Staff or professional advisors are aware of and shall comply with the obligations in paragraph 1 of Schedule 2 as to confidentiality and that all information, including Confidential Information, is held securely, protected against unauthorised use or loss and, at the Commissioner's written discretion, destroyed securely or returned to the Commissioner when it is no longer required. The Provider shall not, and shall ensure that the Staff do not, use any of the Commissioner's Confidential Information received otherwise than for the purposes of performing the Provider's obligations in this Framework Agreement.
- 1.5 Paragraph 1 of Schedule 2 shall remain in force:
  - 1.5.1 without limit in time in respect of Confidential Information which comprises Personal Data or which relates to national security; and
  - 1.5.2 for all other Confidential Information for a period of three (3) years after the expiry or earlier termination of this Framework Agreement unless otherwise agreed in writing by the Parties.
- 1.6 This Paragraph 1 will not limit the Public Interest Disclosure Act 1998 in any way whatsoever.
- 1.7 Nothing in this Clause 1 of this Schedule 3 shall prevent the Recipient from disclosing the Confidential Information to its Group companies, provided that the Recipient procures that such Group companies comply with this Clause 1 of this Schedule 3 as if each reference to the Recipient in this Clause 1 of this Schedule 3 is a reference to any such Group company receiving the Confidential Information.

## 2. Information Governance

- 2.1 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.
- 2.2 The Provider must, before the Commissioner places an Order under the Ordering Procedure (either Direct Ordering without a Mini-Competition or following a Mini-Competition Procedure):
  - 2.2.1 complete the DSPT;
  - 2.2.2 publish the results confirming that the standards of the DSPT are met; and
  - 2.2.3 meet the audit requirements in relation to DSPT set out in the Call-off Terms and Conditions.



- 2.3 The Provider must:
- 2.3.1 nominate an Information Governance Lead;
  - 2.3.2 nominate a Caldicott Guardian and Senior Information Risk Owner, each of whom must be a member of the Provider's Governing Body;
  - 2.3.3 where required by Data Protection Legislation, nominate a Data Protection Officer;
  - 2.3.4 ensure that the 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
  - 2.3.5 ensure that NHS England and NHS Digital are 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.
- 2.4 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, any National Data Guardian for Health and Care 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 its adherence to data security standards and requirements for enabling patient choice
- 2.5 The Provider must, at least once annually, audit its practices against quality statements regarding data sharing set out in NICE Clinical Guideline 138.
- 2.6 The Provider must, before the Commissioner places an Order under the Ordering Procedure (either Direct Ordering without a Mini-Competition or following a Mini-Competition Procedure) ensure that its DSPT submission is audited in accordance with Information Governance Audit Guidance where applicable. The Provider must inform the Commissioner of the results of each audit and publish the audit report both within the DSPT and on its website in accordance with General Condition 21 of the Call-off Terms and Conditions.
- 2.7 The Provider must report and publish any Data Breach and any Information Governance Breach in accordance with IG Guidance for Serious Incidents. 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 Commissioner of the Personal Data Breach. This paragraph does not require the Provider to provide the Commissioner with information which identifies any individual affected by the Personal Data Breach where doing so would breach Data Protection Legislation.

## **Data Protection**

- 2.8 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 Framework Agreement cannot be relied on by the Provider as evidence that such use is unlawful and therefore not contractually required.

## **The Provider as a Data Controller**

- 2.9 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 Information Commissioner's guidance on Data Controllers and Data Processors and any further



Data Guidance. The Parties acknowledge that a Party or Sub-Contractor may act as both a Data Controller and a Data Processor. The Parties consider that:

- 2.9.1 in relation to Personal Data processed by the Provider for the purpose of delivering the Services the Provider will be sole Data Controller; and
  - 2.9.2 in relation to Personal Data the processing of which is required by the Commissioner for the purposes of quality assurance, performance management and contract management, the Commissioner and the Provider will be joint Data Controllers.
- 2.10 The Provider must ensure that all Personal Data processed by or 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 Data Guidance and in accordance with the provisions of any relevant Contract.
- 2.11 In relation to Personal Data processed by the Provider in the course of delivering the Services, the Provider must publish, maintain and operate:
- 2.11.1 policies relating to confidentiality, data protection and information disclosures that comply with the Law, the Caldicott Principles and Good Practice;
  - 2.11.2 policies that describe the personal responsibilities of Staff for handling Personal Data;
  - 2.11.3 a policy that supports the Provider's obligations under the NHS Care Records Guarantee;
  - 2.11.4 agreed protocols to govern the sharing of Personal Data with partner organisations; and
  - 2.11.5 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.
- 2.12 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:
- 2.12.1 provide such information in pseudonymised form where possible; and in any event
  - 2.12.2 ensure that there is a legal basis for the sharing of Personal Data.
- 2.13 Notwithstanding paragraph 2.12 of this Schedule 2, the Provider must (unless it can lawfully justify non-disclosure) disclose defined or specified confidential patient information to or at the request of the 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**

- 2.14 Where the Provider, in the course of delivering the Services, acts as a Data Processor on behalf of the Commissioner, the provisions of Schedule 6F (Provider Data Processing Agreement) of the Call-off Terms and Conditions will apply.

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



- 2.15 Subject always to Clause 26, 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 Schedule 2.
- 2.16 Subject always to Clause 26, if the Provider is to require any Sub-Contractor to act as a Data Processor on its behalf, the Provider must:
- 2.16.1 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;
  - 2.16.2 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
  - 2.16.3 as far as practicable include in the terms of the sub-contract terms equivalent to those set out in Schedule 6F (Provider Data Processor Agreement) of the Call-off Terms and Conditions and in any event ensure that the Sub-Contractor is engaged under the terms of a binding written agreement requiring the Sub-Contractor to:
    - 2.16.3.1 process Personal Data only in accordance with the Provider's instructions as set out in the written agreement, including instructions regarding transfers of Personal Data outside the EU or to an international organisation unless such transfer is required by Law, in which case the Data Processor shall inform the Provider of that requirement before processing takes place, unless this is prohibited by law on the grounds of public interest;
    - 2.16.3.2 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;
    - 2.16.3.3 comply at all times with obligations equivalent to those imposed on the Provider by Article 32 of the UK GDPR and equivalent provisions in the DPA 2018;
    - 2.16.3.4 impose obligations as set out in this paragraph 2.16.3 on any Sub-processor appointed by the Sub-Contractor;
    - 2.16.3.5 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;
    - 2.16.3.6 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;
    - 2.16.3.7 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;



- 2.16.3.8 create and maintain a record of all categories of data processing activities carried out under the Sub-Contract, containing:
  - 2.16.3.8.1 the name and contact details of the Data Protection Officer (where required by Data Protection Legislation to have one);
  - 2.16.3.8.2 the categories of processing carried out on behalf of the Provider;
  - 2.16.3.8.3 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;
  - 2.16.3.8.4 a general description of the technical and organisation security measures taken to ensure the security and integrity of the Personal Data processed under this Framework Agreement;
- 2.16.3.9 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;
- 2.16.3.10 allow rights of audit and inspection in respect of relevant data handling systems to the Provider or to the Commissioner or to any person authorised by the Provider or by the Commissioner to act on its behalf; and
- 2.16.3.11 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 paragraph 2.16.

2.17 The agreement required by paragraph 2.16 must also set out:

- 2.17.1 the subject matter of the processing;
- 2.17.2 the duration of the processing;
- 2.17.3 the nature and purposes of the processing;
- 2.17.4 the type of personal data processed;
- 2.17.5 the categories of data subjects; and
- 2.17.6 the plan for return and destruction of the data once processing is complete unless the Law requires that the data is preserved.

### 3. **Freedom of Information and Transparency**

- 3.1 The Provider acknowledges that the Commissioner is subject to the requirements of the FOIA and EIR. The Provider must assist and co-operate with the Commissioner to enable it to comply with its disclosure obligations under the FOIA and EIR. The Provider agrees:
  - 3.1.1 that this Framework Agreement and any other recorded information held by the Provider on the Commissioner's behalf for the purposes of this



Framework Agreement are subject to the obligations and commitments of the Commissioner under FOIA and EIR;

- 3.1.2 that the decision on whether any exemption to the general obligations of public access to information applies to any request for information received under FOIA is a decision solely for the Commissioner;
  - 3.1.3 that where the Provider receives a request for information relating to the Services provided under this Agreement and the Provider itself is subject to FOIA or EIR, it will liaise with the Commissioner as to the contents of any response before a response to a request is issued and will promptly (and in any event within two (2) Operational Days) provide a copy of the request and any response to the Commissioner;
  - 3.1.4 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 Commissioner to whom the request relates) and will promptly (and in any event within 2 Operational Days) transfer the request to the Commissioner;
  - 3.1.5 that the 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 the Environmental Regulations, may disclose information concerning the Provider and this Framework Agreement either without consulting with the Provider, or following consultation with the Provider and having taken its views into account; and
  - 3.1.6 to assist the Commissioner 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 the Commissioner within five (5) Operational Days of that request and without charge.
- 3.2 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 Framework Agreement is not Confidential Information.
  - 3.3 Notwithstanding any other term of this Framework Agreement, the Provider consents to the publication of this Framework Agreement 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.
  - 3.4 In preparing a copy of this Framework Agreement for publication under paragraph 3.3 of this Schedule 2, the Commissioner 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 Commissioner's absolute discretion.
  - 3.5 The Provider must assist and cooperate with the Commissioner to enable the Commissioner to publish this Framework Agreement.

#### **4. Cyber Essentials**

- 4.1 The Provider has and will maintain certification under the HM Government Cyber Essentials Scheme (basic level) until such time as the Provider obtains certification under paragraph 4.2 of this Schedule 2.
- 4.2 The Provider shall, as soon as is reasonably practicable after the Commencement Date, obtain certification under the HM Government Cyber Essentials Scheme to the level of Cyber Essentials Plus and maintain such certification for the Term.



## SCHEDULE 3

### Specification

All defined terms set out in this document reflect the definitions contained within the Call-off Contract unless defined in this document

Service Specification No.	1
Service	Provision of behavioural interventions for people with non-diabetic hyperglycaemia or people with normoglycaemia with a previous history of gestational diabetes
Commissioner Lead	NHS England
Provider Lead	
Period	
Date of Review	

#### 1. Population Needs

##### 1.1 National / local context and evidence base

###### 1.1.1 Introduction to the NHS Diabetes Prevention Programme

The Healthier You NHS Diabetes Prevention Programme (NDPP) is a joint initiative between NHS England & Improvement (NHSE&I), Public Health England and Diabetes UK. It delivers services across the whole of England for people with non-diabetic hyperglycaemia or women with a previous history of gestational diabetes and normoglycaemia, who are at high risk of developing Type 2 diabetes. Eligible individuals are offered a behavioural intervention which will continue for a period of 9 months (the "Service") to support and motivate them to reduce their risk of developing Type 2 diabetes through weight loss and/or a reduction in their blood glucose parameters, as a result of improved diet and increased levels of physical activity.

Diabetes constitutes a major burden on public health and preventative action is necessary to prevent the onset of the condition for those at high risk. A recent report published by Diabetes UK (2021)<sup>1</sup> estimates that the number of individuals at increased risk of type 2 diabetes could now be as high as 13.6 million people across the whole of the UK; a report published by the National Cardiovascular Intelligence Network (NCVIN)<sup>2</sup> suggests that the average prevalence of non-diabetic hyperglycaemia in England is 10.7%, which equates to approximately five million people. The report describes how prevalence is higher among Black, Asian and Minority Ethnic groups (and onset is often at a younger age in these groups), and that prevalence increases with age and obesity.

The NDPP is modelled on proven UK and international models. The first NDPP Framework Agreement was implemented in 2016 becoming the first national evidence-based diabetes prevention programme. By 2018 in-person group-based services were being offered across the whole of England and in 2019 the second NDPP Framework Agreement, comprising of improved in-person services and new digital services, was implemented and rolled out across England by 2020. The NHS Long Term Plan, published in 2019, made a commitment to double the size of the NDPP to support 200,000 people every year by 2023/24.

<sup>1</sup> Diabetes UK. 2021. Diabetes Can't Wait.

<sup>2</sup> National Cardiovascular Intelligence Network. 2015. NHS Diabetes Prevention Programme (NDPP) Non-diabetic hyperglycaemia. Public Health England.



In January 2020 early outcomes from the NDPP were [published](#) in Diabetes Care (American Diabetes Association)<sup>3</sup>. Reductions in weight and HbA1c compare favourably to those reported in recent meta-analyses of pragmatic studies and suggest likely future reductions in participant type 2 diabetes incidence.

NDPP services are procured under the NDPP Framework Agreement by the Commissioner for local health economies, and the geographical scope of the Services under individual call-off contracts are based on Integrated Care System (“**ICS**”) areas. ICS partnerships and primary care are responsible for identifying and referring eligible participants and until March 2020 successfully generated sufficient referrals to meet Long Term Plan targets. In 2019/20 this resulted in 170,000 referrals and circa.120,000 people supported on the NDPP.

In March 2020 in response to the COVID-19 pandemic, all in-person delivery was paused and the NDPP converted to remote video and teleconference delivery to continue to support those already participating in the NDPP, as well as continuing to accept new referrals for those at risk of developing Type 2 diabetes.

The Commissioner has expanded the scale of the NDPP following the first two NDPP Framework Agreements and is building on learning in order to offer improved in-person group-based services (the “**Face to Face Service**”) and online and app based digital services (the “**Digital Service**”) as the primary intervention offer, along with tailored remote group-based sessions for those cohorts of Service Users that are more likely to experience health inequalities (the “**Tailored Remote Service**”). Remote sessions will also be available for participants in the Face to Face Service who require a remote catch-up in place of a missed in-person session.

For the avoidance of doubt, in this Service Specification references to the delivery of “remote” sessions means with Service Users and the Staff delivering the sessions not being physically present at the same location but having face to face contact through a suitable videoconferencing and teleconferencing platform such as MS Teams, Zoom or Skype or other similar platform.

Analysis undertaken on the NDPP minimum dataset has concluded that where an element of choice had been offered to participants with regards to delivery channels, uptake rates for the NDPP were evidently higher for both younger and older age groups. Similarly, the analysis also detailed good completion rates and outcomes across digital, remote and face to face delivery channels with regards to the mean weight change, with an average of 3.2kg weight loss amongst participants who went on to complete the NDPP.

Evidence from diabetes structured education management shows that people learn in different ways and offering more flexible ways to learn has been shown to increase engagement in self-management and to deliver increased knowledge and confidence (Kings Fund level 2 review, Diabetes UK 2016).

In line with NICE guidance (NG183, October 2020) and based on analysis of previous delivery of the NDPP, and in order to support Service User choice and widened access, the overriding principle of the Service will be that all Service Users must be given unconstrained choice between the Face to Face Service and Digital Service, with a remote service offered to Service Users in the Face to Face Service who miss a session and require a catch-up on content prior to their next scheduled in-person group meeting.

The Tailored Remote Service must also be offered to Service Users upfront as an alternative to the Face to Face Service and the Digital Service but only to particular cohorts or groups who are at higher risk of experiencing health inequalities as set out in this Service Specification, paragraph 3.2.6.

Where the Provider is not providing the Digital Service, the term “Service” relates only to the Face to Face Service and Tailored Remote Service.

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<sup>3</sup> Diabetes Care. 2019. Early Outcomes From the English National Health Service Diabetes Prevention Program. <https://care.diabetesjournals.org/content/early/2019/11/11/dc19-1425>



## 2. Outcomes

### 2.1 Expected outcomes of the NDPP

- Reduction in incidence of Type 2 diabetes among Service Users as a result of the intervention;
- Reduction in weight of Service Users where they are overweight or obese, and the maintenance of a healthy weight; and
- To reduce blood glucose parameters (HbA1c or Fasting Plasma Glucose (FPG)) in Service Users at 12 months from referral and beyond.

## 3. Scope

### 3.1 Aims of the Service

The primary aim of the Service is to prevent Type 2 diabetes. All aspects of the Service must be delivered by the Provider in accordance with the NDPP outcomes and with the aim of achieving three core aims:

- Support people to achieve or maintain a healthy body weight, having appropriate regard to achievement of UK dietary recommendations related to fibre, fruit and vegetables, oily fish, saturated fat, salt and free sugars;<sup>4</sup>
- Support people to increase their physical activity and reduce sedentary behavior, and wherever appropriate achieve the England Chief Medical Officer's (CMO) physical activity recommendations;
- To maximise completion rates of Service Users, including across groups that share a protected characteristic.

The above goals are for the Service as a whole, and at an individual Service User level goals must be tailored to suit individual Service User requirements.

A secondary aim of the Service is to establish sound data collection mechanisms to ensure that the effectiveness of the Service in reducing the long term microvascular and cardiovascular complications of Type 2 diabetes, as well as to reduce the associated higher mortality risk, can be assessed over time. It is also to establish the evidence base for the effectiveness of the Service in delivering outcomes.

The tertiary aims of the Service are to continue to build the evidence base around the effectiveness of remote or digital approaches to diabetes prevention and to develop and build an evidence base around the effectiveness of tailored approaches for harder to reach cohorts and other specific groups.

### 3.2 Service description / care pathway

#### 3.2.1 Principles

The Provider will deliver the Services in accordance with the following principles:

- The Provider must provide the Services in accordance with this Schedule 2A and the Annexes and Appendices to this Schedule 2A;
- The content of the sessions must aim to empower people at risk of Type 2 diabetes to take a leading role in establishing and maintaining long-term behaviour changes;

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<sup>4</sup> Full references for government dietary guidelines are provided in Annex 1



- Delivery of the Services will be tailored to the individual circumstances of all Service Users, including age, physical wellbeing or frailty, weight, personal goals, cultural considerations and culinary traditions;
- The Service must aim to ensure equal access by all Service User groups, reduce health inequalities and promote inclusion, tailoring the Services to support and target those with greatest need through a proportionate universalism approach and equality of access for people with protected characteristics under the Equality Act 2010;
- Access to Services will accommodate the diverse needs of the target population in terms of availability (including any out of hours provision), accessibility, customs and location (where relevant), as far as possible;
- The Provider must build effective working relationships with relevant local stakeholders (including local health economies and community sector organisations) to plan and support referral generation and deliver an inclusive programme;
- The Provider must maximise the flexibility of their offering in order to increase reach for all, including communities who face the most barriers to access;
- The Provider must ensure Service User involvement in the co-production/co-design of the Service;
- The Provider must ensure Service User involvement and engagement in the evaluation and improvement of Services;
- The Service interventions must be developed in consultation with behaviour change specialists;
- The Provider must engage proactively with primary care services whilst ensuring that the impact on workload for existing providers of primary care services is minimised;
- All individuals must be treated with courtesy, respect and an understanding of their needs;
- All individuals invited to participate in the Service must be offered the Face to Face Service in line with NICE Guideline NG183 (October 2020);
- All individuals invited to participate in Services must be provided with adequate information and full transparency on the delivery channels available and their associated benefits and risks, in a format which is accessible to them. This information must allow an informed decision to be made by the individual on which delivery intervention is most appropriate to their personal circumstances and preference, in order to maximise NDPP uptake.
- Ongoing improvements and adjustments will be made to the delivery of the Services as new evidence, standards and/or guidance emerges. The Provider acknowledges and agrees that the Services may be adjusted to respond to best available evidence, including (by way of example only) as a result of planned innovation-testing evaluation (e.g. a research project or time-limited pilot of an innovation to improve the Services). Any such adjustments would be effected as a variation to this Contract in accordance with the variation procedure set out in General Condition 13 (Variations).

Subject to the bullet point immediately below, in the event and to the extent only of a conflict between any of the provisions of this Service Specification and Appendix 1 (Tender Response Document) and/or Appendix 2 (Local Service Requirements) of this Schedule 2A, the conflict shall be resolved in accordance with the following descending order of precedence:

- this Service Specification;
- Appendix 1 of Schedule 2A (Tender Response Document);



- Appendix 2 of Schedule 2A (Local Service Requirements).

Where Appendix 1 of Schedule 2A (Tender Response Document) or Appendix 2 of Schedule 2A (Local Service Requirements) contains provisions which are more favourable to the Commissioner in relation to the Service Specification and/or Appendix 1 of Schedule 2A (Tender Response Document) as relevant, such provisions of Appendix 1 of Schedule 2A (Tender Response Document) or Appendix 2 of Schedule 2A (Local Service Requirements) shall prevail.

The Commissioner shall in its absolute and sole discretion determine whether any provision in Appendix 1 of Schedule 2A (Tender Response Document) or Appendix 2 of Schedule 2A (Local Service Requirements) is more favourable to it in relation to the Service Specifications and/or Appendix 1 of Schedule 2A (Tender Response Document) as relevant.

### 3.2.2 Eligibility

The Services are available to the following:

- individuals aged 18 years or over, up to and including eighty years old. Individuals who are over eighty years old are eligible to access the Service if their GP provides written confirmation to the Provider that the GP perceives the benefits of the NDPP to outweigh any potential risks of participating in a weight loss programme for that individual;
- individuals who have 'non-diabetic hyperglycaemia', defined as having an HbA1c of 42 – 47 mmol/mol (6.0 – 6.4%) or an FPG of 5.5 – 6.9 mmol/l within the 12 months prior to the date of referral into the Service. This excludes individuals with a previous diagnosis of Type 2 diabetes from any time in the past, regardless of whether their latest blood reading is within the non-diabetic hyperglycaemic range;
- individuals who have a previous history of Gestational Diabetes Mellitus (GDM) and 'normoglycaemia', defined as having an HbA1c lower than 42 mmol/mol or an FPG of less than 5.5 mmol/l within the 12 months prior to date of referral into the Service.
- where an additional self-referral pathway is required in accordance with paragraph 3.2.5, individuals who achieve a qualifying risk score [to be defined by the Commissioner] when completing the Know Your Risk assessment tool will be eligible for the NDPP.

Where both HbA1c and FPG blood readings are provided on referral, if all readings are NDH (or normal for women with previous GDM) the individual is eligible for the NDPP. Where any reading is in the diabetic range (HbA1c  $\geq 48$  mmol/mol or FPG  $\geq 7$  mmol/l) the individual is not eligible for the NDPP and must be referred back to their GP for further diagnostic clarification. Where one reading is normal and the other is in the non-diabetic hyperglycaemic range the individual is eligible for the Service.

Oral Glucose Tolerance Testing (OGTT) is rarely used now clinically for diagnosis of hyperglycaemia outside pregnancy; in pregnancy it is used to assess for gestational diabetes. However, it is acknowledged that there may be circumstances where impaired glucose tolerance has been identified in an individual through OGTT (2 hour post 75 gram glucose load glucose value  $\geq 7.8$  and  $< 11.1$  mmol/l), and such individuals are eligible for the Service.

### 3.2.3 Exclusion criteria

The following individuals must be excluded from the Service:

- Individuals with an existing or previous diagnosis of Type 2 diabetes at any time in the past;
- Individuals with an active eating disorder;



- Individuals on referral who do not meet the eligibility criteria as defined in paragraph 3.2.2 above;
- Individuals with severe/moderate frailty as recorded on a frailty register;
- Individuals who have undergone bariatric surgery in the last two years;
- Individuals aged under 18 years; and/or
- Pregnant women.

If a Service User becomes pregnant whilst participating in the Service, the Provider must tailor the Service accordingly, following the specification set out in NICE Guideline PH27, for example adjusting any weight loss goals. This guidance stipulates recommendations for diet, physical activity and weight management during pregnancy.

### 3.2.4 Referral pathway

The principal referral routes into the Service will be through General Practice and Health Checks. For General Practice these include identification of eligible Service Users and referral via opportunistic direct referrals of patients, centralised searches of GP systems or through annual glycaemic reviews for eligible cohorts.

The Provider must be able to receive and accept eligible referrals from all agreed pathways and will collaborate with local health economies to develop and agree additional referral routes in to the NDPP and associated protocols.

### 3.2.5 Self-referral pathway

The Commissioner may require the Provider to implement a self-referral pathway as part of the Service to widen access to the NDPP, improve equity of access and increase referral volumes. If the Commissioner so requires, it shall notify the Provider and will indicate from when, for how long, and for whom self-referrals must be accepted alongside any additional financial arrangements.

This referral route into the Service will be additional to, and will not replace the principal referral routes through GP Practices and Health Checks listed in paragraph 3.2.4.

Eligibility for self-referral will be based upon a threshold score generated through completion of an online 'Know Your Risk' tool by potential Service Users. The Commissioner may require the Provider to embed a version of this tool upon their website or to accept self-referrals directed to the Provider via an NHS operated or NHS commissioned online 'Know Your Risk' tool host.

The 'Know Your Risk' tool, which is currently available at <https://riskscore.diabetes.org.uk/start>, asks a series of basic questions including: age, weight, Body Mass Index (BMI), family history of diabetes and ethnicity to generate a risk score. The Commissioner may require the Provider to accept referrals based on any risk score and will notify the Provider what risk score to use as the basis for eligibility to the NDPP.

Self-referrals will not require a blood test eligibility as described in paragraph 3.2.2, but all Service Users must be informed of the importance of seeking a blood test from their GP. All other eligibility criteria described in paragraph 3.2.2 and exclusion criteria described in paragraph 3.2.3 will apply to self-referrals.

The Commissioner may market the self-referral pathway nationally through online and other means to promote uptake of the service (subject always to the Intervention Cap, as defined in paragraph 3.11). The Commissioner reserves the right to require the Provider to undertake additional marketing of the self-referral pathway and this must be delivered as described in paragraph 3.3.



Where the Commissioner requires the Provider to implement a self-referral pathway, the Provider must put in place arrangements to invite eligible participants that are self-referred via the self-referral pathway to participate in the Service as described in paragraph 3.2.6.

### **3.2.6 Invitation to participate**

Subject to the Intervention Cap and Intervention Period (referred to in paragraph 3.11 of this Service Specification), the Provider will invite all referred individuals to participate in the Face to Face or Digital Service. The Provider will initiate contact with all individuals referred to them in accordance with paragraphs 3.2.4 or 3.2.5, within 5 Operational Days of receipt of the referral, inviting them to participate in either the Face to Face Service or the Digital Service and the individual will be entitled to choose whether to participate in the Face to Face Service or the Digital Service.

The Tailored Remote Service can be delivered on a cross-contract basis and will only be offered alongside the Face to Face Service and the Digital Service to individuals whom the Provider has identified as requiring tailored or specific support. These groups include, but are not limited to, the following:

- Those with a hearing impairment requiring British Sign Language;
- Those with a visual impairment;
- Women with a previous diagnosis of Gestational Diabetes;
- Service Users from Bangladeshi or Pakistani backgrounds who require a specific cultural and language tailored Service.

The Provider can request from the Commissioner agreement to deliver the provision of a Tailored Remote Service to support additional cohorts alongside those listed above, in line with local needs as identified across particular contract areas.

The Provider will work with local health economies to manage the trajectory of referrals in line with the volume of contracted interventions and work together with the local health economy and with the Commissioner to match supply and demand across the duration of the Contract.

The invitation and all follow-up contact will contain basic, accessible information about Type 2 diabetes and information about how to reduce the risk of developing Type 2. All contact made with potential Service Users must be grounded in theory and evidence from behavioural insights and the Provider must make use of templates provided by the Commissioner.

Where there is no response from the initial invitation to the potential Service User, the Provider must make additional attempts to contact the potential Service User via at least two of the following methods: letter, phone call, text message or email; within a period of one calendar month from the date of referral into the Service.

#### **Where contact has not been established after one month**

If it has not been possible to make contact after a minimum of three attempts and through different channels after one calendar month, the individual must be discharged back to their GP. A discharge notice to the individual must also be communicated, signposting them to NHS Better Health website, the NHS Live Well website, the Diabetes UK website and to any other locally available resources for supporting weight loss, healthy eating and physical activity.

#### **Where contact has been established**

Where contact has been established with referred individuals, the Provider must explain the differences between the Face to Face Service and the Digital Service and offer the individual a choice between the Face to Face Service and the Digital Service as part of the same conversation. The Provider must support individuals to make appropriate choices, but should not influence choice for commercial or operational reasons. Where an individual is identified as requiring tailored support as listed in paragraph 3.2.6, the Provider must offer the option to



partake in the Tailored Remote Service intervention as an alternative to the Face to Face Service or Digital Service.

The Commissioner may require the Provider to use an approved script and set of criteria for this purpose in which case the Commissioner will notify the Provider of the script and criteria and the Provider shall use that script and criteria. This also applies to all further references in this Service Specification to the Provider offering individuals a choice between the Face to Face Service and the Digital Service (and where applicable the Tailored Remote Service).

Where contact has been established and an individual accepts an invitation to participate in the Service, the Provider must offer a choice of appropriate dates and times for the Service User's Individual Assessment (as set out in paragraph 3.2.7 below).

If the individual declines the invitation to participate in the Service on three separate occasions, they must be discharged back to their GP.

If the individual accepts the invitation to participate in the Service, the individual will become a Service User and the Provider must notify the Service User's GP that the Service User has agreed to participate in the Service once Milestone 1 has been Achieved (as those terms are defined in Schedule 3A (Local Prices) of the Contract) in relation to that Service User. The Provider must comply with any template letters or discharge communication content that the Commissioner notifies the Provider must be used.

The Provider must comply with relevant clinical codes associated with data items and include clinical codes in all notifications as specified by the Commissioner under the Contract.

The Provider will work closely with local health economies to identify and implement a feasible and locally appropriate mechanism for ensuring data is fed back to the GP in read coded format and can be integrated within GP clinical systems; ideally by electronic transfer. The Provider will also work with the local health economies to ensure that there is a monthly update on referral and uptake rates, waiting list size and outcomes at CCG level.

Additionally the Commissioner may require the Provider to notify GPs about progression of Service Users through the Service. The Commissioner will notify the Provider if this is required and the Provider shall comply with such notification.

Where contact has been established but an individual indicates that they do not accept the Service then the individual must be discharged back to their GP. A discharge notice to the individual must also be communicated, signposting them to NHS Better Health website, the NHS Live Well website, the Diabetes UK website and to any other locally available resources for supporting weight loss, healthy eating and physical activity.

### **3.2.7 Individual assessments**

Individual assessments of Service Users ("Individual Assessments") form the first stage of the Service. The Provider will conduct Individual Assessments with all Service Users who accept the invitation to participate in the Service. The Provider will use Individual Assessments to confirm whether Service Users are eligible for the Service and to gather baseline data as specified in Schedule 6A. Data must be gathered at all points of Service delivery in accordance with the requirements of this Service Specification and Schedule 6A.

The Provider will also use the Individual Assessment to deliver a brief intervention in line with NICE guidelines (see NICE PH38 and PH49). The Individual Assessment may also be used as an opportunity to assess an individual's motivation for behaviour change. Motivational interviewing must be used to support Service Users in setting appropriate goals and if a desire to set unhealthy goals is identified during this process, the Service User may require additional advice on the risks of some elements of the Service (see paragraph 3.2.9).

Elements of the Individual Assessment might be conducted through remote or digital channels. Weight measurements need to be taken through calibrated and objective mechanisms for the Face to Face Service. For the Digital Service, the Tailored Remote Service and any remote catch-up sessions delivered as part of the Face to Face Service, weight measurements may be self-reported by Service Users.



If an individual has previously accepted the Service but fails to attend a scheduled and agreed Individual Assessment, the Provider must make at least two further attempts to offer an Individual Assessment at times and, where delivered in-person, venues appropriate to the individual. If the individual does not attend any of the offered Individual Assessments, the Provider must discharge the individual back to their GP, signposting the individual to the NHS Better Health website, the NHS Live Well website, the Diabetes UK website and to any other locally available resources for supporting weight loss, healthy eating and physical activity.

#### **Attendance at Face to Face Service or Tailored Remote Service**

If, following the Individual Assessment as part of the Face to Face Service or Tailored Remote Service, a Service User:

- does not attend the first group session after the Provider has offered the first group session on 3 separate occasions at times and, for the Face to Face Service, venues appropriate to the Service User;
- defers attendance at the first group session after the Provider has offered the first group session on 3 separate occasions at times and, for the Face to Face Service, venues appropriate to the Service User; or
- declines the Face to Face Service or Tailored Remote Service,

the Provider must discharge the Service User back to their GP, signposting the Service User to the NHS Better Health website, the NHS Live Well website, the Diabetes UK website and to any other locally available resources for supporting weight loss, healthy eating and physical activity.

Where a Service User misses an in-person group session as part of the Face to Face Service, the Provider must offer a choice of either a remote catch-up session or alternative Face to Face group session to support the Service User in catching up on missed course content.

#### **Attendance at Digital Service**

If, following the Individual Assessment as part of the Digital Service, the Service User:

- has not registered for the Digital Service within the first calendar month post Individual Assessment; or
- does not have any recorded activity for the first calendar month post Individual Assessment,

the Provider must make a minimum of three attempts to contact the Service User, using at least two of the following means of communication: letter, phone call, text message or email.

Where the Service User cannot be contacted or declines the Digital Service, the provider must discharge the Service User back to their GP, signposting the Service User to the NHS Better Health website, the NHS Live Well website, the Diabetes UK website and to any other locally available resources for supporting weight loss, healthy eating and physical activity.

The Provider must record details about the number of contact attempts made to offer the Face to Face Service, including date and method of contact as set out in this section. The Provider is not required to record all of this information under Schedule 6A but must share this information with the Commissioner if requested.

The Commissioner may, from time to time, require the Provider to offer a person the Services under other circumstances alongside those listed in paragraph 3.2.6, for example tailored remote and digital Services for specific characteristics, demographics, languages or population needs. Where the Commissioner so requires, it shall notify the Provider in writing.

#### **Service Users who smoke**



The Provider must conduct a very brief intervention (offering very brief advice) with Service Users who are smokers, as detailed in training provided by the National Centre for Smoking Cessation and Training and recommended in NICE guidance NG92. This will involve the following steps: i) Ask – if the Service User smokes (yes/no); If yes, ii) Advice – the best way to quit is with a combination of medication and support. Would you be interested in this? If yes: Act – refer to stop smoking service. The Provider will establish an appropriate referral mechanism with local health economies and systems. The Provider must maintain a record about Service Users who were screened for smoking, offered advice and referred to stop smoking services.

### **3.2.8 Intensity and duration of the Face to Face Service and Tailored Remote Service**

The Provider must deliver the Face to Face Service and Tailored Remote Service in accordance with the following requirements:

- The Service must consist of a series of ‘sessions’ as opposed to minimal (‘one-off’) contact;
- The Service must be spread across a 9 month duration;
- 13 sessions must be provided to each Service User; each session must last between 1 and 2 hours;
- The minimum total contact time must be 16 hours;
- Additional contact outside of the 13 sessions and minimum of 16 hours, to further engage and support Service Users, to encourage retention and, where a Service User has missed sessions, to re-engage them to attend face to face is encouraged, and for the Face to Face Service, remote catch-up sessions must be offered to support session catch-up where appropriate. The Provider must consider how it ensures that Service Users are given appropriate individual support, including dedicated 1:1 time as required;
- The Provider will ensure that sessions are delivered in a format and at times that are appropriate to a range of diverse groups in the community and must include evening and weekend sessions to facilitate access for working people. Sessions must be offered at a range of times, days and, for the Face to Face Service, venues and accessible locations in order to maximise access to (and therefore uptake of) the Service, particularly for those of working age, BAME groups and more socially deprived communities;
- The design of the Service must allow Service Users to make behavioural changes gradually and throughout the 9 month duration of the Service;
- The Individual Assessment does not count towards intervention hours but the final session does. The Individual Assessment is counted outside of the minimum 13 sessions. Weigh-ins do not count towards session time in isolation although they could be part of a session.

### **3.2.9 Underpinning theory and approach for the Service**

- The Provider must ensure that the Service is grounded in and delivered in accordance with behavioural theory. The Provider must be explicit regarding the behavioural change theory and techniques that are being used, and the expected mechanism of action of their intervention. The Provider must use a systematic method to identify links between the components of the intervention, the mechanism of action and the intended behavioural outcomes, to ensure that interventions are adapted for the target behaviours, population and context. This must be reflected in a logic model or theory of change, to clearly specify which techniques they are using and how they expect their interventions to produce the desired behavioural changes.



- Interventions must be developed in consultation with behaviour change specialists and Service Users, to increase engagement. Methods for developing and implementing behaviour change interventions are set out in Public Health England guidance “Achieving behaviour change: a guide for local government and partners”.
- The Provider must utilise a behavior change framework which is evidence based, such as the COM-B model - see Michie et al (2011a)<sup>5</sup>.
- The Provider must demonstrate which behavior change techniques from the Behaviour Change Technique Taxonomy Michie et al (2011b)<sup>6</sup> are met by their intervention. As a minimum the intervention must include all the behaviour change techniques set out in NICE PH38 recommendations 1.9.2, 1.9.3 and 1.9.4<sup>7</sup>.
- The Provider must ensure that all sessions and communications incorporate clear, targeted, and high quality communication of risk, which optimise understanding of the risk of developing Type 2 diabetes and how this can be prevented. Application of behavioural science approaches to behaviour change must be demonstrated; particularly in relation to promoting recruitment and retention/reengagement of Service Users, and session attendance. The Provider must comply with any materials and templates provided by the Commissioner.
- The Service must not be designed in a way which increases health anxiety, discourages face to face consulting, encourages inappropriate self-management and/or encourages the adoption of unhealthy behaviours, such as excessive exercise or disordered eating.
- The Provider must be explicit about the intended action expected of Service Users in response to non-face to face contact (marketing, invitation letters, leaflets, referral forms, text messages etc.) and the mechanism of action by which that is expected to occur (with reference to behavioural change frameworks as described above). Evidence and best practice must be considered and described by the Provider when producing these materials and communication channels.
- The Provider must ensure that family or peer support is accommodated where this would be helpful to a Service User.

### 3.2.10 Content of the Service

- The Provider must develop detailed content for the Service.
- The content must cover information about Type 2 diabetes, including long-term effects, risk factors and benefits of behaviour change. The intervention must provide information and practical tools on nutrition, physical activity and weight management based on national guidance set out below and detailed more fully in Annex 1 of this Service Specification.
- Providers must ensure that interventions do not rely solely on information-giving and encourage interactive engagement with Service Users.

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<sup>5</sup> Michie, S., et al. (2011a). "The behaviour change wheel: A new method for characterising and designing behaviour change interventions." *Implementation Science* : IS 6: 42-42.

<sup>6</sup> Michie S, Ashford S, Sniehotta FS, et al. (2011b). A refined taxonomy of behaviour change techniques to help people change their physical activity and healthy eating behaviours: The CALORE taxonomy. *Psychology and Health*, 26 (11), 1479 – 1498.

<sup>7</sup> NICE Guidelines. 2017. Public Health Guideline [PH38]. Information provision; exploration of reasons and confidence for change; motivational interviewing; goal-setting; action planning; coping plans and relapse prevention; social support; self-monitoring; reviewing progress; problem-solving.



- The Provider must consider the extent to which the intervention is delivered in a logical progression in line with behavioural change techniques as described in paragraph 3.2.9 above. The intervention must aim for steady progress on Service Users' goals.
- The distribution of content across the intervention must seek to maximise continued engagement by the Service User across the duration of the Service.
- The content of interventions must be tailored to individual Service Users where possible and must consider the social and psychological support needed to implement behaviour changes in environments which promote unhealthy behaviours.
- The Provider must advise Service Users that some individuals may be at risk of setting unhealthy goals and must avoid aspects of an intervention that could encourage this. For example, Service Users with a history of disordered eating may decide to avoid aspects of an intervention that they feel might worsen this tendency.
- The risks and benefits of remote or digital interventions that involve the use of adverts and social media must be considered by the Provider when designing the Service. The Provider must ensure that no unregulated content or adverts via social media or other platforms encourages the use of goals, methods or content which fall outside of the evidence and this Service Specification.
- The Provider must be aware of the risks of digital exclusion in the use of the Digital Service or digital components of a Face to Face Service or Tailored Remote Service and take steps to mitigate it.
- Across all Services, use of the Provider's own platform or a moderated platform is preferred for online interactions such as chat rooms, and in instances where third party forums are being used, Service Users must be made aware of risks and the need to only rely on recommendations from the Provider.

### **3.2.11 Delivery of sessions for the Face to Face Service (including remote catch-up sessions)**

The Provider must deliver the Face to Face Service (including remote catch-up sessions) in accordance with the following minimum requirements:

- The Provider must ensure that the Face to Face Service is delivered using predominantly group sessions designed to be delivered to up to 20 Service Users in each group. Individual contact, in addition to the 13 sessions (either in person or remotely) may also be included to enhance delivery and retention. Larger group sizes may be used by exception (for example, a group exceeds 20 people where a Service User is bringing a family member or carer or where a Service User from another group has missed a session and attends to catch up either in-person or remotely). Sessions must be held within a reasonable timeframe and the Provider must ensure that these are not unduly delayed due to lower than anticipated group sizes. A record of group numbers must be kept and made available on request by the Commissioner.
- Group sessions, within the required 13 sessions, will be delivered face to face (in person) unless the Service User does not attend their planned in-person session and accepts a remote catch-up session.
- Service Users must be offered a choice of dates and times for each and any session to encourage attendance and also to offer the opportunity to catch up (either face to face or via remote means) where they have missed a session. This choice must be available throughout the duration of the intervention. The Provider must consider the extent to which the intervention is delivered in a logical progression.
- Service Users will not be able to formally transition from the Face to Face Service to the Tailored Remote Service once they have commenced on the Face to Face Service (but for the avoidance of doubt this will not prevent the Provider from offering remote catch-up sessions to Service Users on the Face to Face Service but only in instances where a session is missed and a remote session to catch-up on content is required



and the Provider must ensure these Service Users are booked on to the next appropriate face to face session).

- The Provider must consider how it ensures that Service Users are given appropriate individual support, in particular with self-regulatory and cognitively demanding behaviour change techniques. This must include dedicated 1:1 time as required.
- If a group size diminishes as the Service progresses due to non-attendance, there is no minimum group size; a Service User who wishes to continue on the Service (if they haven't already attended the final session) must be allowed to do so regardless of group size. However, the Provider may introduce mechanisms for joining together groups if numbers of attendees in a group are small.

### 3.2.12 Delivery of Sessions for the Digital Service

The Provider must deliver the Digital Service in accordance with the following minimum requirements:

- Engagement with the Digital Service by the Service User shall be monitored and reported to the Commissioner. Effective engagement should be defined by the Provider "in relation to the purpose of a particular intervention" (Yardley et al 2016)<sup>8</sup> and engagement data collected accordingly.
- Engagement shall be characterised by the interest and subjective experience of using the intervention, combined with objective measures of the amount, frequency, duration and depth of usage. Examples of engagement might include: viewing materials, completing any active elements, engaging directly with human coaches, inputting self-monitoring data, or participating in moderated group sessions. Engagement would not include passive receipt of emails and other communications unless it could be demonstrated that these have been actively read through Service User feedback mechanisms embedded into the communication. Schedule 3A sets out the specific types of engagement methods that the Provider must ensure are used for payments to be claimed and this may include engagement methods proposed by the Provider where this is agreed with the Commissioner.
- The Provider must be able to demonstrate that their curricula/modules are designed to deliver engagement of Service Users for a minimum of nine months and must aim to deliver the same objectives and the same course content as the Face to Face Service and the Tailored Remote Service.
- To ensure engagement is spread over nine months, the Provider must promote and ensure that there is active engagement activity each month. Payment for the Digital Service is dependent on monthly engagement. Schedule 3A (Local Prices) sets out the specific requirements that need to be met for payment.
- The programme material for the Digital Service must be designed to allow Service Users with different levels of knowledge and different approaches to learning to progress at different paces. This must include promoting self-directed learning.
- The Service must comply with NHS guidance on push notifications to Service Users (if used) (see "Notifications and messaging guidance and restrictions", NHS Digital 2021).
- Access to the Digital Service must be flexible to accommodate Service User preferences about accessing the Digital Service at a time of their choosing and to work through content flexibly at their own pace.

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<sup>8</sup> Yardley L, Spring BJ, Riper H, Morrison LG, Crane DH, Curtis K, Merchant GC, Naughton F, Blandford A. Understanding and Promoting Effective Engagement With Digital Behavior Change Interventions. Am J Prev Med;51(5):833-842. 2016



- The Provider must consider how it ensures that Service Users are given appropriate individual support, in particular with self-regulatory and cognitively demanding behaviour change techniques. This must include dedicated 1:1 time as required.
- The Provider must ensure that Service Users are able to adjust their level of interaction with digital systems, for example adjust the frequency of prompts, to their preferred settings.
- The Provider will inform Service Users how to check and set preferences for how their personal information and Personal Data may be used. The Provider will inform Service Users about when digital interventions are likely to use mobile data, and provide an indication of how much data may be used (for example an average, or information on the size of an app). The Provider will inform Service Users that they may therefore incur costs related to data usage depending on how they access the internet and their internet service provider's charges.

### **3.2.13 Delivery of Sessions for the Tailored Remote Service**

The Provider must deliver the Tailored Remote Service in accordance with the following minimum requirements:

- The Provider must ensure that the Tailored Remote Service is offered as an intervention option to specific identified cohorts as set out in paragraph 3.2.6 alongside the Face to Face Service and the Digital Service.
- The Provider must offer a platform for the Tailored Remote Service which can support both videoconferencing and teleconferencing which is free at the point of access for Service Users.
- Service Users must be offered a choice of dates and times for each and any session to encourage attendance. This choice must be available throughout the duration of the intervention. The Provider must consider the extent to which the intervention is delivered in a logical progression.
- Where a Service User misses a session, the Provider must ensure that they are given the opportunity to catch-up before booking the Service User onto the next appropriate Tailored Remote Service session.
- Where the Tailored Remote Service is being delivered to a cohort of Service Users which requires specific tailoring, the Provider must ensure that the necessary requirements are fulfilled to ensure that Service User needs are met e.g. BSL interpreters, visually aided workbooks.
- The Provider must deliver the Tailored Remote Service using predominantly group sessions designed to be delivered to up to 20 Service Users in each group; these Service Users may span across multiple areas in which the Provider provides the Service under Contracts pursuant to the NDPP Framework Agreement.
- Individual contact, in addition to the 13 remote group sessions may also be included to enhance delivery and retention.
- Group sessions, within the required 13 sessions, should not exceed the recommended time limit for each session in order to maintain the effectiveness of the intervention.
- As per paragraph 3.2.7 and paragraph 3.2.9, Providers must ensure that sessions delivered as part of the Tailored Remote Service appropriately mirror the intensity, theory and content as delivered across the Face to Face Service.

### **3.2.14 Delivery of Services in extraordinary circumstances**



The Provider must ensure that they have comprehensive business continuity plans in place in order to support continued access to and delivery of the Service during periods of disruption.

It is recognised that, due to unforeseen circumstances, there may be situations in which the delivery of the Face to Face Service cannot be facilitated in-person and the Commissioner requires the Provider to suspend the provision of the Face to Face Service. At any time during the Contract Term, on one or more occasions the Commissioner may at its absolute discretion require the Provider to suspend the provision of the Face to Face Service. If the Commissioner requires the Provider to suspend the provision of the Face to Face Service, the Commissioner will notify the Provider in writing. Upon receipt of such notification, the Provider will suspend the provision of the Face to Face Service and the Commissioner will work with the Provider to support with Service User management and continued the delivery of the Service in line with the principles set out in this paragraph 3.2.14 below.

#### **Transition between in-person and remotely delivered Face to Face Service**

- In circumstances where the Commissioner notifies the Provider that the in-person Face to Face Service is to be suspended in accordance with this paragraph 3.2.14, the Provider must offer affected Service Users the choice to transition to a remote mode of delivery. For the avoidance of doubt, this is not the Tailored Remote Service.
- Where Service Users accept this offer, the Provider must ensure that the Service User is given the appropriate information and guidance to support a smooth transition to remote delivery of the Face to Face Service.
- The Service must be delivered at all times in line with paragraph 3.2.10 and the Provider is responsible for ensuring the appropriate and successful integration of the Service User into the alternative provision.
- The Provider is responsible for ensuring that affected Service Users are appropriately recorded as having transitioned to a remote alternative of the Face to Face Service, and must ensure that affected Service Users are given the option to transfer back to in-person delivery once the Commissioner notifies the Provider that it may resume the Face to Face Service.

#### **Pausing existing Service Users on the Service**

- Only in instances where the Commissioner notifies the Provider that the delivery of the Face to Face Service is to be suspended in accordance with this paragraph 3.2.14 should existing Service Users be given the option to pause their participation in the Service until the Commissioner notifies the Provider that in-person delivery of the Service is to resume.
- The Provider must ensure that they have contacted all affected Service Users to discuss the alternative delivery of the Service and transition to the remote delivery of the Services in accordance with this paragraph 3.2.14 prior to Service Users confirming they wish to pause their participation in the Service and that Service Users are offered appropriate support in the interim prior to the resumption of the Face to Face Service.
- The Provider must ensure that Service Users who have chosen to pause their participation in the Service continue to receive reminders regarding the importance of annual glycaemic reviews.
- The Provider must ensure that Service Users who have chosen to pause their participation in the Service are accurately reflected in reporting requirements as outlined in Schedule 6A.
- Where a Service User chooses to pause their participation in the Face to Face Service, the timescales used for the purposes of calculating the relevant Milestone periods (as defined in Schedule 3A) will also temporarily pause until the Service User



resumes their participation in the Face to Face Service. Once a Service User formally resumes their participation in the Face to Face Service, the relevant Milestone period will recommence.

### **Deferring new Service Users on the Service**

- Where the Commissioner notifies the Provider that the delivery of the Face to Face Service is to be suspended in accordance with this paragraph 3.2.14 and new potential Service Users are being referred into the Service during suspension of the in-person Face to Face Service, the Provider must ensure that the individuals are offered the remote alternative of the Face to Face Service, the Digital Service and, for applicable cohorts as outlined in paragraph 3.2.6, the Tailored Remote Service before giving them the option to defer their place on the Service. The Provider must consider how it ensures that Service Users are given appropriate support during their period of deferral from the Service.
- The Provider must ensure that Service Users who have deferred their place on the Service continue to receive reminders regarding the importance of annual glycaemic reviews.
- Where Service Users are deferred on the Service, the Provider must notify their GP via a format as agreed with the Commissioner.
- The Provider must ensure that Service Users who have deferred their place on the Service are accurately reflected in reporting requirements as outlined in Schedule 6A.

### **Resuming the Face to Face Service following suspension**

The Commissioner will notify the Provider in writing when the Face to Face Service is to resume. Following such notification, the Commissioner will work in collaboration with ICS's and the Provider to provide appropriate guidance and support in relation to the resumption of the Face to Face Service following the period of suspension.

### **3.2.15 Training and Competencies for the design and delivery of the Services**

- The Provider acknowledges and agrees that the Services involve training, teaching, instruction, assistance, advice and guidance provided wholly or mainly for adults receiving healthcare. The Commissioner therefore considers the Services to be regulated activity for the purposes of regulations governing the use of Enhanced DBS & Barred List Checks and the Provider must carry out Enhanced DBS & Barred List Checks in respect of all members of Staff engaged in the Services who are eligible for such checks and must not engage any such person in the Services who is barred from working with vulnerable adults or is otherwise unsuitable for working with vulnerable adults. The Provider must ensure that any Sub-contractor is subject to similar obligations.
- The Provider will ensure that the Services are delivered or, where there is no human coaching element, developed, by suitably trained and competent individuals who are trained in delivery of behaviour change. The Provider will specify the type and level of qualification, training and / or competence to be required aligning with, for example, the Association for Nutrition 'wider workforce' training, Chartered Institute for the Management of Sport and Physical Activity accreditation, City & Guilds qualifications, and the Royal Society of Public Health qualifications. The Provider needs to demonstrate that these qualifications will ensure that front-line staff are appropriately selected and trained to deliver interventions in line with NICE PH49 for both overall behaviour change and for group based delivery. Providers may use the Health Education England Behaviour Change Development Framework (<https://behaviourchange.hee.nhs.uk>) to guide workforce development.
- The Provider must ensure that training focuses on behaviour change technique delivery, group management, communication and rapport. Training must demonstrate delivery of behaviour change techniques and allow front-line staff the opportunity to practice using them. Processes must be in place for assessing Staff



competence and for ongoing monitoring of behaviour change technique delivery by a behaviour change specialist, including giving feedback to Staff.

- The Provider must ensure that all individuals involved in the delivery of the Services have sufficient and appropriate training and competencies required to deliver the actions and content of the Services and to manage confidential and sensitive personal identifiable data. This must include training in delivery of the Services. The Provider must also consider the creation of apprenticeships as a means of developing and maintaining skills. Training must be routinely monitored and updated as necessary, and suitable continued professional development strategies must be in place.
- The Provider will ensure that all Staff adopt a person-centred, empathy-building approach in delivering the Services. This includes finding ways to help Service Users make gradual changes by understanding their beliefs, needs and preferences and building their confidence over time. The health coaching approach may be suitable, as detailed in NHS guidance: <https://www.england.nhs.uk/publication/health-coaching-summary-guide-and-technical-annexes/>.
- The Provider must ensure that a multi-disciplinary team of health professionals or specialists relevant to the core components of the Services (i.e. diabetes, behaviour change, weight loss, diet, physical activity and mental wellbeing) is involved in development of the Services and the training of Staff. These must include, for example, a registered dietitian or a registered nutritionist (registered with the Association for Nutrition), a registered health psychologist trained in the application of the COM-B model or other suitable tools and a qualified physical activity instructor.
- There is not a requirement for health professionals to deliver content of group sessions, nor be involved in every session. In discussions about physical activity it would be beneficial to involve a qualified physical activity instructor who has been trained in understanding and communicating the considerations involved with being more active.
- Access to the Service will accommodate the diverse needs of the target population in terms of availability, accessibility and customs as far as possible. The Service must be flexible and tailored to individual Service Users' needs, ability and cultural requirements. The Service must also provide culturally sensitive services and ensure access for people who have a physical or mental impairment. The Service must have access to appropriate interpreter services. The Provider must ensure that the Service complies with the Equality Act 2010 and would be accessible to wheelchair users and others with a physical disability. It must be available for people with low literacy levels, sensory impairment and learning disability and must welcome carers where needed.
- Staff delivering the Services will reflect the diversity of the population accessing the Services.
- In addition to in-depth behaviour change training, Providers where relevant, can draw on resources provided or recommended by Public Health England, for example:
  - Physical activity: applying All Our Health. PHE 2015.
  - Changing Behaviour: Techniques for Tier 2 Adult Weight Management Services. PHE 2017.
  - Health matters: physical activity - prevention and management of long term conditions. PHE 2020.
  - Helping older people stay active at home, Chartered Society of Physiotherapists (<https://www.csp.org.uk/public-patient/keeping-active-and-healthy/staying-healthy-you-age/staying-strong-you-age/strength>).

### **3.2.16 Weight Loss and Measurement**

In relation to weight loss:



- The Service must involve collecting weight data for all Service Users. For the Face to Face Service and Tailored Remote Service, this must include a weigh-in or recording of a self-reported weight at every session. Where a Service User attends a remote catch-up session as part of the Face to Face Service in place of a missed in-person session, they will be required to self-report their weight as part of the session.
- Data collection of weight measurements for the Face to Face Service must be objective and must not be self-reported (except where it is being taken at a remote catch-up session) and taken using appropriately calibrated scales. Scales must meet Class III criteria for levels of accuracy as per UK Weighing Federation guidance (<http://www.ukwf.org.uk/res/medicalguidancenotes.pdf>) and "Weight Management Interventions: Standard Evaluation Framework" (PHE 2018).
- For the Digital Service: the Provider must request that Service Users undertake baseline, 3 month, 6 month and 9 month weigh-ins to monitor progress.
- Where weight is self-reported by Service Users as part of the Digital Service and the Tailored Remote Service, steps to ensure consistency of measurement must be encouraged, for example, using the same scales for each measurement taken. The Provider must also encourage Service Users to use regular weigh-ins as part of self-monitoring.
- The Commissioner will work with the Provider to ensure that people are given advice on options for weighing themselves where they do not have access to scales. There are likely to be a number of options for how people can access scales, including through their GP practice, pharmacy, or through other local services and retail outlets. The Provider must ensure that any Service User that this may affect is made aware of any options that the Commissioner deems appropriate.
- Body mass index (BMI) and waist circumference thresholds must be used as specified in NICE guideline PH46 (see Annex 2). See "Weight Management Interventions: Standard Evaluation Framework" (PHE 2018) for details of measurement of height and weight.
- Motivational interviewing must be used to support Service Users in setting appropriate goals. The Provider must ensure that achievable goals for weight loss (for people who are overweight or obese) are agreed for different stages of the Service for example, within the first few weeks, at three months and at completion of the Service. Service Users must be encouraged to work towards their behaviour change goals as well as weight loss goals, for example, increased physical activity or eating more fruit and vegetables.
- The Provider must ensure that Service Users who are not overweight or obese are not encouraged to lose weight but are supported to maintain a healthy weight, and that weight loss advice for older participants manages any risk of Sarcopenia.
- The Provider must, wherever possible, work with Service Users to assess their dietary intake and support Service Users to plan sustainable dietary changes, aligned with the balance of food groups in the Eatwell Guide (refer to paragraph 3.2.14 below for further information), to achieve weight loss and help with weight maintenance.
- The Provider must design approaches to support individuals who are overweight or obese at baseline (as defined in Annex 2) to reduce their calorie intake. A calorie limit of no more than 1,900kcal for men and 1,400kcal for women should support weight loss at a rate of 0.5kg-1kg each week but calorie limits must take into account individual Service Users' circumstances, such as physical activity level. Weight loss of 5-10% of baseline weight should be used to support individuals who are overweight or obese to understand how much weight loss is required to achieve health benefits and to set achievable targets. Approaches need to support longer term sustainable behaviour change in order to maintain target weight.



- The Provider must design approaches to support individuals who are a healthy weight at baseline to maintain a healthy weight in line with NICE Guideline NG7.
- The Provider must consider making reasonable adjustments for Service Users with a learning disability. Public Health England guidance (Obesity and weight management for people with learning disabilities. PHE, 2020) states that people with learning disabilities may require alternative methods of weight measurement due to chronic constipation and/or atypical body shape. The Provider must work with the local health system to determine the best process for measuring weight where the mainstream method is not appropriate.

### 3.2.17 Dietary content

The design and delivery of the syllabus must be underpinned by the UK Government dietary recommendations as detailed in the Eatwell Guide<sup>9</sup> and support weight loss for Service Users who are overweight or obese, or the maintenance of a healthy weight in Service Users of healthy weight. The Eatwell Guide shows the proportions on the main food groups that form a healthy balanced diet. This involves increased intake of fibre, fruit and vegetables and oily fish, and decreased intake of saturated fat, sugar, salt and energy:

- Eat at least 5 portions of a variety of fruit and vegetables every day;
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible;
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options;
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily);
- Choose unsaturated oils and spreads and eat in small amounts;
- Drink 6-8 cups/glasses of fluid a day;
- If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

The Provider must support Service Users towards achieving the Government's dietary recommendations:

- Use dietary approaches that are evidence based and sustainable in the longer term;
- Use motivational interviewing to support Service Users in setting appropriate goals.
- Service Users must be encouraged to set tailored and achievable short, medium and long term goals which help them to achieve their aims.
- The Service must encourage self-monitoring to help Service Users review their progress.
- The Service must inform Service Users about how to effectively utilise self-monitoring to ensure healthy goals are set. This is applicable for the Face to Face Service and the Tailored Remote Service, but particularly for the Digital Service.
- Service Users must be supported to consume wholegrain and higher fibre starchy carbohydrates in line with the Eatwell Guide (about a third of food eaten).

<sup>9</sup> Information about the Eatwell Plate can be accessed at [www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx](http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx).



- For Service Users who are overweight or obese and therefore need to lose weight through calorie reduction, the Provider must ensure that this is achieved through the promotion of the balance of food groups as set out in the Eatwell Guide.
- Dietary advice must reflect the culinary traditions of the communities in which the Service is being provided, without making assumptions about what Service Users eat.

### 3.2.18 Physical activity content

- The Provider will support those Service Users who are not physically active, to aim to become active daily and minimise time spent being sedentary, with an aim of meeting or exceeding the England CMO recommendations for adults, older adults, disabled adults and pregnant and postpartum women (see Annex 1).<sup>10</sup> The Provider will tailor the support provided as part of the Service to meet the needs, goals and capabilities of individual Service Users. Care must be taken to set achievable goals bearing in mind the principle set out by the CMO recommendations that any physical activity is better than none: even light activity and activity in short bursts is better than being sedentary.
- The Provider will promote strength, balance and flexibility activities as set out in the CMO recommendations, particularly for older adults.
- The Provider will take a graded and structured approach to setting, monitoring and reviewing goals to ensure that those who have a very low baseline level of physical activity are supported to aim for the CMO recommendations within a personalised timeframe. Motivational interviewing must be used to support Service Users in setting appropriate goals.
- The Provider will support Service Users to reduce the amount of sedentary activity in their leisure and working time, by promoting and demonstrating the use of breaks after a prolonged period of sitting or other sedentary activity.
- The Provider will support Service Users to incorporate active travel into their daily routine either through walking or cycling skills and group activities; the Provider can use tools which encourage the incorporation of walking into daily routines such as those applied through the Public Health England Active 10 app. Active 10 promotes graded increases and encourages brisk walking. Providers may also use the NHS Better Health and NHS Live Well websites, which include interventions such as Couch to 5k.
- The Provider is required to measure physical activity for the Face to Face, Tailored Remote and the Digital Service using a standard self-reporting tool as determined by the Commissioner and when required by the Commissioner. Self-monitoring and reliable data capture to understand individual-level change in weight, diet, and physical activity are key behavior change techniques. Services must include methods to allow Service Users to accurately and regularly self-monitor their diet and physical activity behaviours.
- The Provider must encourage self-monitoring of physical activity by regularly liaising with Service Users about the number of steps undertaken in the previous week using objective measurement such as use of pedometers, activity trackers, or smart phone step counters. The Provider must promote self-monitoring in a way which ensures that healthy goals and patterns of exercise are embedded. Data on absolute step counts will be required over a measurement period of the previous seven days.
- The Provider must also encourage self-monitoring of activities that do not provide 'steps' (for example, cycling), strength, balance and flexibility activities and activities to reduce sedentary time. The Provider will be required to provide data on physical activity including calculation and reporting of step counts, e.g. by calculating percentage change, to allow comparison of Service User and Provider physical

<sup>10</sup> UK Chief Medical Officers' physical activity guidelines. Department of Health and Social Care. September 2019.



activity changes relating to the Service as determined by the Commissioner and as notified by the Commissioner to the Provider. The Recent Physical Activity Questionnaire (RPAQ) is the tool currently in use for this purpose.

- The Service may include supervised exercise and when used must build gradually to increase exercise capacity of the Service User. It is the Provider's responsibility to ensure that Staff providing supervised exercise are suitably qualified.
- The Provider must provide a choice of physical activities to accommodate as wide a range of Service Users as possible and must measure health inequalities in access and outcomes.

The Provider must ensure that content of the Service is regularly reviewed and adjusted to stay up to date with government standards, recommendations, guidance and new evidence.

### **3.2.19 Final Session**

The "Final Session" is defined as the last session delivered by the Provider as part of the planned Service (for those Service Users still attending).

As part of the Final Session, the Provider must conduct a post intervention assessment of weight, wellbeing and achievement of individual goals for all Service Users who attend. For the Face to Face Service, the weight must be taken via objective means (unless the Final Session is delivered remotely). BMI must also be calculated and arrangements for collection of Service User feedback / customer satisfaction survey must be agreed. Details of the data to be reported are provided in Schedule 6A.

The Provider must again ensure that links are made with local or national activities and services, in order to provide support for Service Users to continue with improvements made to dietary and physical activity behaviours and weight loss.

The Provider must ensure that Service Users are reminded about key sources of information and advice, such as NHS Choices.

The Provider must make available support and advice post intervention to Service Users to encourage the maintenance of improved lifestyles.

### **3.2.20 Discharge from the Service**

The Service User is "Discharged" from the Service in the following circumstances:

- If after the Provider contacts an individual following referral, the individual does not respond to the Provider after one calendar month from referral provided that the Provider has made a minimum of three attempts to contact the individual, and used various different communications channels as set out in paragraph 3.2.5 above;
- If, after the Provider contacts an individual following referral, the individual indicates that they do not accept the Face to Face Service;
- If, after the Provider contacts an individual following referral, the individual indicates that they accept the Face to Face Service, and have either declined, deferred or did not attend an Individual Assessment and/or a first intervention session for the Face to Face Service or the Tailored Remote Service where the Provider has offered the session on 3 separate occasions (including a remote catch-up option for participants on Face to Face Service) at times and, for the Face to Face Service, venues suitable to the individual;
- When a Service User misses three consecutive Face to Face Service or Tailored Remote Service sessions for no known reason, and for the Face to Face Service the Provider has offered appropriate remote catch-up sessions, and the Provider has made a minimum of three attempts to contact the Service User since the last attended session, using at least two of the following means of communication: letter, phone call, text message or email;



- For the Digital Service, where there is no recorded activity for three consecutive calendar months;
- When a Service User informs the Provider that they no longer wish to participate in the Service; and/or
- On completion of the Final Session (or once the Final Session has been delivered) . Once the Final Session is completed then the Service User is discharged automatically regardless of the number (or percentage) of sessions attended.

### **Discharge Requirements**

The Provider must provide each Service User's GP and the Service User themselves, with notification of Discharge via template letters or discharge communication content as notified by the Commissioner and as included within Schedule 6A.

The letter of discharge must encourage the Service User to contact their GP to confirm a date for their annual review, including a blood test to confirm whether HbA1c or FPG levels have reduced.

The letter of discharge to the GP must advise that clinical guidelines recommend follow up of people with non-diabetic hyper-glycaemia and/or women with a previous history of gestational diabetes every 12 months, where follow up includes measurement of weight and HbA1c, as well as assessing and addressing cardiovascular risk consistent with standard clinical practice.

The Provider must comply with relevant clinical codes associated with data items and include clinical codes in all notifications as specified by the Commissioner under the Contract.

The Provider will work closely with local health economies to identify and implement a feasible and locally appropriate mechanism for ensuring data is fed back to the GP in read coded format and can be integrated within GP clinical systems; ideally by electronic transfer. The Provider will also work with the local health economies to ensure that there is a monthly update on referral and uptake rates, waiting list size and outcomes at ICS level.

### **3.2.21 Links to Tier 2 Weight Management and other services**

The Provider must ensure that links are made with existing local networks and partnerships (for example, physical activity providers) throughout the development and delivery of the Service. This could include, for example, leisure and public health services, departments within Local Authorities, NHS Choices, and local physical activity schemes.

Alongside this, the Provider must ensure that they are aware of Tier 2 weight management services operating across the relevant geographical area applicable to the Service. These Tier 2 weight management services form part of the obesity pathway and they are commissioned either locally, mainly by local authorities, or on a national basis for the NHS 12-week Digital Weight Management Programme ("NHS DWMP").

Typically, Tier 2 weight management services are multi-component lifestyle interventions that include diet, physical activity and behaviour change components. These services are typically delivered in group settings over 12 weeks and target overweight individuals, defined as having a BMI >25, although variation does exist across local authority delivered services.

The NHS DWMP is limited to individuals who have a BMI of  $\geq 30\text{kg/m}^2$  (adjusted to  $\geq 27.5$  for people from Black, Asian and ethnic minority backgrounds) and a current diagnosis of either diabetes and/or hypertension.

The NDPP is more intensive than most existing weight management services. Where an individual has been identified as having non-diabetic hyperglycaemia but is also eligible for a Tier 2 weight management service, they will be referred into the Service if they meet all other eligibility criteria as set out within this Service Specification.



### 3.3 Marketing of the Service

The Provider must undertake marketing and promotional activity in conjunction with the local health economy to advertise the existence of the Service, with a view to raising awareness about the availability and benefits of the Service amongst local primary care and to people in the geographical area covered by the Contract who may benefit from participating in a diabetes prevention programme. Any marketing or promotional activity must be designed to target groups in the community which are currently less likely to access services, or which are at a disproportionately higher risk of developing diabetes encouraging them to find out more about the Service.

In marketing the Service, the Provider must conform to any guidelines on social marketing of the Service under the Contract, for example to ensure alignment of messaging with any wider social marketing campaigns being undertaken in relation to diabetes, or health promotion more generally. This includes using any branding guidelines developed by the Commissioner specifically for the NDPP.

Where it is required that the self-referral pathway is stood up in accordance with paragraph 3.2.5, the Provider must ensure any marketing requirements that are required by the Commissioner are complied with. Additional support for marketing activity related to the self-referral pathway will be discussed with the Provider should it be required that this pathway be made available across the Service.

### 3.4 Intellectual Property

For the avoidance of doubt, notwithstanding General Condition 1.2, the Parties expressly agree that this paragraph 3.4 shall take precedence over General Condition 22 in respect of Intellectual Property.

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

The Provider grants the Commissioner a fully paid-up non-exclusive licence to use Provider IPR for the purposes of the exercise of its functions and obtaining the full benefit of the Services under this Contract, which will include the dissemination of best practice to commissioners and providers of health and social care services.

The Commissioner grants the Provider a fully paid-up non-exclusive licence to use Commissioner IPR under this Contract for the sole purpose of providing the Services.

In the event that the Provider or the Commissioner at any time devise, discover or acquire rights in any Improvement it or they must promptly notify the owner of the IPR to which that Improvement relates giving full details of the Improvement and whatever information and explanations as that Party may reasonably require to be able to use the Improvement effectively and must assign to that Party all rights and title in any such Improvement without charge.

Any IPR created by the Commissioner in the exercise of its licence rights under this Contract will be owned by the Commissioner.

The Provider must disclose all documents and information concerning the development of Best Practice IPR to the Commissioner at Review Meetings and must grant the Commissioner a fully paid-up, non-exclusive perpetual licence to use Best Practice IPR for the purpose of the exercise of its functions together with the right to grant sub-licences to Public Health England and any Participating Commissioner for the purpose of the exercise of their respective functions.

“Best Practice IPR” in this paragraph 3.4 means any IPR developed by the Provider including Improvements to such IPR in connection with or as a result of the Services.

“Improvement” in this paragraph 3.4 means any improvement, enhancement or modification to Commissioner IPR, Provider IPR or Best Practice IPR (as the case may be) which cannot be used independently of such IPR.



"IPR" in this paragraph 3.4 means inventions, copyright, patents, database right, domain names, trade marks, module names, rights in computer software, database rights, rights in get-up, goodwill and the right to sue for passing off, 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.

"Participating Commissioner" in this paragraph 3.4 means a clinical commissioning group (including any successor or replacement body), an Integrated Care Board or local authority in relation to whose geographical area the Services are delivered.

"Provider IPR" in this paragraph 3.4 means any IPR owned by or licensed to the Provider (other than by the Commissioner) that will be used by the Provider in the delivery of the Services (as set out in Appendix 3 of this Schedule 2A), including Improvements to such IPR.

The Provider shall ensure and procure that the availability, provision and use of the Service and the performance of the Provider's responsibilities and obligations hereunder shall not infringe any Intellectual Property Rights of any third party.

The Provider shall during and after the Contract Term indemnify the Commissioner against all Losses incurred by, awarded against or agreed to be paid by the Commissioner (whether before or after the making of the demand pursuant to the indemnity hereunder) arising from an IPR Claim. An IPR Claim is defined as any claim of infringement or alleged or threatened infringement by a third party (including the defence of such infringement or alleged or threatened infringement) of any IPR, used to provide the Services or as otherwise provided and/or licensed by the Provider (or to which the Provider has provided access) to the Commissioner in the fulfilment of its obligations under this Contract.

If an IPR Claim is made, or the Provider anticipates that an IPR Claim might be made, the Provider may, at its own expense and sole option, either:

- procure for the Commissioner the right to continue using the relevant IPR which is subject to the IPR Claim; or
- replace or modify the relevant deliverable with non-infringing substitutes provided that:
  - the performance and functionality of the replaced or modified deliverable is at least equivalent to the performance and functionality of the original deliverable; and
  - there is no additional cost to the Commissioner.

If the Provider elects to procure a licence or to modify or replace a deliverable pursuant to the provision above but this has not avoided or resolved the IPR Claim, then:

- the Commissioner may terminate this Contract by written notice with immediate effect; and
- without prejudice to the indemnity set out above, the Provider shall be liable for all reasonable and unavoidable costs of the substitute deliverables and/or services including the additional costs of procuring, implementing and maintaining the substitute deliverables.

### 3.5 Cyber Essentials

The Provider has and will maintain certification under the HM Government Cyber Essentials Scheme (basic level) until such time as the Provider obtains Cyber Essentials Plus certification in accordance with the provision below.

The Provider shall, as soon as is reasonably practicable after the Services Commencement Date, obtain certification under the HM Government Cyber Essentials Scheme to the level of Cyber Essentials Plus and maintain such certification for the Contract Term.

### 3.6 Digital Technology Assessment Criteria



The Provider must ensure that the Digital Service is compliant with the requirements of the Digital Technology Assessment Criteria ("DTAC") and ensure that the Digital Service is updated if requirements of the DTAC are updated.

Where a Provider is intending to use an existing product as part of the Digital Service and has completed a Digital Assessment Questionnaire ("DAQ") previously in relation to that product, they must still undertake and complete a DTAC review in relation to that product.

The DTAC should be used alongside the latest version of the NICE Evidence standards framework (ESF) for digital health technologies, to assess clinical safety, data protection, technical assurance, interoperability, usability and accessibility. The Service fits within Tier C of the ESF and evidence must be provided that the intended technology for the Digital Service:

- Has involved user groups within the design, development and/or testing phases;
- Demonstrates effectiveness for preventative behaviour change or self-manage functions;
- Uses appropriate behaviour change techniques (as outlined within this Service Specification);
- Can support and monitor reliable information content;
- Supports ongoing data collection to validate usage and value;
- Has appropriate quality and safeguarding measures in place; and
- Promotes equality and can be utilised to support hard-to-reach populations.

Please refer to the ESF for further information on the required evidence and how to apply the framework, which is currently available at:

<https://www.nice.org.uk/about/what-we-do/our-programmes/evidence-standards-framework-for-digital-health-technologies>

### **3.7 Government Digital Service Technology Code of Practice**

The Provider must ensure that the Service adheres to the requirements of the Government Digital Service Technology Code of Practice, which is currently available at:

<https://www.gov.uk/government/publications/technology-code-of-practice/technology-code-of-practice>

### **3.8 Identity Verification and Authentication Standard for Digital Health and Care Services**

If the Provider's Digital Service is by its nature a service to which NHS Digital's "Identity Verification and Authentication Standard for Digital Health and Care Services" applies, then the Provider is required to ensure it adheres to this standard. Please refer to the Standard for applicability:

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb3051-identity-verification-and-authentication-standard-for-digital-health-and-care-services>.

The Provider agrees to provide evidence of adherence to the standard to the Commissioner on request.

### **3.9 Cyber Requirements for Remote Service Delivery**

The Provider must ensure that any videoconferencing and teleconferencing platform that it intends to use to deliver the Tailored Remote Service or remote catch-up sessions for the Face to Face Service has undergone the appropriate risk assessment and adheres to all other security and information governance requirements as set out in this Service Specification.

A Data Protection Impact Assessment must be completed and be in place before any videoconferencing and teleconferencing platform is used to deliver any sessions remotely to comply with the Data Protection Legislation.



Further information on the use of video conferencing tools in relation to Service User engagement can be found here: <https://www.nhs.uk/information-governance/guidance/using-video-conferencing-and-consultation-tools/>

### 3.10 Information Governance

The Provider will submit the "Data Output Specification" document in Schedule 6A to the commissioning support service specified by the Commissioner and in the manner specified by the Commissioner.

The Provider will invite all individuals they have contacted following referral and all Service Users to agree be contacted for the purpose of service evaluation and record their consent where given. The Commissioner will specify this proportion of Service Users and also the timing and manner of the invitation.

The Provider will respect any request by a Service User not to disclose information that identifies them in the documents indicated above.

For the avoidance of doubt, the requirements above are in addition to the information governance requirements set out elsewhere in this Contract.

### 3.11 Additional Service Delivery Requirements

The Provider must:

- provide the Service in the following geographical area – [to be defined at call-off]
- ensure that the number of Service Users who achieve Milestone 1 (as defined in Schedule 3A) for the Service does not exceed [number to be defined at call-off] during the Contract Term. This number is the "Intervention Cap" for the purposes of Schedule 3A;
- work with the Local Health Economy to agree and implement a strategy for managing demand within the Intervention Cap;
- ensure that no Service User is invited to participate in the Service after a period of [to be defined at call-off] years has elapsed since the Service Commencement Date. This period is the "Intervention Period" for the purposes of Schedule 3A;
- actively monitor and report to the Commissioner and Local Health Economies, the number of Service Users who achieve Milestone 1 across the Service throughout the Contract Term; and
- notify the Commissioner as soon as reasonably practicable where the number of Service Users achieving Milestone 1 (as defined in Schedule 3A) is predicted to exceed the Intervention Cap.

The Commissioner may at its discretion either:

- vary the Intervention Cap and/or the Intervention Period; and/or
- introduce a specific "Digital Service Cap" and/or "Tailored Remote Service Cap" (which it may subsequently vary), to require the Provider to ensure that the number of Service Users who have achieved Milestone 1 (as defined in Schedule 3A) and are participating in the Digital Service and/or the Tailored Remote Service does not exceed a figure that is equal or more than the specified cap; and/or
- notify the Provider that it will not vary the Intervention Cap and/or the Intervention Period.



Where the Commissioner varies the Intervention Cap, introduces (or subsequently varies) a specific Digital Service Cap and/or Tailored Remote Service Cap, and/or varies Intervention Period it will notify the Provider and the Provider shall comply with the variation.

For the avoidance of doubt:

- the Provider's consent is not required for any variations referred to in this paragraph 3.11 and General Condition 13 does not apply to such variations; and
- varying the figures for the purpose of this paragraph 3.10 includes increasing or decreasing the relevant figure.

The Provider will not be paid for the Service provided to any additional Service Users:

- invited to participate in the Service once the Intervention Cap has been reached in accordance with paragraph 2 of Part 1 of Schedule 3A;
- invited to participate in the Service once the Intervention Period has expired in accordance with paragraph 2 of Part 1 of Schedule 3A; and/or
- invited to participate in the Tailored Remote Service or the Digital Service once any specific Digital Service Cap and/or Tailored Remote Service Cap introduced by the Commissioner has been reached in accordance with paragraph 2 of Part 1 of Schedule 3A.

The Contract Term will be the period from the Effective Date to the day after which the Provider submits the data submission for the last Service User on the NDPP who completed the Final Session or other such day as agreed in writing between the Parties.

### 3.12 Transition

This Contract may require the Provider to provide the Service in an area where, at commencement of this Contract, there is an existing provider providing services under a contract that the Commissioner has previously called off. In such a situation, there will be a period during which the Provider is commencing delivery of the Service and the existing provider is winding down its delivery of services (i.e. it will not be accepting any new referrals to its service).

Prior to expiry or termination of this Contract, the Provider may be required to provide the Service in an area where there is a new provider preparing to deliver services under a contract that the Commissioner has newly called off. In such a situation, there will be a period during which the Provider is winding down its delivery of services (i.e. it will not be accepting any new referrals to its service) and a new provider is commencing delivery of their service.

These periods are referred to as "Transition Periods". This paragraph 3.12 sets out obligations on the existing provider and/or the incoming provider. During a Transition Period, the Provider may be the existing provider or the incoming provider depending on the nature of the Transition Period. Where the Provider is the existing provider or the incoming provider, the Provider will comply with the relevant obligations set out below.

The aim during the Transition Period is that:

- Primary care engagement is maintained and a steady flow of referrals into NDPP service continues;
- A high quality of service is provided to Service Users regardless of which provider's service they are referred to, or enrolled on; and
- There is an orderly wind down by the existing provider and mobilisation and commencement of delivery of the service by the incoming provider.

The existing provider is responsible for delivering the full intervention to all Service Users who have reached milestone one as defined in that contract, within the intervention cap and the



Intervention Period specified in that contract. The existing provider needs to maintain high levels of engagement of Service Users throughout the Transition Period, and ensure that there is a sustainable workforce and delivery model to manage the Transition Period.

During the Transition Period, there will likely be individuals who have been referred to the existing provider but who have not yet progressed to milestone one as defined in that contract prior to the Intervention Period expiring. Such individuals will be transferred, in compliance with the Data Protection Legislation, by the existing provider to the incoming provider.

The incoming provider must ensure that the approach adopted to enable such transfers between programmes is agreed with the local health economy and the existing provider. The incoming provider and the existing provider are responsible for complying with relevant data protection legislation and the duty of confidentiality throughout this process.

The existing provider shall provide to the incoming provider details on waiting lists of individuals and current session delivery locations to support sustainability of service delivery and the incoming provider is required to attend joint planning meetings through the Transition Period to support operational delivery. The existing provider will continue to provide data to the local health economy and will provide an operational point of contact until all Service Users being provided with the service by the existing provider have either completed the NDPP or have been discharged.

The incoming provider must support the local health economy and the existing provider in the delivery of a communications and engagement approach across local stakeholders to support a smooth transition of patient flow and service delivery.

The incoming provider must ensure it is able to provide the service to persons referred by the existing provider as if such persons were referred to the service by their GP and in accordance with all requirements in this Schedule 2A.

### **3.13 Review meetings**

Review meetings between the Provider and the Commissioner in accordance with General Condition 8 of this Contract shall be conducted on behalf of the Commissioner by any person nominated by the Commissioner to act on its behalf. References to the "Commissioner" in the context of Review Meetings shall be construed accordingly.

The Provider shall attend monthly meetings (whether in person, by telephone or via videoconference) with the Commissioner Representative to discuss progress of the delivery of the Services and any key issues arising. Such meetings shall be held in addition to Quarterly Review Meetings. The Commissioner will provide a written record of the key outputs from such meetings to the Provider who will review and agree these within one month of the relevant meeting.

Unless agreed otherwise by the Parties, at least one week in advance of the monthly and quarterly Contract Review Meeting the Provider will deliver to the Commissioner the performance reports detailed in Schedule 6A in the format described as well as any additional reports notified to the provider in advance of the meeting.

The Provider shall attend meetings (whether in person, by telephone or via videoconference) as determined by local lead partner organisations, in whose areas the Service is being delivered, to review any specific local issues relating to the delivery of the Service including the level of referrals to the Services and any other matters as either the Provider or the relevant local partner organisations considers relevant to the Service. Local lead partner organisations may require a written record from such meetings with the Provider, and these should be agreed within one month of the relevant meeting. Such meeting records will be reviewed at Review Meetings between the Provider and the local lead partner organisations.

At least one week in advance of these meetings, the Provider will deliver to the local lead partner, the data and performance reports detailed in Schedule 6A, in the format described

### **3.14 Evaluation and Quality Assurance**



The Provider will participate fully in any Quality Assurance processes as defined by the Commissioner and co-operate in undertaking ad-hoc audits and reviews as requested by commissioners in a timely manner. This will include the submission to commissioners of:

- Agreed data and reports from external quality assurance schemes
- Self-assessment questionnaires / tools and associated evidence.

The Provider will also participate in evaluations of the Service commissioned by or approved by the Commissioner.

#### **4. Applicable Service Standards**

##### **4.1 Applicable national standards (e.g. NICE)**

The Provider will deliver the Service in accordance with all relevant clinical guidelines and other guidance and publications published nationally, in particular:

- NICE PH38 Preventing Type 2 Diabetes: risk identification and interventions for individuals at high risk (2012 and updated 2017)
- NICE PH 42 Obesity: working with local communities (2012)
- NICE PH 6 Behaviour change: the principles for effective interventions (2007)
- NICE PH 49 Behaviour change: individual approaches (2014 and updated 2019)
- NICE NG90 Physical activity and the environment NICE CG 43 Obesity: Guidance on the prevention of overweight and obesity in adults and children (2006 and updated 2015)
- NICE CG 189 Obesity: identification, assessment and management of overweight and obesity in children, young people and adults (2014)
- NICE PH 53 Managing overweight and obesity in adults – lifestyle weight management services (2014)
- NICE PH 46 BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups (2013)
- NICE NG 92 Stop smoking interventions and services (2018)
- NICE NG183 Behaviour change: digital and mobile health interventions (2020)
- A guide to good practice for digital and data-driven health technologies. DHSC, 2021
- Changing Behaviour: Techniques for Tier 2 Adult Weight Management Services. PHE, 2017
- Evaluating digital health products. PHE, 2020
- Evidence standards framework for digital health technologies. NICE, 2018
- Health matters: physical activity - prevention and management of long term conditions. PHE, 2020
- Healthy Lives, Healthy People: A call to action on obesity in England. Department of Health, 2011
- Physical activity: applying All Our Health. PHE, 2015
- UK Chief Medical Officers' physical activity guidelines. Department of Health and Social Care, 2019



## **5. Applicable quality requirements**

### **5.1 Applicable Quality Requirements**

The Quality Requirements applicable to the Service are set out in Schedule 4 .

### **5.2 Equity and access**

- In the delivery of the Service the Provider must comply with the obligations placed on the Commissioner by section 13G of the NHS Act 2006 (due regard to the need to reduce health inequalities) and section 149 of the Equality Act 2010 as if those obligations applied directly to the Provider;
- The Provider must promptly provide such co-operation to the Commissioner as the Commissioner reasonably requests regarding the Commissioner's discharge of its duties under section 13G of the NHS Act 2006 and section 149 of the Equality Act 2010; and
- The Provider will complete an annual Equality and Health Inequalities Impact Assessment (E&HIIA) and action plan to challenge discrimination, promote equality, respect Service Users' human rights and to reduce health inequalities in access to services and outcomes. The E&HIIA and action plan shall be provided to the Commissioner on the Effective Date and each anniversary of the Effective Date. Progress against the action plan will be reported by the Provider to the Commissioner on a Quarterly basis at the relevant Review Meeting.

The Provider must at all times adhere to all relevant health and safety and security Law in providing the Services.



## Schedule 2A Service Specification

### Annex 1

#### Government recommendations for diet and physical activity

Topic	Recommendation
<u>Diet</u>	
Carbohydrates <sup>11,12</sup>	Approximately 50% of total dietary energy <sup>15</sup>  Carbohydrates are found in many different foods, but this recommendation means that starchy carbohydrates (for example, potatoes, bread, pasta and rice) should make up just over a third of the food we eat.
Free sugars <sup>13</sup>	No more than 5% of total dietary energy. This is equivalent to no more than 30g a day for adults.
Sugar-sweetened drinks <sup>14</sup>	Consumption should be minimised.
Fat <sup>16</sup>	No more than 35% of food energy <sup>17</sup> (33% total dietary energy).
<i>Of which saturated fat</i>	<i>No more than 11% of food energy (10% total dietary energy). This is approximately no more than 30g per day for men and no more than 20g per day for women.</i>
Salt <sup>18</sup>	No more than 6g for adults.
Fibre <sup>19</sup> (AOAC)	30g per day for adults.
Fruit & vegetables <sup>20</sup>	At least 5 portions of a variety per day. A portion is: 80g fresh, frozen or canned fruit and vegetables; 30g dried; or 150ml of juice or smoothie (maximum, which can only count as one of your 5 A Day).
Fish <sup>21</sup>	At least 2 portions (2 x 140g) a week, one of which should be oily.

<sup>11</sup> Carbohydrates, free sugars, sugars-sweetened drinks and fibre – SACN (2015) Carbohydrates and Health. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445503/SACN\\_Carbohydrates\\_and\\_Health.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf)

<sup>12</sup> SACN's recommendations for carbohydrates were set as a percentage of 'total dietary energy' only

<sup>13</sup> As for footnote 10 above

<sup>14</sup> As for footnote 10 above

<sup>15</sup> Total dietary energy includes energy from food and alcohol

<sup>16</sup> Total fat, saturated fat – COMA (1991) Dietary Reference Values for Food Energy and Nutrients for the United Kingdom. London: HMSO.

<sup>17</sup> Food energy excludes energy from alcohol

<sup>18</sup> Salt – SACN (2003) Salt and Health [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/338782/SACN\\_Salt\\_and\\_Health\\_report.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338782/SACN_Salt_and_Health_report.pdf)

<sup>19</sup> As for footnote 10 above

<sup>20</sup> World Health Organisation (1990) Diet, nutrition and the prevention of chronic diseases. [http://www.who.int/nutrition/publications/obesity/WHO\\_TRS\\_797/en/index.html](http://www.who.int/nutrition/publications/obesity/WHO_TRS_797/en/index.html)

World Health Organisation (2003) Diet, nutrition and the prevention of chronic diseases. <http://www.who.int/dietphysicalactivity/publications/trs916/download/en/>

<sup>21</sup> SACN (2004) Advice on Fish Consumption: benefits and risks. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/338801/SACN\\_Advice\\_on\\_Fish\\_Consumption.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338801/SACN_Advice_on_Fish_Consumption.pdf)



Red and processed meat <sup>22</sup>	For adults with relatively high intakes of red and processed meat (i.e. over 90g/day) to consider reducing their intake to the population average (about 70g/day).
Topic	Recommendation
<u>Physical activity</u>	<p><b>Adults (19 to 64 years)</b></p> <ul style="list-style-type: none"> <li>• For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still.</li> <li>• Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.</li> <li>• Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.</li> <li>• Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.</li> </ul> <p><b>Older Adults (65 years and over)</b></p> <ul style="list-style-type: none"> <li>• Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.</li> <li>• Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.</li> <li>• Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.</li> </ul>

<sup>22</sup> Red and processed meat – SACN (2011) Iron and Health  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/339309/SACN\\_Iron\\_and\\_Health\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339309/SACN_Iron_and_Health_Report.pdf)



	<ul style="list-style-type: none"><li>• Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.</li></ul>
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## Schedule 2A Service Specification

### Annex 2

#### BMI classifications for overweight and obesity

Providers must refer to NICE Guidance PH46. The guidance provides detailed advice, including definitions and BMI and waist circumference thresholds. The key recommendations are listed here.

#### Recommendation 1 Preventing Type 2 Diabetes

Follow NICE recommendations 1–18 in Preventing type 2 diabetes: risk identification and interventions for individuals at high risk (public health guidance 38). This includes:

- using lower thresholds (23 kg/m<sup>2</sup> to indicate increased risk and 27.5 kg/m<sup>2</sup> to indicate high risk) for BMI to trigger action to prevent type 2 diabetes among Asian (South Asian and Chinese) populations
- identifying people at risk of developing type 2 diabetes using a staged (or stepped) approach
- providing those at high risk with a quality-assured, evidence-based, intensive lifestyle-change programme to prevent or delay the onset of type 2 diabetes.

#### Box 1: International guidance on BMI/waist circumference thresholds

WHO advice on BMI public health action points for Asian populations (World Health Organization 2004)

Classification	White European populations	Asian populations
Underweight	<18.5 kg/m <sup>2</sup>	<18.5 kg/m <sup>2</sup>
Healthy weight	18.5–24.9 kg/m <sup>2</sup>	18.5–23 kg/m <sup>2</sup>
Overweight	25–29.9 kg/m <sup>2</sup>	23.1–27.4 kg/m <sup>2</sup>
Obese	30 or more kg/m <sup>2</sup>	27.5 kg/m <sup>2</sup> or more



**Schedule 2A Service Specification**

**Appendix 1**

**Tender Response Document**

**Bidder tender response to be inserted prior to each award of a Call-Off Contract**



## **Schedule 2A Service Specification**

### **Appendix 2**

#### **Local Service Requirements**

**The document here is a template prospectus setting out the Local Service Requirements. A version of this prospectus is populated with information relating to the population to whom services under a Call-off Contract are to be provided. NHS England reserves the right to amend this template at any time prior to award of a Call-off Contract.**



# **NHS Diabetes Prevention Programme**

**Prospectus**

**[ICS NAME]**



1.0 ICS Partnership Information						
1.1 ICS Name						
1.2 Current provider(s) within the ICS boundary	<table border="1"> <thead> <tr> <th>ICS area</th> <th>Providers</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		ICS area	Providers		
ICS area	Providers					
1.3 Full details of those leading the programme on behalf of the ICS <b>[details provided here for internal NHSEI use only]</b>	<p><i>Include here name, role, email address and telephone number for the;</i></p> <ul style="list-style-type: none"> <li>• <i>Diabetes Programme SRO</i></li> <li>• <i>NDPP Implementation Lead</i></li> <li>• <i>NDPP Delivery Team Members</i></li> <li>• <i>ICS Diabetes Programme Clinical Lead / Advisor</i></li> </ul>					
1.4 Governance arrangements	<p><i>Describe the governance structure and arrangements that will be in place to support the programme across your ICS. Include in your answer;</i></p> <ul style="list-style-type: none"> <li>• <i>How the programme fits into the broader governance structure of the ICS</i></li> <li>• <i>Where decisions will be made about the management and implementation of the intervention across the ICS</i></li> <li>• <i>Form and function of oversight group / board</i></li> <li>• <i>Information about how the locality areas within the ICS work together with PCNs, ICPs etc.</i></li> <li>• <i>How NDPP Delivery Team will work with the Provider and Local Health Systems to manage referrals and delivery of the programme locally</i></li> </ul> <p><i>Please <u>do not include</u> here any personal details e.g. full names and contact details.</i></p>					



## 2.0 ICS Partnership Geography

This information will help providers consider how best to structure their bid to meet your requirements, and key considerations for delivery across your ICS, for instances rurality, areas with poor access routes to routine services, areas with high or low population density.

Please explain clearly where the geographical borders are, and if there are areas within the ICS that are not included in the service delivery area.

### 2.1 Geographical spread

*Please also include a map and list of Primary Care Networks within the ICS geography.*

### 2.2 Urban/Rural

### 2.3 Transport links and car usage

### 2.4 Areas without broadband

*Please detail environmental barriers that may prevent engagement with digital services, including no or poor phone signal/broadband coverage, internet access, use of 4G etc.*



### 3.0 ICS Partnership Demographics

This provides information to bidders on the scale of service required and the unique considerations in delivering a service within your ICS partnership.

**3.1** State the total population numbers in each age group, by gender and PCN

PCN	Age Group	Female	Male
	18-44		
	45-64		
	65-69		
	70-79		
	80-89		
	90+		

**3.2** Set out the most prevalent non-English speaking languages across the ICS footprint.

**3.3** Set out the main ethnicities, cultural and/or other communities present within the ICS partnership that may require the intervention to be tailored.

*Please list/describe:*

*Whilst providers have a responsibility to tailor services to meet the needs of local populations, pragmatism is required in what providers can deliver. We ask that you set out any existing support that can be offered to these cohorts?*

**3.4** Describe the most vulnerable groups and outline how activity would be directed to improve equity in access to the service



<b>3.5</b> Type 2 diabetes prevalence	<b>PCN</b>	<b>Type 2 Diabetes Prevalence (%)</b>	<b>Please indicate if modelled or known figure</b>
<b>3.6</b> Numbers identified at risk of Type 2 diabetes <sup>23</sup>	<b>PCN</b>	<b>Numbers identified as eligible for NDPP</b>	<b>Please indicate if modelled or known figure</b>

#### **4.0 Existing local service provision for diabetes prevention and weight management, and digital inclusion.**

NHS England does not anticipate that TUPE will apply to transfer staff from any existing service provider to any bidder. However NHS England is not in a position to give any warranty in respect of TUPE and bidders should rely on their own assessment of the likelihood that TUPE might apply.

Service	Description
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<sup>23</sup> To be eligible participants will have a blood test indicating Non-Diabetic Hyperglycaemia within the last 12 months (HbA1c 42-47mmol/mol (6.0%-6.4%) FPG 5.5-6.9mmol/l) or a normoglycaemic blood reading (HbA1c <42 mmol or FPG <5.5mmol/l) with a previous history of Gestational Diabetes



<p><b>4.1</b> Diabetes Prevention</p>	<p>Please provide a brief description any <b>locally commissioned services</b>, service provider and contract end dates. If you have an existing service please indicate the current uptake per annum (total numbers) and current service capacity (total numbers),</p>
<p><b>4.2</b> Weight Management</p>	<p>Please provide a brief description of the service and the service provider, and some detail around how these services would sit alongside the NDPP.</p>
<p><b>4.3</b> Digital Inclusion</p>	<p>Please provide a brief description of any initiatives (in place or planned) to support health literacy and digital inclusion (e.g. UK Online), and uptake numbers.</p>
<p><b>4.4</b> Digital Prevention</p>	<p>Please provide a brief description of any digital initiatives including digital services to support prevention of diabetes or the management of weight.</p> <p>Please outline how you see the NHS DPP integrating with these services.</p>



## 5.0 Intervention allocation and monthly profiling

The ICS will deliver sufficient referrals to utilise the allocated number of intervention places in 5.1 to the Behavioural Intervention Provider in line with the monthly profile determined by the LHE in 5.2.

**5.1** Intervention allocation to the ICS for the 3 year contract

ICS	Year 1	Year 2	Year 3

**5.2** Monthly profiling

*Please provide a breakdown of the yearly MS1 allocation for the ICS ensuring distribution equals the yearly allocated total.*

Year 1											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Year 2											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Year 3											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

**5.3** Managing the flow of referrals

*Describe the actions you will take to achieve the MS1 activity as set out in 5.2.*



5.4 Number of GP Practices	PCN		Number of GP Practices				
5.5 Number of NHS Health Check Providers	PCN	Primary Care	Local Authority	Other			
5.6 Referral generation through NHS health checks							
By PCN or local authority (please indicate which)	% of total pop offered HC in 19/20	Overall uptake rate for HC in 19/20	Number HC undertaken annually in 19/20	Known identification rate of NDH from HC in 19/20	Estimated referrals through HC programme year 1	Estimated referrals through HC programme year 2	Estimated referrals through HC programme year 3
5.7 Referral generation through primary care ( <i>not including health check referrals</i> )							



PCN	No. of practices with NDH registers & recall systems for NDH	No. of eligible people on the NDH register	Number people blood reading that indicates NDH more than 1 Yr.	Estimated referrals through PC in Programme Year 1	Estimated referrals through PC in Programme Year 2	Estimated referrals through PC in Programme Year 3

#### 5.8 Total referral generation

Whole ICS	Total estimated referrals (HC + PC) in Programme Year 1	Total estimated Referrals (HC+PC) in Programme Year 2	Total estimated Referrals (HC+PC) in Programme Year 3

#### 5.9 Detail the referral pathways into the programme and explain how these will work.

#### 5.10 Describe current or planned local incentive schemes for referral generation.



**5.11** Based on a group size of 20, how will you work with the provider to ensure a steady flow of referrals and within specific geographies to support bringing groups together?

*Please also include details of how you will collaborate with the provider to support access to Digital and Tailored Remote Services for eligible people within the ICS.*

**5.12** Describe your strategy to engage PCNs, General Practice, NHS Health Check providers and your NDPP provider in developing and agreeing the referral pathway for the NDPP.

## **6.0 Mobilisation and Transition of Provider**

**6.1** Outline the details of how the ICS will work with existing and new NDPP providers to ensure seamless transition of services.

*Please include key delivery milestones and timelines.*



<p><b>6.2</b> Outline the ICS's commitments in supporting the incoming provider to mobilise and outline resources available e.g. list of suitable venues</p>	
<p><b>6.3</b> Outline the ICS's commitment and approach to transition of service provider</p>	<p><i>Please include a High Level Transition plan including:</i></p> <ul style="list-style-type: none"> <li>• <i>Approach to managing referrals down towards contract end</i></li> <li>• <i>Approach to ensuring there is little or no waiting list to be transferred over to the new contract</i></li> <li>• <i>Intentions for a joint working forum with incumbent and incoming providers</i></li> <li>• <i>Engagement activities with Primary Care and updating the referral pathways</i></li> </ul>

7.0 Data					
7.1 Please state the Primary Care data systems used across the partnership	PCN		Data systems	Integrated with Microsoft word?	Can take referrals automatically?



### **8.0 Additional Information**

*Please describe any other information not covered elsewhere that would be pertinent to the partnership. (500 words max)*



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**Schedule 2A**

**Appendix 3**

**Provider IPR**

**[To be inserted prior to each Call-off Contract award]**



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**SCHEDULE 4**  
**Tender Response Document**





















































































































































































































































































































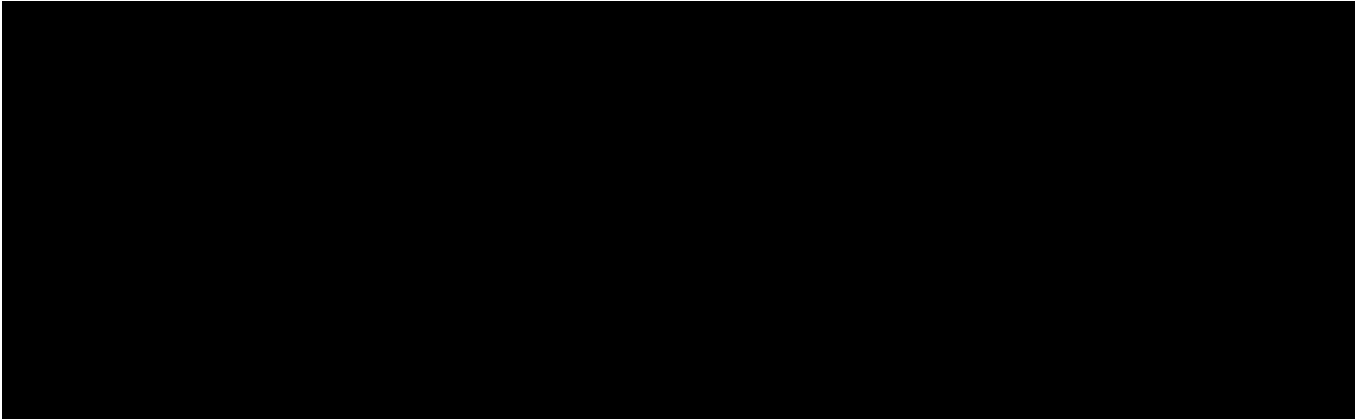


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**SCHEDULE 5**  
**Commercial Schedule**

**Ceiling Prices**

The Ceiling Prices set out in this Schedule 5 are fixed for the duration of the Term.





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## SCHEDULE 6

### Ordering Procedure

#### 1. Ordering Procedure

1.1 If the Commissioner decides to call-off Services and enter into a Contract under this Framework Agreement, it will award the Contract in accordance with the procedures in this Schedule 6. For the avoidance of doubt, the Commissioner will not award a Contract to a Framework Provider that has not met the requirements of:

- 1.1.1 the DSPT;
- 1.1.2 the Digital Technology Assessment Criteria (as defined in paragraph 3.6 of the Specification);
- 1.1.3 the Identity Verification and Authentication Standard for Digital Health and Care Services (as defined in paragraph 3.8 of the Specification); and
- 1.1.4 paragraph 3.2.15 of the Specification in relation to Enhanced DBS & Barred List Checks.

Additionally, the Commissioner will not award a Contract to a Framework Provider where the Commissioner, acting reasonably, has unresolved concerns relating to the financial sustainability of the Framework Provider. Where the Commissioner has concerns relating to the financial sustainability of the Framework Provider, it will outline these concerns to the Framework Provider and provide an opportunity for the Framework Provider to resolve those concerns to the satisfaction of the Commissioner prior to the Commissioner making a decision to not award the Framework Provider a Contract.

1.2 Subject to paragraph 1.1 of this Schedule 6, the Commissioner may award a Contract without holding a Mini-Competition in accordance with the procedure set out in paragraph 2 of this Schedule 6 in the following circumstances:

- 1.2.1 if the Commissioner can determine that:
  - (a) its requirements can be met by the Framework Provider's description of the Services as set out in the Tender Response Document;
  - (b) all of the terms of the proposed Contract are laid down in this Framework Agreement; and
  - (c) the Call-off Terms and Conditions do not require material amendments or any supplementary terms and conditions (other than the inclusion of optional provisions already provided for in the Call-off Terms and Conditions); or
- 1.2.2 where no tenders or no suitable tenders (in the opinion of the Commissioner acting reasonably) have been submitted in response to an invitation to submit a tender in accordance with the Mini-Competition Procedure set out in paragraph 3 below; or
- 1.2.3 where the Commissioner's requirements for a new Contract specifies a geographical area in which Services are already being provided under an existing Contract held by a Framework Provider, and the Commissioner considers that a further Contract should be awarded to that Framework Provider to ensure continuity for the relevant population.



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- 1.3 If none of the provisions in paragraph 1.2 of this Schedule 6 apply and/or the Commissioner:
- 1.3.1 requires the Framework Providers to develop proposals or a solution in respect of the Commissioner's requirements; and/or
  - 1.3.2 needs to make material amendments or refinements to the Call-off Terms and Conditions to reflect its requirements; and/or
  - 1.3.3 determines in its absolute discretion that a Mini-Competition Procedure is most appropriate in the circumstances,
- then the Commissioner shall award a Contract in accordance with the Mini-Competition Procedure set out in paragraph 3 below.

**2. Direct Ordering without a Mini-Competition**

- 2.1 Subject to paragraph 1.1 and 1.2 of this Schedule 6, the Commissioner awarding a Contract under this Framework Agreement without holding a Mini-Competition shall:
- 2.1.1 develop a clear Statement of Requirements; and
  - 2.1.2 send an Order to the Framework Provider ranked highest following the evaluation of its Tender Response Document (as set out in Schedule 4); but
  - 2.1.3 if the Framework Provider who was ranked highest (or the Framework Provider ranked next highest, as the case may be) provides written evidence to the Commissioner's reasonable satisfaction that, due to exceptional circumstances beyond its control, the Framework Provider is not able to provide the Services as set out in the Statement of Requirements, then the Commissioner shall send an Order to the Framework Provider ranked next highest; and
  - 2.1.4 repeat the process set out in paragraph 2.1.3 of this Schedule 6 until the Order can be fulfilled or there are no further Framework Providers qualified to fulfil it.
- 2.2 If:
- 2.2.1 the Provider provides written evidence as referred to in paragraph 2.1.3 of this Schedule 6; and
  - 2.2.2 the Commissioner is not satisfied with such evidence in accordance with paragraph 2.1.3 of this Schedule 6,
- then the Commissioner may terminate this Framework Agreement in accordance with Clause 14.6.6.
- 2.3 Subject to paragraph 2.1.3 of this Schedule 6, a Framework Provider who receives an Order in accordance with paragraph 2.1 of this Schedule 6 must accept the Order and the Commissioner will then award a Contract in accordance with the procedure set out in paragraph 5 of this Schedule 6, such Contract to:
- 2.3.1 include the requirements as set out in the Statement of Requirements;
  - 2.3.2 incorporate the Tender Response Document for the relevant Framework Provider;
  - 2.3.3 state the Prices payable under the Contract, including the relevant Ceiling Prices as set out in Schedule 5; and
  - 2.3.4 incorporate the Call-off Terms and Conditions (as may be amended or



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refined by the Commissioner) applicable to the Services.

### **3. Mini-Competition Procedure**

#### *Commissioner's Obligations*

- 3.1 In awarding a Contract under this Framework Agreement through a Mini-Competition Procedure, the Commissioner shall:
- 3.1.1 develop a Statement of Requirements setting out its requirements for the Services and identify the Framework Providers capable of supplying the Services;
  - 3.1.2 amend or refine the Call-off Terms and Conditions to reflect its requirements;
  - 3.1.3 invite tenders by conducting a Mini-Competition Procedure for its requirements and in particular:
    - (a) invite the Framework Providers identified in accordance with paragraph 3.1.1 of this Schedule 6 to submit a tender in writing for each proposed Contract to be awarded by giving written notice by email or through an e-tendering portal to the relevant representative of each Framework Provider;
    - (b) set a time limit for the receipt by it of the tenders which takes into account factors such as the complexity of the subject matter of the proposed Contract and the time needed to submit tenders; and
    - (c) keep each tender confidential until the time limit set out for the return of tenders has expired;
  - 3.1.4 apply the Mini-Competition Award Criteria to the Framework Providers' compliant tenders submitted through the Mini-Competition Procedure as the basis of its decision to award a Contract for its requirements;
  - 3.1.5 award its Contract to the successful Framework Provider in accordance with paragraph 5 of this Schedule 6 such Contract to:
    - (a) include the requirements as set out in the relevant Statement of Requirements;
    - (b) incorporate the successful Framework Provider's response to the Mini-Competition;
    - (c) state the Prices payable for the requirements in accordance with the tender submitted by the successful Framework Provider, such Prices to be no greater than the Ceiling Prices;
    - (d) incorporate the Call-off Terms and Conditions (as may be amended or refined by the Commissioner in accordance with paragraph 3.1.2 of this Schedule 6) applicable to the Services; and
  - 3.1.6 (at the Commissioner's sole discretion) provide unsuccessful Framework Providers with feedback (whether written or oral) as to the reasons why their tenders were unsuccessful.

#### *The Provider's Obligations*

- 3.1.7 If the Provider decides to respond to the Commissioner's invitation to tender issued in accordance with paragraph 3.1.3 of this Schedule 6, then the



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Provider shall in writing, by the time and date specified by the Commissioner in that invitation to tender provide the Commissioner with the full details of its tender made in respect of the relevant Statement of Requirements, such tender to include, as a minimum:

- (a) an email response subject line to comprise unique reference number and Provider name, so as to clearly identify the Provider; and
- (b) any information requested in the Mini-Competition invitation to tender issued by the Commissioner.

3.1.8 The Provider agrees that:

- (a) all tenders submitted by the Provider in relation to a Mini-Competition Procedure held pursuant to this paragraph 3 shall remain open for acceptance by the Commissioner for ninety (90) Operational Days (or such other period specified in the invitation to tender issued by the Commissioner in accordance with the Ordering Procedure); and
- (b) all tenders submitted by the Provider are made and will be made in good faith and that the Provider has not fixed or adjusted and will not fix or adjust the price of the tender by or in accordance with any agreement or arrangement with any other person. The Provider certifies that it has not and undertakes that it will not:
  - (i) communicate to any person other than the person inviting these tenders the amount or approximate amount of the tender, except where the disclosure, in confidence, of the approximate amount of the tender was necessary to obtain quotations required for the preparation of the tender; and
  - (ii) enter into any arrangement or agreement with any other person that he or the other person(s) shall refrain from submitting a tender or as to the amount of any tenders to be submitted.

4. **No Award**

- 4.1 Notwithstanding the fact that the Commissioner has followed a procedure as set out in paragraph 2 or 3 of this Schedule 6 (as applicable), the Commissioner shall be entitled at all times to decline to make an award for its requirements. Nothing in this Framework Agreement shall oblige the Commissioner to award any Contract.

5. **Call off Award Procedure and Contract formation**

- 5.1 Subject to paragraphs 1 to 4 (inclusive) of this Schedule 6, the Commissioner may award a Contract to the Provider by sending (including electronically) the Order to the Provider. The Parties agree that any document or communication (including any document or communication in the apparent form of a Contract) which is not as described in this paragraph 5 shall not constitute a Contract under this Framework Agreement.
- 5.2 On receipt of the Order as described in paragraph 5.1 of this Schedule 6 from the Commissioner the Provider shall accept the Order by promptly signing (such signing to be carried out by a person authorised to contractually bind the Provider) and returning



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(including by electronic means) a copy of the signed Order to the Commissioner.

5.3 On receipt of the signed Order from the Provider, the Commissioner shall:

5.3.1 sign and date the Order; and then

5.3.2 send (including by electronic means) a copy of the signed and dated Order to the Provider within two (2) Operational Days and a Contract shall be formed.



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## SCHEDULE 7

### Call-Off Terms and Conditions

These Call-off Terms and Conditions are in the form of the NHS Standard Contract 2021/22 version. The Parties agree that Contracts entered into under the Framework Agreement will be based on the version of the NHS Standard Contract that is the most recently published version as at the date of Contract.

The provisions set out in these Particulars will be subject to further amendment and/or refinement prior to Contract award as appropriate. Provisions highlighted in yellow are to be confirmed prior to each Call-off Contract award.



# NHS Standard Contract 2021/22 Particulars (Full Length) *Contract title / ref: [Insert title and ref]*

Prepared by: NHS Standard Contract Team, NHS England  
[nhs.cb.contracts@nhs.net](mailto:nhs.cb.contracts@nhs.net)  
(please do not send contracts to this email address)

Version number: 1

First published: March 2021



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Publication Approval Number: PAR478



<b>Contract Reference</b>	
<b>DATE OF CONTRACT</b>	
<b>SERVICE COMMENCEMENT DATE</b>	<b>[To be confirmed]</b>
<b>CONTRACT TERM</b>	As set out in paragraph 3.11 of Schedule 2A (Service Specification) subject to early termination
<b>COMMISSIONERS</b>	NHS Commissioning Board ("NHS England")
<b>CO-ORDINATING COMMISSIONER</b>	NHS Commissioning Board ("NHS England")
<b>PROVIDER</b>	<b>[ ] (ODS [ ])</b> <b>Principal and/or registered office address:</b> <b>[ ]</b> <b>[Company number: [ ]]</b>



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## SERVICE CONDITIONS

- SC1 Compliance with the Law and the NHS Constitution
- SC2 Regulatory Requirements
- SC3 Service Standards
- SC4 Co-operation
- SC5 Commissioner Requested Services/Essential Services
- SC6 Choice and Referral
- SC7 Withholding and/or Discontinuation of Service
- SC8 Unmet Needs, Making Every Contact Count and Self Care
- SC9 Consent
- SC10 Personalised Care
- SC11 Transfer of and Discharge from Care; Communication with GPs
- SC12 Communicating With and Involving Service Users, Public and Staff
- SC13 Equity of Access, Equality and Non-Discrimination
- SC14 Pastoral, Spiritual and Cultural Care
- SC15 Urgent Access to Mental Health Care
- SC16 Complaints
- SC17 Services Environment and Equipment
- SC18 Green NHS and Sustainability
- SC19 Food Standards and Sugar-Sweetened Beverages
- SC20 Service Development and Improvement Plan
- SC21 Infection Prevention and Control and Influenza Vaccination
- SC22 Assessment and Treatment for Acute Illness
- SC23 Service User Health Records
- SC24 NHS Counter-Fraud Requirements
- SC25 Procedures and Protocols
- SC26 Clinical Networks, National Audit Programmes and Approved Research Studies
- SC27 Formulary
- SC28 Information Requirements
- SC29 Managing Activity and Referrals
- SC30 Emergency Preparedness, Resilience and Response
- SC31 Force Majeure: Service-specific provisions
- SC32 Safeguarding Children and Adults
- SC33 Incidents Requiring Reporting
- SC34 Care of Dying People and Death of a Service User
- SC35 Duty of Candour
- SC36 Payment Terms
- SC37 Local Quality Requirements and Local Incentive Scheme
- SC38 CQUIN
- SC39 Procurement of Goods and Services



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## **GENERAL CONDITIONS**

GC1	Definitions and Interpretation
GC2	Effective Date and Duration
GC3	Service Commencement
GC4	Transition Period
GC5	Staff
GC6	Intentionally Omitted
GC7	Intentionally Omitted
GC8	Review
GC9	Contract Management
GC10	Co-ordinating Commissioner and Representatives
GC11	Liability and Indemnity
GC12	Assignment and Sub-Contracting
GC13	Variations
GC14	Dispute Resolution
GC15	Governance, Transaction Records and Audit
GC16	Suspension
GC17	Termination
GC18	Consequence of Expiry or Termination
GC19	Provisions Surviving Termination
GC20	Confidential Information of the Parties
GC21	Patient Confidentiality, Data Protection, Freedom of Information and Transparency
GC22	Intellectual Property
GC23	NHS Identity, Marketing and Promotion
GC24	Change in Control
GC25	Warranties
GC26	Prohibited Acts
GC27	Conflicts of Interest and Transparency on Gifts and Hospitality
GC28	Force Majeure
GC29	Third Party Rights
GC30	Entire Contract
GC31	Severability
GC32	Waiver
GC33	Remedies
GC34	Exclusion of Partnership
GC35	Non-Solicitation
GC36	Notices
GC37	Costs and Expenses
GC38	Counterparts
GC39	Governing Law and Jurisdiction

### **Definitions and Interpretation**



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## CONTRACT

**Contract title:** .....

**Contract ref:** .....

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**;
2. the **Service Conditions (Full Length)**;
3. the **General Conditions (Full Length)**,

as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*).

**IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below**

**SIGNED by**

.....  
**Signature**

**[INSERT AUTHORISED SIGNATORY'S  
NAME]** for  
and on behalf of  
**NHS COMMISSIONING BOARD**

.....  
**Title**  
.....  
**Date**

**SIGNED by**

.....  
**Signature**

**[INSERT AUTHORISED  
SIGNATORY'S  
NAME]** for  
and on behalf of  
**[INSERT PROVIDER NAME]**

.....  
**Title**  
.....  
**Date**



<b>SERVICE COMMENCEMENT AND CONTRACT TERM</b>	
<b>Effective Date</b>	<b>[To be confirmed]</b>
<b>Expected Service Commencement Date</b>	<b>[To be confirmed]</b>
<b>Longstop Date</b>	<b>[To be confirmed]</b>
<b>Service Commencement Date</b>	<b>[To be confirmed]</b>
<b>Contract Term</b>	As set out in paragraph 3.11 of Schedule 2A (Service Specification) subject to early termination
<b>Option to extend Contract Term</b>	<b>[YES - to be confirmed]</b>
<b>Commissioner Notice Period (for termination under GC17.2)</b>	6 months
<b>Commissioner Earliest Termination Date</b>	<b>[3 months from Effective Date – date to be confirmed]</b>
<b>Provider Notice Period (for termination under GC17.3)</b>	6 months
<b>Provider Earliest Termination Date</b>	<b>[3 months from Effective Date – date to be confirmed]</b>



<b>SERVICES</b>	
<b>Service Categories</b>	<b>Indicate <u>all</u> that apply</b>
<b>Accident and Emergency Services (Type 1 and Type 2 only) (A+E)</b>	
<b>Acute Services (A)</b>	
<b>Ambulance Services (AM)</b>	
<b>Cancer Services (CR)</b>	
<b>Continuing Healthcare Services (including continuing care for children) (CHC)</b>	
<b>Community Services (CS)</b>	
<b>Diagnostic, Screening and/or Pathology Services (D)</b>	
<b>End of Life Care Services (ELC)</b>	
<b>Mental Health and Learning Disability Services (MH)</b>	
<b>Mental Health and Learning Disability Secure Services (MHSS)</b>	
<b>NHS 111 Services (111)</b>	
<b>Patient Transport Services (PT)</b>	
<b>Radiotherapy Services (R)</b>	
<b>Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units) (U)</b>	
<b>Services commissioned by NHS England</b>	
<b>Services comprise or include Specialised Services and/or other services directly commissioned by NHS England</b>	<b>YES</b>
<b>Co-operation with PCN(s) in service models</b>	
<b>Enhanced Health in Care Homes</b>	<b>NO</b>
<b>Primary and Community Mental Health Services</b>	<b>NO</b>
<b>Service Requirements</b>	
<b>Indicative Activity Plan</b>	<b>NO</b>
<b>Activity Planning Assumptions</b>	<b>NO</b>
<b>Essential Services (NHS Trusts only)</b>	<b>NO</b>
<b>Services to which 18 Weeks applies</b>	<b>NO</b>



Prior Approval Response Time Standard	[Within [ ] Operational Days following the date of request Or Not applicable]
Is the Provider acting as a Data Processor on behalf of one or more Commissioners for the purposes of this Contract?	YES/NO
Is the Provider providing CCG-commissioned Services which are to be listed in the UEC DoS?	NO
<b>PAYMENT</b>	
Expected Annual Contract Value Agreed	NO
Must data be submitted to SUS for any of the Services?	NO
Under the Aligned Payment and Incentive Rules in the National Tariff, does CQUIN apply to payments made by any of the Commissioners under this Contract?	NO
<b>QUALITY</b>	
Provider type	[NHS Foundation Trust/NHS Trust Or Other]
<b>GOVERNANCE AND REGULATORY</b>	
Nominated Mediation Body (where required – see GC14.4)	[ ] Email: [ ] Tel: [ ]
Provider's Nominated Individual	[ ] Email: [ ] Tel: [ ]
Provider's Information Governance Lead	[ ] Email: [ ] Tel: [ ]
Provider's Data Protection Officer (if required by Data Protection Legislation)	[ ] Email: [ ] Tel: [ ]
Provider's Caldicott Guardian	[ ] Email: [ ] Tel: [ ]



<b>Provider's Senior Information Risk Owner</b>	[ ] Email: [ ] Tel: [ ]
<b>Provider's Accountable Emergency Officer</b>	[ ] Email: [ ] Tel: [ ]
<b>Provider's Safeguarding Lead (children) / named professional for safeguarding children</b>	[ ] Email: [ ] Tel: [ ]
<b>Provider's Safeguarding Lead (adults) / named professional for safeguarding adults</b>	[ ] Email: [ ] Tel: [ ]
<b>Provider's Child Sexual Abuse and Exploitation Lead</b>	[ ] Email: [ ] Tel: [ ]
<b>Provider's Mental Capacity and Liberty Protection Safeguards Lead</b>	[ ] Email: [ ] Tel: [ ]
<b>Provider's Prevent Lead</b>	[ ] Email: [ ] Tel: [ ]
<b>Provider's Freedom To Speak Up Guardian(s)</b>	[ ] Email: [ ] Tel: [ ]
<b>Provider's UEC DoS Contact</b>	[ ] Email: [ ] Tel: [ ]
<b>Commissioners' UEC DoS Leads</b>	[ ] CCG: [ ] Email: [ ] Tel: [ ]  [INSERT AS ABOVE FOR EACH CCG]
<b>Provider's Infection Prevention Lead</b>	[ ]



	Email: [ ] Tel: [ ]
Provider's Health Inequalities Lead	[ ] Email: [ ] Tel: [ ]
Provider's Net Zero Lead	[ ] Email: [ ] Tel: [ ]
<b>CONTRACT MANAGEMENT</b>	
Addresses for service of Notices	Commissioner: [ ] Address: [ ] Email: [ ]  Provider: [ ] Address: [ ] Email: [ ]
Frequency of Review Meetings	Ad hoc/Monthly/Quarterly/Six Monthly
Commissioner Representative(s)	[ ] Address: [ ] Email: [ ] Tel: [ ]
Provider Representative	[ ] Address: [ ] Email: [ ] Tel: [ ]



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## SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

### A. Conditions Precedent

**[To be confirmed prior to each contract award as appropriate]**

The Provider must provide the Co-ordinating Commissioner with the following documents:

1. Evidence of appropriate Indemnity Arrangements
2. **[Evidence of CQC registration in respect of Provider and Material Sub-Contractors (where required)]**
3. **[Evidence of Monitor's Licence in respect of Provider and Material Sub-Contractors (where required)]**
4. **[Copies of the following Material Sub-Contracts, signed and dated and in a form approved by the Co-ordinating Commissioner] [LIST ONLY THOSE REQUIRED FOR SERVICE COMMENCEMENT AND NOT PROVIDED ON OR BEFORE THE DATE OF THIS CONTRACT]**
5. In relation to the Data Security and Protection Toolkit ("DSPT") - the published results confirming the Provider has met the standards of the DSPT and met the audit requirements in relation to the DSPT set out in the Contract
6. In relation to the Digital Technology Assessment Criteria ("DTAC"), evidence that the Provider has met the assessment criteria of the DTAC
7. Evidence that the Provider has carried out Enhanced DBS & Barred List Checks in respect of all members of Staff engaged in the Services who are eligible for such checks
8. If the Provider's Digital Service is by its nature a service to which NHS Digital's "Identity Verification and Authentication Standard for Digital Health and Care Services" applies, then evidence that the Provider adheres to this standard
9. **[Insert text locally as required]**

The Provider must complete the following actions:

**[To be confirmed prior to contract award as appropriate]**



## B. Commissioner Documents

**[To be confirmed prior to each Contract award]**



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## SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

### C. Extension of Contract Term

**[To be confirmed prior to each Contract award, as appropriate.]**

1. As advertised to all prospective providers before the award of this Contract, the Commissioners may opt to extend the Contract Term by **[insert]** months/year(s).
2. If the Commissioners wish to exercise the option to extend the Contract Term, the Co-ordinating Commissioner must give written notice to that effect to the Provider no later than 6 months before the original Expiry Date.
3. The option to extend the Contract Term may be exercised:
  - 3.1 only once, and only on or before the date referred to in paragraph 2 above;
  - 3.2 only by the Commissioner; and
  - 3.3 only in respect of all Services
4. If the Co-ordinating Commissioner gives notice to extend the Contract Term in accordance with paragraph 2 above, the Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.



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## **SCHEDULE 2 – THE SERVICES**

### **A. Service Specifications**

**[Note to Bidders: This is the Specification attached as a separate document to the Framework Agreement. The form of Service Specification to be incorporated into the Contract may be subject to further amendment and/or refinement prior to each Contract award, as appropriate]**



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**SCHEDULE 2 – THE SERVICES**

**Ai. Service Specifications – Enhanced Health in Care Homes**

<b>Not Applicable</b>
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**SCHEDULE 2 – THE SERVICES**

**Aii. Service Specifications – Primary and Community Mental Health Services**

<b>Not Applicable</b>
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**SCHEDULE 2 – THE SERVICES**

**B. Indicative Activity Plan**

<b>Not Applicable</b>
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**SCHEDULE 2 – THE SERVICES**

**C. Activity Planning Assumptions**

<b>Not Applicable</b>
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## **SCHEDULE 2 – THE SERVICES**

### **D. Essential Services (NHS Trusts only)**

<p><b>Not Applicable</b></p>
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## **SCHEDULE 2 – THE SERVICES**

### **E. Essential Services Continuity Plan (NHS Trusts only)**

<p><b>Not Applicable</b></p>
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## SCHEDULE 2 – THE SERVICES

### F. Clinical Networks

**[To be confirmed prior to each Contract award, as appropriate]**



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## **SCHEDULE 2 – THE SERVICES**

### **G. Other Local Agreements, Policies and Procedures**

**[To be confirmed prior to each Contract award, as appropriate]**



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## SCHEDULE 2 – THE SERVICES

### H. Transition Arrangements

[Transition Arrangements are set out in the Transition section of the Service Specification.]



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## SCHEDULE 2 – THE SERVICES

### I. Exit Arrangements

[Exit Arrangements are set out in the Transition section of the Service Specification.]



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## **SCHEDULE 2 – THE SERVICES**

### **J. Transfer of and Discharge from Care Protocols**

**[To be confirmed prior to each Contract award, as appropriate]**



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## **SCHEDULE 2 – THE SERVICES**

### **K. Safeguarding Policies and Mental Capacity Act Policies**

**[To be confirmed prior to each Contract award, as appropriate]**



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**SCHEDULE 2 – THE SERVICES**

**L. Provisions Applicable to Primary Medical Services**

<b>Not Applicable</b>
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**SCHEDULE 2 – THE SERVICES**

**M. Development Plan for Personalised Care**

<b>Not Applicable</b>
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**SCHEDULE 2 – THE SERVICES**

**N. Health Inequalities Action Plan**

<b>Not Applicable</b>
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## SCHEDULE 3 – PAYMENT

### A. Local Prices

1. The Commissioner will pay the Provider for the Services in accordance with this Schedule 3A.
2. Notwithstanding General Condition 1.2, the Parties expressly agree that Service Condition 36 shall only apply to and be incorporated into this Contract as follows:

Sub-Conditions of Service Condition 36 which are incorporated into this Contract	Sub-Conditions of Service Condition 36 which are excluded from this Contract
36.2	36.1
36.3	36.5
36.4	36.6 – 36.9 (inclusive)
36.10	36.11 – 36.38 (inclusive)
36.39 – 36.42 (inclusive)	36.43
36.44	36.45A – 36.45 (inclusive)
36.47	36.46
36.48	36.49

### Definitions

3. In this Schedule 3A the following definitions are used:

<b>“Achieved”</b>	means a Milestone and/or the Outcomes (as relevant) that have been achieved by the Provider in accordance with the Achievement Criteria and <b>“Achieve”</b> and <b>“Achievement”</b> shall be construed accordingly;
<b>“Achievement Criteria”</b>	means the Face to Face Service Achievement Criteria, the Tailored Remote Service Achievement Criteria, the Digital Service Achievement Criteria and the Outcomes Achievement Criteria;
<b>“Course”</b>	means the planned complete set of 13 sessions to be delivered by the Provider to each Service User who is invited to participate in the Face to Face Service or Tailored Remote Service following Individual Assessment;
<b>“Data Output Specification”</b>	means the data output specification to be submitted by the Provider to the Commissioner in accordance with Schedule 6A;
<b>“Date of Discharge”</b>	has the meaning set out in the Data Format Specifications at Annex 2 of Schedule 6A;



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<b>"Digital Service"</b>	has the meaning given in paragraph 1.1.1 of Schedule 2A (Service Specification);
<b>"Digital Service Achievement Criteria"</b>	means the criteria which must be met by the Provider in relation to a Service User being provided with the Digital Service in order to Achieve a Milestone as set out in column 3 of Table 2, Part 1 of this Schedule 3A;
<b>"Digital Service First Engagement Date"</b>	means the date of the first episode of engagement for the Digital Service which uses one of the Digital Service Milestone 1 Engagement Methods;
<b>"Digital Service Milestone 1 Engagement Methods"</b>	<p>means the following engagement methods:</p> <ul style="list-style-type: none"> <li>• conversation with a health coach or mentor comprising a 30 minute coaching appointment over the phone, or four messages sent by the service user, which have been responded to by the coach;</li> <li>• accessing two education modules or educational materials via a digital application or digital platform;</li> <li>• four tracking events of food, weight and/or activity against active goals. Up to two of these could be to amend or set a goal;</li> <li>• participation in a peer support forum or online group conversation, with a minimum of 4 messages sent, posts made, or interactions (comment/like);</li> <li>• 1 interaction with an interactive tool such as a quiz, game, risk calculator etc.</li> </ul>
<b>"Digital Service Milestones 2 to 4 Primary Engagement Methods"</b>	<p>means the below engagement methods:</p> <ul style="list-style-type: none"> <li>• conversation with a health coach or mentor comprising a 30 minute coaching appointment over the phone, or four messages sent by the service user, which have been responded to by the coach;</li> <li>• accessing two education modules or educational materials via a digital application or digital platform.</li> </ul>
<b>"Digital Service Milestones 2 to 4 Secondary Engagement Methods"</b>	<p>means the below engagement methods:</p> <ul style="list-style-type: none"> <li>• four tracking events of food, weight and/or activity against active goals. Up to two of these could be to amend or set a goal;</li> <li>• participation in a peer support forum or online group conversation, with a minimum of 4 messages sent, posts made, or interactions (comment/like);</li> <li>• 1 interaction with an interactive tool such as a quiz, game, risk calculator etc;</li> <li>• Eight occurrences on different days of more than 30 seconds spent in the app on a specific day or more than 20 minutes spent in any given 30 day period.</li> </ul>



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<b>"Digital Service Milestone 2 Period"</b>	means the period starting on the Digital Service First Engagement Date and ending on the 90 <sup>th</sup> day after the Digital Service First Engagement Date;
<b>"Digital Service Milestone 3 Period"</b>	means the period starting on the 91 <sup>st</sup> day after the Digital Service First Engagement Date and ending on the 180 <sup>th</sup> day after the Digital Service First Engagement Date;
<b>"Digital Service Milestone 4 Period"</b>	means the period starting on the 181 <sup>st</sup> day after the Digital Service First Engagement Date and ending on the 270 <sup>th</sup> day after the Digital Service First Engagement Date;
<b>"Digital Service Price"</b>	means the maximum price for the provision of the Digital Service per Service User payable to the Provider when all Milestones have been Achieved;
<b>"Face to Face Service"</b>	has the meaning given in paragraph 1.1.1 of Schedule 2A (Service Specification) and includes remote catch-up sessions as part of the Face to Face Service;
<b>"Face to Face Service Achievement Criteria"</b>	means the criteria which must be met by the Provider in relation to a Service User being provided with the Face to Face Service in order to Achieve a Milestone as set out in column 2 of Table 2, Part 1 of this Schedule 3A;
<b>"Face to Face Service Milestone 2 Period"</b>	means the period starting the day after attendance at the first planned session and ending on the 100 <sup>th</sup> day after attendance at the first planned session;
<b>"Face to Face Service Milestone 3 Period"</b>	means the period starting on the 101 <sup>st</sup> day after attendance at the first planned session and ending on the 200 <sup>th</sup> day after attendance at the first planned session;
<b>"Face to Face Service Milestone 4 Period"</b>	means the period starting on the 201 <sup>st</sup> day after attendance at the first planned session and ending on the 300 <sup>th</sup> day after attendance at the first planned session;
<b>"Face to Face Service Price"</b>	means the maximum price for the provision of the Face to Face Service per Service User payable to the Provider when all Milestones have been Achieved;
<b>"Individual Assessment"</b>	means the initial session following acceptance by a Service User of an invitation to participate in the Service at which a Service User is assessed in accordance with paragraph 3.2.7 of Schedule 2A (Service Specification);
<b>"Intervention Cap"</b>	has the meaning set out in paragraph 3.11 of Schedule 2A (Service Specification);
<b>"Milestone"</b>	means a milestone in the provision of the Face to Face Service (including Face to Face Service catch-up sessions delivered remotely), the Tailored Remote Service or the Digital Service (as relevant) for which payment is made as set out in Table 2 of Part 1 of this Schedule 3A and which is more particularly detailed in Table 2 of Part 1 of this Schedule 3A;



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<b>"Outcomes"</b>	means the Outcomes Achievement Criteria;
<b>"Outcomes Achievement Criteria"</b>	means the criteria which must be met by the Provider in relation to a Service User as set out in Table 3, Part 1 of this Schedule 3A;
<b>"Required Data Fields"</b>	means the required data fields as specified within Annex 2 of Schedule 6A;
<b>"Tailored Remote service"</b>	has the meaning set out in paragraph 1.1.1 and 3.2.6 of Schedule 2A (Service Specification);
<b>"Tailored Remote Service Achievement Criteria"</b>	means the criteria which must be met by the Provider in relation to a Service User being provided with the Tailored Remote Service in order to Achieve a Milestone as set out in column 2 of Table 2, Part 1 of this Schedule 3A;
<b>"Tailored Remote Service Milestone 2 Period"</b>	means the period starting the day after attendance at the first planned session and ending on the 100 <sup>th</sup> day after attendance at the first planned session;
<b>"Tailored Remote Service Milestone 3 Period"</b>	means the period starting on the 101 <sup>st</sup> day after attendance at the first planned session and ending on the 200 <sup>th</sup> day after attendance at the first planned session;
<b>"Tailored Remote Service Milestone 4 Period"</b>	means the period starting on the 201 <sup>st</sup> day after attendance at the first planned session and ending on the 300 <sup>th</sup> day after attendance at the first planned session;
<b>"Tailored Remote Service Price"</b>	means the maximum price for the provision of the Tailored Remote Service per Service User payable to the Provider when all Milestones have been Achieved; and
<b>"Services Prices"</b>	means the maximum Face to Face Service Price, the maximum Tailored Remote Service Price, or the maximum Digital Service Price (as appropriate) per Service User payable to the Provider when all Milestones have been Achieved.

#### **General Principles of Payment**

4. The Provider will be paid for the Service it provides under Schedule 2A (Service Specification) subject to the Milestones and Outcomes being Achieved in accordance with Part 1 of this Schedule 3A.
5. Payments payable to the Provider under Parts 1 and 1A of this Schedule 3A will be paid in accordance with Part 2 of this Schedule 3A.

#### **Part 1 – Payment Calculation – Services Prices**

1. Subject to paragraphs 2 and 3 of this Part 1:
  - 1.1 the Face to Face Service Price will be paid by the Commissioner for each Service User being provided with the Face to Face Service; and
  - 1.2 the Tailored Remote Service Price will be paid by the Commissioner for each Service User being provided with the Tailored Remote Service; and



- 1.3 the Digital Service Price will be paid by the Commissioner for each Service User being provided with the Digital Service,

in staged payments depending upon Milestones Achieved by the Provider for each Service User and the Outcomes Payment will be paid by the Commissioner for each Service User which satisfies the Outcomes. The Provider will be paid monthly in arrears in respect of the staged payments for Milestones Achieved and the Outcomes Payment in accordance with Part 2 of this Schedule 3A.

2. The Provider will not be paid for any Service provided to additional Service Users who are invited to participate in the Service after the Intervention Cap has been reached. For the avoidance of doubt, once the Intervention Cap is reached, the Commissioner will continue to pay the Provider for the Service provided to existing Service Users subject to the Milestones being Achieved.
3. The Provider will provide the Data Output Specification in accordance with Schedule 6A (Reporting Requirements) to enable the Commissioner to verify invoices submitted by the Provider to the Commissioner in accordance with Part 2 of this Schedule 3A.
4. Table 1 below shows:
- 4.1 the Services Prices;
- 4.2 the percentage of the relevant Services Price payable on Achievement of each Milestone for each Service User; and
- 4.3 the percentage of the relevant Services Price payable on Achievement of the Outcomes for each Service User;

**Table 1**

<b>Face to Face Service Price and Tailored Remote Service Price</b>	£[ ] <sup>24</sup>			
<b>Digital Service Price</b>	£[ ] <sup>25</sup>			
<b>Milestone</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
% of relevant Services Price payable on Achievement of Milestone	30%	25%	20%	20%
<b>Outcomes Payment - % of relevant Services Price payable on Achievement of Outcomes</b>	5%			

5. Table 2 below shows the Achievement Criteria at each Milestone for the Face to Face Service, the Tailored Remote Service and the Digital Service to be Achieved by the Provider for each Service User (as applicable) .

**Table 2 – Milestones**

<sup>24</sup> Successful bidder's Face to Face Service Price to be inserted here as appropriate prior to contract award.

<sup>25</sup> Successful bidder's Digital Service Price to be inserted here as appropriate prior to contract award.



Milestone	Face to Face Service Achievement Criteria (including remote catch-up sessions) and Tailored Remote Service Achievement Criteria	Digital Service Achievement Criteria
Milestone 1	<p>All of the following criteria have been fulfilled:</p> <ol style="list-style-type: none"> <li>(1) the Individual Assessment has been provided to the Service User by the Provider and the Provider has recorded and reported to the Commissioner the required details in accordance with Schedule 6A with valid date;</li> <li>(2) the first session has been provided to the Service User by the Provider and the Provider has recorded and reported to the Commissioner the required details (in accordance with Schedule 6A with valid date);</li> <li>(3) the first Session must have lasted a minimum of 60 minutes;</li> <li>(4) a valid referral blood test result for the Service User has been recorded and reported in accordance with Schedule 6A;</li> <li>(5) a valid weight measurement for the Service User has been recorded and reported in accordance with Schedule 6A;</li> <li>(6) a valid height measurement for the Service User has been recorded and reported in accordance with Schedule 6A;</li> <li>(7) the Required Data Fields have been recorded and reported in accordance with Schedule 6A.</li> </ol>	<p>All of the following criteria have been fulfilled:</p> <ol style="list-style-type: none"> <li>(1) the Service User has registered for the Digital Service or created a digital account (as relevant);</li> <li>(2) there has been at least one episode of engagement using one of the Digital Service Milestone 1 Engagement Methods;</li> <li>(3) the Service User has undergone the Individual Assessment and the Provider has recorded and reported to the Commissioner the required details in accordance with Schedule 6A either before or within 30 days after the Digital Service First Engagement Date;</li> <li>(4) a valid weight measurement for the Service User has been recorded and reported in accordance with Schedule 6A either before or within 30 days after the Digital Service First Engagement Date;<sup>26</sup></li> <li>(5) a valid referral blood test result for the Service User has been recorded and reported in accordance with Schedule 6A either before or within 30 days after the Digital Service First Engagement Date.</li> </ol>
Milestone 2	<p>All of the following criteria have been fulfilled:</p> <ol style="list-style-type: none"> <li>(1) the Face to Face Service Milestone 2 Period or Tailored Remote Service Milestone 2 Period has elapsed;</li> </ol>	<p>All of the following criteria have been fulfilled:</p> <ol style="list-style-type: none"> <li>(1) the Digital Service Milestone 2 Period has elapsed;</li> <li>(2) there is a time stamped record that the Service User has logged into</li> </ol>

<sup>26</sup> In this table 2 and in Schedule 6A, a valid weight measurement will be considered to have been recorded if a Service User self-reports his/her weight:

- By uploading a photograph of his/her weight measurement from a scale onto the Digital Platform; or
- Via an automated reading from an electronic scale which the Service User has connected to the Digital Platform.

In all cases, the Provider must inform Service Users on the Tailored Remote Service and the Digital Service to use the same scale whilst they remain on the programme.



	<p>(2) the Service User has attended at least three of the four planned sessions within the Face to Face Service Milestone 2 Period or Tailored Remote Service Milestone 2 Period and such attendance has been recorded and reported in accordance with Schedule 6A;</p> <p>(3) the sessions attended must have each lasted a minimum of 60 minutes;</p> <p>(4) a valid weight measurement for the Service User at each attended session has been recorded and reported in accordance with Schedule 6A; and</p> <p>(5) the Required Data Fields have been recorded and reported in accordance with Schedule 6A if not already done.</p>	<p>the Digital Service within the Digital Service Milestone 2 Period;</p> <p>(3) within the Digital Service Milestone 2 Period there has been at least one episode of engagement using Digital Service Milestones 2 to 4 Primary Engagement Methods;</p> <p>(4) in each 30 day period within the Digital Service Milestone 2 Period there has been at least two episodes of engagement using Digital Service Milestones 2 to 4 Primary Engagement Methods and / or Digital Service Milestones 2 to 4 Secondary Engagement Methods, provided that if both episodes of engagement are the latter these must be two different engagement methods; and</p> <p>(5) in the final 30 days of the Digital Service Milestone 2 Period a valid weight measurement for the Service User has been recorded and reported in accordance with Schedule 6A; and</p> <p>(6) the Required Data Fields have been recorded and reported in accordance with Schedule 6A if not already done.</p>
Milestone 3	<p>All of the following criteria shall have been fulfilled:</p> <p>(1) the Face to Face Service Milestone 3 Period or Tailored Remote Service Milestone 3 Period has elapsed; and</p> <p>(2) the Service User has attended at least two of the four planned sessions within the Face to Face Service Milestone 3 Period or Tailored Remote Service Milestone 3 Period and such attendance has been recorded and reported in accordance with Schedule 6A; and</p> <p>(3) the sessions attended must have each lasted a minimum of 60 minutes;</p> <p>(4) a valid weight measurement for the Service User at each attended session has been recorded and reported in accordance with Schedule 6A; and</p>	<p>All of the following criteria have been fulfilled:</p> <p>(1) the Digital Service Milestone 3 Period has elapsed;</p> <p>(2) there is a time stamped record that the Service User has logged into the Digital Service within the Digital Service Milestone 3 Period;</p> <p>(3) within the Digital Service Milestone 3 Period there has been at least one episode of engagement using Digital Service Milestones 2 to 4 Primary Engagement Methods;</p> <p>(4) in each 30 day period within the Digital Service Milestone 3 Period there has been at least two episodes of engagement using Digital Service Milestones 2 to 4 Primary Engagement Methods and / or Digital Service Milestones 2 to 4 Secondary Engagement Methods, provided that if both</p>



	<p>(5) the Required Data Fields have been recorded and reported in accordance with Schedule 6A if not already done.</p>	<p>episodes of engagement are the latter these must be two different engagement methods; and</p> <p>(5) in the final 30 days of the Digital Service Milestone 3 Period a valid weight measurement for the Service User has been recorded and reported in accordance with Schedule 6A; and</p> <p>(6) the Required Data Fields have been recorded and reported in accordance with Schedule 6A if not already done.</p>
Milestone 4	<p>All of the following criteria have been fulfilled:</p> <p>(1) the Face to Face Service Milestone 4 Period or Tailored Remote Service Milestone 4 Period has elapsed;</p> <p>(2) the Service User has attended at least two of the four planned sessions within the Face to Face Service Milestone 4 Period or Tailored Remote Service Milestone 4 Period and such attendance has been recorded and reported in accordance with Schedule 6A;</p> <p>(3) the sessions attended must have each lasted a minimum of 60 minutes; and</p> <p>(4) a valid weight measurement for the Service User at each attended session has been recorded and reported in accordance with Schedule 6A;</p> <p>(5) where the Service User has attended the Final Session, attendance must be recorded and reported in accordance with Schedule 6A;</p> <p>(6) a valid Date of Discharge must be recorded and reported in accordance with Schedule 6A; and</p> <p>(7) the Required Data Fields have been recorded and reported in accordance with Schedule 6A if not already done.</p>	<p>All of the following criteria have been fulfilled:</p> <p>(1) the Digital Service Milestone 4 Period has elapsed;</p> <p>(2) there is a time stamped record that the Service User has logged into the Digital Service within the Digital Service Milestone 4 Period;</p> <p>(3) within the Digital Service Milestone 4 period there has been at least one episode of engagement using Digital Service Milestones 2 to 4 Primary Engagement Methods;</p> <p>(4) in each 30 day period within the Digital Service Milestone 4 Period there has been at least two episodes of engagement using Digital Service Milestones 2 to 4 Primary Engagement Methods and / or Digital Service Milestones 2 to 4 Secondary Engagement Methods, provided that if both episodes of engagement are the latter these must be two different engagement methods; and</p> <p>(5) in the final 30 days of the Digital Service Milestone 4 Period a valid weight measurement for the Service User has been recorded and reported in accordance with Schedule 6A; and</p> <p>(6) a valid Date of Discharge must be recorded and reported in accordance with Schedule 6A; and</p> <p>(7) the Required Data Fields have been recorded and reported in</p>



		accordance with Schedule 6A if not already done.
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6. Table 3 below shows the Outcomes Achievement Criteria to be Achieved by the Provider for each Service User.

**Table 3 – Outcomes**

<b>Outcomes Achievement Criteria</b>
<p>The following three criteria must be satisfied:</p> <p>(a) a minimum of:</p> <p>a. for the Face to Face Service or Tailored Remote Service, at least 8 (eight) sessions have been attended; and</p> <p>b. for the Digital Service, at least 60% of the engagement required for achievement of the Milestones. The Provider should note that the maximum number of engagement episodes for each month that can be taken into account for the purpose of the Outcomes Achievement Criteria is two regardless of the actual number of engagements that may have occurred;</p> <p>(b) a valid Date of Discharge has been recorded and reported; and</p> <p>(c) either:</p> <p>a. the Service User is a member of a BME group; or</p> <p>b. the Service User is on the LD or SMI register; or</p> <p>c. the Service User is a member of highest deprivation IMD Quintile; or</p> <p>d. if identified as overweight or obese at the weight measurement at Milestone 1, the recorded weight of the Service User at Milestone 4 indicates a weight loss of at least 5% of the weight recorded at Milestone 1.</p>

7. The Commissioner shall determine whether or not the Provider has Achieved a Milestone or the Outcomes in accordance with the reports submitted by the Provider in accordance with Schedule 6A (Reporting Requirements) (including the Data Output Specifications submitted).
8. For the avoidance of doubt, the Provider will not be entitled to any increase to the Services Prices during the Contract Term to account for inflation, indexation or any other factor which may increase the Provider's costs of delivering the Service.
9. The Commissioner may deduct from any payments due to the Provider under this Part 1 of Schedule 3A any sums that the Commissioner is entitled to withhold or retain in accordance with Part 2 of Schedule 4C (Local Quality Requirements). If the Commissioner exercises its right to make such deductions, the Commissioner may deduct such sum from the amount payable under the applicable invoice issued by the Provider. If the amount due under the applicable invoice has been paid before the applicable deduction has been applied, the Commissioner may require the Provider to repay such amount that it would have been entitled to deduct or the Commissioner may deduct such amount from any subsequent invoice. Any sums that are withheld by the Commissioner that are subsequently to be paid to the Provider in accordance with Part 2 of Schedule 4C (Local Quality Requirements) shall be included in the next invoice issued by the Provider in accordance with Part 2 of this Schedule 3A.



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## Part 2 – Invoicing Process

1. The Commissioner uses an online service provided by Tradeshift Network Ltd of 55 Baker Street London W1U 7EU found online at [www.tradeshift.com](http://www.tradeshift.com) ("Tradeshift") as its online platform for receiving invoices. The Provider will create an online account with Tradeshift from the Effective Date for the purpose of submitting electronic invoices to the Commissioner in accordance with this Part 2, Schedule 3A.
2. The Provider will utilise one of the integration options provided by Tradeshift in order to deliver electronic invoices to the Commissioner.
3. The Provider shall:
  - 3.1 comply with the technical requirements of Tradeshift including any changes to such requirements that may be required by Tradeshift from time to time; and
  - 3.2 ensure that all electronic invoices are received by the Commissioner in accordance with the timescales set out in this Part 2 of Schedule 3A.
4. The Provider shall be responsible for its relationship with Tradeshift at all times.
5. Prior to uploading invoices to Tradeshift, the Provider will submit an electronic invoice to the Commissioner in accordance with paragraphs 1-4 of this Part 2 within 20 Operational Days after the end of the month in which a Milestone and/or the Outcomes have been Achieved.
6. Following submission of an invoice in accordance with paragraphs 1-5 of this Part 2, the Commissioner will consider and verify the invoice as against the Data Output Specifications provided by the Provider in accordance with Schedule 6A for the relevant month within 20 days of receipt of the invoice.
7. If the Commissioner is unable to verify an invoice in accordance with paragraph 6, the Commissioner will request that the Provider submits a revised electronic invoice in accordance with paragraph 1 above. Paragraph 6 above shall then apply in respect of the Commissioner's verification of the revised invoice.
8. The final invoice will be verified by agreement between the Commissioner (including any representative acting on behalf of the Commissioner) and the Provider, and if the parties do not verify the invoice paragraph 6 above shall apply.
9. Subject to paragraph 10 of Part 2 of this Schedule 3A, the Commissioner will pay the Provider any sums due under an invoice no later than 30 days from the date on which the Commissioner determines that the invoice is valid and undisputed in accordance with paragraph 6.
10. The Parties agree that paragraph 9 of Part 1 of this Schedule 3A shall apply in relation to breaches of thresholds of the Local Quality Requirements as set out in Schedule 4C (Local Quality Requirements).
11. Where any Party disputes any sum to be paid by it then a payment equal to the sum not in dispute shall be paid and the dispute as to the sum that remains unpaid shall be determined in accordance with General Condition 14. Provided that the sum has been disputed in good faith, Interest due on any sums in dispute shall not accrue until the date falling 5 days after resolution of the dispute between the Parties.
12. For the avoidance of doubt, Service Condition 36.47 (Set Off) shall apply.
13. The Provider will maintain complete and accurate records of, and supporting documentation for, all amounts which may be chargeable to the Commissioner pursuant to this Contract. Such records shall be retained for inspection by the Commissioner for 6 years from the end of the Contract Year to which the records relate.



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**SCHEDULE 3 – PAYMENT**

**B. Local Variations**

<b>Not Applicable</b>
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**SCHEDULE 3 – PAYMENT**

**C. Local Modifications**

<b>Not Applicable</b>
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**SCHEDULE 3 – PAYMENT**

**D.      Aligned Payment and Incentive Rules**

<b>Not Applicable</b>
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**SCHEDULE 3 – PAYMENT**

**E. CQUIN**

<b>Not Applicable</b>
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## **SCHEDULE 3 – PAYMENT**

### **F. Expected Annual Contract Values**

**Not Applicable**



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## **SCHEDULE 3 – PAYMENT**

### **G. Timing and Amounts of Payments in First and/or Final Contract Year**

**[To be confirmed prior to each Contract award.]**



## SCHEDULE 4 – QUALITY REQUIREMENTS

### A. Operational Standards

Ref	Operational Standards	Threshold	Guidance on definition	Period over which the Standard is to be achieved	Application
	<b>RTT waiting times for non-urgent consultant-led treatment</b>				
E.B.3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Operating standard of 92% at specialty level (as reported to NHS Digital)	See RTT Rules Suite and Recording and Reporting FAQs at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/">https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/</a>	Month	Services to which 18 Weeks applies
	<b>Diagnostic test waiting times</b>				
E.B.4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	Operating standard of no more than 1%	See Diagnostics Definitions and Diagnostics FAQs at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/</a>	Month	A CS CR D
	<b>A+E waits</b>				
E.B.5	Percentage of A+E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A+E department	Operating standard of 95%	See A+E Attendances and Emergency Admissions Monthly Return Definitions at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/</a>	Month	A+E U



Ref	Operational Standards	Threshold	Guidance on definition	Period over which the Standard is to be achieved	Application
	<b>Cancer waits - 2 week wait</b>				
E.B.6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	Operating standard of 93%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>	Quarter	A CR R
E.B.7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	Operating standard of 93%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>	Quarter	A CR R
	<b>Cancer waits – 28 / 31 days</b>				
E.B.27	Percentage of Service Users waiting no more than 28 days from urgent referral to receiving a communication of diagnosis for cancer or a ruling out of cancer	Operating standard of 75%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>	Quarter	A CR R
E.B.8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	Operating standard of 96%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>	Quarter	A CR R
E.B.9	Percentage of Service Users waiting no more than 31 days for	Operating standard of 94%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at:	Quarter	A CR R



Ref	Operational Standards	Threshold	Guidance on definition	Period over which the Standard is to be achieved	Application
	subsequent treatment where that treatment is surgery		<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>		
E.B.10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	Operating standard of 98%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>	Quarter	A CR R
E.B.11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	Operating standard of 94%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>	Quarter	A CR R
	<b>Cancer waits – 62 days</b>				
E.B.12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	Operating standard of 85%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>	Quarter	A CR R
E.B.13	Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	Operating standard of 90%	See National Cancer Waiting Times Monitoring Dataset Guidance, available at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/</a>	Quarter	A CR R



Ref	Operational Standards	Threshold	Guidance on definition	Period over which the Standard is to be achieved	Application
	<b>Ambulance Service Response Times</b>				
	Category 1 (life-threatening) incidents – proportion of incidents resulting in a response arriving within 15 minutes	Operating standard that 90 <sup>th</sup> centile is no greater than 15 minutes	See AQI System Indicator Specification at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/">https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/</a>	Quarter	AM
	Category 1 (life-threatening) incidents – mean time taken for a response to arrive	Mean is no greater than 7 minutes	See AQI System Indicator Specification at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/">https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/</a>	Quarter	AM
	Category 2 (emergency) incidents – proportion of incidents resulting in an appropriate response arriving within 40 minutes	Operating standard that 90 <sup>th</sup> centile is no greater than 40 minutes	See AQI System Indicator Specification at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/">https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/</a>	Quarter	AM
	Category 2 (emergency) incidents – mean time taken for an appropriate response to arrive	Mean is no greater than 18 minutes	See AQI System Indicator Specification at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/">https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/</a>	Quarter	AM
	Category 3 (urgent) incidents – proportion of incidents resulting in an appropriate response arriving within 120 minutes	Operating standard that 90 <sup>th</sup> centile is no greater than 120 minutes	See AQI System Indicator Specification at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/">https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/</a>	Quarter	AM
	Category 4 (less urgent “assess, treat, transport” incidents only) – proportion of incidents resulting	Operating standard that 90 <sup>th</sup> centile is no	See AQI System Indicator Specification at: <a href="https://www.england.nhs.uk/statistics/">https://www.england.nhs.uk/statistics/</a>	Quarter	AM



Ref	Operational Standards	Threshold	Guidance on definition	Period over which the Standard is to be achieved	Application
	in an appropriate response arriving within 180 minutes	greater than 180 minutes	<a href="#">statistical-work-areas/ambulance-quality-indicators/</a>		
	<b>Mixed-sex accommodation breaches</b>				
E.B.S.1	Mixed-sex accommodation breach	>0	See Mixed-Sex Accommodation Guidance, Mixed-Sex Accommodation FAQ and Professional Letter at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/">https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/</a>	Ongoing	A CR MH
	<b>Cancelled operations</b>				
E.B.S.2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	Number of Service Users who are not offered another binding date within 28 days >0	See Cancelled Operations Guidance and Cancelled Operations FAQ at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/">https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/</a>	Ongoing	A CR
	<b>Mental health</b>				
E.B.S.3	The percentage of Service Users under adult mental illness specialties who were followed up	Operating standard of 80%	See <a href="#">Contract Technical Guidance</a> Appendix 2	Quarter	MH Except MH (Specialised Services)



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Ref	Operational Standards	Threshold	Guidance on definition	Period over which the Standard is to be achieved	Application
	within 72 hours of discharge from psychiatric in-patient care				

The Provider must report its performance against each applicable Operational Standard through its Service Quality Performance Report, in accordance with Schedule 6A.



## SCHEDULE 4 – QUALITY REQUIREMENTS

### B. National Quality Requirements

	National Quality Requirement	Threshold	Guidance on definition	Period over which the requirement is to be achieved	Application
E.A.S.4	Zero tolerance methicillin-resistant <i>Staphylococcus aureus</i>	>0	See <a href="#">Contract Technical Guidance</a> Appendix 2	Ongoing	A
E.A.S.5	Minimise rates of Clostridioides difficile	As published by NHS England and NHS Improvement	See <a href="#">Contract Technical Guidance</a> Appendix 2	Year	A (NHS Trust/FT)
	Minimise rates of gram-negative bloodstream infections	As published by NHS England and NHS Improvement	See <a href="#">Contract Technical Guidance</a> Appendix 2	Year	A (NHS Trust/FT)
E.B.S.4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	>0	See RTT Rules Suite and Recording and Reporting FAQs at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/">https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/</a>	Ongoing	Services to which 18 Weeks applies
E.B.S.7a	All handovers between ambulance and A+E must take place within 15 minutes with none waiting more than 30 minutes	>0	See <a href="#">Contract Technical Guidance</a> Appendix 2	Ongoing	A+E
E.B.S.7b	All handovers between ambulance and A+E must take place within 15 minutes with none waiting more than 60 minutes	>0	See <a href="#">Contract Technical Guidance</a> Appendix 2	Ongoing	A+E



	National Quality Requirement	Threshold	Guidance on definition	Period over which the requirement is to be achieved	Application
E.B.S.8a	Following handover between ambulance and A+E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes	>0	See <a href="#">Contract Technical Guidance Appendix 2</a>	Ongoing	AM
E.B.S.8b	Following handover between ambulance and A+E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 60 minutes	>0	See <a href="#">Contract Technical Guidance Appendix 2</a>	Ongoing	AM
E.B.S.5	Waits in A+E not longer than 12 hours	>0	See A+E Attendances and Emergency Admissions Monthly Return Definitions at: <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/</a>	Ongoing	A+E
E.B.S.6	No urgent operation should be cancelled for a second time	>0	See <a href="#">Contract Technical Guidance Appendix 2</a>	Ongoing	A CR
	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE	95%	See <a href="#">Contract Technical Guidance Appendix 2</a>	Quarter	A
	Duty of candour	Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety Incident in accordance with	See CQC guidance on Regulation 20 at: <a href="https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour">https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour</a>	Ongoing	All



	National Quality Requirement	Threshold	Guidance on definition	Period over which the requirement is to be achieved	Application
		Regulation 20 of the 2014 Regulations			
E.H.4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care	Operating standard of 60%	See Guidance for Reporting Against Access and Waiting Time Standards and FAQs Document at: <a href="https://www.england.nhs.uk/mental-health/resources/access-waiting-time/">https://www.england.nhs.uk/mental-health/resources/access-waiting-time/</a>	Quarter	MH
E.H.1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait six weeks or less from referral to entering a course of IAPT treatment	Operating standard of 75%	See Annex F1, NHS Operational Planning and Contracting Guidance 2020/21 at: <a href="https://www.england.nhs.uk/operational-planning-and-contracting/">https://www.england.nhs.uk/operational-planning-and-contracting/</a>	Quarter	MH
E.H.2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait 18 weeks or less from referral to entering a course of IAPT treatment	Operating standard of 95%	See Annex F1, NHS Operational Planning and Contracting Guidance 2020/21 at: <a href="https://www.england.nhs.uk/operational-planning-and-contracting/">https://www.england.nhs.uk/operational-planning-and-contracting/</a>	Quarter	MH
	Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider (other than those	Failure to achieve full implementation as described under Service Specification B15/S/a Cancer:	Service Specification at: <a href="https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/">https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/</a>	Ongoing	Where <u>both</u> Specialised Services <u>and</u> Cancer apply



	National Quality Requirement	Threshold	Guidance on definition	Period over which the requirement is to be achieved	Application
	dealing with children, teenagers and young adults) across all tumour sites	Chemotherapy (Adult)			
	Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider dealing with children, teenagers and young adults across all tumour sites	Failure to achieve full implementation as described under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults)	Service Specification at: <a href="https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/">https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/</a>	Ongoing	Where <u>both</u> Specialised Services <u>and</u> Cancer apply
	Proportion of Service Users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis	Operating standard of 90% (based on a sample of 50 Service Users each Quarter)	See <a href="#">Contract Technical Guidance</a> Appendix 2	Quarter	A, A+E
	Proportion of Service User inpatients who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis	Operating standard of 90% (based on a sample of 50 Service Users each Quarter)	See <a href="#">Contract Technical Guidance</a> Appendix 2	Quarter	A

The Provider must report its performance against each applicable National Quality Requirement through its Service Quality Performance Report, in accordance with Schedule 6A.



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## **SCHEDULE 4 – QUALITY REQUIREMENTS**

### **C. Local Quality Requirements**

#### **Part 1**



Quality Requirement	Method of Measurement and Thresholds	Consequence of Breach	Period over which the Requirement is to be achieved
<b>KPI 1 Component: Data Quality</b>  The Provider shall comply with the reporting requirements set out in the Data Output Specification detailed in Annex 2 of Schedule 6A. This includes the monthly reporting of particulars related to Service Users' attendance on the programme to the detail, format and quality prescribed in the "Data Output Specifications" document and the "Data Format Specification" document set out in Annexes 2 and 3 respectively of Schedule 6A and together referred to in this Schedule 4C as the "Data Specifications"	KPI 1a: The proportion of Service User data records at referral that are recorded in line with the Data Specifications. <ul style="list-style-type: none"> <li>• 100% - <b>"Target"</b></li> <li>• Between 95% - 99% - <b>"Mid Threshold"</b></li> <li>• &lt;95% - <b>"Lower Threshold"</b></li> </ul>	As set out in Part 2 of this Schedule 4C <i>(Local Quality Requirements)</i>	Monthly
	KPI 1b: The proportion of Service Users' data records at Individual Assessment that are recorded in line with the 'Outcome' fields in the Data Specifications. <ul style="list-style-type: none"> <li>• 100% - <b>"Target"</b></li> <li>• Between 95% - 99% - <b>"Mid Threshold"</b></li> <li>• &lt;95% - <b>"Lower Threshold"</b></li> </ul>	As set out in Part 2 of this Schedule 4C <i>(Local Quality Requirements)</i>	Monthly
	KPI 1c: The proportion of Service Users' data records at Individual Assessment that are recorded in line with the 'Demographic' fields in the Data Specifications. <ul style="list-style-type: none"> <li>• 100% - <b>"Target"</b></li> <li>• Between 95% - 99% - <b>"Mid Threshold"</b></li> <li>• &lt;95% - <b>"Lower Threshold"</b></li> </ul>	As set out in Part 2 of this Schedule 4C <i>(Local Quality Requirements)</i>	Monthly
	KPI 1d: The proportion of Service Users' data records at Individual Assessment that are recorded in line with the 'Administration' fields in the Data Specifications. <ul style="list-style-type: none"> <li>• 100% - <b>"Target"</b></li> <li>• Between 95% - 99% - <b>"Mid Threshold"</b></li> <li>• &lt;95% - <b>"Lower Threshold"</b></li> </ul>	As set out in Part 2 of this Schedule 4C <i>(Local Quality Requirements)</i>	Monthly



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	<p>KPI 1e: The proportion of Service Users' weight fields that are recorded in line with the Data Specifications.</p> <ul style="list-style-type: none"><li>• 100% - “<b>Target</b>”</li><li>• Between 95% - 99% - “<b>Mid Threshold</b>”</li><li>• &lt;95% - “<b>Lower Threshold</b>”</li></ul> <p>For Service Users on the Face to Face Service or Tailored Remote Service, weight measurements are recorded for each session. For Service Users on the Digital Service, weight measurement requirements are set out in Schedule 3A.</p>	<p>As set out in Part 2 of this Schedule 4C <i>(Local Quality Requirements)</i></p>	<p>Monthly</p>
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Quality Requirement	Method of Measurement and Thresholds	Consequence of Breach	Period over which the Requirement is to be achieved
<b>KPI 2 Component: Eligibility</b>	<p>KPI 2a: The proportion of Service Users starting programme interventions who meet the eligibility criteria at referral as defined in Schedule 2A (Service Specification).</p> <ul style="list-style-type: none"> <li>• 100% - “<b>Target</b>”</li> <li>• Between 97% - 99% - “<b>Mid Threshold</b>”</li> <li>• &lt;97% - “<b>Lower Threshold</b>”</li> </ul>	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Monthly
	<p>KPI 2b: The proportion of self-referrals with eligible risk scores captured and recorded.</p> <ul style="list-style-type: none"> <li>• 100% - “<b>Target</b>”</li> <li>• Between 97% - 99% - “<b>Mid Threshold</b>”</li> <li>• &lt;97% - “<b>Lower Threshold</b>”</li> </ul>	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Monthly
<b>KPI 3 Component: Uptake</b>	KPI 3a: 50% of all referrals to achieve programme start.	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Quarterly
	<p>KPI 3b: The proportion of Service Users who have accepted the Face to Face Service or Tailored Remote Service and who have achieved IV01 or beyond.</p> <ul style="list-style-type: none"> <li>• ≥45% - “<b>Target</b>”</li> <li>• Between 30% - 44% - “<b>Mid Threshold</b>”</li> <li>• &lt;30% - “<b>Lower Threshold</b>”</li> </ul>	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Quarterly



	<p>KPI 3c: The proportion of Service Users who have accepted the Digital Service and have achieved Milestone 1.</p> <ul style="list-style-type: none"> <li>• ≥45% - “<b>Target</b>”</li> <li>• Between 30% - 44% - “<b>Mid Threshold</b>”</li> <li>• &lt;30% - “<b>Lower Threshold</b>”</li> </ul>	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Quarterly
<p><b>KPI 4 Component: Efficacy</b></p> <p>The Provider will be required to report on the KPIs requirements listed under this component allowing sufficient time for a Service Users to have attended the specified number of sessions.</p> <p>Provider performance against KPI 3 and KPI 4 will be reviewed as part of the Quarterly Contract Review Meetings.</p>	<p>KPI 4a: 75% of Service Users on the Face to Face Service or Tailored Remote Service, excluding those aged 80 years or over, who:</p> <ul style="list-style-type: none"> <li>• are overweight or obese at the first attended session; and</li> <li>• in relation to whom sufficient time has elapsed for 3 months on the programme to have elapsed,</li> </ul> <p>to have lost weight by the time the Service User passes the 3-month mark on the programme.</p> <p>75% of Service Users on the Digital Service, who:</p> <ul style="list-style-type: none"> <li>• are overweight or obese as recorded as part of the weight measurement required for Milestone 1; and</li> <li>• sufficient time has elapsed since the Digital Service First Engagement Date (as defined in Schedule 3A) for 3 months on the programme to have elapsed,</li> </ul> <p>to have lost weight by the time the Service User passes the 3-month mark on the programme.</p>	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Quarterly



<p><b>KPI 4 Component: Efficacy</b></p> <p>The Provider will be required to report on the KPIs requirements listed under this component allowing sufficient time for a Service Users to have attended the specified number of sessions.</p> <p>Provider performance against KPI 3 and KPI 4 will be reviewed as part of the Quarterly Contract Review Meetings.</p>	<p>KPI 4b: 80% of Service Users on the Face to Face Service or Tailored Remote Service, excluding those aged 80 years or over, who:</p> <ul style="list-style-type: none"> <li>• are overweight or obese at the first attended session; and</li> <li>• have attended at least 8 sessions; and</li> <li>• in relation to whom sufficient time has elapsed for the Final Session (as defined in Schedule 2A) to have taken place, to have lost weight by the time the Service User ends their involvement in the Service.</li> </ul> <p>80% of Service Users on the Digital Service, who:</p> <ul style="list-style-type: none"> <li>• are overweight or obese as recorded as part of the weight measurement required for Milestone 1; and</li> <li>• have achieved 60% of the engagement criteria – the calculation of which is the same as set out in criteria (a) in Table 3 of Part 1 of Schedule 3A; and</li> <li>• sufficient time has elapsed since the Digital Service First Engagement Date (as defined in Schedule 3A) for 9 months on the programme to have elapsed, to have lost weight by the time the Service User ends their involvement in the Service.</li> </ul>	<p>As set out in Part 2 of this Schedule 4C (Local Quality Requirements)</p>	<p>Quarterly</p>
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	<p>KPI 4c: 40% of Service Users on the Face to Face Service or Tailored Remote Service, excluding those aged 80 years or over, who:</p> <ul style="list-style-type: none"> <li>• are overweight or obese at the first attended session; and</li> <li>• have attended at least 8 sessions; and</li> <li>• in relation to whom sufficient time has elapsed for the Final Session (as defined in Schedule 2A) to have taken place, to have lost a minimum of 5% of their body weight by the time the Service User ends their involvement in the Service.</li> </ul> <p>40% of Service Users on the Digital Service, who:</p> <ul style="list-style-type: none"> <li>• are overweight or obese as recorded as part of the weight measurement required for Milestone 1; and</li> <li>• have achieved 60% of the engagement criteria – the calculation of which is the same as set out in criteria (a) in Table 3 of Part 1 of Schedule 3A; and</li> <li>• sufficient time has elapsed since the Digital Service First Engagement Date (as defined in Schedule 3A) for 9 months on the programme to have elapsed, to have lost a minimum of 5% of their body weight by the time the Service User ends their involvement in the Service.</li> </ul>	<p>As set out in Part 2 of this Schedule 4C (Local Quality Requirements)</p>	<p>Quarterly</p>
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<b>KPI 5 Component: MS2 Retention</b>	<p>KPI 5: For Service Users:</p> <ul style="list-style-type: none"> <li>• who have fulfilled the Face to Face Service Achievement Criteria, the Tailored Remote Service Achievement Criteria or the Digital Service Achievement Criteria (as relevant) that relate to Milestone 1; and</li> <li>• for whom sufficient time has elapsed for the Face to Face Service Achievement Criteria, Tailored Remote Service Achievement Criteria or the Digital Service Achievement Criteria (as relevant) that relate to Milestone 2 to have been fulfilled,</li> </ul> <p>to have fulfilled the Face to Face Service Achievement Criteria, Tailored Remote Service or the Digital Service Achievement Criteria (as relevant) that relate to Milestone 2.</p> <ul style="list-style-type: none"> <li>• ≥75% - “<b>Target</b>”</li> <li>• Between 60% - 74% - “<b>Mid Threshold</b>”</li> <li>• &lt;60% - “<b>Lower Threshold</b>”</li> </ul>	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Quarterly
<b>Quality Requirement</b>	<b>Method of Measurement and Thresholds</b>	<b>Consequence of Breach</b>	<b>Period over which the Requirement is to be achieved</b>
<b>KPI 6 Component: Completion</b>	<p>KPI 6a: 40% of Service Users on the Face to Face Service or Tailored Remote Service, for whom sufficient time has elapsed for the Final Session to have taken place, to have attended at least 8 sessions.</p> <p>40% of Service Users on the Digital Service:</p> <ul style="list-style-type: none"> <li>• to have achieved 60% of the engagement criteria – the calculation of which is the same as set out in criteria (a) in Table 3 of Part 1 of Schedule 3A; and</li> <li>• for whom 9 months has elapsed since the Digital Service First Engagement Date (as defined in Schedule 3A).</li> </ul>	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Quarterly



<b>KPI 7 Component: Demographic Data</b>	<p>KPI 7: No more than 5% of any individual data field to be recorded as “not stated” (i.e. [999]):</p> <ul style="list-style-type: none"> <li>• Sex</li> <li>• Ethnicity</li> <li>• Weight</li> <li>• Height</li> </ul>	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Monthly
<b>KPI 8 Component: Discharge</b>	KPI 8: That notification of discharge is communicated to the Service User's GP and the Service User within 10 working days once the discharge criteria has been met.	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Monthly
<b>KPI 9 Component: Group Size</b>	KPI 9: 100% of group sessions to not exceed the numbers as outlined within Schedule 2A Service Specification unless this includes individuals attending to support the Service User (i.e. carers, interpreters, family members).	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Monthly
<b>KPI 10 Component: Remote Catch-Up</b>	KPI 10: 100% of Service Users did not attend a planned Face to Face Service session ahead of being offered a remote catch-up session.	As set out in Part 2 of this Schedule 4C (Local Quality Requirements)	Monthly



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## **Part 2**

1. In Part 2 of this Schedule 4C (*Local Quality Requirements*) the following definitions are used:

<b>“Core KPIs”</b>	means the following KPIs: KPI 1a to KPI 1e (inclusive), KPI 2a, KPI 2b, KPI 3b, KPI 3c, and KPI 5, as set out in the table in Part 1 of this Schedule 4C ( <i>Local Quality Requirements</i> );
<b>“KPIs”</b>	means the KPIs set out in the table in Part 1 of this Schedule 4C ( <i>Local Quality Requirements</i> ), which are also known as the Local Quality Requirements;
<b>“KPI Periods”</b>	means the periods within which the Provider’s performance against each KPI is to be measured, as set out in the column headed “Period over which the Requirement is to be achieved” in the table in Part 1 of this Schedule 4C ( <i>Local Quality Requirements</i> );
<b>“Lower Threshold”</b>	means the Lower Threshold applicable to each of the Core KPIs, as set out in Part 1 of this Schedule 4C ( <i>Local Quality Requirements</i> );
<b>“Mid Threshold”</b>	means the Mid Threshold applicable to each of the Core KPIs, as set out in Part 1 of this Schedule 4C ( <i>Local Quality Requirements</i> );
<b>“Target”</b>	means the Target applicable to each of the Core KPIs, as set out in Part 1 of this Schedule 4C ( <i>Local Quality Requirements</i> ); and
<b>“Threshold”</b>	means the threshold(s) applicable to each of the KPIs that are not Core KPIs, as set out in Part 1 of this Schedule 4C ( <i>Local Quality Requirements</i> ).

2. Subject to paragraph 7 of Part 2 of this Schedule 4C (*Local Quality Requirements*), if the Provider fails to meet or exceed the Mid Threshold applicable to any of the Core KPIs for the relevant KPI Period, the Commissioner may, by notice to the Provider, immediately and permanently retain a reasonable and proportionate sum of:

- 2.1. up to 1% of the Actual Monthly Value applicable to the relevant KPI Period, where the relevant KPI Period is monthly; or
- 2.2. up to 1% of the Actual Quarterly Value applicable to the relevant KPI Period, where the relevant KPI Period is Quarterly.

3. Subject to paragraph 7 of Part 2 of this Schedule 4C (*Local Quality Requirements*), if the Provider exceeds the Lower Threshold applicable to any of the Core KPIs but fails to meet or exceed the Target applicable to that Core KPI for the relevant KPI Period, the Commissioner may, by notice to the Provider:

- 3.1. withhold a reasonable and proportionate sum of:
  - 3.1.1. up to 1% of the Actual Monthly Value applicable to the relevant KPI Period, where the relevant KPI Period is monthly; or
  - 3.1.2. up to 1% of the Actual Quarterly Value applicable to the relevant KPI Period, where the relevant KPI Period is Quarterly; and
- 3.2. require that the Provider submits, within 10 Operational Days of the notice, a remedial action plan to the Commissioner that sets out the actions that the Provider will take prior to the end of the next KPI Period applicable to the relevant



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Core KPI to remedy the failure to meet or exceed the Target in relation to that Core KPI.

4. Where the Provider does not provide a remedial action plan to the Commissioner within the relevant timescale in accordance with paragraph 3.2 of Part 2 of this Schedule 4C (*Local Quality Requirements*), the Commissioner may, by notice to the Provider, immediately and permanently retain the sum withheld in accordance with paragraph 3.1 of Part 2 of this Schedule 4C (*Local Quality Requirements*), subject to paragraph 7 of Part 2 of this Schedule 4C (*Local Quality Requirements*).
5. Where the Provider has provided a remedial action plan to the Commissioner within the relevant timescale in accordance with paragraph 3.2 of Part 2 of this Schedule 4C (*Local Quality Requirements*), then if the Provider:
  - 5.1. fails to meet or exceed the Target applicable to that Core KPI for the next KPI Period applicable to that Core KPI, the Commissioner may, by notice to the Provider, permanently retain the sum withheld in accordance with paragraph 3.1 of Part 2 of this Schedule 4C (*Local Quality Requirements*), subject to paragraph 7 of Part 2 of this Schedule 4C (*Local Quality Requirements*); or
  - 5.2. meets or exceeds the Target applicable to that Core KPI for the next KPI Period applicable to that Core KPI, the Commissioner will pay the Provider the sum withheld in accordance with paragraph 3.1 of Part 2 of this Schedule 4C (*Local Quality Requirements*) and no interest will be payable on that sum.
6. For the avoidance of doubt, nothing in paragraphs 4 or 5 of Part 2 of this Schedule 4C (*Local Quality Requirements*) will prevent the Commissioner from retaining or withholding any further sums in relation to the next (or any subsequent) KPI Period for the relevant Core KPI in accordance with paragraphs 2 or 3 of Part 2 of this Schedule 4C (*Local Quality Requirements*), subject to paragraph 7 of Part 2 of this Schedule 4C (*Local Quality Requirements*).
7. The Commissioner will not withhold or retain more than 10% of the Actual Monthly Value applicable to any individual month pursuant to Part 2 of this Schedule 4C (*Local Quality Requirements*).
8. Without prejudice to any other rights or remedies that may be available to the Commissioner under Part 2 of this Schedule 4C (*Local Quality Requirements*), if for any KPI Period the Provider fails to meet or exceed any Target (in relation to any Core KPI) or any Threshold (in relation to any KPI that is not a Core KPI), the Commissioner will be entitled to issue a Contract Performance Notice to the Provider in accordance with GC9.4 (*Contract Management*). For the avoidance of doubt:
  - 8.1. the Commissioner's exercise of any rights or remedies available to it under Part 2 of this Schedule 4C (*Local Quality Requirements*) will not prevent the Commissioner from also exercising its right to issue a Contract Performance Notice to the Provider in accordance with GC9.4 (*Contract Management*) in relation to the same failure to meet the relevant requirement; and
  - 8.2. the Commissioner's exercise of its right to issue a Contract Performance Notice to the Provider in accordance with GC9.4 (*Contract Management*) will not prevent the Commissioner from also exercising any rights or remedies that may be available to it under Part 2 of this Schedule 4C (*Local Quality Requirements*) in relation to the same failure to meet the relevant requirement.
9. The parties acknowledge and agree that for the purposes of GC17.10.4 the Provider will be deemed to be in persistent or repetitive breach of the Quality Requirements if, in the



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Commissioner's reasonable opinion, the Provider has repeatedly failed to meet or exceed:

9.1. the Targets applicable to any of the Core KPIs; and/or

9.2. the Thresholds applicable to any of the KPIs that are not Core KPIs,

in such a manner as to reasonably justify the Commissioner's opinion that the Provider's conduct is inconsistent with it having the intention or ability to meet or exceed the relevant requirements over a reasonable period of the remaining Contract Term.



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## **SCHEDULE 4 – QUALITY REQUIREMENTS**

### **D. Local Incentive Scheme**

<p><b>Not Applicable</b></p>
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# SCHEDULE 5 – GOVERNANCE

## A. Documents Relied On

### Documents supplied by Provider

Date	Document
[To be confirmed prior to each Contract award as appropriate]	

### Documents supplied by Commissioners

Date	Document
[To be confirmed prior to each Contract award as appropriate]	



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## SCHEDULE 5 - GOVERNANCE

### B. Provider's Material Sub-Contracts

Sub-Contractor [Name] [Registered Office] [Company number]	Service Description	Start date/expiry date	Processing Personal Data – Yes/No	If the Sub-Contractor is processing Personal Data, state whether the Sub- Contractor is a Data Processor OR a Data Controller OR a joint Data Controller
[To be confirmed prior to each Contract award as appropriate]				



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## **SCHEDULE 5 - GOVERNANCE**

### **C. Commissioner Roles and Responsibilities**

**Not Applicable**



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## SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

### A. Reporting Requirements

	Reporting Period	Format of Report*	Timing and Method for delivery of Report	Application
<b>National Requirements Reported Centrally</b>				
1. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour, including, without limitation: <ul style="list-style-type: none"> <li>a. details of any thresholds that have been breached and any Never Events and breaches in respect of the duty of candour that have occurred;</li> <li>b. details of all requirements satisfied;</li> <li>c. details of, and reasons for, any failure to meet requirements.</li> </ul>	Monthly	As set out in the Service Quality Performance Report template at Annex 1 of this Schedule 6A.	<p>To be submitted to the Contract management provider as appointed and advised by the Commissioner by email using the templates provided within 10 Operational Days of the end of the month to which it relates.</p> <p>Report to be submitted to the Contract management provider's email address for data flows that do not include Patient Identifiable Data (PID).</p>	<p>All</p> <p>All</p>
2. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Quarterly	Included within Service Quality Performance Report	As per Service Quality Performance Report (see above)	All
3. Summary report of all incidents requiring reporting	Monthly	Included within Service Quality Performance Report	As per Service Quality Performance Report (see above)	All
4. Report on compliance with the National Workforce Race Equality Standard.	Annually	Included within Service Quality Performance Report	End of Q1 annually	All
5. Report on compliance with the National Workforce Disability Equality Standard.	Annually	Included within Service Quality Performance Report	End of Q1 annually	All
6. Report on progress against Green Plan in accordance with SC18.2	Annually	Included within Service Quality Performance Report	End of Q1 annually	All
7. Equality and Health Inequalities Impact	Annually	Included within Service	The first E&HIA and action plan	All



	Reporting Period	Format of Report*	Timing and Method for delivery of Report	Application
Assessment (E&HIA) and related action plan to challenge discrimination, promote equality, respect Service Users' human rights and to reduce health inequalities in access to services and outcomes		Quality Performance Report	shall be provided electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided on the Effective Date and each anniversary of the Effective Date.  Progress against the action plan will be reported by the Provider to the Commissioner on a Quarterly basis at the relevant Review Meeting.	
8. Data Output Specification	Data to be collected on an ongoing basis in line with the timing set out in the "Data Format Specification" document in Annex 2 of this Schedule 6A. Monthly	The format of the report is as set out in the "Data Output Specifications" document in Annex 3 of this Schedule 6A.  The data must be inputted into the report format above in accordance with the codes set out in the "Data Format Specification" document in Annex 2 of this Schedule 6A.	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided within 10 Operational Days of the end of the month to which it relates.  The Provider must submit any patient-identifiable data required in relation to Local Requirements Reported Locally via the Data Landing Portal in accordance with the Data Landing Portal Acceptable Use Statement.	All
9. Finance report	Monthly	The format of the report is as set out in the "Invoice Template" in Annex 4 of this Schedule 6A and "Data Landing Portal Invoice	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided within 10 Operational Days of	All



	Reporting Period	Format of Report*	Timing and Method for delivery of Report	Application
		Validation Template" in Annex 5 of this Schedule 6A.	the end of the month to which it relates.	
10. Waiting Times Report	Monthly	<p>The format of the report is as set out in the "Waiting Times Report Template" in Annex 6 of this Schedule 6A. This will include as a minimum:</p> <ul style="list-style-type: none"> <li>• Numbers waiting for course starts (by month of receipt of referral)</li> <li>• Reasons for wait and and/or non-attendance to date</li> </ul>	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided within 10 Operational Days of the end of the month to which it relates.	All
11. Capacity Planning Report	Monthly	<p>The format of the report is as set out in the "Capacity Planning Reporting Template" in Annex 7 of this Schedule 6A – this will include as a minimum:</p> <ul style="list-style-type: none"> <li>• Expected referrals per month</li> <li>• Number of participants waiting for course starts</li> <li>• Planned number of</li> </ul>	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided within 10 Operational Days of the end of the month to which it relates.	All



	Reporting Period	Format of Report*	Timing and Method for delivery of Report	Application
		courses		
12. Group size report	As required by the commissioner	The format of the report is as set out in the "Group Size Report Template" in Annex 8 of this Schedule 6A detailing the numbers of people attending groups.	To be submitted to the Contract management provider as appointed and advised by the Commissioner when requested.	All
13. Service User Survey reports	Quarterly	The format of the reports are as set out in the various "Service User Survey Reports Templates" in Annex 9-16 (inclusive) of this Schedule 6A	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided in advance of the Quarterly Review Meetings and within 10 Operational Days of the beginning of the month in which that Review Meeting falls  Report to be submitted to the Contract management provider's email address for data flows that do not include Patient Identifiable Data (PID).	All
14. Physical Activity Report (RPAQ)	Quarterly	Providers to run Python code on the RPAQ raw data and submit the raw data and output file created. Python code and associated guidance will be provided by the Commissioner or the Commissioner Representative.	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the python code provided in advance of the Quarterly Review Meetings and within 10 Operational Days of the beginning of the month in which that Review Meeting falls.	All



	Reporting Period	Format of Report*	Timing and Method for delivery of Report	Application
			A report to be submitted to Contract management providers email address for data flows that do not include Patient Identifiable Data (PID).	
15. Digital Engagement report	Quarterly	The format of the report is as set out in the "Digital Engagement Report Template" in Annex 17 of this Schedule 6A.	<p>To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided in advance of the Quarterly Review Meetings and within 10 Operational Days of the beginning of the month in which that Review Meeting falls.</p> <p>Report to be submitted to the Contract management provider's email address for data flows that do not include Patient Identifiable Data (PID).</p>	All
16. Step Count report	Quarterly	The format of the report is as set out in the "Step Count Report Template" in Annex 18 of this Schedule 6A.	<p>To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided in advance of the Quarterly Review Meetings and within 10 Operational Days of the beginning of the month in which that Review Meeting falls.</p> <p>Report to be submitted to Contract management providers email address for data flows that</p>	All



	Reporting Period	Format of Report*	Timing and Method for delivery of Report	Application
			do not include Patient Identifiable Data (PID).	
17. Monthly High Level Service User and Physical Activity (RPAQ) Summary report	Monthly	The format of the report is as set out in the "Monthly High Level Monthly Service User and Physical Activity (RPAQ) Summary Report Template" in Annex 19 of this Schedule 6A.	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided in advance of the Quarterly Review Meetings and within 10 Operational Days of the beginning of the month in which that Review Meeting falls.	All
18. Weekly Direct to Consumer (DTC) report	Weekly (as required)	The format of the report is as set out in the "Weekly Direct to Consumer (DTC) Report Template" in Annex 20 of this Schedule 6A.	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided by close of play every Monday (if required).	All
19. Weekly Diabetes Prevention Programme (DPP) report	Weekly (as required)	The format of the report is as set out in the "Weekly Diabetes Prevention Programme (DPP) Report Template" in Annex 21 of this Schedule 6A.	To be submitted electronically to the Contract management provider as appointed and advised by the Commissioner using the templates provided by close of play every Monday (if required).	All
<b>Local Requirements Reported Locally</b>				
Operational & Service Delivery Reports – for local contract areas	As a minimum monthly	This will include, as a minimum: <ul style="list-style-type: none"> <li>Number of referrals received with details of GP practices</li> </ul>	To be submitted electronically to the lead local health economy representative as detailed in a notification by the Commissioner to the Provider.	All



	Reporting Period	Format of Report*	Timing and Method for delivery of Report	Application
		(accepted & rejected) <ul style="list-style-type: none"> <li>• Number of attendees at first session</li> <li>• Number of courses booked in next 3 months</li> <li>• Number of patients declining the service</li> <li>• Waiting list information including times for course starts in line with waiting times report (above).</li> </ul> Ensure information provided to local health economy provides sufficient information to allow for service delivery planning.		
Letters informing of participants progress/discharge	As and when required	The format of the letters are as set out in the "NHS DPP Letter Template" in Annex 22 or "NHS DPP Letter	Timings and method of delivery of letters to primary care to be agreed with the lead local health economy representative.	<b>All</b>



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	Reporting Period	Format of Report*	Timing and Method for delivery of Report	Application
		Template DTC" in Annex 23 of this Schedule 6A.		

\*Template versions of the specific reports referred to in the "Format of Report" column of the above table are set out in the Annexes to this Schedule 6A. The Provider will be provided with Excel versions of these reports. The reports set out in the Annexes are scans of the Excel documents which, for the purpose of signature of this Framework Agreement, show the information contained within each report. The Commissioner reserves the right at its absolute discretion to vary any of these templates at any time by issuing an updated template version to the Provider. The Provider shall use the most recent template version of these reports that may be issued by the Commissioner from time to time.



## Annex 1 Service Quality Performance Report



NDPP FW3 Schedule  
6a Annex 1 Service Q

### Submission Details

Service Quality Performance Report			
Submitted by (name, title & organisation):		Signed off by (name, title & organisation):	
Submitted by (e-mail address):		Signed off by (email address):	
Full Name of Organisation responsible for Submission:		Date Submitted:	
		Reporting Month	

### Duty of Candour Report

Duty of Candour Report	
This section must be reported:	Monthly
Period covered by report:	
Have any breaches of the National Quality Requirement relating to the Duty of Candour occurred?	0
If relevant, provide details of the breach:	
If relevant, provide details of and reasons for any failure to meet the requirement in relation to the Duty of Candour:	
If relevant, provide details of consequence actions taken/required:	

### Never Events Report



<b>Never Events Report</b>	
This section must be reported:	Monthly
Period covered by report:	
Have any Never Events occurred?	0
If relevant, provide details of action taken consequent to the Never Event and complain with the Never Event Policy framework:	
If relevant, provide details of the Never Event:	
If relevant, provide details and reasons for any failure to meet the requirement in relation to Never Events:	

### Complaints Report

<b>Complaints Report</b>	
This section must be reported:	Monthly
Period covered by report:	
How many complaints have been received?	0
For each complaint, provide a summary of the complaint and details of actions taken consequent to the complaint:	
Provide an analysis of key themes from the complaints:	

### Incident Report

<b>Incidents Report</b>	
This section must be reported:	Monthly
Period covered by report:	
How many incidents requiring reporting have occurred?	0
For each Incident provide a summary of the incident and details of actions taken consequent to the incident:	

### National Workforce Race Report



National Workforce Race Equality Standard Report	
This section must be reported:	Annually
Period covered by report:	
Provide details of compliance with the National Workforce Race Equality Standard:	

#### National Workforce Disability

National Workforce Disability Equality Standard Report	
This section must be reported:	Annually
Period covered by report:	
Provide details of compliance with the National Workforce Race Disability Standard:	

#### Equality and Health Inequality IA

Equality & Health Inequality Impact Assessment	
This section must be reported:	Annually
Period covered by report:	
Provide details of Equality & Health Inequality Impact Assessment:	

#### E & IA Action Plan



Equality & Health Inequality Impact Assessment					
This section must be reported:		Annually			
Period covered by report:					
Providers Equality Objectives:					

## Green Plan

Green Plan	
This section must be reported:	Annually
Period covered by report:	
Provide details of compliance with NHS Green Plan requirements:	



## Annex 2 Data Format Specification

NHS Diabetes Prevention Programme Minimum Dataset Jan-20							
Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
<b>Organisational Data</b>							
DPP1	Organization code of referrer	an6 (6 char) Self-referrals = X33333			Req'd	Referral	The code of the referring organisation. In most cases this is a NHS organisation code. If the referral is from a private organization without a national code then providers should develop an unique code for each organization. If a direct recruitment referral the provider code should be recorded. For self-referrals, the code X33333 should be used.
DPP2	Organization code of provider	an6 (6char)			Req'd	Referral	Code allocated to provider of DPP.
DPP3	Call off Contract Number	TBA			Req'd	Referral	Call-off contract number allocated by NHS England.
DPP4	General Medical Practice Code (Patient Registration)	an6 (6char) Default code	V81337 V81333	No Registered GP Practice GP Practice Code not known	Req'd	Referral	Practice at which the person is registered.
<b>Personal / Demographic Data</b>							
DPP5	NHS Number	n3-n3-n4			Req'd	Referral	NHS number is mandatory.
DPP55	Referral ID	an10			Req'd	Referral	Each referral must be allocated an unique serial number by the Provider, which includes a four character prefix to identify the provider.
DPP6	Family Name	max an35			Optional	Referral	Should only be submitted if the person agrees to be contacted for evaluation purposes (DPP38 = Y)
DPP7	Given Name	max an35			Optional	Referral	
DPP8	Address	an175 (5 lines each an35)			Optional	Referral	5 lines available but only 3 required. Only required to be submitted if the person agrees to be contacted for evaluation purposes (DPP38 = Y). However email or telephone can be collected instead of postal address if preferred.
DPP3	Postcode	max an8 Default code	ZZ99 3VZ ZZ99 3WZ	No fixed Abode Address not known	Req'd	Referral	Postcode is mandatory for all participants who attend an Initial Assessment. Postcode is also required for all other participants if it is contained within the referral information.
DPP10	Tel	max an255			Optional	Referral	Only 1 of these is required although both can be recorded if available. Should only be submitted if the person agrees to be contacted for evaluation purposes (DPP38 = Y)
DPP11	E-mail	max an255			Optional	Referral	
DPP12	Date of Birth	DATE			Req'd	Referral	The date of birth of the participant.
DPP15	GP Consent	an1	Y N (Blank)	GP consent received for referral aged >80 GP consent not received for referral aged >80 No consent required as referral is	Req'd	Referral	Where the age of the individual referred is greater than 80 the provider must confirm that the GP has consented to the referral on the basis that the individual will benefit from attending the programme
DPP13	Gender	an1	1 2 3 Z X	Male Female Indeterminate Not Stated (Person asked but declined to provide a response) Not known / not recorded	Req'd	Assessment	The person's sex. Indeterminate means "unable to be classified as either male or female" - this may also be known as intersex.
DPP14	Ethnicity	an2	A B C	White White British or white Mixed British White Irish Any other white background	Req'd	Assessment	The ethnicity of a person, as specified by the participant. "Not Stated" should be used where the person has been given the opportunity to state their ethnic category but chose not to. "Not known" should only be used when a person has not been asked.



Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
				Mixed			
			D	White and Black Caribbean			
			E	White and Black African			
			F	White and Asian			
			G	Any other mixed background			
				Asian or Asian British			
			H	Indian			
			J	Pakistani			
			K	Bangladeshi			
			L	Any other Asian background			
				Black or Black British			
			M	Caribbean			
			N	African			
			P	Any other black background			
				Other Ethnic Groups			
			R	Chinese			
			S	Any other ethnic group			
			Z	Not Stated			
			39	Not Known			
DPP15	Religion	an1	A	Baha'i	Req'd	Assessment	A person's religious or other belief system affiliation. Where a person has been asked but they are unsure "Other" should be used. "Not known" should only be used when a person has not been asked. Religion is a protected characteristic so is collected for equality and monitoring equity of access purposes.
			B	Buddhist			
			C	Christian			
			D	Hindu			
			E	Jain			
			F	Jewish			
			G	Muslim			
			H	Pagan			
			I	Sikh			
			J	Zoroastrian			
			K	Other			
			L	None			
			M	Declines to Disclose			
			N	Patent Religion Unknown			

Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
DPP16	Employment Status	an2	1	Employed	Req'd	Assessment	The current employment status of the person.
			2	Unemployed and seeking work			
			3	Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking			
			4	Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both, or Employment and Support			
			5	Homemaker looking after the family or home and who are not working or actively seeking work			
			6	Not receiving benefits and who are not working or actively seeking			
			7	Unpaid voluntary work who are not working or actively seeking work			
			8	Retired			
			Z	Not Stated (Person asked but declined to provide a response)			
			X	Not Known			
DPP17	Sexual Orientation	an1	1	Heterosexual	Req'd	Assessment	The sexual orientation of the person. Sexual orientation is a protected characteristic so is collected for equality and monitoring equity of access purposes.
			2	Gay/Lesbian			
			3	Bi-sexual			
			4	Person asked and does not know or is not sure			
			5	Other sexual orientation			
			Z	Not Stated (Person asked but declined to provide a response)			
			X	Not known			
DPP68	Marital Status	an1	S	Single	Req'd	Assessment	Marital Status is a protected characteristic so for equality and monitoring equity of access purposes this has been added to the new framework 2019 dataset.
			M	Married/Civil Partner			
			P	Separated			
			D	Divorced/Person whose Civil Partnership has been dissolved			
			W	Widowed/Surviving Civil Partner			



Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
DPP63	Gender Identity Same At Birth	an1	Z	Not Stated (Person asked but declined to provide a response)	Req'd	Assessment	Gender reassignment is a protected characteristic so for equality and monitoring equity of access purposes this has been added to the new framework 2019 dataset.
			X	Not Known			
			Y	Yes - the person's gender identity is the same as their gender assigned at birth			
			N	No - the person's gender identity is not the same as their gender assigned at birth			
			Z	Not Stated (Person asked but declined to provide a response)			
DPP56	Accommodation Status	an4	X	Not Known	Req'd	Assessment	An indication of the type of accommodation that a person currently has. This should be based on the person's main or permanent residence. If a person has been asked but declined to provide an answer record "Not stated".
				<b>Mainstream Housing</b>			
			MA01	Owner occupier			
			MA02	Settled mainstream housing with family/friends			
			MA03	Shared ownership scheme e.g. Social Homebuy Scheme (tenant purchase percentage of home value from landlord)			
			MA04	Tenant - Local Authority/Arms Length Management Organisation/Registered Landlord			
			MA05	Tenant - Housing Association			
			MA06	Tenant - private landlord			
			MA09	Other mainstream housing			
			HM00	Homeless			
			MH00	Accommodation with mental health care support			
			HS00	Acute/long stay healthcare residential facility/hospital			
			CH00	Accommodation with other (not specialist mental health) care			
			CJ00	Accommodation with criminal justice support			



Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
			SH00	Sheltered Housing (accommodation with a scheme manager or warden living on the premises or nearby, contactable by an alarm system if necessary)			
			ML00	Mobile accommodation			
			OC96	Other / Not elsewhere classified			
			Z	Not Stated			
			39	Not Known			
DPP54	Does the individual have a disability?	anl	1	Yes	Req'd	Assessment	Whether a person has a disability. This can be where they have been diagnosed as disabled, or they consider themselves to be disabled.
			2	No			
			3	Not Stated (Person asked but declined to provide a response)			
			4	Not known			
DPP19.01	Disability Status	anl	Y / N	Behaviour and Emotional	Req'd if DPP54 is Yes.	Assessment	A person's disabilities. This should only be completed if a person has said "Yes" to DPP54. Each of these fields must be completed with either a "Y" for "Yes", or a "N" for "No". A person can say "Yes" to more than one disability.
DPP19.02			Y / N	Hearing			
DPP19.03			Y / N	Manual Dexterity			
DPP19.04			Y / N	Memory or ability to concentrate, learn or understand (Learning)			
DPP19.05			Y / N	Mobility and Gross Motor			
DPP19.06			Y / N	Perception of Physical Danger			
DPP19.07			Y / N	Personal, Self-Care and Continence			
DPP19.08			Y / N	Progressive Conditions and Physical Health (such as HIV, cancer, multiple sclerosis, fits etc.)			
DPP19.09			Y / N	Sight			
DPP19.10			Y / N	Speech			
DPP19.11			Y / N	Other			
DPP20	Is individual on Learning Disability Register	anl	Y	Yes	Req'd	Referral	Whether an individual has been recorded on the learning disability register at their general practice. The register is produced by the practice from diagnostic information and therefore individuals may not know that they are on the register. This information should only be collected from referrers / General Practices and not from the individual.
			N	No			
			X	Not known			
DPP21	Is individual on SMI Register	anl	Y	Yes	Req'd	Referral	Whether an individual has been recorded on the Serious Mental Illness register at their general practice. The register is produced by the practice from diagnostic information and therefore individuals may not know that they are on the register. This information should only be collected from referrers / General Practices and not from the individual.
			N	No			
			X	Not known			
DPP22	Is individual a smoker	anl	1	Smoker	Req'd	Assessment	Current smoker: Adults who smoke cigarettes nowadays. Ex-smoker: Adults who used to smoke cigarettes regularly but no longer do so. <a href="http://content.digital.nhs.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf">http://content.digital.nhs.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf</a>
			2	Ex-smoker			
			3	Non-smoker			



Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
			Z	Not Stated (Person asked but declined to provide a response)			
			X	Not known			
DPP23	Referred to stop smoking service?	an1	Y	Yes	Req'd if DPP22 is 1 - Smoker	Assessment	If the individual is a smoker the provider can refer (either an actual referral or by signposting to relevant local services dependant on area protocol) to an appropriate stop smoking service. If they do this they should indicate that here with a Y.
			(blank)	Individual is either a non-smoker as identified in DPP22 or they are a smoker but facilitator does not			
<b>Recruitment data</b>							
DPP23	Date of Referral receipt	DATE DD/MM/YYYY			Req'd	Referral	The date the lead provider receives the referral from an organization, or the date a participant first contacts the provider after receiving a letter notifying them of their eligibility to take part in the programme or when a self referral when an individual registers with the provider following an eligible risk score or gets in touch with the provider to confirm their details
DPP24	Date of first attempt to make contact	DATE DD/MM/YYYY			Req'd	Invitation	The date the lead provider first attempts to contact the participant by any method. If the participant contacts the provider this will be blank. If provider contacts individual as per request that will be the date to record
DPP25	Date of successful contact	DATE DD/MM/YYYY			Req'd if successful contact made.	Invitation	This is the date at which an individual accepts or declines an invitation from the lead provider to attend an Initial Assessment. It can be the same as DPP24. This will be blank if no successful contact was made.
DPP26	Method of successful contact	n1	1	Letter	Req'd if successful contact made.	Invitation	Only required if a successful contact has been made. This is the communication method by which an individual accepts or declines the invitation to attend an Initial Assessment.
			2	Telephone			
			3	Text			
			4	E-mail			
			5	Face to Face			
DPP27	Number of contact attempts made	integer			Req'd	Invitation	The number of attempts the provider has made to contact a person, up to and including the successful contact recorded in DPP25 and DPP26. If all contacts were initiated by the participant then the number will be 0.
DPP28	Acceptance to take part in programme	an1	Y	Yes	Req'd once individual has agreed or disagreed	Invitation	Once a person has agreed to participate in the programme this should be Y. If a successful contact has not been made but further attempts are planned this should be blank. If a person is discharged because it has not been possible to obtain a definitive response, and no further contact attempts are to be made, this should be completed as "N".
			N	No			<b>For participants who accept the programme and who choose to defer starting due to no COVID delivery option being suitable, use D. This should only be used for those who have yet to start the programme.</b>
			D	Deferred (COVID)	Entry no longer to be used		<b>For participants who have accepted and have commenced the programme and who choose to pause programme delivery due to no COVID delivery option being suitable, use P.</b>
			P	Paused (COVID)	Entry no longer to be used		
			(blank)	Individual has not yet accepted but further attempts are planned.			
DPP26	Date individual chose to defer starting the programme	DATE DD/MM/YYYY			Req'd		The date at which an individual opts to defer commencing the programme, prior to attending IV01, in the event that F2F has been stood down Nationally or across a particular contract area
DPP27	Date of Acceptance to take part in programme	DATE DD/MM/YYYY			Req'd		Date is when individual accepted programme offer
DPP28	Date of notification to GP of individual's confirmation to take part in programme	DATE DD/MM/YYYY			Req'd		Date is when GP is notified that individual has commenced the programme
DPP29	Reason for declining face to face NHS DPP	an2	1	Contact not made despite several attempts	Field is no longer required to be completed	Invitation	The reason given by the person for declining to attend an Initial Assessment. Please refer to the service specification and any other guidelines from NHS England regarding the eligibility criteria.
			2	No reason given			<b>For participants who decline (and do not start) or are discharged as they do not want to defer or pause delivery due to COVID, please use code 3 to indicate no suitable delivery option.</b>
			3	Unable to commit time			
			4	Inconvenient Time			
			5	Inconvenient location			
			6	Not motivated at this time			
			7	Other			
			8	Does not meet eligibility criteria			
			9	No suitable COVID programme			
DPP43	Source of Referral	an2	1	Referral from GP / NHS Health Check Provider / other healthcare professional	Req'd	Referral	The source from which the provider receives the referral.
			2	Contact with provider initiated following receipt of letter informing of eligibility or advice from health professionals	Req'd		
			3	Self-referral	No longer required		
			4	Direct recruitment	No longer required		
			5	Transfer from Other Provider	Req'd		
			6	Re-Engaged Referral	Req'd		Re-engaged referral should only be used where an individual has been offered the service again after declining it previously (and never starting on the programme)
			7	Direct to Consumer Local	Req'd		
			8	Direct to Consumer - National Campaign	Req'd		
			9	Previous GDM Diagnosis	No longer required		
			10	Covid Re-engager	Req'd		Service users who paused and restarted programme or those who transferred from Fw1 to Fw2 sites and restarted
			11	Secondary Care Referral	Req'd		Referrals from Secondary Care clinician / provider
DPP64	Offered digital DPP option	an1			No Longer required		



Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
DPP65	Accepted digital DPP option	sn1			No Longer required		
DPP67	Date accepted digital DPP	DATE DD/MM/YYYY			No Longer required		
DPP66	Reason for not offering or declining digital DPP option	sn1			No longer required		
DPP70	Digital DPP Date Of Registration	DATE DD/MM/YYYY			Req'd	After an individual has accepted the digital DPP - ideally they would register as soon after they accept as possible.	This should be completed if the individual accepts digital DPP and subsequently logs in. It will be used in establishing the clock start date eg the date from which the engagement and milestone periods are calculated.
DPP79	MS1 Digital Engagement Primary 1 - Communication with health coach	sn2		Count of all engagements during MS1 engagement period	Req'd	During MS1 engagement time period	Count of all instances of the specified active engagement taking place within the Milestone period
DPP88	MS1 Digital Engagement Primary 2 - Accessing	sn2		Count of all engagements during MS1 engagement period	Req'd	During MS1 engagement time period	Count of all instances of the specified active engagement taking place within the Milestone period
DPP83	MS1 Digital Engagement Secondary 1 - Tracking Events	sn2		Count of all engagements during MS1 engagement period	Req'd	During MS1 engagement time period	Count of all instances of the specified active engagement taking place within the Milestone period
DPP90	MS1 Digital Engagement Secondary 2 - Peer support	sn2		Count of all engagements during MS1 engagement period	Req'd	During MS1 engagement time period	Count of all instances of the specified active engagement taking place within the Milestone period

Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
DPP91	MS1 Digital Engagement Secondary 3 - Interactive tool	sn2		Count of all engagements during MS1 engagement period	Req'd	During MS1 engagement time period	Count of all instances of the specified active engagement taking place within the Milestone period
DPP92	MS1 Digital Engagement Secondary 4 - Time spent on	sn2		Count of all engagements during MS1 engagement period	Req'd	During MS1 engagement time period	Count of all instances of the specified active engagement taking place within the Milestone period
DPP80	MS2 Digital Engagement Primary 1 - Communication with health coach	sn2		Count of all engagements during MS2 engagement period	Req'd	During MS2 engagement time period	List of all active engagement, primary and secondary, undertaken in the milestone time period, such as goal setting with coach, discussion with coach
DPP93	MS2 Digital Engagement Primary 2 - Accessing	sn2		Count of all engagements during MS2 engagement period	Req'd	During MS2 engagement time period	
DPP94	MS2 Digital Engagement Secondary 1 - Tracking Events	sn2		Count of all engagements during MS2 engagement period	Req'd	During MS2 engagement time period	
DPP95	MS2 Digital Engagement Secondary 2 - Peer support	sn2		Count of all engagements during MS2 engagement period	Req'd	During MS2 engagement time period	
DPP96	MS2 Digital Engagement Secondary 3 - Interactive tool	sn2		Count of all engagements during MS2 engagement period	Req'd	During MS2 engagement time period	
DPP97	MS2 Digital Engagement Secondary 4 - Time spent on	sn2		Count of all engagements during MS2 engagement period	Req'd	During MS2 engagement time period	
DPP81	MS3 Digital Engagement Primary 1 - Communication with health coach	sn2		Count of all engagements during MS3 engagement period	Req'd	During MS3 engagement time period	
DPP98	MS3 Digital Engagement Primary 2 - Accessing	sn2		Count of all engagements during MS3 engagement period	Req'd	During MS3 engagement time period	
DPP99	MS3 Digital Engagement Secondary 1 - Tracking Events	sn2		Count of all engagements during MS3 engagement period	Req'd	During MS3 engagement time period	
DPP100	MS3 Digital Engagement Secondary 2 - Peer support	sn2		Count of all engagements during MS3 engagement period	Req'd	During MS3 engagement time period	
DPP101	MS3 Digital Engagement Secondary 3 - Interactive tool	sn2		Count of all engagements during MS3 engagement period	Req'd	During MS3 engagement time period	
DPP102	MS3 Digital Engagement Secondary 4 - Time spent on	sn2		Count of all engagements during MS3 engagement period	Req'd	During MS3 engagement time period	
DPP82	MS4 Digital Engagement Primary 1 - Communication with health coach	sn2		Count of all engagements during MS4 engagement period	Req'd	During MS4 engagement time period	
DPP103	MS4 Digital Engagement Primary 2 - Accessing	sn2		Count of all engagements during MS4 engagement period	Req'd	During MS4 engagement time period	



Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
DPP104	MS4 Digital Engagement Secondary 1 - Tracking Events	an2		Count of all engagements during MS4 engagement period	Req'd	During MS4 engagement time period	
DPP105	MS4 Digital Engagement Secondary 2 - Peer support	an2		Count of all engagements during MS4 engagement period	Req'd	During MS4 engagement time period	
DPP106	MS4 Digital Engagement Secondary 3 - Interactive tool	an2		Count of all engagements during MS4 engagement period	Req'd	During MS4 engagement time period	
DPP107	MS4 Digital Engagement Secondary 4 - Time spent on	an2		Count of all engagements during MS4 engagement period	Req'd	During MS4 engagement time period	
DPP83	Date of programme paused	DATE DD/MM/YYYY			Req'd	Each intervention session	
DPP84	Date of programme unpaused	DATE			Req'd	Each intervention session	The date at which an individual opts to pause their attendance of the programme, post attendance at IV01, at each session in the event that F2F has been stood down Nationally or across a particular contract area
DPP30	Date of Session	DATE			Req'd	Each intervention session	The date at which an individual opts to unpause their attendance of the programme post attendance at IV01, at each session
DPP31	Record of attendance	an1	1 2 3 4	Attended Did Not attend Session Cancelled Attended With Different Provider	Req'd	Assessment / Each intervention session	The date an individual attends an intervention session F2F: Whether someone attends the session. A cancelled session means one that has not been rearranged to take place at another time. Digital: This field indicates whether the required amount of engagement activities have been completed during the relevant period. If the required amount of engagement activities have not been achieved then this should be 2. For digital engagement months and for milestone months (other than milestone 1) two engagement activities are required. For milestone 1, just one engagement activity is required.
DPP32	Location of session (Postcode)	max an8			Req'd	Assessment / Each intervention session	The postcode of the location of the session. If this is a remote session, the participants postcode should be used. This field is not applicable to digital so should be left blank.
DPP33	Time of session	24 hour clock (n2:n2)			Req'd	Assessment / Each intervention session	The time at which the session starts. This field is not applicable to digital so should be left blank. If an individual arrives late this time should still reflect the planned start time of the session and not the time an individual arrives.
DPP34	Length of session	Minutes (n3)			Req'd	Assessment / Each intervention session	The difference between the time of the start of the session and the time of the end of the session. This field is not applicable to digital so should be left blank.
DPP35	Facilitator Code	an6			Req'd	Assessment / Each intervention session	Providers must assign each facilitator with a unique code. Codes cannot be reused if a facilitator leaves. This field is not applicable to digital so should be left blank.
DPP36	Type of session (individual / group / F2F / remote)	an1	1 2 3 4 5 6 7	Face to Face (group) Face to Face (individual) Remote (telephone) Digital Remote (COVID) Remote (Tailored) Remote (Catch up)	Req'd No Longer required No Longer required Req'd Req'd Req'd Req'd	Assessment / Each intervention session	The method of session delivery. Remote Covid only to be used where F2F has been stood down nationally or across a particular contract area Remote Covid only to be used where F2F has been stood down nationally or across a particular contract area Remote (Tailored) only to be used for specific defined groups Remote (Catch Up) Can be offered if Service User Does Not Attend a booked Face to Face session
DPP37	Facilitator Qualification	an2			No Longer required		



Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
DPP71	Date of Digital Time Stamped Log In	DATE DD/MM/YYYY					For individuals on the digital DPP, this repeating session field should indicate the earliest date of the log in that is within the relevant milestone period. As this refers to just digital milestones and not the monthly engagement opportunities, this field would only be populated in session fields IV_02, IV_05, IV_08 and IV_11 (those that correspond to milestone periods). If there is no digital log in during the milestone period this would be
DPP42	Provider weight measurement	Kg n3.n3	333	Individual declined or is not able to be measured	Req'd (see supporting information)	Assessment and each intervention session (F2F) / each of 4 milestone periods (digital)	The weight of the person taken by the provider. 333 should only be used when a person has declined to be measured, or a measure is not possible for physical or other personal reasons. It is expected that most weights submitted will fall within the range 35 kg - 300kg. Values outside of this range may not be used in analysis.
DPP47	Date of provider weight measurement	DATE DD/MM/YYYY			Req'd if DPP42 completed.	Assessment and each intervention session (F2F) / each of 4 milestone periods (digital)	The date of the weight in DPP42. For digital, weights should be objective and are only required during milestone periods. Therefore in the MDS for digital weights and weight dates would be completed for IV_02, IV_05, IV_08 and IV_11 as these sessions correspond to the digital milestone periods.
DPP38	Consent for future contact for evaluation	sn1	Y N X	Yes No Not recorded	Req'd	Assessment	The person agrees to be contacted in the future to take part in the evaluation of the NHS Diabetes Prevention Programme.
DPP50.1	EQ-5D: Mobility	n1	1-5, 3	A score of 1-5 is required for each. If missing or ambiguous (e.g. 2 boxes ticked) score 3	Req'd	Assessment and Last session (F2F) / during month 3 engagement period (digital)	Scores for the each of the 5 EQ-5D-5L Domains.
DPP50.2	EQ-5D: Self-care	n1					
DPP50.3	EQ-5D: Usual activities	n1					
DPP50.4	EQ-5D: Anxiety/depression	n1					
DPP50.5	EQ-5D: Pain/discomfort	n1					
DPP51	EQ-VAS	n3		0-100 or 333 (missing or if ambiguous)	Req'd	Assessment and Last session (F2F) / during month 3 engagement period	Score for the EQ-VAS scale.
DPP57	Date of EQ5D and EQVAS	DATE DD/MM/YYYY			Req'd	Assessment and Last session (F2F) / during month 3 engagement period	The EQ-5D and EQ-VAS should be taken at assessment and last session.
DPP72	Physical Activity Questionnaire completed	sn1	Y N (blank)	Yes No Time period in which questionnaire expected has not yet elapsed	Req'd twice during the programme, once at Milestone 1 and once at Milestone 3	Milestone 1, Milestone 3	An RPAQ is required to be completed by the participant at two points in the programme. At Milestone 1 this should be completed ideally at the IA to provide the most accurate baseline reading. One further RPAQ should be completed by the end of the Milestone 3 period. In the MDS we require the provider to indicate that this questionnaire has been completed - so each field will be blank until the relevant timeframe has elapsed. Once the timeframe has elapsed eg for MS1 if the IA has been completed, then the Physical Activity Questionnaire Completed_MS1 field should be Y if completed, or N if not completed. This should be completed for both F2F and digital participants.
DPP41	Height	m n1.n2	333	Individual declined or is not able to be measured	Req'd	Assessment	The height of the person. It is expected that most heights submitted will fall within the range 1m - 2.5 m. Values outside of this range may not be used in analysis.



Unique	Data Item	Format	Codes	Data Values	Required / Optional	Time of collection	Definitions / additional information
DPP64	Referral weight measurement	Kg n3.n3			Req'd if provided	Referral	If a weight measurement is provided by the referrer this should be recorded. 333 should only be used when a person has declined to be measured, or a measure is not possible for physical or other personal reasons. It is expected that most weights submitted will fall within the range 35 kg - 300kg. Values outside of this range may not be used in analysis.
			333	Not known / provided			
DPP65	Date of referral weight measurement	DATE DD/MM/YYYY			Req'd if provided	Referral	The date of the weight in DPP64 if provided.
DPP68	Referral HbA1C reading	n2.n1 (HbA1c)			Req'd	Referral	HbA1C reading provided at referral. All referrals should have a referral HbA1c / FPG reading within 12 months prior to referral to the DPP. It is expected that submitted HbA1C will fall within the range 10 - 150mmol/mol (although obviously not all of these would be considered eligible for the service). Values outside of this range may not be used in analysis. Only referrals with an eligible HbA1C reading in the 12 months prior to the referral date should be submitted as part of the MDS. Any ineligible referrals may be monitored and discussed separately.
DPP53	Date of referral HbA1C	DATE			Req'd	Referral	Date of HbA1C reading provided at referral. All referrals should have a referral HbA1c / FPG reading within 12 months prior to referral to the DPP.
DPP85	Previous GDM diagnosis	n1	Y	Yes	Req'd	Referral	If Yes then HbA1c/FPG blood reading can either be in the normal range or in the NDH range as the aim is to capture GDM data where an individual would be eligible on their NDH status as well as having a diagnosis of GDM
DPP86	Risk Score	n2	N	No	Req'd	Referral	Eligible risk score of all referrals received via the Direct to Consumer referral route
DPP60	Referral FPG reading	max n2.max n1			Req'd	Referral	FPG reading provided at referral. All referrals should have a referral HbA1c / FPG reading within 12 months prior to referral to the DPP. It is expected that submitted FPG will fall within the range 0 - 100 mmol/l (although obviously not all of these would be considered eligible for the service). Values outside of this range may not be used in analysis. Only referrals with an eligible FPG reading in the 12 months prior to the referral date should be submitted as part of the MDS. Any ineligible referrals may be monitored and discussed separately.
DPP61	Date of referral FPG reading	DATE			Req'd (see supporting information).	Referral	Date of FPG reading provided at referral. All referrals should have a referral HbA1c / FPG reading within 12 months prior to referral to the DPP.
DPP62	Provider HbA1C or FPG reading	n2.n1 (HbA1c) max n2.max n1 (FPG)				Referral and/or Assessment and Last session (further detail in definitions / additional information column)	A baseline blood test value should be provided - all referrals should have a referral HbA1c / FPG reading within 12 months prior to referral to the DPP. The assumption is that this will be a venous test provided by primary care. If providers plan to use POCT then a POCT baseline reading is required and this should be entered in the provider blood test field. If providers plan to use venous testing then as long as a referral value is provided this will be considered as the baseline value, and the provider does not need to provide a provider blood reading at IA. This criteria is currently to be confirmed - please refer to the service specification and any additional guidelines from NHS England.
DPP63	Date of provider HbA1C or FPG reading	DATE DD/MM/YYYY					Follow-up HbA1c or FPG may be required to be taken at the last session. This should be the same type of test that is captured at baseline to allow for accurate outcomes analysis. Again, please refer to the service specification and any other guidelines from NHS England. It is expected that any submitted HbA1C will fall within the range 10 - 150mmol/mol (although obviously not all of these would be considered eligible for the service). Values outside of this range may not be used in analysis. It is expected that submitted FPG will fall within the range 0 - 100 mmol/l (although obviously not all of these would be considered eligible for the service). Values outside of this range may not be used in analysis.

End of programme data							
DPP44	Date of outcome data notified to individuals General Practice	DATE DD/MM/YYYY			Req'd	Once an individual has either DPP45 or DPP46 completed	The date that the outcome data of a participant is sent to the person's General Practice. This should be completed if the GP is notified of a discharge from service (including at the end of or drop out from the digital service).
DPP52	Non-completion due to progression to type 2 diabetes	n1	Y	Yes	Req'd if a person does not complete the programme	Anytime throughout programme	If providers become aware that a participant has progressed to type 2 diabetes they should complete this field accordingly. A record of whether the reason for not completing the programme is due to progression to type 2 diabetes.
			N	No			
DPP74	Date of Discharge	DATE DD/MM/YYYY			Req'd once a person has been discharged from the provider regardless of programme engagement	Once the provider has discharged an individual	Both F2F and digital: this field should be completed with the date an individual has been discharged from the provider other than when the participant has been on the programme for the full duration. This may be an individual who has not begun the programme eg pre-milestone 1 or pre-IA, or someone who has been on the programme for the full duration - eg it replaces the two previous MDS fields DPP45 Date it is established participant will not complete programme and DPP46 Date of Completion. Once a participant has been on the programme for the full duration they should be discharged from the provider. A participant may be discharged earlier if it is known they will no longer continue or for digital if they have been inactive for 3 months the provider should use this field to indicate the participant has disengaged. This should only be completed for participants where the provider is no longer working with the individual eg if used for F2F participants they must not be on the digital programme.
DPP87	Reason for discharge	n2	1	Covid re-engager	Req'd	At point of discharge	This field is not required to be completed for participants who are discharged having been on the programme for the full duration of the programme.
			2	Uncontactable	Req'd		
			3	DNA x 3	Req'd		
			4	Confirmed intention to leave programme	Req'd		
			5	Declined programme start	Req'd		



## Annex 3

### Data Output Specification

[illegible]























## TAX INVOICE

<b>Please remit to:</b>	
	<b>Sort Code:</b>
	<b>Account Number:</b>
	<b>Account Name:</b>



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**Annex 5**  
**Data Landing Portal Invoice Validation Template**

Contract Year	Activity Month	Site Code	Site Name	NHS Number	Referral ID	Milestone	Price	Invoicing Month		
xxxxxx	1st date of the m	xxxxxx	xxxxxxx	xxxxxxxxxx	xxxxx	x	£XX.xx	1st date of the month (01/09/2018)		



# Annex 6

## Waiting Times Report Template

[illegible]



## Annex 7 Capacity Planning Reporting Template

NDPP: FACE TO FACE PROGRAMME													
Position at: Contract end:		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
First Intervention Session	Profiled Eligible Referrals per Month												-
	Referrals per Month - ACTUAL in the Past & EXPECTED in the Future (Referral Count)												-
	Above Number Includes Transfers from Previous Provider ( IA Waiters)												-
	Eligible Referrals Variance per Month Against Profile - CURRENT	-	-	-	-	-	-	-	-	-	-	-	-
	Participants waiting for First IV at start of month												
	First IV generated by new referrals in month												
	Planned First Intervention Sessions												
	Planned First Intervention Appointments												
	Participants waiting for First IV at end of month												
	Above Number Includes Transfers from Previous Provider ( Programme Waiters)												
Assumptions:	Profiled First IV Attended (1st Interventions) per Month												
	First IV Attended ACTUAL (Participant count)												
	Expected First IV Attended (1st Intervention) Variance per Month												
	Conversion Rate (Number of First IV Session Attendees as a Percentage of Referrals)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
	Actual:												
	Average # starters per programme	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



## Annex 8 Group Size Report Template

<b>ANALYSIS OF GROUP SIZE</b>		<b>People booked</b>							
<b>PROVIDER:</b>		Reed Momenta							
<b>PERIOD:</b>		01/01/2019 - 31/03/2019							
<b>Contract Area</b>	<b>Number of Groups In Quarter with a Group Size of</b>						<b>Average Group</b>	<b>Comments</b>	
	0 to 5	6 to 10	11 to 15	16 to 20	21 to 25	Over 25			
								Please see box below...	
<b>Note:</b>		Comments field to be completed when any Groups are run with greater than 20 attendees or less than 10							



## Annex 9

### Service User Surveys Report Template: Digital Survey 1

#### Template

Provider_Code	Unique_Referral_Id	Date_Of_Survey	Overall_Experience	Info_Start	Sex	Age_Band	Ethnicity

#### Codes

QuestionRef	QuestionShortName	QuestionFullResponse	ResponseCo
23	Overall_Experience	Very good	1
23	Overall_Experience	Quite good	2
23	Overall_Experience	Not very good	3
23	Overall_Experience	Not at all good	4
23	Overall_Experience	Don't know / Can't remember	5
25	Info_Start	Yes, definitely	1
25	Info_Start	Yes, to some extent	2
25	Info_Start	No	3
25	Info_Start	Don't Know / Can't remember	4
Demographics	Sex	Male	1
	Sex	Female	2
	Sex	Other	4
	Sex	Prefer not to say	3
	Age_Band	18-24	1
	Age_Band	25-34	2
	Age_Band	35-44	3
	Age_Band	45-54	4
	Age_Band	55-64	5
	Age_Band	65-74	6
	Age_Band	75+	7
	Age_Band	Would prefer not to say	8
	Ethnicity	Would prefer not to say	1
		British	
		(English/Welsh/Scottish/Northern	
	Ethnicity	Irish)	2
	Ethnicity	Gypsy or Irish Traveller	3
	Ethnicity	Any other White background	4
	Ethnicity	Indian	5
	Ethnicity	Pakistani	6
	Ethnicity	Bangladeshi	7
	Ethnicity	Chinese	8
	Ethnicity	Any other Asian background	9
	Ethnicity	White and Black Caribbean	10
	Ethnicity	White and Black African	11
	Ethnicity	White and Asian	12
		Any other mixed / multiple ethnic	
	Ethnicity	background	13
	Ethnicity	Caribbean	14
	Ethnicity	African	15
	Ethnicity	Any other black background	16
	Ethnicity	Other	17



## Annex 10

### Service User Surveys Report Template: Digital Survey 2

#### Template

Provider_Code	Unique_Referral_Id	Date_Of_Survey	First_Interaction_Helpful	First_Interaction_Expectations	Hopeful_Changes	Continuing_Prog	Sex	Age_Band	Ethnicity

#### Codes

QuestionRef	QuestionShortName	QuestionFullResponse	ResponseCode
12	First_Interaction_Helpful	Yes definitely	1
12	First_Interaction_Helpful	Yes to some extent	2
12	First_Interaction_Helpful	No	3
12	First_Interaction_Helpful	Don't know / Can't remember	4
14	First_Interaction_Expectations	It was better than expected	1
14	First_Interaction_Expectations	It was what I expected	2
14	First_Interaction_Expectations	It was worse than I expected	3
14	First_Interaction_Expectations	I did not know what to expect	4
14	First_Interaction_Expectations	Don't know / Can't remember	5
19	Hopeful_Changes	Very hopeful	1
19	Hopeful_Changes	Quite hopeful	2
19	Hopeful_Changes	Not very hopeful	3
19	Hopeful_Changes	Not at all hopeful	4
19	Hopeful_Changes	Not sure yet	5
20	Continuing_Prog	Yes, definitely	1
20	Continuing_Prog	Yes, probably	2
20	Continuing_Prog	Probably not	3
20	Continuing_Prog	Definitely not	4
20	Continuing_Prog	Don't know yet	5
Demographics	Sex	Male	1
	Sex	Female	2
	Sex	Other	4
	Sex	Prefer not to say	3
	Age_Band	18-24	1
	Age_Band	25-34	2
	Age_Band	35-44	3
	Age_Band	45-54	4
	Age_Band	55-64	5
	Age_Band	65-74	6
	Age_Band	75+	7
	Age_Band	Would prefer not to say	8
	Ethnicity	Would prefer not to say	1
		British	
		(English/Welsh/Scottish/Northern	
	Ethnicity	Irish)	2
	Ethnicity	Gypsy or Irish Traveller	3
	Ethnicity	Any other White background	4
	Ethnicity	Indian	5
	Ethnicity	Pakistani	6
	Ethnicity	Bangladeshi	7
	Ethnicity	Chinese	8
	Ethnicity	Any other Asian background	9
	Ethnicity	White and Black Caribbean	10
	Ethnicity	White and Black African	11
	Ethnicity	White and Asian	12
		Any other mixed / multiple ethnic	
	Ethnicity	background	13
Ethnicity	Caribbean	14	
Ethnicity	African	15	
Ethnicity	Any other black background	16	
Ethnicity	Other	17	



## Annex 11

### Service User Surveys Report Template: Digital Survey 3a

#### Template

Provider_Code	Unique_Referral_Id	Date_Of_Survey	Improve_Activity	Improve_Eating	Improve_Positive	Continue_Changes	Recommend_Prog	Sex	Age_Band	Ethnicity

#### Codes

QuestionRef	QuestionShortName	QuestionFullResponse	ResponseCode
22a	Improve_Activity	Yes, definitely	1
22a	Improve_Activity	Yes, to some extent	2
22a	Improve_Activity	No	3
22a	Improve_Activity	Don't know	4
22b	Improve_Eating	Yes, definitely	1
22b	Improve_Eating	Yes, to some extent	2
22b	Improve_Eating	No	3
22b	Improve_Eating	Don't know	4
22c	Improve_Positive	Yes, definitely	1
22c	Improve_Positive	Yes, to some extent	2
22c	Improve_Positive	No	3
22c	Improve_Positive	Don't know	4
23	Continue_Changes	Yes, definitely	1
23	Continue_Changes	Yes, to some extent	2
23	Continue_Changes	No	3
23	Continue_Changes	I have not made any lifestyle changes yet	4
25	Recommend_Prog	Yes, definitely	1
25	Recommend_Prog	Yes, to some extent	2
25	Recommend_Prog	No	3
Demographics	Sex	Male	1
	Sex	Female	2
	Sex	Other	4
	Sex	Prefer not to say	3
	Age_Band	18-24	1
	Age_Band	25-34	2
	Age_Band	35-44	3
	Age_Band	45-54	4
	Age_Band	55-64	5
	Age_Band	65-74	6
	Age_Band	75+	7
	Age_Band	Would prefer not to say	8
	Ethnicity	Would prefer not to say	1
	Ethnicity	British (English/Welsh/Scottish/Northern Irish)	2
	Ethnicity	Gypsy or Irish Traveller	3
	Ethnicity	Any other White background	4
	Ethnicity	Indian	5
	Ethnicity	Pakistani	6
	Ethnicity	Bangladeshi	7
	Ethnicity	Chinese	8
Ethnicity	Any other Asian background	9	
Ethnicity	White and Black Caribbean	10	
Ethnicity	White and Black African	11	
Ethnicity	White and Asian	12	
Ethnicity	Any other mixed / multiple ethnic background	13	
Ethnicity	Caribbean	14	
Ethnicity	African	15	
Ethnicity	Any other black background	16	
Ethnicity	Other	17	



## Annex 12

### Service User Surveys Report Template: Digital Survey 3b

#### Template

Provider	Code	Version	Refund	1	Days	0	Survey	Reason_Leaving_Understand	Reason_Leaving_Difficulty	Reason_Leaving_Achieve	Reason_Leaving_Helpful	Reason_Leaving_Content	Reason_Leaving_Materials	Reason_Leaving_Unclear	Reason_Leaving_Family	Reason_Leaving_Work	Reason_Leaving_Progress	Reason_Leaving_App	Reason_Leaving_Support	Reason_Leaving_Other	Recommend_Prog	Recommend_Prog	Recommend_Prog	Sex	Age_Band	ethnicity
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#### Codes

QuestionRef	QuestionShortName	QuestionFullResponse	ResponseCode
3	Reason_Leaving_Understand	Yes	Y
3	Reason_Leaving_Difficulty	Yes	Y
3	Reason_Leaving_Achieve	Yes	Y
3	Reason_Leaving_Helpful	Yes	Y
3	Reason_Leaving_Content	Yes	Y
3	Reason_Leaving_Materials	Yes	Y
3	Reason_Leaving_Unclear	Yes	Y
3	Reason_Leaving_Family	Yes	Y
3	Reason_Leaving_Work	Yes	Y
3	Reason_Leaving_Progress	Yes	Y
3	Reason_Leaving_App	Yes	Y
3	Reason_Leaving_Support	Yes	Y
3a	Reason_Leaving_Other	<b>FREETEXT</b>	
10a	Improve_Exercise	Yes, definitely	1
10a	Improve_Exercise	Yes, to some extent	2
10a	Improve_Exercise	No	3
10a	Improve_Exercise	Don't know	4
10b	Improve_Eating	Yes, definitely	1
10b	Improve_Eating	Yes, to some extent	2
10b	Improve_Eating	No	3
10b	Improve_Eating	Don't know	4
10c	Improve_Positive	Yes, definitely	1
10c	Improve_Positive	Yes, to some extent	2
10c	Improve_Positive	No	3
10c	Improve_Positive	Don't know	4
11	Lifestyle_Changes	Yes, definitely	1
11	Lifestyle_Changes	Yes, to some extent	2
11	Lifestyle_Changes	No	3
11	Lifestyle_Changes	I have not made any lifestyle changes yet	4
12	Recommend_Prog	Yes, definitely	1
12	Recommend_Prog	Yes, to some extent	2
12	Recommend_Prog	No	3
Demographics	Sex	Male	1
	Sex	Female	2
	Sex	Other	4
	Sex	Prefer not to say	3
	Age_Band	18-24	1
	Age_Band	25-34	2
	Age_Band	35-44	3
	Age_Band	45-54	4
	Age_Band	55-64	5
	Age_Band	65-74	6
	Age_Band	75+	7
	Age_Band	Would prefer not to say	8
	Ethnicity	Would prefer not to say	1
	Ethnicity	British	
	Ethnicity	(English/Welsh/Scottish/Northern Irish)	2
	Ethnicity	Gypsy or Irish Traveller	3
	Ethnicity	Any other White background	4
	Ethnicity	Indian	5
	Ethnicity	Pakistani	6
	Ethnicity	Bangladeshi	7
	Ethnicity	Chinese	8
	Ethnicity	Any other Asian background	9
	Ethnicity	White and Black Caribbean	10
	Ethnicity	White and Black African	11
	Ethnicity	White and Asian	12
	Ethnicity	Any other mixed / multiple ethnic background	13
	Ethnicity	Caribbean	14
	Ethnicity	African	15
	Ethnicity	Any other black background	16
	Ethnicity	Other	17



## Annex 13

### Service User Surveys Report Template: F2F Survey 1

#### Template

Provider_Code	Unique_Referral_Id	Date_Of_Survey	Overall_Experience	Overall_Improved	Overall_Info	Overall_Feel	Overall_Attending	Overall_Reason	Sex	Age_Band	Ethnicity

#### Codes

QuestionRef	QuestionShortName	QuestionFullResponse	ResponseCode
18	Overall_Experience	Very good	1
18	Overall_Experience	Quite good	2
18	Overall_Experience	Not very good	3
18	Overall_Experience	Not at all good	4
18	Overall_Experience	Don't Know / Can't remember	5
19	Overall_Improved	FREE TEXT	
20	Overall_Info	Yes, definitely	1
20	Overall_Info	Yes, to some extent	2
20	Overall_Info	No	3
20	Overall_Info	Don't Know / Can't remember	4
21	Overall_Feel	FREE TEXT	
22	Overall_Attending	Yes, definitely	1
22	Overall_Attending	Yes, probably	2
22	Overall_Attending	Probably not	3
22	Overall_Attending	Definitely not	4
22	Overall_Attending	Don't know yet	5
23	Overall_Reason	FREE TEXT	
Demographics	Sex	Male	1
	Sex	Female	2
	Sex	Other	4
	Sex	Prefer not to say	3
	Age_Band	18-24	1
	Age_Band	25-34	2
	Age_Band	35-44	3
	Age_Band	45-54	4
	Age_Band	55-64	5
	Age_Band	65-74	6
	Age_Band	75+	7
	Age_Band	Would prefer not to say	8
	Ethnicity	Would prefer not to say	1
	Ethnicity	British	
	Ethnicity	(English/Welsh/Scottish/Northern Irish)	2
	Ethnicity	Gypsy or Irish Traveller	3
	Ethnicity	Any other White background	4
	Ethnicity	Indian	5
	Ethnicity	Pakistani	6
	Ethnicity	Bangladeshi	7
	Ethnicity	Chinese	8
	Ethnicity	Any other Asian background	9
	Ethnicity	White and Black Caribbean	10
	Ethnicity	White and Black	11
	Ethnicity	White and Asian	12
	Ethnicity	Any other mixed / multiple ethnic background	13
	Ethnicity	Caribbean	14
	Ethnicity	African	15
	Ethnicity	Any other black background	16
	Ethnicity	Other	17



## Annex 14

### Service User Surveys Report Template: F2F Survey 2

#### Template

Provider_Code	Unique_Referral_Id	Date_Of_Survey	Session_Helpful	Session_Helpful_Reason	Session_Expected	Return_Future	Sex	Age_Band	Ethnicity

#### Codes

QuestionRef	QuestionShortName	QuestionFullResponse	Response
10	Session_Helpful	Yes definitely	1
10	Session_Helpful	Yes to some extent	2
10	Session_Helpful	No	3
10	Session_Helpful	Can't remember	4
11	Session_Helpful_Reason	<b>FREE TEXT</b>	
		It was better than expected	1
12	Session_Expected	It was what I expected	2
12	Session_Expected	It was worse than I expected	3
12	Session_Expected	I did not know what to expect	4
12	Session_Expected	Don't know / Can't remember	5
16	Return_Future	Yes, definitely	1
16	Return_Future	Yes, probably	2
16	Return_Future	Probably not	3
16	Return_Future	Definitely not	4
16	Return_Future	Don't know yet	5
	Sex	Male	1
	Sex	Female	2
	Sex	Other	4
	Sex	Prefer not to say	3
	Age_Band	18-24	1
	Age_Band	25-34	2
	Age_Band	35-44	3
	Age_Band	45-54	4
	Age_Band	55-64	5
	Age_Band	65-74	6
	Age_Band	75+	7
	Age_Band	Would prefer not to say	8
	Ethnicity	Would prefer not to say	1
		British	
		(English/Welsh/Scottish/Northern Irish)	2
	Ethnicity	Gypsy or Irish Traveller	3
		Any other White background	4
	Ethnicity	Indian	5
	Ethnicity	Pakistani	6
	Ethnicity	Bangladeshi	7
	Ethnicity	Chinese	8
		Any other Asian background	9
	Ethnicity	White and Black Caribbean	10
	Ethnicity	White and Black	11
	Ethnicity	White and Asian	12
		Any other mixed / multiple ethnic background	13
	Ethnicity	Caribbean	14
	Ethnicity	African	15
		Any other black background	16
	Ethnicity	Other	17

Demographics



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## Annex 15

### Service User Surveys Report Template: F2F Survey 3a

#### Template

Provider_Code	Unique_Referral_Id	Date_Of_Survey	Improve_Activity_Habits	Improve_Eating_Habits	Feel_Positive	Continue_Changes	Prog_Recommend	Prog_Recommend_Reason	Sex	Age_Band	Ethnicity

#### Codes



QuestionRef	QuestionShortName	QuestionFullResponse	Response
24a	Improve_Activity_Habits	Yes definitely	1
24a	Improve_Activity_Habits	Yes, to some extent	2
24a	Improve_Activity_Habits	No	3
24a	Improve_Activity_Habits	Can't remember	4
24b	Improve_Eating_Habits	Yes definitely	1
24b	Improve_Eating_Habits	Yes, to some extent	2
24b	Improve_Eating_Habits	No	3
24b	Improve_Eating_Habits	Can't remember	4
24c	Feel_Positive	Yes definitely	1
24c	Feel_Positive	Yes, to some extent	2
24c	Feel_Positive	No	3
24c	Feel_Positive	Can't remember	4
25	Continue_Changes	Yes, definitely	1
25	Continue_Changes	Yes, to some extent	2
25	Continue_Changes	No	3
25	Continue_Changes	I have not made any lifestyle changes yet	4
27	Prog_Recommend	Yes definitely	1
27	Prog_Recommend	Yes, to some extent	2
27	Prog_Recommend	No	3
28	Prog_Recommend_Reason	FREE TEXT	
Demographics	Sex	Male	1
	Sex	Female	2
	Sex	Other	4
	Sex	Prefer not to say	3
	Age_Band	18-24	1
	Age_Band	25-34	2
	Age_Band	35-44	3
	Age_Band	45-54	4
	Age_Band	55-64	5
	Age_Band	65-74	6
	Age_Band	75+	7
	Age_Band	Would prefer not to say	8
	Ethnicity	Would prefer not to say	1
	Ethnicity	British	
	Ethnicity	(English/Welsh/Scottish/Northern Irish)	2
	Ethnicity	Gypsy or Irish Traveller	3
	Ethnicity	Any other white background	4
	Ethnicity	Indian	5
	Ethnicity	Pakistani	6
	Ethnicity	Bangladeshi	7
	Ethnicity	Chinese	8
	Ethnicity	Any other Asian background	9
	Ethnicity	White and Black Caribbean	10
	Ethnicity	White and Black	11
	Ethnicity	White and Asian	12
	Ethnicity	Any other mixed / multiple ethnic background	13
	Ethnicity	Caribbean	14
	Ethnicity	African	15
	Ethnicity	Any other black background	16
	Ethnicity	Other	17



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**Annex 16**  
**Service User Surveys Report Template: F2F Survey 3b**

**Template**

Provider_Code	Unique_Referral_Id	Date_Of_Survey	Improve_Activity	Improve_Eating	Feel_Positive	Continue_Changes	Recommend_Prog	Recommend_Prog_Reason	Sex	Age_Band	Ethnicity

**Codes**



# Demographics

QuestionRef	QuestionShortName	QuestionFullResponse	Response
10a	Improve_Activity	Yes, definitely	1
10a	Improve_Activity	Yes, to some extent	2
10a	Improve_Activity	No	3
10a	Improve_Activity	Don't know	4
10b	Improve_Eating	Yes, definitely	1
10b	Improve_Eating	Yes, to some extent	2
10b	Improve_Eating	No	3
10b	Improve_Eating	Don't know	4
10c	Feel_Positive	Yes, definitely	1
10c	Feel_Positive	Yes, to some extent	2
10c	Feel_Positive	No	3
10c	Feel_Positive	Don't know	4
11	Continue_Changes	Yes, definitely	1
11	Continue_Changes	Yes, to some extent	2
11	Continue_Changes	No	3
11	Continue_Changes	I have not made any lifestyle changes yet	4
12	Recommend_Prog	Yes, definitely	1
12	Recommend_Prog	Yes, to some extent	2
12	Recommend_Prog	No	3
13	Recommend_Prog_Reason	FREE TEXT	
	Sex	Male	1
	Sex	Female	2
	Sex	Other	4
	Sex	Prefer not to say	3
	Age_Band	18-24	1
	Age_Band	25-34	2
	Age_Band	35-44	3
	Age_Band	45-54	4
	Age_Band	55-64	5
	Age_Band	65-74	6
	Age_Band	75+	7
	Age_Band	Would prefer not to say	8
	Ethnicity	Would prefer not to say	1
		British	
		(English/Welsh/Scottish/Northern	
	Ethnicity	Irish)	2
	Ethnicity	Gypsy or Irish Traveller	3
	Ethnicity	Any other White background	4
	Ethnicity	Indian	5
	Ethnicity	Pakistani	6
	Ethnicity	Bangladeshi	7
	Ethnicity	Chinese	8
	Ethnicity	Any other Asian background	9
	Ethnicity	White and Black Caribbean	10
	Ethnicity	White and Black African	11
	Ethnicity	White and Asian	12
		Any other mixed / multiple ethnic	
	Ethnicity	background	13
	Ethnicity	Caribbean	14
	Ethnicity	African	15
	Ethnicity	Any other black background	16
	Ethnicity	Other	17



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## Annex 17

### Digital Engagement Report Template

#### Information

#### Digital Engagement Template (DET)

##### Purpose of the Digital Engagement Template

The purpose of the Digital Engagement Template is to collect data that will inform learning from the digital element of the National Diabetes Prevention Programme, particularly in terms of better understanding the behaviour of digital service users, and identifying which behaviours are associated with better outcomes. The need for this additional data collection was indicated in the original contract requirements, and much of the information required in the Digital Engagement Template is already being collected in the invoicing audit data collected by the CSU.

The 'DET (Example)' tab helps to give an example of the data with some explanation, and the 'DET (submission template)' tab is the template that should be used for the submission.

##### How does this differ to the digital data already collected?

The NDPP MDS currently only records data to indicate whether a service user has fulfilled the digital engagement criteria for an engagement period, or not. The audit data template provides slightly more information, but only sufficient to verify that payment should or should not be made. This Digital Engagement Template builds on the audit template to gather more detailed information about digital service users, and about service users that may have not engaged.

##### How regularly does this need to be submitted?

Submission will be required 6-monthly, on the 20th working day of every February (reporting on data from the previous August–January) and the 20th working day of every August (reporting on data from the previous February–July).

##### Which service users should be included in this collection? \*UPDATED 20/08/2021\*

Submissions should be cumulative, including data from 1st August 2019 to the latest submission cut off. For example, the submission made in August 2021 should include engagements from 1st August 2019 – 31st July 2021 (inclusive).

Data for each submission should include any service users that had a digital clock start in the period 1st August 2019 to the latest submission cut off and had at least one complete (elapsed) engagement period within this time period.

Only data for completed engagement periods should be submitted. Any data for engagement periods which were incomplete at the time of submission should not be included until the next submission.

Note that engagement periods that have elapsed with no engagement by the service user should also be included. For example, if by the 31st July 2021 a service user was in the middle of engagement period 3, then data for engagement period 1 and 2 should be submitted. Data should be included for all completed (elapsed) engagement periods, regardless of whether the service user engaged at all in engagement period.

The digital pathway clock should not be affected by the face to face adjustments made due to covid.

**NOTE: For all fields that record engagement, please insert a '0' if no engagement took place.**

##### How should this be submitted?

The completed Digital Engagement Template should be emailed as an excel spreadsheet to the CSU, ensuring that the filename is saved using the format `provider_code_X24_DET0000_YYYYMMDD_UUUUUUUU_NDPP_P00_V01` (with the provider code being the `organisation_code_provider` that is submitted in the MDS, and the `YYYYMMDD` date indicating the 1st of the submission month, so for example, the date in the filename of the first submission would be 20200901)



### Who should any queries be addressed to?

There is some information below to address some of the questions you may have about the template, but if you have any other questions please email

### Explanation of Digital Engagement Template Sections

**NOTE: For all fields that record engagement, please insert a '0' if no engagement took place.**

<b>Submission_month</b>		This should be in the format DD/MM/YYYY and show the 1st of either September or March (e.g. for the September 2020 submission, this column should show 01/09/2020)
<b>Organisation_Code_Provider</b>		This should be the Organisation_Code_Provider (Provider code) used in the MDS submission by the NDPP provider
<b>Unique_referral_ID</b>		This is the Unique_referral_ID that would be used in the MDS
<b>Engagement_Period</b>		This is the engagement period that the data across the row relates to, as per the Framework 2 Digital Timeline (see 'F2 Digital timeline' tab for reference). As the example data suggests, you could have up to 9 rows of data for the same service user, with each row displaying the data for each engagement period
<b>Clock_start_date</b>		This is the digital clock start date for the service user in the format DD/MM/YYYY
<b>Communication with health coach</b>	a) Number of phone/video call conversations with coach (>= 30 mins)	This is the number of phone/video call conversations in the engagement period that took place between the coach and the service user that lasted 30 minutes or more. If your programme design does not include phonecalls between the health coach and service user, this can be recorded as 0
	b) Number of phone/video call conversations with coach (< 30 mins)	This is the number of phone/video call conversations in the engagement period that took place between the coach and the service user that lasted less than 30 minutes. If your programme design does not include phonecalls between the health coach and service user, this can be
	c) Number of messages to coach that have been responded to	This is the number of messages from the health coach that have been responded to by the service user. If your programme design does not include messages between the health coach and service user, this can be recorded as 0



<b>Accessing Educational Content</b>		The definition of an 'Article' is the same as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing, so this is generally an article of written educational content, or it could include videos or defined coaching instructions that the service user accesses. 'Access' of an article should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing.
	a) Number of times articles were accessed	As this is a measure of 'the number of times' an article is accessed, this could include instances where the service user accesses an 'article' more than once within the engagement period (e.g. if one article was accessed once and another article was accessed twice during an engagement period, then the count in this column should be 3).
	b) Number of unique articles that were accessed	As this is a measure of 'the number of unique articles' accessed, this should only include the first instance that a service user accesses an 'article' within the engagement period (e.g. if one article was accessed once and another article was accessed twice during an engagement period, then the count in this column should be 2). This is typically how the number of articles would be counted to qualify for MDS reporting purposes. Although the same article should not contribute more than once to an engagement within a 30 day engagement period (regardless of number of times accessed), outside of a single 30 day engagement period, the same article can contribute multiple times.
	c) Number of different days on which articles have been accessed	This measure is to help identify the spread of engagement across the month. If a service user accesses one article on the 3rd of the month and three articles on the 8th of the month, then the count in this column should be 2 to count the 2 different days that these articles were accessed on. These do not need to be unique articles.
<b>3. Tracking events</b>	a) Number of events where food was logged	The definition of an event where food was logged should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Logging information against active goals' area regarding food.
	b) Number of events where weight measurement was entered	The definition of an event where weight measurement was entered should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Logging information against active goals' area regarding weight.
	c) Number of events where physical activity was logged	The definition of an event where physical activity was logged should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Logging information against active goals' area regarding activity.
	d) Number of events where a goal was set or amended	This measure should count the number of times where a goal (e.g. in relation to weight, food or activity) has been set or amended within the engagement period (e.g. if a service user sets a goal of 10,000 steps a day and then amends it to 15,000 steps a day within an engagement period, then the count in this column should be 2).
	e) Number of different days a food/ weight/physical activity or goal was logged/ entered/ set or amended	This measure is to help identify the spread of engagement across the month. If a service user logs food on the 2nd of the month, sets an activity goal and sets a weight target on the 4th of the month, and then amends their activity goal on the 10th of the month, the count in this column should be 3, to reflect the 3 different days that these 4 activities took place.



<b>4. Peer Support</b>	a) Number of messages sent	The definition of a message sent by the service user should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Peer Support forum/group chat (message/post/comment/like)' area regarding messages.
	b) Number of posts made	The definition of a post made by the service user should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Peer Support forum/group chat (message/post/comment/like)' area regarding posts made.
	c) Number of comments on posts made	The definition of a comment by the service user on a post should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Peer Support forum/group chat (message/post/comment/like)' area regarding comments.
	d) Number of likes on posts	The definition of 'likes' by the service user on a post should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Peer Support forum/group chat (message/post/comment/like)' area regarding 'like'.
	e) Number of days a message was sent/post was made/comment was made/post was liked	This measure is to help identify the spread of engagement across the month, and the definition of a message being sent, post made, comment made, or 'liking' a post should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Peer Support forum/group chat (message/post/comment/like)' area. If a service user sends a message on the group chat/forum on the 2nd of the month, makes a post and comments on someone else's post on the 4th of the month, and then 'likes' a post on the 10th of the month, the count in this column should be 3, to reflect the 3 different days that these 4 activities
<b>5. Interactive Tool</b>	a) Number of quizzes/games/other interactive tool attempted	This should be a count of the number of times that a quiz, game or other interactive tool has been attempted. The definition of these attempts should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Use of interactive tool (quiz/game/risk calculator)' area.
	b) Number of days quizzes/games/other interactive tool was attempted	This measure is to help identify the spread of engagement across the month, and the definition of these attempts should be based on the same definition as that used for satisfying the Audit file (see 'Audit file' tab) for invoicing in the 'Use of interactive tool (quiz/game/risk calculator)' area. If a service user completes a quiz on the 2nd of the month, played a game and carried out a risk tool on the 4th of the month, and then played another game on the 10th of the month, the count in this column should be 3, to reflect the 3 different days that these 4 different activities took place.
<b>6. Time spent on app</b>	a) Number of days where app was used between >=30 seconds and <20 minutes	This should be a count of the number different days that the app was used for between 30 seconds but less than 20 minutes. This does not need have been in one continuous period of time (e.g. if a service user accessed the app for 10 minutes on the 3rd of the month and then 8 minutes on the same day, and then also accessed the app for 16 minutes on the 10th of the month, then the count in this column should be 2)
	b) Number of days where app was used for >=20 minutes	This should be a count of the number different days that the app was used for 20 minutes or more. This does not need have been in one continuous period of time (e.g. if a service user accessed the app for 10 minutes on the 3rd of the month and then 20 minutes on the same day, and then also accessed the app for 35 minutes on the 10th of the month, then the count in this column should be 2).
	c) Number minutes spent on app	This should be the total number of minutes that the service user spent on the app during the engagement period.



## DET (example)

Unique_Referral_ID	Engagem ent_Peri od	Clock_start_ date	1. Communication with health coach			2. Accessing Educational Content			3. Tracking events					4. Peer Support					5. Interactive Tool		6. Time spent on app		
			a) Number of phone/video call conversations with coach (>=30 mins each)	b) Number of phone/video call conversations with coach (<30 mins each)	c) Number of messages to coach that have been responded to	a) Number of times articles were accessed	b) Number of unique articles that were accessed	c) Number of different days on which articles have been accessed	a) Number of events where food was logged	b) Number of events where weight measurement was entered	c) Number of events where physical activity was logged	d) Number of events where a goal was set or amended	e) Number of different days a food/weight/physical activity or goal was logged/entered/set or amended	a) Number of messages sent	b) Number of posts made	c) Number of comments on posts made	d) Number of likes on posts	e) Number of days a message was sent/post was made/comment was made/post was liked	a) Number of quizzes/games/other interactive tool attempted	b) Number of days quizzes/games/other interactive tool was attempted	a) Number of days where app was used between >=30 seconds and <20 minutes	b) Number of days where app was used for >=20 minutes	c) Number minutes spent on app
	1	E.g. 08/07/20	4	2	5	0	0	0	4	6	0	2	3	1	4	3	5	4	3	2	2	1	134
	2	E.g. 08/07/20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3																						
	4																						
	5																						
	6																						
	7																						
	8																						
	9																						



DET (submission template)

Submission_m onth	Organisatio n_Code_Pr ovider	Unique_Referral _ID	Engagem ent_Perio d	Clock_sta rt_date	1a_Number_of_ phone/video call_conversatio ns_with_coach_ >=30_mins_ea ch	1b_Number_of_ phone/video call_conversatio ns_with_coach_ <30_mins_eac h	1c_Number_of_ messages_to_ coach_that_ha ve_been_respo nded_to_	2a_Number_of_ times_articles _were_access ed	2b_Number_of _unique_article s_that_were_a ccessed	2c_Number_o f_different_da ys_on_which_ articles_have _been_acces sed	3a_Number _of_events_ where_food _was_logge d	3b_Number _of_events_ where_veig ht_measure ment_was_e ntered	3c_Number _of_events_ where_physi cal_activity_ was_logged	3d_Number_of _events_where _a_goal_was set_or_amend ed	3e_Number_of _different_days _a_food_veig ht/physical_act ivity_or_goal_w as_logged/en tered/set_or_ _	4a_Number _of_messag es_sent	4b_Number _of_posts_ made	4c_Number _of_comme nts_on_post s_made	4d_Number _of_likes_on _posts	4e_Number_ of_days_a_m essage_was_ sent/post_wa s_made/com ment_was_m ade/post_was	5a_Number _of_quizzes/ games/other _interactive _tool_attem pted	5b_Number _of_days_q uizzes/game s/other_inter active_tool_ was_attempt ed	6a_Number_of_d ays_where_app _was_used_betwe en_<=30_second s_and_<20_minut es	6b_Number_of_days _where_app_was_u sed_for_>=20_minut es	6c_Number_minut pent_on_app	



<b>Digital Programme</b>											
<p><b>Scenario:</b> Jill attends an Initial Assessment on 25/07/2019 but during the appointment realises that none of the offered locations are suitable. She is delighted to hear of the digital option so accepts the offer to begin this programme. She is identified as a digital participant in the dataset due to the ‘Y’ entered in new field Accepted Digital DPP (on the basis a participant can only be either F2F or digital, and it’s a ‘Y’ in Accepted Digital DPP that denotes a digital participant). She receives details of the digital app and registers later that day (25/07/2019). She receives messages from her digital coach over the next few days and her first engagement occurs on 02/08/2019. The clock starts on this day (the digital clock start is defined as the latest of the date of registration and the date of the first engagement) being Day 0. All 30 day engagement periods are then calculated from this date. Jill had an objective weight taken at her IA so as this is within 30 days of the clock start, this can be used for Milestone 1 and can be entered in IV02 Weight Measurement fields (as well as being in IA Weight Measurement fields). If more time had elapsed than 30 days between the objective IA weight and the clock start, a new baseline MS1weight would be required.</p>											
START 		CLOCK START: Latest Date of Registration and First Engagement Date (recorded in IV02 Data of Suzannelet and indicated by checkbox record Attendance - Y)									
Day 1 - 90				Day 91 - 180				Day 181 - 270			
03/08/2019	1	MS2 - Would expect 2 engagements in each during the 90 day period and ob	Engagement Period 1	01/11/2019	91	MS3 - Would expect 2 engagements in each during the 90 day period and ob	Engagement Period 4	30/01/2020	181	MS4 - Would expect 2 engagements in each during the 90 day period and ob	Engagement Period 7
04/08/2019	2			02/11/2019	92			31/01/2020	182		
05/08/2019	3			03/11/2019	93			01/02/2020	183		
06/08/2019	4			04/11/2019	94			02/02/2020	184		
07/08/2019	5			05/11/2019	95			03/02/2020	185		
08/08/2019	6			06/11/2019	96			04/02/2020	186		
09/08/2019	7			07/11/2019	97			05/02/2020	187		
10/08/2019	8			08/11/2019	98			06/02/2020	188		
11/08/2019	9			09/11/2019	99			07/02/2020	189		
12/08/2019	10			10/11/2019	100			08/02/2020	190		
13/08/2019	11			11/11/2019	101			09/02/2020	191		
14/08/2019	12			12/11/2019	102			10/02/2020	192		
15/08/2019	13			13/11/2019	103			11/02/2020	193		
16/08/2019	14			14/11/2019	104			12/02/2020	194		
17/08/2019	15			15/11/2019	105			13/02/2020	195		
18/08/2019	16			16/11/2019	106			14/02/2020	196		
19/08/2019	17			17/11/2019	107			15/02/2020	197		
20/08/2019	18			18/11/2019	108			16/02/2020	198		
21/08/2019	19			19/11/2019	109			17/02/2020	199		
22/08/2019	20			20/11/2019	110			18/02/2020	200		
23/08/2019	21			21/11/2019	111			19/02/2020	201		
24/08/2019	22			22/11/2019	112			20/02/2020	202		
25/08/2019	23			23/11/2019	113			21/02/2020	203		
26/08/2019	24			24/11/2019	114			22/02/2020	204		
27/08/2019	25			25/11/2019	115			23/02/2020	205		
28/08/2019	26			26/11/2019	1						



19/09/2019	48	engagement period, time stamped login jective weight in last 30 days	19/12/2019	138	engagement period, time stamped login jective weight in last 30 days	17/03/2020	228	engagement period, time stamped login jective weight in last 30 days
20/09/2019	49		19/12/2019	139		18/03/2020	229	
21/09/2019	50		20/12/2019	140		19/03/2020	230	
22/09/2019	51		21/12/2019	141		20/03/2020	231	
23/09/2019	52		22/12/2019	142		21/03/2020	232	
24/09/2019	53		23/12/2019	143		22/03/2020	233	
25/09/2019	54		24/12/2019	144		23/03/2020	234	
26/09/2019	55		25/12/2019	145		24/03/2020	235	
27/09/2019	56		26/12/2019	146		25/03/2020	236	
28/09/2019	57		27/12/2019	147		26/03/2020	237	
29/09/2019	58		28/12/2019	148		27/03/2020	238	
30/09/2019	59		29/12/2019	149		28/03/2020	239	
01/10/2019	60	Period 2	30/12/2019	150	Period 5	29/03/2020	240	Period 8
02/10/2019	61		31/12/2019	151		30/03/2020	241	
03/10/2019	62		01/01/2020	152		31/03/2020	242	
04/10/2019	63		02/01/2020	153		01/04/2020	243	
05/10/2019	64		03/01/2020	154		02/04/2020	244	
06/10/2019	65		04/01/2020	155		03/04/2020	245	
07/10/2019	66		05/01/2020	156		04/04/2020	246	
08/10/2019	67		06/01/2020	157		05/04/2020	247	
09/10/2019	68		07/01/2020	158		06/04/2020	248	
10/10/2019	69		08/01/2020	159		07/04/2020	249	
11/10/2019	70		09/01/2020	160		08/04/2020	250	
12/10/2019	71		10/01/2020	161		09/04/2020	251	
13/10/2019	72	Engagement Period 3	11/01/2020	162	Engagement Period 6	10/04/2020	252	Engagement Period 9
14/10/2019	73		12/01/2020	163		11/04/2020	253	
15/10/2019	74		13/01/2020	164		12/04/2020	254	
16/10/2019	75		14/01/2020	165		13/04/2020	255	
17/10/2019	76		15/01/2020	166		14/04/2020	256	
18/10/2019	77		16/01/2020	167		15/04/2020	257	
19/10/2019	78		17/01/2020	168		16/04/2020	258	
20/10/2019	79		18/01/2020	169		17/04/2020	259	
21/10/2019	80		19/01/2020	170		18/04/2020	260	
22/10/2019	81		20/01/2020	171		19/04/2020	261	
23/10/2019	82		21/01/2020	172		20/04/2020	262	
24/10/2019	83		22/01/2020	173		21/04/2020	263	
25/10/2019	84	Period 2	23/01/2020	174	Period 5	22/04/2020	264	Period 8
26/10/2019	85		24/01/2020	175		23/04/2020	265	
27/10/2019	86		25/01/2020	176		24/04/2020	266	
28/10/2019	87		26/01/2020	177		25/04/2020	267	
29/10/2019	88		27/01/2020	178		26/04/2020	268	
30/10/2019	89		28/01/2020	179		27/04/2020	269	
31/10/2019	90		29/01/2020	180		28/04/2020	270	



At this point a participant should be discharged back to their GP and indicated as such in the dataset, if they have not already actively or passively disengaged.



## Audit file

General Info										Communication with a Health Coach( 4 messages or 30 minute appointment)				Educational Content( Accessed 2 articles)		Communication with a Health Coach( 4 messages or 30 minute appointment)				Educational Content( Accessed 2 articles)		Communication with a Health Coach( 4 messages or 30 minute appointment)						
Provider Name	Contract Number	Contract Name	Unique Patient ID	Date of Referral Received	Age At Referral	Date of Registration	Date of the last message	Check start date	HA Record of Attendance	Date of 30 min appt	Date of message 1	Date of message 2	Date of message 3	Date of message 4	Date of article access 1	Date of article access 2	Date of 30 min appt	Date of message 1	Date of message 2	Date of message 3	Date of message 4	Date of article access 1	Date of article access 2	Date of 30 min appt	Date of message 1	Date of message 2	Date of message 3	Date of message 4
Enter Contract code	Enter contract name	Referral id for participant that have	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	Put this information from the info	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

Primary Engagement																																
Educational Content Accessed 2 articles							Communication with a Health Coach( 4 messages or 30 minute appointment)							Educational Content Accessed 2 articles		Communication with a Health Coach( 4 messages or 30 minute appointment)							Educational Content Accessed 2 articles		Logging information against active goals (weight/Food/activity) (4 tracking)				Peer Support forum/group chat(message/post/comment/like)(2)		Use of interactive tool (quiz/game/risk)	
Date of article access	Date of article access	Date of 30 min appt	Date of message 1	Date of message 2	Date of message 3	Date of message 4	Date of article access	Date of article access	Date of 30 min appt	Date of message 1	Date of message 2	Date of message 3	Date of message 4	Date of article access	Date of article access	Date of 30 min appt	Date of message 1	Date of message 2	Date of message 3	Date of message 4	Date of article access	Date of article access	Date logged	Date logged	Date logged	Date logged	Date logged	Date logged	Date logged	Date logged		
dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy		

Time spent in the APP (8 occurrences on different days) OR > 20 minutes spent in any given 30 day period														Logging information against active goals (weight/Food/activity) (4 tracking)				Peer Support forum/group chat(message/post/comment/like)(2)		Use of interactive tool (quiz/game/risk)	
Date logged	Time logged_1(Min)	Date logged	Time logged_2(Mins)	Date logged	Time logged_3(Min)	Date logged	Time logged_4(Min)	Date logged	Time logged_5(Min)	Date logged	Time logged_6(Min)	Date logged	Time logged_7(Min)	Date logged	Time logged_8(Min)	Date logged	Date logged	Date logged	Date logged	Date logged	Date logged
dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

Secondary Engagements														Logging information against active goals (weight/Food/activity) (4 tracking)				Peer Support forum/group chat(message/post/comment/like)(2)		Use of interactive tool (quiz/game/risk)	
Date logged	Time logged_1(Min)	Date logged	Time logged_2(Min)	Date logged	Time logged_3(Min)	Date logged	Time logged_4(Min)	Date logged	Time logged_5(Min)	Date logged	Time logged_6(Min)	Date logged	Time logged_7(Min)	Date logged	Time logged_8(Min)	Date logged	Date logged	Date logged	Date logged	Date logged	Date logged
dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

Time spent in the APP (8 occurrences on different days) OR > 20 minutes spent in any given 30 day period														Date logged	Time logged_1(Min)	Date logged	Time logged_2(Mins)	Date logged	Time logged_3(Mins)	Date logged	Time logged_4(Mins)	Date logged	Time logged_5(Mins)	Date logged	Time logged_6(Mins)	Date logged	Time logged_7(Mins)	Date logged	Time logged_8(Mins)
dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please	dd/mm/yyyy	time in minutes please



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**Annex 18**  
**Step Count Report Template**

Unique referral	Tracking start date	Tracking end date	Total step count	Stage	Means of step tracking
Example:					
XX12345	12/09/2019	25/09/2019	109438	MS1	Mobile app
XX12346	12/12/2019	25/12/2019	56722	MS3	Pedometer



## Annex 19

### Monthly High Level Monthly Service User and Physical Activity (RPAQ) Summary Report Template

Participant Experience Survey – Face to Face programme						
Stage	Total of participants who have reached this stage	Number of participants survey sent to	Number of surveys completed	Response rate %	Number returned online	Number returned paper
1						
2						
3a						
3b						
Participant Experience Survey – Digital programme						
Stage	Total of participants who have reached this stage	Number of participants survey sent to	Number of surveys completed	Response rate %	Number returned online	
1						
2						
3a						
3b						
RPAQs Survey – Face to Face						
Milestone	Total of participants who have reached this stage	Number of participants survey sent to	Number of surveys completed	Response rate %	Number returned online	Number returned paper
MS1						
MS3						
RPAQs Survey – Digital Programme						
Milestone	Total of participants who have reached this stage	Number of participants survey sent to	Number of surveys completed	Response rate %		
M1						
M3						



## Annex 20

### Monthly High Level Monthly Service User and Physical Activity (RPAQ) Summary Report Template

[illegible]



**Annex 21**  
**Weekly Diabetes Prevention Programme (DPP) Report Template**

Provider Name: Contract						
		Month				
		Week				
<b>Referrals</b> - Total referrals received <b>Referral Generation (Contacting Discharged Service Users)</b> - Target Number to Contact - Attempted to contact - Successful contacts - Service users accepting remote offer - Service users accepting digital offer						
<b>Remote F2F Session Information</b> - Sessions Booked - Sessions Held - Session size <5 - Session size 5 to 15 - Session size 16 to 20 - Session size 21 + - Sessions Cancelled - provider - Service Users Attended - Service user cancellations - Service user DNAs						
<b>Educator Headcount - Remote</b> - Total headcount - Working as usual - On sick leave - Furloughed staff - Reduced headcount (redundancies & terminations) <b>Educator Headcount - Digital</b> - Total headcount - Working as usual - On sick leave - Furloughed Staff - Reduced headcount (redundancies & terminations)						
<b>Waiting List</b> - Total number waiting - Waiting for initial contact - Unable to contact - Accepted remote course - Waiting for remote course start - Booked on remote course - Accepted digital course - Registered on digital - Deferred: initial referral waiting for F2F to resume - Deferred: paused during programme waiting for F2F to resume						
<b>Milestone 1</b> - Number achieving Milestone 1 - remote course - Number achieving Milestone 1 - digital course						



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## Annex 22 NHS DPP Letter Template

### 1) Letter to patient - Final invitation to join the programme after three unsuccessful contact attempts

Dear XXXXXX

**This is your final invitation to join the Healthier You programme. To accept your place please call XXXXXXXX (between Xam-Xpm weekdays or Xam-Xpm Saturdays).**

We have already sent you an invitation letter and tried to make contact by telephone about your place on the Healthier You: the NHS Diabetes Prevention Programme. Unfortunately, we have been unable to reach you so far. You have been referred to the Healthier You programme because your blood test results showed that you're at high risk of developing type 2 diabetes.

Type 2 diabetes can lead to long-term problems but can often be prevented through making simple changes to your diet and lifestyle. The Healthier You programme can support you to make these lasting changes along with over 100,000 people who have started the programme this year.

#### **What is the Healthier You: NHS Diabetes Prevention Programme?**

Healthier You is funded by the NHS. Based on research from across the world about diabetes prevention, it provides individual support to help you make lasting changes and stop you developing type 2 diabetes. Most people like you who have been referred to Healthier You have started the programme.

The group sessions are delivered at local venues and are designed to be interactive and enjoyable. Group numbers are small enough to make sure that everyone gets individual support.

If attending group sessions isn't right for you, we can offer you a digital alternative. Please get in touch with us if this would interest you.

#### **How do I join the programme?**

To join and reduce your risk of developing type 2 diabetes, please call XXXXXXXX (between Xam-Xpm weekdays or Xam-Xpm Saturdays) and we will arrange for you to get started.

If we do not hear from you within 7 days of the date of this letter then you will lose your place on the programme and be discharged back to your GP.

For more information about Healthier You, please visit our website XXXXXX

For more information about how to reduce your risk of developing type 2 diabetes, please visit [www.diabetes.org.uk/preventing-type-2-diabetes](http://www.diabetes.org.uk/preventing-type-2-diabetes)

Yours sincerely,



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## 2) Letter to patient – notifying them of discharge from the programme if no successful contact:

Dear XXXXXX

As we didn't receive a response from you, your place on the Healthier You: NHS Diabetes Prevention Programme has now been offered to another person at risk of developing type 2 diabetes.

You were referred to the Healthier You: NHS Diabetes Prevention Programme because your blood test results showed that you're at high risk of developing type 2 diabetes. We have contacted you in writing and by telephone but unfortunately we have not been able to reach you to help get you started on the programme. We are therefore discharging you.

**For a new place on the programme please contact your GP Practice to be re-referred.**

Type 2 diabetes can lead to long-term problems but can often be prevented by making simple changes to your diet and lifestyle and avoiding excess body weight.

**What do I need to do now?**

**Please arrange to see your GP practice every year as you are at high risk of developing type 2 diabetes.** It is very important to recheck your risk at least once a year with a blood test. This will help you to see your progress in avoiding developing diabetes and give you access to support to make changes to your lifestyle. Getting checked regularly will also enable you to take action early if you've developed diabetes and help avoid long-term problems.

**Can I still join the Healthier You: NHS Diabetes Prevention Programme?**

We would be delighted to welcome you to the programme following another referral. Please contact your GP practice to be re-referred. If attending group sessions isn't right for you, we can offer you a digital alternative.

**Where else can I get support for reducing my risk of type 2 diabetes?**

The key steps for avoiding developing type 2 diabetes are having a healthy diet, keeping physically active and getting to a healthy weight.

You can find additional information and resources on the following websites: NHS Better Health (<https://www.nhs.uk/better-health>), NHS Live Well (<https://www.nhs.uk/live-well>) and Diabetes UK (<https://diabetes.org.uk>).

**(Insert locally-adapted information here about lifestyle services available – provider should agree test with each LHE – i.e. You can get additional support in improving your lifestyle through the Luton Total Wellbeing service. This is funded by the NHS and Luton Borough Council and you can refer yourself by calling 01582 393 130)**

For more information about how to reduce your risk of developing type 2 diabetes, please visit <https://www.diabetes.org.uk/preventing-type-2-diabetes>

If you have any questions or would like to provide any feedback, please call XXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays). We would like to know what else we could have done to help you start the programme.

If you'd like more information about the Healthier You service, please visit our website XXXXXX

Yours sincerely

## 3) Letter to patient – notifying them of discharge from the programme if contact made but did not start the programme / did not attend any sessions:

Dear XXXXXX

You were referred to the Healthier You: NHS Diabetes Prevention Programme because your blood test results showed that you're at high risk of developing type 2 diabetes. Unfortunately, you haven't started the programme. We are therefore discharging you.

**For a new place on the programme please contact your GP Practice to be re-referred.**

Type 2 diabetes can lead to long-term problems but can often be prevented by making simple changes to your diet and lifestyle and avoiding excess body weight.

**What do I need to do now?**



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**Please arrange to see your GP practice every year as you are at high risk of developing type 2 diabetes.** It is very important to recheck your risk at least once a year with a blood test. This will help you to see your progress in avoiding developing diabetes and give you access to support to make changes to your lifestyle. Getting checked regularly will also enable you to take action early if you've developed diabetes and help avoid long-term problems.

**Can I still join the Healthier You: NHS Diabetes Prevention Programme?**

We would be delighted to welcome you to the programme following another referral. Please contact your GP practice to be re-referred.

**Where else can I get support for reducing my risk of type 2 diabetes?**

The key steps for avoiding type 2 diabetes are having a healthy diet, keeping physically active and getting to or maintaining a healthy weight.

You can find additional information and resources on the following websites: NHS Better Health (<https://www.nhs.uk/better-health>), NHS Live Well (<https://www.nhs.uk/live-well>) and Diabetes UK (<https://diabetes.org.uk>).

(Insert locally-adapted information here about lifestyle services available – provider should agree text with each LHE – i.e. You can get additional support in improving your lifestyle through the Luton Total Wellbeing service. This is funded by the NHS and Luton Borough Council and you can refer yourself by calling 01582 393 130)

For more information about how to reduce your risk of developing type 2 diabetes, please visit <https://www.diabetes.org.uk/preventing-type-2-diabetes>

If you have any questions or would like to provide any feedback, please call XXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays). We would like to know what else we could have done to help you start the programme.

If you'd like more information about the Healthier You service, please visit our website XXXXXX

Yours sincerely



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4) **Letter to patient – notifying them of discharge if they started programme / attended a session but have dropped out before completion:**

Dear XXXXX

Thank you for taking part in Healthier You: the NHS Diabetes Prevention Programme. You were referred because your blood test results showed that you're at high risk of developing type 2 diabetes.

Our records show that you started Healthier You but unfortunately haven't completed the programme. We are now discharging you.

For your information, your weight on starting the programme was [initial weight] kg and your weight when last checked on [date of last recorded weight] was [last recorded weight] kg.

Type 2 diabetes can lead to long-term problems but can often be prevented by making simple changes to your diet and lifestyle and avoiding excess body weight.

**What do I need to do now?**

**Please arrange to see your GP practice every year as you are at high risk of developing type 2 diabetes.** It is very important to recheck your risk at least once a year with a blood test. This will help you to see your progress in avoiding developing diabetes and give you access to support to make changes to your lifestyle. Getting checked regularly will also enable you to take action early if you've developed diabetes and help avoid long-term problems.

**Can I rejoin the Healthier You: NHS Diabetes Prevention Programme?**

We would be delighted to welcome you back to the programme. Please contact your GP practice to be re-referred.

**Where else can I get support for reducing my risk of type 2 diabetes?**

The key steps for avoiding type 2 diabetes are having a healthy diet, keeping physically active and getting to or maintaining a healthy weight.

You can find additional information and resources on the following websites: NHS Better Health (<https://www.nhs.uk/better-health>), NHS Live Well (<https://www.nhs.uk/live-well>) and Diabetes UK (<https://diabetes.org.uk>).

(Insert locally-adapted information here about lifestyle services available – provider should agree text with each LHE – i.e. You can get additional support in improving your lifestyle through the Luton Total Wellbeing service. This is funded by the NHS and Luton Borough Council and you can refer yourself by calling 01582 393 130)

For more information about how to reduce your risk of developing type 2 diabetes, please visit <https://www.diabetes.org.uk/preventing-type-2-diabetes>

If you have any questions or would like to provide any feedback, please call XXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays). We would like to know what else we could have done to help you start the programme.

If you'd like more information about the Healthier You service, please visit our website [www.XXXXX](http://www.XXXXX)

Yours sincerely,



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**5) Letter to patient – notifying them of discharge after completion:**

Dear XXXXX

Thank you for taking part in Healthier You: the NHS Diabetes Prevention Programme. You were referred because your blood test results showed that you're at high risk of developing type 2 diabetes.

**Congratulations on completing Healthier You and showing commitment to taking control of your health and reducing your risk of developing type 2 diabetes.**

Your weight on starting the programme was [initial weight] kg and your weight when last checked on [date of last recorded weight] was [last recorded weight] kg.

We hope that you found the programme really helpful and you've made some lasting changes.

**What do I need to do now?**

Continue with the great progress and lifestyle changes you've made. (provider to insert any details of ongoing support they may provide – i.e. access to any resources / apps / memberships etc)

**Please arrange to see your GP practice every year to monitor your risk with a blood test.** This will help you to check your progress in avoiding developing diabetes and give you access to support to maintain your lifestyle changes. Getting checked regularly will also enable you to take action early if you've developed diabetes and help avoid long-term problems.

**What other support can I get for reducing my risk of type 2 diabetes?**

As you know, the key steps for avoiding developing type 2 diabetes are having a healthy diet, keeping physically active and maintaining a healthy weight. You have made a great start by completing the programme but you may also want to use these services for continued support.

You can find additional information and resources on the following websites: NHS Better Health (<https://www.nhs.uk/better-health>), NHS Live Well (<https://www.nhs.uk/live-well>) and Diabetes UK (<https://diabetes.org.uk>).

(Insert locally-adapted information here about lifestyle services available – provider should agree text with each LHE – i.e. You can get additional support in improving your lifestyle through the Luton Total Wellbeing service. This is funded by the NHS and Luton Borough Council and you can refer yourself by calling 01582 393 130)

For more information about reducing your risk of developing type 2 diabetes, please visit <https://www.diabetes.org.uk/preventing-type-2-diabetes>

If you have any further questions or would like to provide any feedback, please call XXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays).

Yours sincerely

**6) Letter to GP informing them of participant starting the programme:**

Dear XXXXXX

Thank you for referring [[FirstName]] [[Surname]], [[DOB]] to the Healthier You: NHS Diabetes Prevention Programme.

We are pleased to inform you that they have now started the programme. **Please note that, although they have started Healthier You, their ongoing risk of type 2 diabetes remains high.**

For your information, their starting weight on [date of initial weight] was [initial weight] kg.



- 
1. **Please ensure that non-diabetic hyperglycaemia has been coded on their record.** This is essential for the National Diabetes Audit data extraction, tracking long-term outcomes and supporting QOF

	Read v2	CTV3	SNOMED CT
Non-diabetic hyperglycaemia	C317	XaaeP	700449008

achievement.

2. Please input the relevant code for your computer system into their record:

	Read v2	CTV3	SNOMED CT
NHS Diabetes Prevention Programme Started	679m2	XaeD0	1025271000000103

3. **Please offer them an annual review** (in line with NICE Guideline PH38) including;
- blood test (either HbA1c or fasting plasma glucose, depending on which test initially revealed that they have non-diabetic hyperglycaemia [NDH]).
  - assessment of their weight or BMI
  - review of lifestyle changes and risk factors

From April 2020, the annual glycaemic review is incorporated in QOF. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review provides an opportunity to help people 'restart', if lifestyle changes have not been maintained. It also allows for timely diagnosis of type 2 diabetes if progression has occurred; taking action early to control glycaemia and manage cardiovascular risk factors has significant impact on the future risk of complications.

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays). For further information on Healthier You (including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback) please visit our website XXXXXX. A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member). We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of type 2 diabetes.

Yours sincerely,



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7) **Letter to GP following discharge due to no successful contact:**

Dear XXXXXX

Thank you for referring [[FirstName]] [[Surname]], [[DOB]] to the Healthier You: NHS Diabetes Prevention Programme.

We have attempted to contact them on at least three separate occasions, through a variety of methods, but unfortunately **we have not been able to reach them. They have therefore been discharged.** If they later decide that they would like to join the programme, they will need to be re-referred. **Their ongoing risk of developing type 2 diabetes remains high.**

1. **Please ensure that non-diabetic hyperglycaemia has been coded on their record.** This is essential for the National Diabetes Audit data extraction, tracking long-term outcomes and supporting QOF

	Read v2	CTV3	SNOMED CT
Non-diabetic hyperglycaemia	C317	XaaeP	700449008

achievement.

2. Please input the relevant code for your computer system into their record:

	Read v2	CTV3	SNOMED CT
NHS Diabetes Prevention Programme Not Completed	679m0	XaeCw	1025211000000108

3. **Please offer them an annual review** (in line with NICE Guideline PH38) including;
- blood test (either HbA1c or fasting plasma glucose, depending on which test initially revealed that they have non-diabetic hyperglycaemia [NDH]).
  - assessment of their weight or BMI
  - review of lifestyle changes and risk factors

From April 2020, the annual glycaemic review is incorporated in QOF. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review provides an opportunity to help people 'restart', if lifestyle changes have not been maintained. It also allows for timely diagnosis of type 2 diabetes if progression has occurred; taking action early to control glycaemia and manage cardiovascular risk factors has significant impact on the future risk of complications.

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays).

For further information on the Healthier You: the NHS Diabetes Prevention Programme, including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback, please visit our website at XXXXXX.

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member).

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of type 2 diabetes.

Yours sincerely,



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8) **Letter to GP following discharge if contact made but did not start the programme:**

Dear XXXXXX

Thank you for referring [[FirstName]] [[Surname]], [[DOB]] to the Healthier You: NHS Diabetes Prevention Programme.

Although we have been in contact with them and have encouraged their participation, unfortunately **they have declined or not started the programme. They have therefore been discharged.** If they later decide that they would like to join the programme, they will need to be re-referred. **Their ongoing risk of developing type 2 diabetes remains high.**

1. **Please ensure that non-diabetic hyperglycaemia has been coded on their record.** This is essential for the National Diabetes Audit data extraction, tracking long-term outcomes and supporting QOF

	Read v2	CTV3	SNOMED CT
Non-diabetic hyperglycaemia	C317	XaaeP	700449008

achievement.

2. Please input the relevant code for your computer system into their record:

	Read v2	CTV3	SNOMED CT
NHS Diabetes Prevention Programme Not Completed	679m0	XaeCw	1025211000000108

3. **Please offer them an annual review** (in line with NICE Guideline PH38) including;

- blood test (either HbA1c or fasting plasma glucose, depending on which test initially revealed that they have non-diabetic hyperglycaemia [NDH]).
- assessment of their weight or BMI
- review of lifestyle changes and risk factors

From April 2020, the annual glycaemic review is incorporated in QOF. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review provides an opportunity to help people 'restart', if lifestyle changes have not been maintained. It also allows for timely diagnosis of type 2 diabetes if progression has occurred; taking action early to control glycaemia and manage cardiovascular risk factors has significant impact on the future risk of complications.

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays).

For further information on the Healthier You: the NHS Diabetes Prevention Programme, including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback, please visit our website at XXXXXX.

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member).

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of type 2 diabetes.

Yours sincerely,



9) **Letter to GP following discharge if programme started / attended a session but have dropped out before completion:**

Dear XXXXXX

Thank you for referring [[FirstName]] [[Surname]], [[DOB]] to the Healthier You: NHS Diabetes Prevention Programme.

Although they started Healthier You and we tried a number of means to keep them engaged, unfortunately **they did not complete the programme. They have now been discharged.** If they decide they would like to rejoin the programme, they will need to be re-referred. **Their ongoing risk of developing type 2 diabetes remains high.**

For your information, their starting weight on [date of initial weight] was [initial weight] kg and their weight when last checked on [date of last recorded weight] was [last recorded weight] kg.

1. **Please ensure that non-diabetic hyperglycaemia has been coded on their record.** This is essential for the National Diabetes Audit data extraction, tracking long-term outcomes and supporting QOF

	Read v2	CTV3	SNOMED CT
Non-diabetic hyperglycaemia	C317	XaaeP	700449008

achievement.

2. Please input the relevant code for your computer system into their record:

	Read v2	CTV3	SNOMED CT
NHS Diabetes Prevention Programme Not Completed	679m0	XaeCw	1025211000000108

3. **Please offer them an annual review** (in line with NICE Guideline PH38) including;
- blood test (either HbA1c or fasting plasma glucose, depending on which test initially revealed that they have non-diabetic hyperglycaemia [NDH]).
  - assessment of their weight or BMI
  - review of lifestyle changes and risk factors

From April 2020, the annual glycaemic review is incorporated in QOF. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review provides an opportunity to help people 'restart', if lifestyle changes have not been maintained. It also allows for timely diagnosis of type 2 diabetes if progression has occurred; taking action early to control glycaemia and manage cardiovascular risk factors has significant impact on the future risk of complications.

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays).

For further information on the Healthier You: the NHS Diabetes Prevention Programme, including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback, please visit our website at XXXXXX.

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member).

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of type 2 diabetes.

Yours sincerely,

10) **Letter to GP following discharge if programme completed:**

Dear XXXXXX



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Thank you for referring [[FirstName]] [[Surname]], [[DOB]] to the Healthier You: NHS Diabetes Prevention Programme.

We are pleased to inform you **that they have completed the programme** and maintained participation over its duration. **They have now been discharged. Please note that their ongoing risk of developing type 2 diabetes may remain high.**

For your information, their starting weight on [date of initial weight] was [initial weight] kg and their weight when last checked on [date of last recorded weight] was [last recorded weight] kg.

Please input the relevant code for your computer system into their record:

1. **Please ensure that non-diabetic hyperglycaemia has been coded on their record.** This is essential for the National Diabetes Audit data extraction, tracking long-term outcomes and supporting QOF

	Read v2	CTV3	SNOMED CT
Non-diabetic hyperglycaemia	C317	XaaeP	700449008

achievement.

2. Please input the relevant code for your computer system into their record:

	Read v2	CTV3	SNOMED CT
NHS Diabetes Prevention Programme Completed	679m1	XaeCz	1025251000000107

3. **Please offer them an annual review** (in line with NICE Guideline PH38) including;
  - a. blood test (either HbA1c or fasting plasma glucose, depending on which test initially revealed that they have non-diabetic hyperglycaemia [NDH]).
  - b. assessment of their weight or BMI
  - c. review of lifestyle changes and risk factors

From April 2020, the annual glycaemic review is incorporated in QOF. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review provides an opportunity to help people 'restart', if lifestyle changes have not been maintained. It also allows for timely diagnosis of type 2 diabetes if progression has occurred; taking action early to control glycaemia and manage cardiovascular risk factors has significant impact on the future risk of complications.

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays).

For further information on the Healthier You: the NHS Diabetes Prevention Programme, including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback, please visit our website at XXXXXX.

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member).

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of type 2 diabetes.

Yours sincerely,



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**Annex 23**  
**NHS DPP Letter Template DTC**

**11) Letter to patient - Final invitation to join the programme after three unsuccessful contact attempts**

Dear XXXXXX

**This is your final invitation to join the Healthier You programme. To accept your place please call XXXXXXXX (between Xam-Xpm weekdays or Xam-Xpm Saturdays).**

We have already sent you an invitation letter and tried to make contact by telephone about your place on the Healthier You: NHS Diabetes Prevention Programme. Unfortunately, we have been unable to reach you so far. You referred yourself to the Healthier You programme because your Diabetes UK Know Your Risk Score showed that you're at increased risk of developing Type 2 diabetes.

Type 2 diabetes can lead to long-term problems but can often be prevented through making simple changes to your diet and lifestyle. The Healthier You programme can support you to make these lasting changes along with the thousands of people who have started the programme in the last year.

**What is the Healthier You: NHS Diabetes Prevention Programme?**

Healthier You is funded by the NHS. Based on research from across the world about diabetes prevention, it provides individual support to help you make lasting changes and stop you developing Type 2 diabetes.

**How do I join the programme?**

To join and reduce your risk of developing Type 2 diabetes, please call XXXXXXXX (between Xam-Xpm weekdays or Xam-Xpm Saturdays) and we will arrange for you to get started.

If we do not hear from you within 7 days of the date of this letter then you will lose your place on the programme.

For more information about Healthier You, please visit our website XXXXXX

For more information about how to reduce your risk of developing Type 2 diabetes, please visit [www.diabetes.org.uk/preventing-type-2-diabetes](http://www.diabetes.org.uk/preventing-type-2-diabetes)

Yours sincerely,



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## **12) Letter to patient – notifying them of discharge from the programme if no successful contact:**

Dear XXXXXX

As we didn't receive a response from you, your place on the Healthier You: NHS Diabetes Prevention Programme has now been offered to another person at risk of developing Type 2 diabetes.

You referred yourself to the Healthier You programme because your Diabetes UK Know Your Risk Score showed that you're at increased risk of developing Type 2 diabetes. We have contacted you in writing and by telephone but unfortunately we have not been able to reach you to help get you started on the programme. We are therefore discharging you.

Type 2 diabetes can lead to long-term problems but can often be prevented by making simple changes to your diet and lifestyle and having a healthy weight.

### **What do I need to do now?**

If you haven't done so already, please contact your GP practice to get a blood test for diabetes.

### **Can I still join the Healthier You: NHS Diabetes Prevention Programme?**

We would be delighted to welcome you back to the programme. **For more information about getting a new place on the programme, please get in touch with our team on XXXXXXXX (between Xam-Xpm weekdays or Xam-Xpm Saturdays).**

### **Where else can I get support for reducing my risk of Type 2 diabetes?**

The key steps for avoiding Type 2 diabetes are having a healthy diet, keeping physically active and getting to or maintaining a healthy weight.

You can find additional information and resources on the following websites: NHS Better Health (<https://www.nhs.uk/better-health>), NHS Live Well (<https://www.nhs.uk/live-well>) and Diabetes UK (<https://diabetes.org.uk>).

(Insert locally-adapted information here about lifestyle services available – provider should agree text with each LHE – i.e. You can get additional support in improving your lifestyle through the Luton Total Wellbeing service. This is funded by the NHS and Luton Borough Council and you can refer yourself by calling 01582 393 130)

For more information about how to reduce your risk of developing Type 2 diabetes, please visit <https://www.diabetes.org.uk/preventing-type-2-diabetes>

If you have any questions or would like to provide any feedback, please call XXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays). We would like to know what else we could have done to help you start the programme.

If you'd like more information about the Healthier You service, please visit our website XXXXXX

Yours sincerely



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**13) Letter to patient – notifying them of discharge from the programme if contact made but did not start the programme / did not attend any sessions:**

Dear XXXXXX

You referred yourself to the Healthier You programme because your Diabetes UK Know Your Risk Score showed that you're at increased risk of developing Type 2 diabetes. Unfortunately, you haven't started the programme. We are therefore discharging you.

Type 2 diabetes can lead to long-term problems but can often be prevented by making simple changes to your diet and lifestyle and having a healthy weight.

**What do I need to do now?**

If you haven't done so already, please contact your GP practice to get a blood test for diabetes.

**Can I still join the Healthier You: NHS Diabetes Prevention Programme?**

We would be delighted to welcome you back to the programme. **For information about getting a new place on the programme, please get in touch with our team on XXXXXXXX (between Xam-Xpm weekdays or Xam-Xpm Saturdays).**

**Where else can I get support for reducing my risk of Type 2 diabetes?**

The key steps for avoiding Type 2 diabetes are having a healthy diet, keeping physically active and getting to a healthy weight.

You can find additional information and resources on the following websites: NHS Better Health (<https://www.nhs.uk/better-health>), NHS Live Well (<https://www.nhs.uk/live-well>) and Diabetes UK (<https://diabetes.org.uk>).

(Insert locally-adapted information here about lifestyle services available – provider should agree text with each LHE – i.e. You can get additional support in improving your lifestyle through the Luton Total Wellbeing service. This is funded by the NHS and Luton Borough Council and you can refer yourself by calling 01582 393 130)

For more information about how to reduce your risk of developing Type 2 diabetes, please visit <https://www.diabetes.org.uk/preventing-type-2-diabetes>

If you have any questions or would like to provide any feedback, please call XXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays). We would like to know what else we could have done to help you start the programme.

If you'd like more information about the Healthier You service, please visit our website XXXXXX

Yours sincerely



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**14) Letter to patient – notifying them of discharge if they started programme / attended a session but have dropped out before completion:**

Dear XXXXX

Thank you for taking part in Healthier You: the NHS Diabetes Prevention Programme. You referred yourself to the Healthier You programme because your Diabetes UK Know Your Risk Score showed that you're at increased risk of developing Type 2 diabetes.

Our records show that you started Healthier You but unfortunately haven't completed the programme. We are now discharging you.

Your weight on starting the programme was [initial weight] kg and your weight when last checked on [date of last recorded weight] was [last recorded weight] kg.

Type 2 diabetes can lead to long-term problems but can often be prevented by making simple changes to your diet and lifestyle and having a healthy weight.

**What do I need to do now?**

If you haven't done so already, please contact your GP practice to get a blood test for diabetes.

**Can I rejoin the Healthier You: NHS Diabetes Prevention Programme?**

We would be delighted to welcome you back to the programme. **For information about getting a new place on the programme, please get in touch with our team on XXXXXXXX (between Xam-Xpm weekdays or Xam-Xpm Saturdays).**

**Where else can I get support for reducing my risk of Type 2 diabetes?**

The key steps for avoiding Type 2 diabetes are having a healthy diet, keeping physically active and getting to a healthy weight.

You can find additional information and resources on the following websites: NHS Better Health (<https://www.nhs.uk/better-health>), NHS Live Well (<https://www.nhs.uk/live-well>) and Diabetes UK (<https://diabetes.org.uk>).

(Insert locally-adapted information here about lifestyle services available – provider should agree text with each LHE – i.e. You can get additional support in improving your lifestyle through the Luton Total Wellbeing service. This is funded by the NHS and Luton Borough Council and you can refer yourself by calling 01582 393 130)

For more information about how to reduce your risk of developing Type 2 diabetes, please visit <https://www.diabetes.org.uk/preventing-type-2-diabetes>

If you have any questions or would like to provide any feedback, please call XXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays). We would like to know what else we could have done to help you complete the programme.

If you'd like more information about the Healthier You service, please visit our website [www.XXXXX](http://www.XXXXX)

Yours sincerely,

**15) Letter to patient – notifying them of discharge after completion:**

Dear XXXXX

Thank you for taking part in Healthier You: the NHS Diabetes Prevention Programme. You referred yourself to the Healthier You programme because your Diabetes UK Know Your Risk Score showed that you're at increased risk of developing Type 2 diabetes.

**Congratulations on completing Healthier You and showing commitment to taking control of your health and reducing your risk of developing Type 2 diabetes.**

Your weight on starting the programme was [initial weight] kg and your weight when last checked on [date of last recorded weight] was [last recorded weight] kg.

We hope that you found the programme really helpful and you've made some lasting changes.



### What do I need to do now?

Continue with the great progress and lifestyle changes you've made. (provider to insert any details of ongoing support they may provide – i.e. access to any resources / apps / memberships etc)

If you haven't done so already, please contact your GP practice to get a blood test.

### What other support can I get for reducing my risk of Type 2 diabetes?

As you know, the key steps for avoiding Type 2 diabetes are having a healthy diet, keeping physically active and maintaining a healthy weight. You have made a great start by completing the programme but you may also want to use these services for continued support.

(Insert locally-adapted information here about lifestyle services available – provider should agree text with each LHE – i.e. You can get additional support in improving your lifestyle through the Luton Total Wellbeing service. This is funded by the NHS and Luton Borough Council and you can refer yourself by calling 01582 393 130)

For more information about reducing your risk of developing Type 2 diabetes, please visit <https://www.diabetes.org.uk/preventing-type-2-diabetes>

If you have any further questions or would like to provide any feedback, please call XXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays).

Yours sincerely

### 16) Letter to GP informing them of participant starting the programme:

Dear XXXXXX

We are pleased to inform you that [[FirstName]] [[Surname]], [[DOB]] has started the Healthier You: NHS Diabetes Prevention Programme. They self-referred after completing the Diabetes UK Know Your Risk tool (also known as the Leicester Diabetes Risk Score) and being identified as having increased risk of developing Type 2 diabetes.

For your information, their starting weight on [date of initial weight] was [initial weight] kg.

Their Diabetes UK Know Your Risk score (also known as Leicester Diabetes Risk Score) was [score].

4. **Please code the above score in their clinical record as the Leicester Diabetes Risk Score** (SNOMED 1025601000000108)
5. **Please code NHS Diabetes Prevention Programme Started** (SNOMED 1025271000000103)
6. **Please arrange a blood test** (either HbA1c or fasting plasma glucose [FPG]) to check glycaemic status
7. **Based on the results of the blood test, please discuss next steps and set up appropriate recall:**

**HbA1c < 42 mmol/mol / FPG < 5.5 mmol/l** - If the blood test reveals normoglycaemia, please inform them that they have moderate risk of Type 2 diabetes. NICE Guidance PH38 recommends that people with moderate risk of Type 2 diabetes should be offered a reassessment of glycaemic status at least every 3 years.

*Although they have normoglycaemia at present, they have risk factors for Type 2 diabetes and are therefore likely to benefit from Healthier You*

**HbA1c 42 – 47 mmol/mol / FPG 5.5 – 6.9 mmol/l** - if the blood test reveals non-diabetic hyperglycaemia (NDH), please inform them that they are at high risk of Type 2 diabetes and should be reviewed every year with repeat glycaemic check, and please set up appropriate recall.



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NICE Guideline PH38 recommends an annual review for people with NDH including blood testing, assessment of weight / BMI and review of lifestyle changes and risk factors. The annual glycaemic review for people with NDH is also included in QOF. **If NDH is detected, it is important that it is coded** (SNOMED 700449008) as this is essential for the National Diabetes Audit data extraction, tracking of long-term outcomes and supporting QOF achievement.

*The Healthier You Programme has been shown to reduce glycaemia and body weight, with greater impact associated with greater engagement with the programme*

**HbA1c  $\geq$  48 mmol/mol / FPG  $\geq$  7.0 mmol/l (needs repeating to diagnose diabetes if asymptomatic; if repeat is in NDH-range then identify as NDH and ensure regular follow-up)** - if they are found to have previously undetected Type 2 diabetes, full usual care should be initiated as for any new diagnosis of diabetes, including referral for structured education, completion of diabetes care processes, lifestyle advice and discussion regarding treatment

*If they are found to have Type 2 diabetes, they may continue on Healthier You provided they appreciate that messaging around preventing diabetes will no longer be applicable for them. The support offered by the programme regarding improving nutrition, increasing physical activity and achieving a healthy weight may be beneficial*

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays). For further information on Healthier You (including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback) please visit our website XXXXXX

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member).

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of Type 2 diabetes.

Yours sincerely,



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**17) Letter to GP following discharge due to no successful contact:**

Dear XXXXXX

[[FirstName]] [[Surname]], [[DOB]] self-referred to the Healthier You: NHS Diabetes Prevention after completing the Diabetes UK Know Your Risk tool (also known as the Leicester Diabetes Risk Score) and being identified as having increased risk of developing Type 2 diabetes.

We have attempted to contact them on at least three separate occasions, through a variety of methods, but unfortunately **we have not been able to reach them. They have therefore been discharged and their ongoing risk of developing Type 2 diabetes may remain increased.**

**Their Diabetes UK Know Your Risk score (also known as Leicester Diabetes Risk Score) was [score].**

1. **Please code the above score in their clinical record as the Leicester Diabetes Risk Score** (SNOMED 1025601000000108)
2. **Please code NHS Diabetes Prevention Programme Not Completed** (SNOMED 1025211000000108)
3. **Please arrange a blood test** (either HbA1c or fasting plasma glucose [FPG]) to check glycaemic status
4. **Based on the results of the blood test, please discuss next steps and set up appropriate recall:**

**HbA1c < 42 mmol/mol / FPG < 5.5 mmol/l** - if the blood test reveals normoglycaemia, please inform them that they have moderate risk of Type 2 diabetes and should be reviewed every 3 years with repeat glycaemic check, and please set up appropriate recall.

**HbA1c 42 – 47 mmol/mol / FPG 5.5 – 6.9 mmol/l** - if the blood test reveals non-diabetic hyperglycaemia (NDH), please inform them that they are at high risk of Type 2 diabetes and should be reviewed every year with repeat glycaemic check, and please set up appropriate recall.

NICE Guideline PH38 recommends an annual review for people with NDH including blood testing, assessment of weight / BMI and review of lifestyle changes and risk factors. The annual glycaemic review for people with NDH is also included in QOF. **If NDH is detected, it is important that it is coded** (SNOMED 700449008) as this is essential for the National Diabetes Audit data extraction, tracking of long-term outcomes and supporting QOF achievement

**HbA1c ≥ 48 mmol/mol / FPG ≥ 7.0 mmol/l (needs repeating to diagnose diabetes if asymptomatic; if repeat is in NDH-range then identify as NDH and ensure regular follow-up)** - if they are found to have previously undetected Type 2 diabetes, full usual care should be initiated as for any new diagnosis of diabetes, including referral for structured education, completion of diabetes care processes, lifestyle advice and discussion regarding treatment

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays). For further information on the Healthier You: the NHS Diabetes Prevention Programme, including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback, please visit our website at XXXXXX

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member)

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of Type 2 diabetes.

Yours sincerely,



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**18) Letter to GP following discharge if contact made but did not start the programme:**

Dear XXXXXX

[[FirstName]] [[Surname]], [[DOB]] self-referred to the Healthier You: NHS Diabetes Prevention after completing the Diabetes UK Know Your Risk tool (also known as the Leicester Diabetes Risk Score) and being identified as having increased risk of developing Type 2 diabetes.

Although we have been in contact with them and have encouraged their participation, unfortunately **they have declined or not started the programme. They have therefore been discharged and their ongoing risk of developing Type 2 diabetes may remain increased.**

**Their Diabetes UK Know Your Risk score (also known as Leicester Diabetes Risk Score) was [score].**

- 1. Please code the above score in their clinical record as the Leicester Diabetes Risk Score (SNOMED 1025601000000108)**
- 2. Please code NHS Diabetes Prevention Programme Not Completed (SNOMED 1025211000000108)**
- 3. Please arrange a blood test (either HbA1c or fasting plasma glucose [FPG]) to check glycaemic status**
- 4. Based on the results of the blood test, please discuss next steps and set up appropriate recall:**

**HbA1c < 42 mmol/mol / FPG < 5.5 mmol/l** - if the blood test reveals normoglycaemia, please inform them that they have moderate risk of Type 2 diabetes and should be reviewed every 3 years with repeat glycaemic check, and please set up appropriate recall.

**HbA1c 42 – 47 mmol/mol / FPG 5.5 – 6.9 mmol/l** - if the blood test reveals non-diabetic hyperglycaemia (NDH), please inform them that they are at high risk of Type 2 diabetes and should be reviewed every year with repeat glycaemic check, and please set up appropriate recall.

NICE Guideline PH38 recommends an annual review for people with NDH including blood testing, assessment of weight / BMI and review of lifestyle changes and risk factors. The annual glycaemic review for people with NDH is also included in QOF. **If NDH is detected, it is important that it is coded (SNOMED 700449008)** as this is essential for the National Diabetes Audit data extraction, tracking of long-term outcomes and supporting QOF achievement

**HbA1c ≥ 48 mmol/mol / FPG ≥ 7.0 mmol/l (needs repeating to diagnose diabetes if asymptomatic; if repeat is in NDH-range then identify as NDH and ensure regular follow-up)** - if they are found to have previously undetected Type 2 diabetes, full usual care should be initiated as for any new diagnosis of diabetes, including referral for structured education, completion of diabetes care processes, lifestyle advice and discussion regarding treatment

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam - Xpm Saturdays). For further information on the Healthier You: the NHS Diabetes Prevention Programme, including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback, please visit our website at XXXXXX

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member)

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of Type 2 diabetes.

Yours sincerely,



**19) Letter to GP following discharge if programme started / attended a session but have dropped out before completion:**

Dear XXXXXX

[[FirstName]] [[Surname]], [[DOB]] self-referred to the Healthier You: NHS Diabetes Prevention Programme after completing the Diabetes UK Know Your Risk tool (also known as the Leicester Diabetes Risk Score) and being identified as having increased risk of developing Type 2 diabetes.

Unfortunately, **they did not complete the programme and have now been discharged. Their ongoing risk of developing Type 2 diabetes may remain increased.**

For your information, their starting weight on [date of initial weight] was [initial weight] kg and their weight when last checked on [date of last recorded weight] was [last recorded weight] kg.

1. **Please code NHS Diabetes Prevention Programme Not Completed** (SNOMED 1025211000000108)
2. **If not already done so, please arrange a blood test** (either HbA1c or fasting plasma glucose [FPG]) to check glycaemic status
3. **Based on the results of the blood test, please discuss next steps and set up appropriate recall:**

**HbA1c < 42 mmol/mol / FPG < 5.5 mmol/l** - if the blood test reveals normoglycaemia, please inform them that they have moderate risk of Type 2 diabetes and should be reviewed every 3 years with repeat glycaemic check, and please set up appropriate recall.

**HbA1c 42 – 47 mmol/mol / FPG 5.5 – 6.9 mmol/l** - if the blood test reveals non-diabetic hyperglycaemia (NDH), please inform them that they are at high risk of Type 2 diabetes and should be reviewed every year with repeat glycaemic check, and please set up appropriate recall.

NICE Guideline PH38 recommends an annual review for people with NDH including blood testing, assessment of weight / BMI and review of lifestyle changes and risk factors. The annual glycaemic review for people with NDH is also included in QOF. **If NDH is detected, it is important that it is coded** (SNOMED 700449008) as this is essential for the National Diabetes Audit data extraction, tracking of long-term outcomes and supporting QOF achievement

**HbA1c ≥ 48 mmol/mol / FPG ≥ 7.0 mmol/l (needs repeating to diagnose diabetes if asymptomatic; if repeat is in NDH-range then identify as NDH and ensure regular follow-up)** - if they are found to have previously undetected Type 2 diabetes, full usual care should be initiated as for any new diagnosis of diabetes, including referral for structured education, completion of diabetes care processes, lifestyle advice and discussion regarding treatment

If you have any questions, please call XXXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays).

For further information on the Healthier You: the NHS Diabetes Prevention Programme, including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback, please visit our website at XXXXXX

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member)

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of Type 2 diabetes.

Yours sincerely,



## 20) Letter to GP following discharge if programme completed:

Dear XXXXXX

[[FirstName]] [[Surname]], [[DOB]] self-referred to the Healthier You: NHS Diabetes Prevention Programme after completing the Diabetes UK Know Your Risk tool (also known as the Leicester Diabetes Risk Score) and being identified as having increased risk of developing Type 2 diabetes.

We are pleased to inform you **that they have completed the programme** and maintained participation over its duration. **They have now been discharged. Please note that their ongoing risk of developing Type 2 diabetes may remain increased.**

For your information, their starting weight on [date of initial weight] was [initial weight] kg and their weight when last checked on [date of last recorded weight] was [last recorded weight] kg.

1. **Please code NHS Diabetes Prevention Programme Completed** (SNOMED 1025251000000107)
2. **If not already done so, please arrange a blood test** (either HbA1c or fasting plasma glucose [FPG]) to check glycaemic status
3. **Based on the results of the blood test, please discuss next steps and set up appropriate recall:**

**HbA1c < 42 mmol/mol / FPG < 5.5 mmol/l** - if the blood test reveals normoglycaemia, please inform them that they have moderate risk of Type 2 diabetes and should be reviewed every 3 years with repeat glycaemic check, and please set up appropriate recall.

**HbA1c 42 – 47 mmol/mol / FPG 5.5 – 6.9 mmol/l** - if the blood test reveals non-diabetic hyperglycaemia (NDH), please inform them that they are at high risk of Type 2 diabetes and should be reviewed every year with repeat glycaemic check, and please set up appropriate recall.

NICE Guideline PH38 recommends an annual review for people with NDH including blood testing, assessment of weight / BMI and review of lifestyle changes and risk factors. The annual glycaemic review for people with NDH is also included in QOF. **If NDH is detected, it is important that it is coded** (SNOMED 700449008) as this is essential for the National Diabetes Audit data extraction, tracking of long-term outcomes and supporting QOF achievement

**HbA1c ≥ 48 mmol/mol / FPG ≥ 7.0 mmol/l (needs repeating to diagnose diabetes if asymptomatic; if repeat is in NDH-range then identify as NDH and ensure regular follow-up)** - if they are found to have previously undetected Type 2 diabetes, full usual care should be initiated as for any new diagnosis of diabetes, including referral for structured education, completion of diabetes care processes, lifestyle advice and discussion regarding treatment

If you have any questions, please call XXXXXXXXX (between Xam - Xpm weekdays or Xam -Xpm Saturdays).

For further information on the Healthier You: the NHS Diabetes Prevention Programme, including eligibility criteria and details of the programme schedule, curriculum and session content, or to provide us with any feedback, please visit our website at XXXXXX

A free-to-access e-module, jointly developed by the RCGP and the NHS, is available for all healthcare professionals at <https://elearning.rcgp.org.uk/course/info.php?id=359> (no requirement to be a doctor or an RCGP member)

We look forward to continuing to work with you to support your population to make lasting changes to reduce their risk of Type 2 diabetes.

Yours sincerely,



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## SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

### B. Data Quality Improvement Plans

*This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s43 of the Contract Technical Guidance, which requires commissioners and providers to agree DQIPs in the areas below.*

Data Quality Indicator	Data Quality Threshold	Method of Measurement	Milestone Date



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## **SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

### **C. Incidents Requiring Reporting Procedure**

<b>Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) other Patient Safety Incidents</b>
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The Provider must investigate potential Serious Incidents, potential Reportable Patient Safety Incidents and other potential Patient Safety Incidents or serious near misses with the same level of priority as actual incidents.

Whether a Serious Incident, Reportable Patient Safety Incident or other Patient Safety Incident should be declared is a matter of professional judgement on a case by case basis. It should be a joint decision by the key stakeholders informed by protocol and advice from experts.

In distinguishing between a safety concern, safety incident or a serious screening incident, consideration should be given to whether individuals, the public or Staff would suffer avoidable severe (i.e. permanent) harm or death if the problem is unresolved.

The Provider will:

- Report the Serious Incident, Reportable Patient Safety Incident or other Patient Safety Incident to the Commissioner within two (2) Operational Days being identified using the "Incident Example Reporting Form" document as set out in Annex 1 of this Schedule 6C.
- Use this form to inform the Commissioner of any Never Event and any breach of the Duty of Candour in accordance with the Contract; and
- Provide all reasonable assistance to the Commissioner in investigating and handling an incident.



**Annex 1**  
**Incident Example Reporting Form<sup>27</sup>**

**Incident Example Reporting Form**

(incorporates details required within 2 Operational Days)

<b>This template is to be used to report Serious Incidents, Notifiable Safety Incidents, other Patient Safety Incidents, Never Events and breaches of the Duty of Candour</b>			
Reporting organisation			
<b>Reporter Details</b>			
Reporter name		Reporter Job Title	
Reporter Tel. no		Reporter E-mail	
<b>Incident Details</b>			
Date of incident?		Date Incident Identified?	
Incident Site? (if other than reporting org)	Incident Location?	Click to select Location	
<b>Who Was Involved</b>			
Type of Patient?			
GP Practice?			
Gender?	Male / Female		
Date Of Birth? (dd/mm/yyyy or N/A)			
Ethnic Group?			
Persons Notified?		Patient / Family / Carer	
Degree of Harm		None / Low / Moderate / Severe Death	
Junior Doctor Involvement?		Include Specialty and Grade	
<b>What Happened</b>			

<sup>27</sup> The document will be inserted here prior to each Contract award. An example document is included for information. The structure and contents of this document may change prior to Contract award.



Type of Incident					
Actual/Near Miss?					
Never Event?	YES	NO	Expected level of investigation		
<b>Description of Incident</b>					
<b>Immediate Action Taken</b>					
Media Interest?	YES	NO	Comms Informed?	YES	NO
Externally reportable?	Yes	No	Externally Reported to	Externally reported to?	
<b>Any Other Comments</b>					



## SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

### D. Service Development and Improvement Plans

*This is a non-mandatory model template for population locally. Commissioners may retain the structure below, or may determine their own. Refer to s41 of the Contract Technical Guidance, which requires commissioners and providers to agree SDIPs in the areas below.*

	Milestones	Timescales	Expected Benefit
[Ambulance services – full implementation of SC23.4 and SC23.6]			
[Maternity services – Continuity of Carer Standard in accordance with SC3.13.2]			
[Mental Health and Mental Health Secure Services – certified training in restrictive practices]			
[Elective ophthalmology services – relevant recommendations in Healthcare Safety Investigation Branch's report on timely monitoring for Service Users with glaucoma]			
[Acute services - patient initiated follow-ups]			
Insert text locally			



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## **SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

### **E. Surveys**

<b>Type of Survey</b>	<b>Frequency</b>	<b>Method of Reporting</b>	<b>Method of Publication</b>	<b>Application</b>
Service User Survey	Reported quarterly	Reporting template as provided by Commissioner or the Commissioner Representative		<b>All</b>



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## SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

### F. Provider Data Processing Agreement

*[NOTE: This Schedule 6F applies only where the Provider is appointed to act as a Data Processor under this Contract]*

#### 1. SCOPE

- 1.1 The Co-ordinating Commissioner appoints the Provider as a Data Processor to perform the Data Processing Services.
- 1.2 When delivering the Data Processing Services, the Provider must, in addition to its other obligations under this Contract, comply with the provisions of this Schedule 6F.
- 1.3 This Schedule 6F applies for so long as the Provider acts as a Data Processor in connection with this Contract.

#### 2. DATA PROTECTION

- 2.1 The Parties acknowledge that for the purposes of Data Protection Legislation in relation to the Data Processing Services the Co-ordinating Commissioner is the Data Controller and the Provider is the Data Processor. The Provider must process the Processor Data only to the extent necessary to perform the Data Processing Services and only in accordance with written instructions set out in this Schedule, 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 Provider must inform the Co-ordinating Commissioner of that requirement before processing takes place, unless this is prohibited by Law on the grounds of public interest.
- 2.2 The Provider must notify the Co-ordinating Commissioner immediately if it considers that carrying out any of the Co-ordinating Commissioner's instructions would infringe Data Protection Legislation.
- 2.3 The Provider must provide all reasonable assistance to the Co-ordinating Commissioner in the preparation of any Data Protection Impact Assessment prior to commencing any processing. Such assistance may, at the discretion of the Co-ordinating Commissioner, include:
  - (a) a systematic description of the envisaged processing operations and the purpose of the processing;
  - (b) an assessment of the necessity and proportionality of the processing operations in relation to the Data Processing Services;
  - (c) an assessment of the risks to the rights and freedoms of Data Subjects; and
  - (d) the measures envisaged to address the risks, including safeguards, security measures and mechanisms to ensure the protection of Personal Data.
- 2.4 The Provider must, in relation to any Personal Data processed in connection with its obligations under this Schedule 6F:
  - (a) process that Personal Data only in accordance with Annex A, unless the Provider is required to do otherwise by Law. If it is so required the Provider must promptly notify the Co-ordinating Commissioner before processing the Personal Data unless prohibited by Law;
  - (b) ensure that it has in place Protective Measures, which have been reviewed and approved by the Co-ordinating Commissioner as appropriate to protect against a Data Loss Event having taken account of the:
    - (i) nature, scope, context and purposes of processing the data to be protected;



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- (ii) likelihood and level of harm that might result from a Data Loss Event;
    - (iii) state of technological development; and
    - (iv) cost of implementing any measures;
  - (c) ensure that:
    - (i) when delivering the Data Processing Services the Provider Staff only process Personal Data in accordance with this Schedule 6F (and in particular Annex A);
    - (ii) it takes all reasonable steps to ensure the reliability and integrity of any Provider Staff who have access to the Personal Data and ensure that they:
      - (A) are aware of and comply with the Provider's duties under this paragraph;
      - (B) are subject to appropriate confidentiality undertakings with the Provider and any Sub-processor;
      - (C) are informed of the confidential nature of the Personal Data and do not publish, disclose or divulge any of the Personal Data to any third party unless directed in writing to do so by the Co-ordinating Commissioner or as otherwise permitted by this Contract;
      - (D) have undergone adequate training in the use, care, protection and handling of Personal Data; and
      - (E) are aware of and trained in the policies and procedures identified in GC21.11 (*Patient Confidentiality, Data Protection, Freedom of Information and Transparency*).
  - (d) not transfer Personal Data outside of the UK unless the prior written consent of the Co-ordinating Commissioner has been obtained and the following conditions are fulfilled:
    - (i) the Co-ordinating Commissioner or the Provider has provided appropriate safeguards in relation to the transfer as determined by the Co-ordinating Commissioner;
    - (ii) the Data Subject has enforceable rights and effective legal remedies;
    - (iii) the Provider complies with its obligations under Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred (or, if it is not so bound, uses its best endeavours to assist the Co-ordinating Commissioner in meeting its obligations); and
    - (iv) the Provider complies with any reasonable instructions notified to it in advance by the Co-ordinating Commissioner with respect to the processing of the Personal Data;
  - (e) at the written direction of the Co-ordinating Commissioner, delete or return Personal Data (and any copies of it) to the Co-ordinating Commissioner on termination of the Data Processing Services and certify to the Co-ordinating Commissioner that it has done so within five Operational Days of any such instructions being issued, unless the Provider is required by Law to retain the Personal Data;
  - (f) if the Provider is required by any Law or Regulatory or Supervisory Body to retain any Processor Data that it would otherwise be required to destroy under this paragraph 2.4, notify the Co-ordinating Commissioner in writing of that retention giving details of the Processor Data that it must retain and the reasons for its retention; and
  - (g) co-operate fully with the Co-ordinating Commissioner during any handover arising from the cessation of any part of the Data Processing Services, and if the Co-ordinating Commissioner directs the Provider to migrate Processor Data to the Co-ordinating Commissioner or to a third party, provide all reasonable assistance with ensuring safe migration including ensuring the integrity



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of Processor Data and the nomination of a named point of contact for the Co-ordinating Commissioner.

- 2.5 Subject to paragraph 2.6, the Provider must notify the Co-ordinating Commissioner immediately if, in relation to any Personal Data processed in connection with its obligations under this Schedule 6F, it:
- (a) receives a Data Subject Access Request (or purported Data Subject Access Request);
  - (b) receives a request to rectify, block or erase any Personal Data;
  - (c) receives any other request, complaint or communication relating to obligations under Data Protection Legislation owed by the Provider or any Commissioner;
  - (d) receives any communication from the Information Commissioner or any other Regulatory or Supervisory Body (including any communication concerned with the systems on which Personal Data is processed under this Schedule 6F);
  - (e) receives a request from any third party for disclosure of Personal Data where compliance with such request is required or purported to be required by Law;
  - (f) becomes aware of or reasonably suspects a Data Loss Event; or
  - (g) becomes aware of or reasonably suspects that it has in any way caused the Co-ordinating Commissioner or other Commissioner to breach Data Protection Legislation.
- 2.6 The Provider's obligation to notify under paragraph 2.5 includes the provision of further information to the Co-ordinating Commissioner in phases, as details become available.
- 2.7 The Provider must provide whatever co-operation the Co-ordinating Commissioner reasonably requires to remedy any issue notified to the Co-ordinating Commissioner under paragraphs 2.5 and 2.6 as soon as reasonably practicable.
- 2.8 Taking into account the nature of the processing, the Provider must provide the Co-ordinating Commissioner with full assistance in relation to either Party's obligations under Data Protection Legislation and any complaint, communication or request made under paragraph 2.5 (and insofar as possible within the timescales reasonably required by the Co-ordinating Commissioner) including by promptly providing:
- (a) the Co-ordinating Commissioner with full details and copies of the complaint, communication or request;
  - (b) such assistance as is reasonably requested by the Co-ordinating Commissioner to enable the Co-ordinating Commissioner to comply with a Data Subject Access Request within the relevant timescales set out in Data Protection Legislation;
  - (c) assistance as requested by the Co-ordinating Commissioner following any Data Loss Event;
  - (d) assistance as requested by the Co-ordinating Commissioner with respect to any request from the Information Commissioner's Office, or any consultation by the Co-ordinating Commissioner with the Information Commissioner's Office.
- 2.9 Without prejudice to the generality of GC15 (*Governance, Transaction Records and Audit*), the Provider must allow for audits of its delivery of the Data Processing Services by the Co-ordinating Commissioner or the Co-ordinating Commissioner's designated auditor.
- 2.10 For the avoidance of doubt the provisions of GC12 (*Assignment and Sub-contracting*) apply to the delivery of any Data Processing Services.
- 2.11 Without prejudice to GC12, before allowing any Sub-processor to process any Personal Data related to this Schedule 6F, the Provider must:



- 
- (a) notify the Co-ordinating Commissioner in writing of the intended Sub-processor and processing;
  - (b) obtain the written consent of the Co-ordinating Commissioner;
  - (c) carry out appropriate due diligence of the Sub-processor and ensure this is documented;
  - (d) enter into a binding written agreement with the Sub-processor which as far as practicable includes equivalent terms to those set out in this Schedule 6F and in any event includes the requirements set out at GC21.16.3; and
  - (e) provide the Co-ordinating Commissioner with such information regarding the Sub-processor as the Co-ordinating Commissioner may reasonably require.
- 2.12 The Provider must create and maintain a record of all categories of data processing activities carried out under this Schedule 6F, containing:
- (a) the categories of processing carried out under this Schedule 6F;
  - (b) 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;
  - (c) a general description of the Protective Measures taken to ensure the security and integrity of the Personal Data processed under this Schedule 6F; and
  - (d) a log recording the processing of the Processor Data by or on behalf of the Provider comprising, as a minimum, details of the Processor Data concerned, how the Processor Data was processed, when the Processor Data was processed and the identity of any individual carrying out the processing.
- 2.13 The Provider warrants and undertakes that it will deliver the Data Processing Services in accordance with all Data Protection Legislation and this Contract and in particular that it has in place Protective Measures that are sufficient to ensure that the delivery of the Data Processing Services complies with Data Protection Legislation and ensures that the rights of Data Subjects are protected.
- 2.14 The Provider must 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.
- 2.15 The Provider must assist the Commissioners 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 Provider.
- 2.16 The Provider must take prompt and proper remedial action regarding any Data Loss Event.
- 2.17 The Provider must assist the Co-ordinating Commissioner by taking appropriate technical and organisational measures, insofar as this is possible, for the fulfilment of the Commissioners' obligation to respond to requests for exercising rights granted to individuals by Data Protection Legislation.



## Annex A

### Data Processing Services

#### Processing, Personal Data and Data Subjects

1. The Provider must comply with any further written instructions with respect to processing by the Co-ordinating Commissioner.
2. Any such further instructions shall be incorporated into this Annex.

Description	Details
Subject matter of the processing	<i>[This should be a high level, short description of what the processing is about i.e. its subject matter]</i>
Duration of the processing	<i>[Clearly set out the duration of the processing including dates]</i>
Nature and purposes of the processing	<i>[Please be as specific as possible, but make sure that you cover all intended purposes. The nature of the processing means any operation such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of data (whether or not by automated means) etc. The purpose might include: employment processing, statutory obligation, recruitment assessment etc]</i>
Type of Personal Data	<i>[Examples here include: name, address, date of birth, NI number, telephone number, pay, images, biometric data etc]</i>
Categories of Data Subject	<i>[Examples include: Staff (including volunteers, agents, and temporary workers), Co-ordinating Commissioners/clients, suppliers, patients, students/pupils, members of the public, users of a particular website etc]</i>
Plan for return and destruction of the data once the processing is complete UNLESS requirement under law to preserve that type of data	<i>[Describe how long the data will be retained for, how it be returned or destroyed]</i>



## SCHEDULE 7 – PENSIONS

**[Note to Bidders: The provisions of this Schedule 7 will be refined and/or confirmed prior to each Call-off Contract award, as appropriate.]**

### 1. Definitions

- 1.1 Terms not defined in the annex to this Schedule shall have the meaning set out in Schedule 1 (Definitions).

### 2. Introduction

- 2.1 The Parties shall comply with the terms of this Schedule in respect of future pension provision for each Eligible Employee, including each Original Transferring NHS Employee and Original Transferring LGPS Employee who remains wholly or mainly employed in providing the Services, and the provision for transfer of the Original Transferring NHS Employee's or Original Transferring LGPS Employee's pension rights (if applicable) which have accrued in any scheme which is Broadly Comparable to the NHS Scheme or the LGPS, or any other defined benefit occupational pension scheme provided by the Existing Provider to such Original Transferring NHS Employee or Original Transferring LGPS Employee immediately before the Transfer Date.
- 2.2 The Parties shall also comply with the terms of this Schedule in respect of pension provision in respect of the Transferring Employees generally.
- 2.3 It is the understanding of the Commissioner that the majority (if not all) of the Transferring Employees are not currently members of, or are eligible to be members of, the NHS Scheme or the LGPS, although the treatment of any Transferring Employee who is an Eligible Employee is as set out in this Schedule.

### 3. Fair Deal and Public Providers and Private Providers

- 3.1 The Provider will, and will procure that each of its sub-contractors, will comply with Paragraph 3.2 or Paragraph 3.3 dependent on whether the Provider (and where applicable the sub-contractor) is a Public Provider or a Private Provider.
- 3.2 If the Services or any part of the Services pertaining to this Contract are undertaken by a Public Provider then Paragraph 4 of this Schedule will apply in respect of the Public Provider and Paragraph 5 will not be applicable to the Public Provider.
- 3.3 If the Services or any part of the Services pertaining to this Contract are undertaken by a Private Provider then Paragraph 5 of this Schedule will apply in respect of the Private Provider and Paragraph 4 will not be applicable to the Private Provider.

### 4. Transfer of employees to a Public Provider under Fair Deal

- 4.1 The Provider will comply with this Paragraph 4 if it is a Public Provider and/or will procure that any sub-contractors which are a Public Provider(s) undertaking any Services under this Contract will comply with this Paragraph 4. In the event that any of the Public Provider's sub-contractors are a Private Provider, the Provider will procure that any such sub-contractors undertaking any Services under this Contract will comply with Paragraph 5.
- 4.2 A Public Provider who is an NHS employer or an LGPS Employer will procure that each Eligible Employee that Transfers to it will be offered continuing membership or membership (as applicable) of the NHS Scheme or the LGPS with effect from the Transfer Date.
- 4.3 If the Eligible Employee was a member of or eligible to be a member of the NHS Scheme or the LGPS, or is otherwise an Original Transferring NHS Employee or an Original Transferring LGPS Employee, and participation in the NHS Scheme or the LGPS is not permitted to the Public Provider, the Public Provider will procure that Broadly



Comparable pension benefits are provided to such Eligible Employee as advised by GAD.

**5. Transfer of employees to a Private Provider under Fair Deal**

- 5.1 The Provider will comply directly with this Paragraph 5 if it is a Private Provider, and/or will procure that any sub-contractors which are Private Provider(s) undertaking any Services under this Contract will comply with this Paragraph 5.
- 5.2 Each Private Provider (and/or applicable sub-contractors) undertakes that with effect from the Transfer Date it will either:
  - 5.2.1 become a participating employer in the NHS Scheme in respect of all Eligible Employees who were members of or eligible to be members of the NHS Scheme and Original Transferring NHS Employees that Transfer to it and accordingly the Private Provider will comply with this Paragraph 5; or
  - 5.2.2 become a participating employer in the LGPS in respect of all Eligible Employees who were members of or eligible to be members of the LGPS and Original Transferring LGPS Employees that Transfer to it and accordingly the Private Provider will comply with this Paragraph 5.

If any Eligible Employee was a member of or eligible to be a member of the NHS Scheme or the LGPS, or is otherwise an Original Transferring NHS Employee or an Original Transferring LGPS Employee, and participation in the NHS Scheme or the LGPS is not permitted to the Private Provider, the Private Provider will procure that Broadly Comparable pension benefits are provided to such Eligible Employee as advised by GAD.

***Direction Employer status***

- 5.3 In accordance with Fair Deal the Commissioner expects that the Provider will participate in the NHS Scheme in respect of the Eligible Employees and Original Transferring NHS Employees referred to in Paragraph 5.2 above with effect from the Transfer Date.
- 5.4 Also in accordance with Fair Deal, at least sixty (60) days prior to the Transfer Date the Provider shall apply for a Direction, in order to become a Direction Employer. The Provider shall notify the Commissioner immediately of such application and the Provider shall confirm the result of the application to the Commissioner immediately upon receipt. The Commissioner shall use all reasonable endeavours to assist the Provider in its application for a Direction, by ensuring it provides to the Provider and/or the Pensions Division (as applicable and if directed to do so by the Provider) after receiving a written request by the Provider, such information held by the Commissioner and which the Provider must provide as part of its application.
- 5.5 In the event of the Provider being issued with a Direction (and the Provider immediately notifying the Commissioner of the same) to the satisfaction of the Commissioner, the Provider will procure that the Eligible Employees referred to in Paragraph 5.2 above have membership or continued membership without any break, and the Original Transferring NHS Employees membership, of the NHS Scheme subject to the Direction and with effect from the Transfer Date.
- 5.6 The Provider undertakes that should it cease to participate in the NHS Scheme for whatever reason at a time when it has Eligible Employees, that it will, at no extra cost to the Commissioner, provide to any such Eligible Employee access to an occupational pension scheme certified by GAD (or any other Actuary nominated by the Authority in accordance with relevant guidance produced by GAD) as providing benefits which are Broadly Comparable to those provided by the NHS Scheme at the relevant date.

***Breach of Direction***



- 5.7 The Commissioner will be entitled to terminate this Contract if the Provider is held to be in material breach of the Direction, in accordance with the respective terms of the Direction, and does not remedy the breach within a reasonable period after receiving written notice from the Commissioner requiring it to remedy the breach.

***Admitted Body status***

- 5.8 The Commissioner expects that the Provider will participate in the LGPS in respect of the Eligible Employees and Original Transferring LGPS Employees referred to in Paragraph 5.2 above with effect from the Transfer Date.
- 5.9 At least thirty (30) days prior to the Transfer Date the Provider shall agree and execute an admission agreement with the appropriate LGPS Administering Authority in order to become an Admitted Body. The Provider shall notify the Commissioner immediately of such an application to become an admitted body and the Provider shall confirm the result of the application to the Commissioner immediately upon receiving confirmation of its application. The Commissioner shall use all reasonable endeavours to assist the Provider in its application for admitted body status, by ensuring it provides to the Provider and/or the relevant Administering Authority (as applicable and if directed to do so by the Provider) after receiving any written request by the Provider, such information held by the Commissioner which the Provider must provide as part of its application.
- 5.10 In the event of the Provider being granted Admitted Body status (and the Provider immediately notifying the Commissioner of the same) to the satisfaction of the Commissioner, the Provider will procure that the Eligible Employees referred to in Paragraph 5.2 above have membership or continued membership without any break, and the Original Transferring LGPS Employees membership, of the LGPS subject to the terms of the Admission Agreement and with effect from the Transfer Date.
- 5.11 The Provider undertakes that should it cease to participate in the LGPS for whatever reason at a time when it has Eligible Employees, that it will, at no extra cost to the Commissioner, provide to any such Eligible Employee access to an occupational pension scheme certified by GAD (or any other Actuary nominated by the Authority in accordance with relevant guidance produced by GAD) as providing benefits which are Broadly Comparable to those provided by the LGPS at the relevant date.

***Breach of Admission Agreement***

- 5.12 The Commissioner will be entitled to terminate this Contract if the Provider is held to be in material breach of the Admission Agreement, in accordance with the respective terms of the Admission Agreement, and does not remedy the breach within a reasonable period after receiving written notice from the Commissioner requiring it to remedy the breach.

***Potential additional payments to the NHS Scheme or the LGPS***

- 5.13 If the Provider breaches any terms of a Direction, an Admission Agreement or Fair Deal in a way which leads to an increase in NHS Scheme or LGPS liabilities, an additional payment from the Provider may be required. The Provider will comply with the terms of the Direction/the Admission Agreement.

**6. Indemnity Regarding Pension Benefits and Premature Retirement Rights**

- 6.1 The Provider agrees to indemnify the Commissioner on demand against all liabilities, damages, losses, costs and expenses arising out of any claim by any Transferring Employee relating to the provision of (or failure to provide) pension benefits and premature retirement rights after the Transfer Date, including but not limited to, any claim that the level of any such benefit provided is not in accordance with the Provider's and/or any sub-contractor's obligations under this Schedule.

**7. Pensions on termination of the Contract, cessation of the performance of the Services or any part of the Services**



- 7.1 The Provider will comply with the requirements of Fair Deal and the terms of the Direction and/or any Admission Agreement (as applicable), in the event of any termination or expiry of this Contract or otherwise cessation of the performance of the Services or any part of the Services, and shall do all acts and things, as may in the reasonable opinion of the Commissioner be necessary or desirable, to enable the Commissioner and/or the New Provider to comply with Fair Deal, in the event of any termination or expiry of this Contract or otherwise cessation of the performance of the Services or any part of the Services.
- 7.2 The Provider shall do all such acts and things, provide all such information and access to the Eligible Employees, Original Transferring NHS Employees and Original Transferring LPS Employees as may in the reasonable opinion of the Commissioner be necessary or desirable to enable the Commissioner, and/or the New Provider to achieve the objectives set out as follows:
- (a) to maintain ongoing pension accrual for the Eligible Employees, Original Transferring NHS Employees and Original Transferring LGPS Employees in the NHS Scheme or the LGPS (as applicable) for so long as they remain wholly or mainly employed in providing the Services;
  - (b) not to adversely affect pension rights accrued by the Eligible Employees, Original Transferring NHS Employees or Original Transferring LGPS Employees in the period ending on the earlier of their ceasing to participate in the NHS Scheme or LGPS (as applicable) as a result of no longer being wholly or mainly employed in providing the Services or any termination or expiry of the Contract or otherwise cessation of the performance of the Services or any part of the Services; and
  - (c) to comply with all applicable legislation, binding codes of practice and non-binding codes of practice issued by any statutory authority which may be admissible as evidence of legislative compliance at the termination or expiry of the Contract or otherwise cessation of the performance of the Services or any part of the Services.

## **8. Sub-Contractors**

- 8.1 In the event that the Provider enters into a sub-contract in connection with the Contract it shall impose obligations on its sub-contractors in the same terms as those imposed on the Provider in relation to pension benefits in this Schedule.

## **9. Indemnity**

- 9.1 The Provider shall indemnify, and keep indemnified, the Commissioner and any New Provider in full against all costs and losses incurred by the Commissioner or any New Provider as a result of, or in connection with, any failure by the Provider or its sub-contractors to comply with this Schedule.

## **10. Employment Regulations and the Pensions Act 2004**

- 10.1 The Provider shall comply with Sections 257 and 258 of the Pensions Act 2004 and the applicable provisions of the Transfer of Employment (Pension Protection) Regulations 2005 (as amended) (if applicable) in relation to the Transferring Employees who are not Eligible Employees or Original Transferring NHS Employees or Original Transferring LGPS Employees with effect on and from the Transfer Date.

## **11. Auto-enrolment compliance**

- 11.1 Where the Provider is a Private Provider, it agrees to indemnify the Commissioner on demand against all liabilities, damages, losses, costs and expenses arising out of any claim by any Transferring Employee in relation to the Private Provider's and/or sub-contractor's auto-enrolment obligations under the Pensions Act 2008 and related legislation.







## Annex

### Definitions

The following words and phrases shall have the following meanings when used in this Schedule:

<b>Actuary</b>	means a Fellow of either the Institute of Actuaries or Faculty of Actuaries;
<b>Administering Authority</b>	means a body listed in Part 1 of Schedule 3 of the Local Government Pension Scheme Regulations 2013 (as amended) who maintains a fund within the LGPS;
<b>Admission Agreement</b>	means an agreement between an Admitted Body and an Administering Authority under applicable LGPS Regulations;
<b>Broadly Comparable</b>	means certified by GAD as satisfying the condition that there are not identifiable employees who will suffer material detriment overall in terms of future accrual of pension benefits;
<b>Direction</b>	means a direction made under section 7 of the Superannuation (Miscellaneous Provisions) Act 1967 or a determination made under section 25(5) of the Public Service Pensions Act 2013 (as applicable);
<b>Direction Employer</b>	means a person who is subject to a Direction;
<b>Eligible Employee</b>	means those Transferring Employees who are on the Transfer Date entitled to the protection of Fair Deal and any Original Transferring NHS Employee or Original Transferring LGPS Employee;
<b>Fair Deal</b>	means HM Treasury's "Fair Deal for staff pensions: staff transfer from central government" guidance dated October 2013 (as subsequently amended and updated);
<b>GAD</b>	means the Government Actuary's Department;
<b>LGPS</b>	means the Local Government Pension Scheme;
<b>LGPS Employer</b>	means an employer entitled to participate in the LGPS;
<b>New Provider</b>	means any third party engaged by the Commissioner to supply any services which are the same as or substantially similar to any or all of the Services and which are purchased by or provided to the Commissioner following the termination or expiry of all or a part of this Contract to replace Services formerly provided by the Provider under this Contract;
<b>NHS Scheme</b>	means the NHS Pension Scheme for England and Wales (as amended from time to time);
<b>Original Fair Deal</b>	means the annex to the Code titled "A Fair Deal for Staff Pensions" (dated 1999 and as subsequently amended in 2004);



<b>Original Transferring LGPS Employee</b>	means a Transferring Original Employee who originally was a member of or eligible to be a member of the LGPS and to whom the Original Fair Deal applied at the point of the first transfer between a public sector body or local authority entitled to offer membership of the LGPS and the Existing Provider and who at the Transfer Date became entitled to the protection of Fair Deal, or a Transferring Original Employee who originally was a member of or eligible to be a member of the LGPS and to whom the Best Value Authorities Staff Transfers (Pensions) Direction 2007 ("Best Value Direction") applied at the point of the first transfer between a local authority entitled to offer membership of the LGPS and the Existing Provider and who at the Transfer Date still remained entitled to the protection of the Best Value Direction;
<b>Original Transferring NHS Employee</b>	means a Transferring Original Employee who originally was a member of or eligible to be a member of the NHS Scheme and to whom the Original Fair Deal applied at the point of the first transfer between an NHS employer and the Existing Provider and who at the Transfer Date became entitled to the protection of Fair Deal;
<b>Pensions Division</b>	means the Pensions Division of the NHS Business Services Authority in relation to the NHS Scheme;
<b>Private Provider</b>	means any person or body, including any sub-contractor, who undertakes the Services or part of the Services and who is not a Public Provider;
<b>Public Provider</b>	means any person or body, including any sub-contractor who undertake the Services or part of the Services and who is deemed by the Commissioner to be a public sector body;
<b>Transfer</b>	means the transfer of an organised grouping of employees providing the Services or part of the Services pursuant to the Employment Regulations;
<b>Transferring Original Employee</b>	<p>means an employee of a public sector body (it is the Commissioner's understanding that such a public sector body could but may not necessarily be an NHS body) or a local authority:</p> <ul style="list-style-type: none"> <li>(a) who became, by the application of the Employment Regulations in relation to what was done for the purposes of carrying out a contract between the Commissioner and the Existing Provider, an employee of someone other than the public sector body or local authority;</li> <li>(b) whose contract of employment on each occasion when an intervening contract was carried out became, by virtue of the application of the Employment Regulations in relation to what was done for the purposes of carrying out the intervening contract, a contract of employment with someone other than the existing employer; and</li> <li>(c) whose contract of employment becomes, by virtue of the application of the Employment Regulations in relation to what is done for the purposes of carrying out this Contract between the Commissioner and the Provider, a contract of employment with someone other than the Existing Provider.</li> </ul>



## **SCHEDULE 8 – LOCAL SYSTEM PLAN OBLIGATIONS**

**Not Applicable**

## **SCHEDULE 9 – SYSTEM COLLABORATION AND FINANCIAL MANAGEMENT AGREEMENT**

**Not Applicable**

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**Conditions will apply to all or only some Service categories, as indicated in the right column using the following abbreviations:**

All Services	All
Accident and Emergency Services (Type 1 and Type 2 only)	A+E
Acute Services	A
Ambulance Services	AM
Cancer Services	CR
Continuing Healthcare Services (including continuing care for children)	CHC
Community Services	CS
Diagnostic, Screening and/or Pathology Services	D
End of Life Care Services	ELC
Mental Health and Learning Disability Services	MH
Mental Health and Learning Disability Secure Services	MHSS
NHS 111 Services	111
Patient Transport Services	PT
Radiotherapy Services	R
Urgent Treatment Centre Services (including Walk-in Centre Services/Minor Injuries Units)	U



PROVISION OF SERVICES	
<p><b>SC1 Compliance with the Law and the NHS Constitution</b></p> <p>1.1 The Provider must provide the Services in accordance with the Fundamental Standards of Care and the Service Specifications. The Provider must perform all of its obligations under this Contract in accordance with:</p> <ul style="list-style-type: none"> <li>1.1.1 the terms of this Contract; and</li> <li>1.1.2 the Law; and</li> <li>1.1.3 Good Practice.</li> </ul> <p>The Provider must, when requested by the Co-ordinating Commissioner, provide evidence of the development and updating of its clinical process and procedures to reflect Good Practice.</p>	All
<p>1.2 The Commissioners must perform all of their obligations under this Contract in accordance with:</p> <ul style="list-style-type: none"> <li>1.2.1 the terms of this Contract; and</li> <li>1.2.2 the Law; and</li> <li>1.2.3 Good Practice.</li> </ul>	All
<p>1.3 The Parties must abide by and promote awareness of the NHS Constitution, including the rights and pledges set out in it. The Provider must ensure that all Sub-Contractors and all Staff abide by the NHS Constitution.</p>	All
<p>1.4 The Parties must ensure that, in accordance with the Armed Forces Covenant, those in the armed forces, reservists, veterans and their families are not disadvantaged in accessing the Services.</p>	All
<p><b>SC2 Regulatory Requirements</b></p> <p>2.1 The Provider must:</p> <ul style="list-style-type: none"> <li>2.1.1 comply, where applicable, with the registration and regulatory compliance guidance of any relevant Regulatory or Supervisory Body;</li> <li>2.1.2 respond to all applicable requirements and enforcement actions issued from time to time by any relevant Regulatory or Supervisory Body;</li> <li>2.1.3 comply, where applicable, with the standards and recommendations issued from time to time by any relevant Regulatory or Supervisory Body;</li> </ul>	All



<p>2.1.4 consider and respond to the recommendations arising from any audit, clinical outcome review programme, Serious Incident report or Patient Safety Incident report;</p> <p>2.1.5 comply with the standards and recommendations issued from time to time by any relevant professional body and agreed in writing between the Co-ordinating Commissioner and the Provider;</p> <p>2.1.6 comply, where applicable, with the recommendations contained in NICE Technology Appraisals and have regard to other Guidance issued by NICE from time to time;</p> <p>2.1.7 respond to any reports and recommendations made by Local Healthwatch; and</p> <p>2.1.8 meet its obligations under Law in relation to the production and publication of Quality Accounts.</p>	
<p>2.2 The Parties must comply, where applicable, with their respective obligations under, and with recommendations contained in, MedTech Funding Mandate Guidance.</p>	<p><b>All</b></p>
<p><b>SC3 Service Standards</b></p> <p>3.1 The Provider must:</p> <p>3.1.1 not breach the thresholds in respect of the Operational Standards;</p> <p>3.1.2 not breach the thresholds in respect of the National Quality Requirements; and</p> <p>3.1.3 not breach the thresholds in respect of the Local Quality Requirements.</p>	<p><b>All</b></p>
<p>3.2A A failure by the Provider to comply with SC3.1 will be excused if it is directly attributable to or caused by an act or omission of a Commissioner, but will not be excused if the failure was caused primarily by an increase in Referrals.</p>	<p><b>All</b></p>
<p>3.2B For the purposes of SC3.2A, 'an increase in Referrals' will include Activity due to an increased use of 999, 111 or any other emergency telephone numbers.</p>	<p><b>AM, 111</b></p>
<p>3.3 If the Provider does not comply with SC3.1 the Co-ordinating Commissioner may, in addition and without affecting any other rights that it or any Commissioner may have under this Contract:</p> <p>3.3.1 issue a Contract Performance Notice under GC9.4 (<i>Contract Management</i>) in relation to the breach or failure; and/or</p>	<p><b>All</b></p> <p><b>All</b></p>



<p>3.3.2 take action to remove any Service User affected from the Provider's care; and/or</p> <p>3.3.3 if it reasonably considers that there may be further non-compliance of that nature in relation to other Service Users, take action to remove those Service Users from the Provider's care.</p>	<p><b>All except AM, 111</b></p> <p><b>All except AM, 111</b></p>
<p>3.4 The Provider must continually review and evaluate the Services, must act on Lessons Learned from those reviews and evaluations, from feedback, complaints, audits, clinical outcome review programmes, Patient Safety Incidents and Never Events, and from the involvement of Service Users, Staff, GPs and the public (including the outcomes of Surveys), and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result and how these improvements have been communicated to Service Users, their Carers, GPs and the public.</p>	<p><b>All</b></p>
<p>3.5 The Provider must implement policies and procedures for reviewing deaths of Service Users whilst under the Provider's care and for engaging with bereaved families and Carers.</p>	<p><b>All</b></p>
<p>3.6 The Provider must comply with National Guidance on Learning from Deaths where applicable.</p>	<p><b>NHS Trust/FT</b></p>
<p>3.7 The Provider must:</p> <p>3.7.1 (except as otherwise agreed with the National Medical Examiner), establish and operate a Medical Examiner Office; and</p> <p>3.7.2 comply with Medical Examiner Guidance as applicable.</p>	<p><b>A (NHS Trust/FT only)</b></p> <p><b>All</b></p>
<p>3.8 The Provider must co-operate fully with the Responsible Commissioner and the original Referrer in any re-referral of the Service User to another provider (including providing Service User Health Records, other information relating to the Service User's care and clinical opinions if reasonably requested). Any failure to do so will constitute a material breach of this Contract.</p>	<p><b>All</b></p>
<p>3.9 If a Service User is admitted for acute Elective Care services and the Provider cancels that Service User's operation after admission for non-clinical reasons, the terms of the NHS Constitution Handbook cancelled operations pledge will apply.</p>	<p><b>A</b></p>
<p>3.10 The Provider (whether or not it is required to be CQC registered for the purpose of the Services) must identify and give notice to the Co-ordinating Commissioner of the name, address and position in the Provider of the Nominated Individual.</p>	<p><b>All</b></p>



3.11	The Provider must assess its performance using the Board Assurance Framework for Seven Day Hospital Services as required by Guidance and must share a copy of each assessment with the Co-ordinating Commissioner.	<b>A, A+E, CR (NHS Trust/FT only)</b>
3.12	Where the Provider provides vascular surgery Services, hyper-acute stroke Services, major trauma Services, STEMI heart attack Services or children's critical care Services, the Provider must ensure that those Services comply in full with Seven Day Service Hospital Priority Clinical Standards.	<b>A</b>
3.13	Where the Provider provides maternity Services, it must:  3.13.1 comply with the Saving Babies' Lives Care Bundle,  3.13.2 use all reasonable endeavours to achieve the Continuity of Carer Standard by 31 March 2022 and demonstrate its progress to the Coordinating Commissioner through agreement and implementation of a Service Development and Improvement Plan; and  3.13.3 put in place an action plan, approved by its Governing Body, describing, with timescales, how it will implement the immediate and essential actions set out in the Ockenden Review and must implement this action plan diligently, reporting on its progress to its Governing Body in public and to the Co-ordinating Commissioner.	<b>A, CS</b>
3.14	In performing its obligations under this Contract, the Provider must have regard to Learning Disability Improvement Standards.	<b>NHS Trust/FT</b>
3.15	Where the Provider provides Services for children and young people with a suspected or confirmed eating disorder, it must achieve the Access and Waiting Time Standard for Children and Young People with an Eating Disorder.	<b>MH, MHSS</b>
3.16	The Provider must use all reasonable endeavours to ensure that each relevant clinical team achieves level 2 or above compliance with the requirements of the Early Intervention in Psychosis Scoring Matrix effective treatment domain.	<b>MH, MHSS</b>
3.17	The Co-ordinating Commissioner (in consultation with the other Commissioners) and the Provider must jointly assess, by no later than 30 September 2021 (and annually thereafter), the effectiveness of their arrangements for managing the interface between the Services and local primary medical services, including the Provider's compliance with SC6.7, SC8.2-5, SC11.5-7, SC11.9-10, SC11.12 and SC12.2 of this Contract.	<b>All</b>
3.18	Following the assessment undertaken under SC3.17, the Co-ordinating Commissioner and the Provider must then:  3.18.1 agree, at the earliest opportunity, an action plan to address any deficiencies their assessment identifies, ensuring that this action plan is	<b>All</b>



<p>informed by discussion with and feedback from the relevant Local Medical Committees;</p> <p>3.18.2 arrange for the action plan to be approved in public by each of their Governing Bodies and to be shared with the relevant Local Medical Committees; and</p> <p>3.18.3 in conjunction with the relevant Commissioners, implement the action plan diligently, keeping the relevant Local Medical Committees informed of progress with its implementation.</p>	
<p><b>SC4 Co-operation</b></p> <p>4.1 The Parties must at all times act in good faith towards each other and in the performance of their respective obligations under this Contract.</p>	<b>All</b>
<p>4.2 The Parties must co-operate in accordance with the Law and Good Practice to facilitate the delivery of the Services in accordance with this Contract, having regard at all times to the welfare and rights of Service Users.</p>	<b>All</b>
<p>4.3 The Provider and each Commissioner must, in accordance with Law and Good Practice, co-operate fully and share information with each other and with any other commissioner or provider of health or social care in respect of a Service User in order to:</p> <p>4.3.1 ensure that a consistently high standard of care for the Service User is maintained at all times;</p> <p>4.3.2 ensure that high quality, integrated and co-ordinated care for the Service User is delivered across all pathways spanning more than one provider;</p> <p>4.3.3 achieve continuity of service that avoids inconvenience to, or risk to the health and safety of, the Service User, employees of the Commissioners or members of the public; and</p> <p>4.3.4 seek to ensure that the Services and other health and social care services delivered to the Service User are delivered in such a way as to maximise value for public money, optimise allocation of resources and minimise unwarranted variations in quality and outcomes.</p>	<b>All</b>
<p>4.4 The Provider must ensure that its provision of any service to any third party does not hinder or adversely affect its delivery of the Services or its performance of this Contract.</p>	<b>All</b>
<p>4.5 The Provider and each Commissioner must co-operate with each other and with any third party provider to ensure that, wherever possible, an individual requiring admission to acute inpatient mental health services can be admitted to an acute bed close to their usual place of residence.</p>	<b>MH</b>



4.6	In performing their respective obligations under this Contract the Parties must use all reasonable endeavours, through active participation in, and through constructive mutual support and challenge to and from members of, the local Integrated Care System, to promote the NHS's "triple aim" of better health for everyone, better care for all patients, and sustainability for the NHS locally and throughout England. In pursuit of the "triple aim", the Parties must at all times use all reasonable endeavours to contribute towards the implementation of any Local System Plan to which the Provider, other providers and one or more Commissioners are party and must perform any specific obligations on their respective parts agreed as part of or pursuant to that Local System Plan from time to time, including those set out in Schedule 8 ( <i>Local System Plan Obligations</i> ).	<b>All</b>
4.7	The Provider and the relevant Commissioners are each and must each remain a party to any System Collaboration and Financial Management Agreement, details of which are set out in Schedule 9 ( <i>System Collaboration and Financial Management Agreement</i> ), and must at all times act in good faith and in cooperation with the other parties to it.	<b>NHS Trust/FT</b>
4.8	Where the Provider provides community-based Services, it must use all reasonable endeavours to agree, with local Primary Care Networks, and implement ongoing arrangements through which delivery of those Services and the delivery of complementary services to the relevant Service Users by members of those Primary Care Networks will be effectively integrated.	<b>CS, MH</b>
4.9	The Provider must, in co-operation with each Primary Care Network and with each other provider of health or social care services listed in Schedule 2Ai ( <i>Service Specifications – Enhanced Health in Care Homes</i> ), perform the obligations on its part set out or referred to in Schedule 2Ai ( <i>Service Specifications – Enhanced Health in Care Homes</i> ) and/or Schedule 2G ( <i>Other Local Agreements, Policies and Procedures</i> ).	<b>Enhanced Health in Care Homes</b>
4.10	The Provider must, in co-operation with each Primary Care Network listed in Schedule 2Aii ( <i>Service Specifications – Primary and Community Mental Health Services</i> ), perform the obligations on its part set out or referred to in Schedule 2Aii ( <i>Service Specifications – Primary Mental Health Services</i> ) and/or Schedule 2G ( <i>Other Local Agreements, Policies and Procedures</i> ).	<b>Primary and Community Mental Health Services</b>
<b>SC5</b>	<b>Commissioner Requested Services/Essential Services</b>	
5.1	The Provider must comply with its obligations under Monitor's Licence in respect of any Services designated as CRS by any Commissioner from time to time in accordance with CRS Guidance.	<b>All</b>
5.2	The Provider must maintain its ability to provide, and must ensure that it is able to offer to the Commissioners, the Essential Services.	<b>Essential Services</b>



<p>5.3 The Provider must have and at all times maintain an up-to-date Essential Services Continuity Plan. The Provider must provide a copy of any updated Essential Services Continuity Plan to the Co-ordinating Commissioner within 5 Operational Days following any update.</p>	<p><b>Essential Services</b></p>
<p>5.4 The Provider must, in consultation with the Co-ordinating Commissioner, implement the Essential Services Continuity Plan as required:</p> <p>5.4.1 if there is any interruption to the Provider's ability to provide the Essential Services as appropriate;</p> <p>5.4.2 if there is any partial or entire suspension of the Essential Services as appropriate; or</p> <p>5.4.3 on expiry or early termination of this Contract or of any Service for any reason (and this obligation will apply both before and after expiry or termination).</p>	<p><b>Essential Services</b></p>
<p><b>SC6 Choice and Referral</b></p> <p>6.1 The Parties must comply with their respective obligations under NHS e-Referral Guidance and Guidance issued by the Department of Health and Social Care, NHS England and NHS Improvement regarding patients' rights to choice of provider and/or Consultant or Healthcare Professional, including the NHS Choice Framework.</p>	<p><b>All except AM, ELC, MHSS, PT</b></p>
<p>6.2 The Provider must describe and publish all acute GP Referred Services in the NHS e-Referral Service through a Directory of Service, offering choice of any clinically appropriate team led by a named Consultant or Healthcare Professional as applicable. In relation to all such GP Referred Services:</p> <p>6.2.1 the Provider must ensure that all such Services are able to receive Referrals through the NHS e-Referral Service;</p> <p>6.2.2 the Provider must, in respect of Services which are Directly Bookable:</p> <p>6.2.2.1 use all reasonable endeavours to make sufficient appointment slots available within the NHS e-Referral Service to enable any Service User to book an appointment for a GP Referred Service within a reasonable period via the NHS e-Referral Service; and</p> <p>6.2.2.2 ensure that it has arrangements in place to accept Referrals via the NHS e-Referral Service where the Service User or Referrer has not been able to book a suitable appointment, ensuring that it has safe systems in place for offering appointments promptly where this occurs;</p> <p>6.2.3 the Provider must offer clinical advice and guidance to GPs and other primary care Referrers:</p>	<p><b>A</b></p>



<p>6.2.3.1 on potential Referrals, through the NHS e-Referral Service; and/or</p> <p>6.2.3.2 on potential Referrals and on the care of Service Users generally, as otherwise set out in the Service Specifications,</p> <p>whether this leads to a Referral being made or not. The price payable by each Commissioner for such advice and guidance will be either:</p> <p>6.2.3.2.1 deemed to be included in the Fixed Payment set out in Schedule 3D (<i>Aligned Payment and Incentive Rules</i>), or</p> <p>6.2.3.2.2 the Local Price as set out in Schedule 3A (<i>Local Prices</i>), as appropriate;</p> <p>6.2.4 the Commissioners must use all reasonable endeavours to ensure that in respect of all Referrals by GPs and other primary care Referrers the Provider is given accurate Service User contact details and all pertinent information required by relevant local Referral protocols in accordance with the PRSB Clinical Referral Information Standard;</p> <p>6.2.5 the Commissioners must use all reasonable endeavours to ensure that all Referrals by GPs are made through the NHS e-Referral Service; and</p> <p>6.2.6 each Commissioner must take the necessary action, as described in NHS e-Referral Guidance, to ensure that all GP Referred Services are available to their local Referrers within the NHS e-Referral Service.</p>	
<p>6.3 Subject to the provisions of NHS e-Referral Guidance:</p> <p>6.3.1 the Provider need not accept (and will not be paid for any first outpatient attendance resulting from) Referrals by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service;</p> <p>6.3.2 the Provider must implement a process through which the non acceptance of a Referral under this SC6.3 will, in every case, be communicated without delay to the Service User's GP, so that the GP can take appropriate action; and</p> <p>6.3.3 each Commissioner must ensure that GPs within its area are made aware of this process.</p>	<p><b>A</b></p>
<p>6.4 The Provider must:</p> <p>6.4.1 describe and publish all mental health GP Referred Services in the NHS e-Referral Service through a Directory of Service, offering choice of any clinically appropriate team led by a named Consultant or Healthcare Professional, as applicable; and</p> <p>6.4.2 ensure that all such services are able to receive Referrals through the NHS e-Referral Service.</p>	<p><b>MH</b></p>



6.5	The Provider must make the specified information available to prospective Service Users through the NHS Website, and must in particular use the NHS Website to promote awareness of the Services among the communities it serves, ensuring the information provided is accurate, up-to-date, and complies with the provider profile policy set out at <a href="http://www.nhs.uk">www.nhs.uk</a> .	<b>A, CS, D, MH</b>
	<b>18 Weeks Information</b>	
6.6	In respect of Consultant-led Services to which the 18 Weeks Referral-to-Treatment Standard applies, the Provider must ensure that the confirmation to the Service User of their first outpatient appointment includes the 18 Weeks Information.	<b>18 weeks</b>
6.7	The Provider must operate and publish on its website a Local Access Policy complying with the requirements of the Co-ordinating Commissioner.	<b>18 weeks</b>
	<b>Acceptance and Rejection of Referrals</b>	
6.8	<p>Subject to SC6.3 and to SC7 (<i>Withholding and/or Discontinuation of Service</i>), the Provider must:</p> <p>6.8.1 accept any Referral of a Service User made in accordance with the Referral processes and clinical thresholds set out or referred to in this Contract and/or as otherwise agreed between the Parties and/or as specified in any Prior Approval Scheme, and in any event where necessary for a Service User to exercise their legal right to choice as set out in the NHS Choice Framework; and</p> <p>6.8.2 accept any clinically appropriate referral for any Service of an individual whose Responsible Commissioner (CCG or NHS England) is not a Party to this Contract where necessary for that individual to exercise their legal right to choice as set out in the NHS Choice Framework; and</p> <p>6.8.3 where it can safely do so, accept a referral or presentation for emergency treatment, within the scope of the Services, of or by any individual whose Responsible Commissioner is not a Party to this Contract.</p> <p>Any referral or presentation as referred to in SC6.8.2 or 6.8.3 will not be a Referral under this Contract and the relevant provisions of the Contract Technical Guidance will apply in respect of it.</p>	<b>All except CHC</b>
6.9	The Parties must comply with Care and Treatment Review Guidance in relation to the making and acceptance of Referrals and must ensure that the Referral processes and clinical thresholds set out or referred to in this Contract and/or as otherwise agreed between the Parties and/or specified in any Prior Approval Scheme at all times comply with Care and Treatment Review Guidance. Notwithstanding SC6.8.1, the Provider must not accept any Referral made otherwise than in accordance with Care and Treatment Review Guidance.	<b>MH, MHSS</b>



6.10	Where a Service User with a learning disability, autism or both is being cared for in an inpatient Service, the Provider must co-operate with the relevant Commissioner to ensure that Care and Treatment Reviews are completed in accordance with the timescales and requirements set out in Care and Treatment Review Guidance.	<b>MH, MHSS</b>
6.11	Where no Care and Treatment Review has been undertaken prior to admission, a Care and Treatment Review must be completed within 28 days of admission where the Service User is an adult and within 14 days of admission where the Service User is aged under 18. Where, due wholly or partly to any act or omission on the part of the Provider, such a Care and Treatment Review is not completed within the applicable timescale, the relevant Commissioner may withhold and retain the sum of £5,000 plus £300 for each additional day until the Care and Treatment Review is completed.	<b>MH, MHSS</b>
6.12	Once a Service User has been admitted, a further Care and Treatment Review must be completed at least every 12 months for adult Service Users in secure settings, at least every six months for adult Service Users in non-secure settings, and at least every three months where the Service User is aged under 18. Where, due wholly or partly to any act or omission on the part of the Provider, such a Care and Treatment Review is not completed within the applicable timescale, the relevant Commissioner may withhold and retain the sum of £300 for each additional day until the Care and Treatment Review is completed.	<b>MH, MHSS</b>
6.13	The existence of this Contract does not entitle the Provider to accept referrals in respect of, provide services to, nor to be paid for providing services to, individuals whose Responsible Commissioner is not a Party to this Contract, except where such an individual is exercising their legal right to choice as set out in the NHS Choice Framework or where necessary for that individual to receive emergency treatment.	<b>All</b>
6.14	<b>Urgent and Emergency Care Directory of Services</b>  The Provider must nominate a UEC DoS Contact and must ensure that the Coordinating Commissioner and each Commissioner's UEC DoS Lead is kept informed at all times of the person holding that position.	<b>UEC DoS</b>
6.15	Each Commissioner must nominate a UEC DoS Lead and must ensure that the Provider is kept informed at all times of the person holding that position.	<b>UEC DoS</b>
6.16	The Provider must ensure that its UEC DoS Contact:  6.16.1 continually validates UEC DoS entries in relation to the Services to ensure that they are complete, accurate and up to date at all times; and	<b>UEC DoS</b>
	6.16.2 notifies each Commissioner's UEC DoS Lead immediately on becoming aware of any amendment or addition which is required to be made to any UEC DoS entry in relation to the Services.	



6.17	Where it provides Urgent Treatment Centre Services, the Provider must, when updating, developing or procuring any relevant information technology system or software, ensure that that system or software enables direct electronic booking of appointments for Service Users, in those Services, by providers of 111 and IUC Clinical Assessment Services, in accordance with the NHS Digital UEC Booking Standards.	<b>U</b>
<b>SC7</b>	<b>Withholding and/or Discontinuation of Service</b>	
7.1	Nothing in this SC7 allows the Provider to refuse to provide or to stop providing a Service if that would be contrary to the Law.	<b>All</b>
7.2	The Provider will not be required to provide or to continue to provide a Service to a Service User:	
7.2.1	who in the Provider's reasonable professional opinion is unsuitable to receive the relevant Service, for as long as they remain unsuitable;	<b>All</b>
7.2.2	in respect of whom no valid consent (where required) has been given in accordance with the Service User consent policy;	<b>All except 111</b>
7.2.3	who displays abusive, violent or threatening behaviour unacceptable to the Provider, or behaviour which the Provider determines constitutes discrimination or harassment towards any Staff or other Service User (within the meaning of the Equality Act 2010) (the Provider in each case acting reasonably and taking into account that Service User's mental health and clinical presentation and any other health conditions which may influence their behaviour);	<b>All</b>
7.2.4	in that Service User's domiciliary care setting or circumstances (as applicable) where that environment poses a level of risk to the Staff engaged in the delivery of the relevant Service that the Provider reasonably considers to be unacceptable; or	<b>All except 111</b>
7.2.5	where expressly instructed not to do so by an emergency service provider who has authority to give that instruction, for as long as that instruction applies.	<b>All</b>
7.3	If the Provider proposes not to provide or to stop providing a Service to any Service User under SC7.2:	<b>All</b>
7.3.1	where reasonably possible, the Provider must explain to the Service User, Carer or Legal Guardian (as appropriate), taking into account any communication or language needs, the action that it is taking, when that action takes effect, and the reasons for it (confirming that explanation in writing within 2 Operational Days);	



<p>7.3.2 the Provider must tell the Service User, Carer or Legal Guardian (as appropriate) that they have the right to challenge the Provider's decision through the Provider's complaints procedure and how to do so;</p> <p>7.3.3 wherever possible, the Provider must inform the relevant Referrer (and if the Service User's GP is not the relevant Referrer, subject to obtaining consent in accordance with Law and Guidance, the Service User's GP) in writing without delay before taking the relevant action; and</p> <p>7.3.4 the Provider must liaise with the Responsible Commissioner and the relevant Referrer to seek to maintain or restore the provision of the relevant care to the Service User in a way that minimises any disruption to the Service User's care and risk to the Service User.</p>	
<p>7.4A Except in respect of Services to which SC7.4B, SC7.4C or SC7.4D applies:</p> <p>7.4A1 If the Provider, the Responsible Commissioner and the Referrer cannot agree on the continued provision of the relevant Service to a Service User, the Provider must (subject to any requirements under SC11 (<i>Transfer of and Discharge from Care; Communication with GPs</i>)) notify the Responsible Commissioner (and where applicable the Referrer) that it will not provide or will stop providing the Service to that Service User.</p> <p>7.4A2 The Responsible Commissioner must then liaise with the Referrer to procure alternative services for that Service User.</p>	<p><b>All except AM, MHSS, 111</b></p>
<p>7.4B In relation to Ambulance Services:</p> <p>7.4B1 If the Provider, the Responsible Commissioner, and the emergency incident coordinator having primacy of the relevant incident, cannot agree on the continued provision of the relevant Service to a Service User, the Provider must (subject to any requirements under SC11 (<i>Transfer of and Discharge from Care; Communication with GPs</i>)) notify the Responsible Commissioner (and where applicable the Referrer) that it will not provide or will stop providing the Service to that Service User.</p> <p>7.4B2 The Responsible Commissioner must then liaise with the Referrer as soon as reasonably practicable to procure alternative services for that Service User.</p>	<p><b>AM</b></p>
<p>7.4C In relation to Mental Health Secure Services:</p> <p>7.4C1 If the Provider, the Responsible Commissioner and the Referrer cannot agree on the continued provision of the relevant Service to a Service User, the Provider must (subject to any requirements under SC11 (<i>Transfer of and Discharge from Care; Communication with GPs</i>)) give the Responsible Commissioner (and where applicable the Referrer) not less than 20 Operational Days' notice that it will stop providing the Service to that Service User.</p>	<p><b>MHSS</b></p>



7.4C2 The Responsible Commissioner must then liaise with the Referrer to procure alternative services for that Service User.	
<p>7.4D In relation to 111 Services:</p> <p>7.4D1 If the Provider, the Responsible Commissioner, the Referrer and the Service User's GP cannot agree on the continued provision of the relevant Service to a Service User, the Provider must notify the Responsible Commissioner and the Service User's GP that it will not provide or will stop providing the Service to that Service User.</p> <p>7.4D2 The Responsible Commissioner must then liaise with the Service User's GP to procure alternative services for that Service User.</p>	<b>111</b>
7.5 If the Provider stops providing a Service to a Service User under SC7.2, and the Provider has complied with SC7.3, the Responsible Commissioner must pay the Provider in accordance with SC36 ( <i>Payment Terms</i> ) for the Service provided to that Service User before the discontinuance.	<b>All</b>
<p><b>SC8 Unmet Needs, Making Every Contact Count and Self Care</b></p> <p>8.1 If the Provider believes that a Service User or a group of Service Users may have an unmet health or social care need, it must notify the Responsible Commissioner accordingly. The Responsible Commissioner will be responsible for making an assessment to determine any steps required to be taken to meet those needs.</p>	<b>All</b>
8.2 If the Provider considers that a Service User has an immediate need for treatment or care which is within the scope of the Services it must notify the Service User, Carer or Legal Guardian (as appropriate) of that need without delay and must provide the required treatment or care in accordance with this Contract, acting at all times in the best interest of the Service User. The Provider must notify the Service User's GP as soon as reasonably practicable of the treatment or care provided.	<b>All except 111</b>
8.3 If the Provider considers that a Service User has an immediate need for care which is outside the scope of the Services, it must notify the Service User, Carer or Legal Guardian (as appropriate) and the Service User's GP of that need without delay and must co-operate with the Referrer to secure the provision to the Service User of the required treatment or care, acting at all times in the best interests of the Service User. In fulfilling its obligations under this SC8.3, the Provider must ensure that it takes account of all available information relating to the relevant locally-available services (including information held in the UEC DoS).	<b>All</b>
8.4 If the Provider considers that a Service User has a non-immediate need for treatment or care which is within the scope of the Services and which is directly related to the condition or complaint which was the subject of the Service User's original Referral or presentation, it must notify the Service User, Carer or Legal Guardian (as appropriate) of that need without delay and must (unless referral	<b>All except 111</b>



back to the Service User's GP is required in order for the Provider to comply with its obligations under SC29.4.1) provide the required treatment or care in accordance with this Contract, acting at all times in the best interest of the Service User. The Provider must notify the Service User's GP as soon as reasonably practicable of the treatment or care provided.	
8.5 Except as permitted under an applicable Prior Approval Scheme, the Provider must not carry out, nor refer to another provider to carry out, any non-immediate or routine treatment or care that is not directly related to the condition or complaint which was the subject of the Service User's original Referral or presentation without the agreement of the Service User's GP.	<b>All except 111</b>
8.6 The Provider must develop and maintain an organisational plan to ensure that Staff use every contact that they have with Service Users and the public as an opportunity to maintain or improve health and wellbeing, in accordance with the principles and using the tools comprised in Making Every Contact Count Guidance.	<b>All</b>
8.7 In accordance with the Alcohol and Tobacco Brief Interventions Guidance, the Provider must screen inpatient Service Users for alcohol and tobacco use and, where appropriate, offer brief advice or interventions to Service Users or refer them to alcohol advisory and smoking cessation services provided by the relevant Local Authority, where available.	<b>A, MH, MHSS</b>
8.8 Where clinically appropriate, the Provider must support Service Users to develop the knowledge, skills and confidence to take increasing responsibility for managing their own ongoing care.	<b>All</b>
<p>8.9 The Provider must monitor the cardiovascular and metabolic health of Service Users with severe mental illness, in accordance with:</p> <p>8.9.1 NICE clinical guidance CG178 (<i>Psychosis and schizophrenia in adults: prevention and management</i>); and</p> <p>8.9.2 the Lester Tool,</p> <p>and if a need for further treatment or care is indicated, take appropriate action in accordance with this SC8.</p>	<b>MH, MHSS</b>
<p><b>SC9 Consent</b></p> <p>9.1 The Provider must publish, maintain and operate a Service User consent policy which complies with Good Practice and the Law.</p>	<b>All</b>
<p><b>SC10 Personalised Care</b></p> <p>10.1 In the performance of their respective obligations under this Contract the Parties must (where and as applicable to the Services):</p>	<b>All</b>



<p>10.1.1 give due regard to Guidance on Personalised Care; and</p> <p>10.1.2 use all reasonable endeavours to implement any Development Plan for Personalised Care.</p>	
<p>10.2 The Provider must comply with regulation 9 of the 2014 Regulations. In planning and reviewing the care or treatment which a Service User receives, the Provider must employ Shared Decision-Making, using supporting tools and techniques approved by the Co-ordinating Commissioner.</p>	<b>All</b>
<p>10.3 Where required by Guidance, the Provider must, in association with other relevant providers of health and social care,</p> <p>10.3.1 develop and agree a Personalised Care and Support Plan with the Service User and/or their Carer or Legal Guardian; and</p> <p>10.3.2 ensure that the Service User and/or their Carer or Legal Guardian (as appropriate) can access that Personalised Care and Support Plan in a format and through a medium appropriate to their needs.</p>	<b>All except A+E, AM, D, 111, PT, U</b>
<p>10.4 The Provider must prepare, evaluate, review and audit each Personalised Care and Support Plan on an on-going basis. Any review must involve the Service User and/or their Carer or Legal Guardian (as appropriate).</p>	<b>All except A+E, AM, D, 111, PT, U</b>
<p>10.5 The Provider must use all reasonable endeavours to ensure that, when arranging an outpatient or community appointment in relation to any Service (subject to the requirements of the Service Specification and where clinically appropriate), it offers the Service User the option of a telephone or video appointment.</p>	<b>A, CS, MH</b>
<p>10.6 Where a Local Authority requests the cooperation of the Provider in securing an Education, Health and Care Needs Assessment, the Provider must use all reasonable endeavours to comply with that request within 6 weeks of the date on which it receives it.</p>	<b>A, CS, MH</b>
<p><b>SC11 Transfer of and Discharge from Care; Communication with GPs</b></p> <p>11.1 The Provider must comply with:</p> <p>11.1.1 the Transfer of and Discharge from Care Protocols;</p> <p>11.1.2 the 1983 Act;</p> <p>11.1.3 the 1983 Act Code (including following all procedures specified by or established as a consequence of the 1983 Act Code);</p> <p>11.1.4 Care and Treatment Review Guidance insofar as it relates to transfer of and discharge from care;</p>	<p><b>All</b></p> <p><b>MH, MHSS</b></p> <p><b>MH, MHSS</b></p> <p><b>MH, MHSS</b></p>



11.1.5 the 2014 Act and the Care and Support (Discharge of Hospital Patients) Regulations 2014; and	<b>All</b>
11.1.6 Transfer and Discharge Guidance and Standards.	<b>All</b>
11.2 The Provider and each Commissioner must use its best efforts to support safe, prompt discharge from hospital and to avoid circumstances and transfers and/or discharges likely to lead to emergency readmissions or recommencement of care.	<b>All</b>
11.3 Before the transfer of a Service User to another Service under this Contract and/or before a Transfer of Care or discharge of a Service User, the Provider must liaise as appropriate with any relevant third party health or social care provider, and with the Service User and any Legal Guardian and/or Carer, to prepare and agree a Care Transfer Plan. The Provider must implement the Care Transfer Plan when delivering the further Service, or transferring and/or discharging the Service User, unless (in exceptional circumstances) to do so would not be in accordance with Good Practice.	<b>All except 111, PT</b>
11.4 A Commissioner may agree a Shared Care Protocol in respect of any clinical pathway with the Provider and representatives of local primary care and other providers. Where there is a proposed Transfer of Care and a Shared Care Protocol is applicable, the Provider must, where the Service User's GP has confirmed willingness to accept the Transfer of Care, initiate and comply with the Shared Care Protocol.	<b>All except 111, PT</b>
11.5 When transferring or discharging a Service User from an inpatient or day case or accident and emergency Service, the Provider must within 24 hours following that transfer or discharge issue a Discharge Summary to the Service User's GP and/or Referrer and to any relevant third party provider of health or social care, using the applicable Delivery Method. The Provider must ensure that it is at all times able to send and receive Discharge Summaries via all applicable Delivery Methods.	<b>A, A+E, CR, MH, MHSS</b>
11.6 When transferring or discharging a Service User from a Service which is not an inpatient or day case or accident and emergency Service, the Provider must, if required by the relevant Transfer of and Discharge from Care Protocol, issue the Discharge Summary to the Service User's GP and/or Referrer and to any relevant third party provider of health or social care within the timescale, and in accordance with any other requirements, set out in that protocol.	<b>All except A+E, 111, PT</b>
11.6A By 8.00am on the next Operational Day after the transfer and/or discharge of the Service User from the Provider's care, the Provider must send a Post Event Message to the Service User's GP (where appropriate, and not inconsistent with relevant Guidance) and to any relevant third party provider of health or social care to whom the Service User is referred, using the applicable Delivery Method. The Provider must ensure that it is at all times able to send Post Event Messages via all applicable Delivery Methods.	<b>111</b>



11.7	Where, in the course of delivering an outpatient Service to a Service User, the Provider becomes aware of any matter or requirement pertinent to that Service User's ongoing care and treatment which would necessitate the Service User's GP taking prompt action, the Provider must communicate this by issue of a Clinic Letter to the Service User's GP. The Provider must send the Clinic Letter as soon as reasonably practicable and in any event within 7 days following the Service User's outpatient attendance. The Provider must issue such Clinic Letters using the applicable Delivery Method.	<b>A, CR, MH</b>
11.8	The Commissioners must use all reasonable endeavours to assist the Provider to access the necessary national information technology systems to support electronic submission of Discharge Summaries and Clinic Letters and to ensure that GPs are in a position to receive Discharge Summaries and Clinic Letters via the Delivery Method applicable to communication with GPs.	<b>All except AM, PT</b>
11.9	<p>Where a Service User has a clinical need for medication to be supplied on discharge from inpatient or day case care, the Provider must ensure that the Service User will have on discharge an adequate quantity of that medication to last:</p> <p>11.9.1 for the period required by local practice, in accordance with any requirements set out in the Transfer of and Discharge from Care Protocols (but at least 7 days); or</p> <p>11.9.2 (if shorter) for a period which is clinically appropriate.</p> <p>The Provider must supply that quantity of medication to the Service User itself, except to the extent that the Service User already has an adequate quantity and/or will receive an adequate supply via an existing repeat prescription from the Service User's GP or other primary care provider.</p>	<b>A, CR, MH</b>
11.10	Where a Service User has an immediate clinical need for medication to be supplied following outpatient clinic attendance, the Provider must itself supply to the Service User an adequate quantity of that medication to last for the period required by local practice, in accordance with any requirements set out in the Transfer of and Discharge from Care Protocols (but at least sufficient to meet the Service User's immediate clinical needs until the Service User's GP receives the relevant Clinic Letter and can prescribe accordingly).	<b>A, CR, MH</b>
11.11	The Parties must at all times have regard to NHS Guidance on Prescribing Responsibilities, including, in the case of the Provider, in fulfilling its obligations under SC11.4, 11.9 and/or 11.10 (as appropriate). When supplying medication to a Service User under SC11.9 or SC11.10 and/or when recommending to a Service User's GP any item to be prescribed for that Service User by that GP following discharge from inpatient care or clinic attendance, the Provider must have regard to Guidance on Prescribing in Primary Care.	<b>A, CR, MH</b>



<p>11.12 Where a Service User either:</p> <p>11.12.1 is admitted to hospital under the care of a member of the Provider's medical Staff; or</p> <p>11.12.2 is discharged from such care; or</p> <p>11.12.3 attends an outpatient clinic or accident and emergency service under the care of a member of the Provider's medical Staff,</p> <p>the Provider must, where appropriate under and in accordance with Fit Note Guidance, issue free of charge to the Service User or their Carer or Legal Guardian any necessary medical certificate to prove the Service User's fitness or otherwise to work, covering the period until the date by which it is anticipated that the Service User will have recovered or by which it will be appropriate for a further clinical review to be carried out.</p>	<p><b>A, A+E, CR, MH</b></p>
<p>11.13 The Parties must comply with their respective obligations under the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and must co-operate with each other, with the relevant Local Authority and with other providers of health and social care as appropriate, to minimise the number of NHS Continuing Healthcare assessments which take place in an acute hospital setting.</p>	<p><b>A, CHC, CS, ELC, MH, MHSS</b></p>
<p><b>SC12 Communicating with and involving Service Users, Public and Staff</b></p> <p>12.1 The Provider must:</p> <p>12.1.1 arrange and carry out all necessary steps in a Service User's care and treatment promptly and in a manner consistent with the relevant Service Specifications and Quality Requirements until such point as the Service User can appropriately be discharged in accordance with the Transfer of and Discharge from Care Protocols;</p> <p>12.1.2 ensure that Staff work effectively and efficiently together, across professional and Service boundaries, to manage their interactions with Service Users so as to ensure that they experience co-ordinated, high quality care without unnecessary duplication of process;</p> <p>12.1.3 notify the Service User (and, where appropriate, their Carer and/or Legal Guardian) of the results of all investigations and treatments promptly and in a readily understandable, functional, clinically appropriate and cost effective manner; and</p> <p>12.1.4 communicate in a readily understandable, functional and timely manner with the Service User (and, where appropriate, their Carer and/or Legal Guardian), their GP and other providers about all relevant aspects of the Service User's care and treatment.</p>	<p><b>All</b></p>



<p>12.2 The Provider must:</p> <p>12.2.1 provide Service Users (in relation to their own care) and Referrers (in relation to the care of an individual Service User) with clear information in respect of each Service about who to contact if they have questions about their care and how to do so;</p> <p>12.2.2 ensure that there are efficient arrangements in place in respect of each Service for responding promptly and effectively to such questions and that these are publicised to Service Users and Referrers using all appropriate means, including appointment and admission letters and on the Provider's website; and</p> <p>12.2.3 wherever possible, deal with such questions from Service Users itself, and not by advising the Service User to speak to their Referrer.</p>	<p><b>All</b></p>
<p>12.3 The Provider must comply with the Accessible Information Standard.</p>	<p><b>All</b></p>
<p>12.4 The Provider must actively engage, liaise and communicate with Service Users (and, where appropriate, their Carers and Legal Guardians), Staff, GPs and the public in an open, clear and accessible manner in accordance with the Law and Good Practice, seeking their feedback whenever practicable.</p>	<p><b>All</b></p>
<p>12.5 The Provider must involve Service Users (and, where appropriate, their Carers and Legal Guardians), Staff, Service Users' GPs and the public when considering and implementing developments to and redesign of Services. As soon as reasonably practicable following any reasonable request by the Co-ordinating Commissioner, the Provider must provide evidence of that involvement and of its impact.</p>	<p><b>All</b></p>
<p>12.6 The Provider must:</p> <p>12.6.1 carry out the Friends and Family Test Surveys as required in accordance with FFT Guidance, using all reasonable endeavours to maximise the number of responses from Service Users;</p> <p>12.6.2 carry out Staff Surveys which must, where required by Staff Survey Guidance, include the appropriate NHS staff surveys;</p> <p>12.6.3 carry out all other Surveys; and</p> <p>12.6.4 co-operate with any surveys that the Commissioners (acting reasonably) carry out.</p> <p>The form, frequency and reporting of the Surveys will be as set out in Schedule 6E (Surveys) or as otherwise agreed between the Co-ordinating Commissioner and the Provider in writing and/or required by Law or Guidance from time to time.</p>	<p><b>All</b></p>
<p>12.7 The Provider must review and provide a written report to the Co-ordinating Commissioner on the results of each Survey. The report must identify any actions</p>	<p><b>All</b></p>



reasonably required to be taken by the Provider in response to the Survey. The Provider must implement those actions as soon as practicable. The Provider must publish the outcomes of and actions taken in relation to all Surveys.	
<b>SC13 Equity of Access, Equality and Non-Discrimination</b>  13.1 The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non-medical characteristics, except as permitted by Law.	<b>All</b>
13.2 The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.	<b>All</b>
13.3 In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010, the Equality Act 2010 (Specific Duties) Regulations and section 6 of the HRA. If the Provider is not a public authority for the purposes of those sections and regulations it must comply with them as if it were.	<b>All</b>
13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan setting out how it will comply with its obligations under SC13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this SC13.4.	<b>All</b>
13.5 The Provider must implement EDS.	<b>NHS Trust/FT</b>
13.6 The Provider must implement and comply with the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its compliance.	<b>All</b>
13.7 The Provider must ensure that it has in place effective procedures intended to prevent unlawful discrimination in the recruitment and promotion of Staff and must publish:  13.7.1 a five-year action plan, showing how it will ensure that the black, Asian and minority ethnic representation a) among its Staff at Agenda for Change Band 8a and above and b) on its Governing Body will, by the end of that period, reflect the black, Asian and minority ethnic representation in its workforce, or in its local community, whichever is the higher; and  13.7.2 regular reports on its progress in implementing that action plan and in achieving its bespoke targets for black, Asian and ethnic minority	<b>NHS Trust/FT</b>
representation amongst its Staff, as described in the NHS Model Employer Strategy.	



13.8 The Provider must implement and comply with the National Workforce Disability Equality Standard and submit an annual report to the Co-ordinating Commissioner on its compliance.	NHS Trust/FT
<p>13.9 In performing its obligations under this Contract, the Provider must use all reasonable endeavours to:</p> <p>13.9.1 support the Commissioners in carrying out their duties under the 2012 Act in respect of the reduction of inequalities in access to health services and in the outcomes achieved from the delivery of health services; and</p> <p>13.9.2 implement any Health Inequalities Action Plan.</p>	All
13.10 The Provider must nominate a Health Inequalities Lead and ensure that the Coordinating Commissioner is kept informed at all times of the person holding this position.	NHS Trust/FT
<p><b>SC14 Pastoral, Spiritual and Cultural Care</b></p> <p>14.1 The Provider must take account of the spiritual, religious, pastoral and cultural needs of Service Users.</p>	All
14.2 The Provider must have regard to NHS Chaplaincy Guidelines.	NHS Trust/FT
<p><b>SC15 Urgent Access to Mental Health Care</b></p> <p>15.1 The Parties must have regard to the Mental Health Crisis Care Concordat and must reach agreement on the identification of, and standards for operation of, Places of Safety in accordance with the Law, the 1983 Act Code, the Royal College of Psychiatrists Standards and the Urgent and Emergency Mental Health Care Pathways.</p>	A, A+E, MH, MHSS, U
15.2 The Parties must co-operate to ensure that individuals under the age of 18 with potential mental health conditions are referred for, and receive, age-appropriate assessment, care and treatment in accordance with the 1983 Act.	A, A+E, MH, MHSS, U
<p>15.3 The Parties must use all reasonable endeavours to ensure that, where an individual under the age of 18 requires urgent mental health assessment, care or treatment, that individual is not:</p> <p>15.3.1 held in police custody in a cell or station; or</p> <p>15.3.2 admitted to an adult inpatient service (unless this is clinically appropriate in line with the requirements of the 1983 Act); or</p>	A, A+E, MH, MHSS, U
15.3.3 admitted to an acute paediatric ward (unless this is required in accordance with NICE guideline CG16 ( <i>Self-harm in over 8s</i> ) or if the individual has an associated physical health or safeguarding need).	



<p>15.4 The Parties must use all reasonable endeavours to ensure that, where an individual under the age of 18 requiring urgent mental health assessment, care or treatment attends or is taken to an accident and emergency department:</p> <p>15.4.1 a full biopsychosocial assessment is undertaken and an appropriate care plan is put in place; and</p> <p>15.4.2 the individual is not held within the accident and emergency department beyond the point where the actions in SC15.4.1 have been completed.</p>	<p><b>A, A+E, MH, MHSS, U</b></p>
<p><b>SC16 Complaints</b></p> <p>16.1 The Commissioners and the Provider must each publish, maintain and operate a complaints procedure in compliance with the Fundamental Standards of Care and other Law and Guidance.</p>	<p><b>All</b></p>
<p>16.2 The Provider must:</p> <p>16.2.1 provide clear information to Service Users, their Carers and representatives, and to the public, displayed prominently in the Services Environment as appropriate, on how to make a complaint or to provide other feedback and on how to contact Local Healthwatch; and</p> <p>16.2.2 ensure that this information informs Service Users, their Carers and representatives, of their legal rights under the NHS Constitution, how they can access independent support to help make a complaint, and how they can take their complaint to the Health Service Ombudsman should they remain unsatisfied with the handling of their complaint by the Provider.</p>	<p><b>All</b></p>
<p><b>SC17 Services Environment and Equipment</b></p> <p>17.1 The Provider must ensure that the Services Environment and the Equipment comply with the Fundamental Standards of Care.</p>	<p><b>All</b></p>
<p>17.2 Unless stated otherwise in this Contract, the Provider must at its own cost provide all Equipment necessary to provide the Services in accordance with the Law and any necessary Consents.</p>	<p><b>All</b></p>
<p>17.3 The Provider must ensure that all Staff using Equipment, and all Service Users and Carers using Equipment independently as part of the Service User's care or treatment, have received appropriate and adequate training and have been assessed as competent in the use of that Equipment.</p>	<p><b>All</b></p>
<p>17.4 The Provider must comply with the requirements of Health Building Note 00-08 in relation to advertising of legal services.</p>	<p><b>NHS Trust/FT</b></p>



<p>17.5 Without prejudice to SC17.4, the Provider must not enter into, extend or renew any contractual arrangement under which a Legal Services Provider is permitted to provide, promote, arrange or advertise any legal service to Service Users, their relatives, Carers or Legal Guardians, whether:</p> <p>17.5.1 at the Provider's Premises; or</p> <p>17.5.2 on the Provider's website; or</p> <p>17.5.3 through written material sent by the Provider to Service Users, their relatives, Carers or Legal Guardians,</p> <p>if and to the extent that that legal service would or might relate to or lead to the pursuit of a claim against the Provider, any other provider or any commissioner of NHS services.</p>	<b>NHS Trust/FT</b>
<p>17.6 The Provider must use all reasonable endeavours to ensure that no Legal Services Provider makes any unsolicited approach to any Service User or their relatives, Carer or Legal Guardian while at the Provider's Premises.</p>	<b>NHS Trust/FT</b>
<p>17.7 The Provider must ensure that supplies of appropriate sanitary products are available and are, on request, provided promptly to inpatient Service Users free of charge.</p>	<b>A, MH, MHSS</b>
<p>17.8 The Provider must use reasonable endeavours to ensure that the Provider's Premises are Smoke-free at all times.</p>	<b>NHS Trust/FT</b>
<p>17.9 The Provider must complete the safety and the patient experience domains of the NHS Premises Assurance Model and submit a report to its Governing Body in accordance with the requirements and timescales set out in the NHS Premises Assurance Model, and make a copy available to the Co-ordinating Commissioner on request.</p>	<b>NHS Trust/FT</b>
<p>17.10 The Provider must comply, where applicable, with NHS Car Parking Guidance, and in particular must ensure that any car parking facilities at the Provider's Premises for Service Users, visitors and Staff are available free of charge to those groups and at those times identified in, and otherwise in accordance with, that guidance.</p>	<b>NHS Trust/FT</b>
<p><b>SC18 Green NHS and Sustainability</b></p> <p>18.1 In performing its obligations under this Contract the Provider must take all reasonable steps to minimise its adverse impact on the environment.</p>	<b>All</b>



<p>18.2</p>	<p>The Provider must maintain and deliver a Green Plan, approved by its Governing Body, in accordance with Green Plan Guidance and must:</p> <p>18.2.1 provide an annual summary of progress on delivery of that plan to the Coordinating Commissioner; and</p> <p>18.2.2 nominate a Net Zero Lead and ensure that the Co-ordinating Commissioner is kept informed at all times of the person holding this position.</p>	<p><b>All</b></p>
<p>18.3</p>	<p>Within its Green Plan the Provider must quantify its environmental impacts and publish in its annual report quantitative progress data, covering as a minimum greenhouse gas emission in tonnes, emissions reduction projections and an overview of the Provider's strategy to deliver those reductions.</p>	<p><b>All</b></p>
<p>18.4</p>	<p>to how of its Green Plan the Provider must have in place clear, detailed plans will Zei as N contribute towards a 'Green NHS' with regard to Delivering a 'Net tional Health Service commitments in relation to:</p> <p>18.4.1 air pollution, and specifically how it will, by no later than 31 March 2022:</p> <p>18.4.1.1 take action to reduce air pollution from fleet vehicles, transitioning as quickly as reasonably practicable to the exclusive use of low and ultra-low emission vehicles;</p> <p>18.4.1.2 take action to phase out oil and coal for primary heating and replace them with less polluting alternatives;</p> <p>18.4.1.3 develop and operate expenses policies for Staff which promote sustainable travel choices; and</p> <p>18.4.1.4 ensure that any car leasing schemes restrict highemission vehicles and promote ultra-low emission vehicles;</p> <p>18.4.2 climate change, and specifically how it will, by no later than 31 March 2022, take action:</p> <p>18.4.2.1 to reduce greenhouse gas emissions from the Provider's Premises in line with targets in Delivering a 'Net Zero' National Health Service</p> <p>18.4.2.2 in accordance with Good Practice, to reduce the carbon impacts from the use, or atmospheric release, of environmentally damaging gases such as nitrous oxide and fluorinated gases used as anaesthetic agents and as propellants in inhalers, including by appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 10% by volume, through clinically appropriate prescribing of lower greenhouse gas emitting inhalers, by encouraging Service Users to return their inhalers to pharmacies for appropriate disposal; and</p>	<p><b>All</b></p>



<p>18.4.2.3 to adapt the Provider's Premises and the manner in which Services are delivered to mitigate risks associated with climate change and severe weather;</p> <p>18.4.3 single use plastic products and waste, and specifically how it will, no later than 31 March 2022 take action:</p> <p>18.4.3.1 to reduce waste and water usage through best practice efficiency standards and adoption of new innovations;</p> <p>18.4.3.2 to reduce avoidable use of single use plastic products, including by signing up to and observing the Plastics Pledge;</p> <p>18.4.3.3 so far as clinically appropriate, to cease use at the Provider's Premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxodegradable plastics;</p> <p>18.4.3.4 to reduce the use at the Provider's Premises of singleuse plastic food and beverage containers, cups, covers and lids; and</p> <p>18.4.3.5 to make provision with a view to maximising the rate of return of walking aids for re-use or recycling,</p> <p>and must implement those plans diligently.</p>	
<p>18.5 The Provider must ensure that with effect from the earliest practicable date regard to the (having the terms and duration of and any rights to terminate existing agreements supply) all electricity it purchases is from Renewable Sources.</p>	<p><b>NHS Trust/FT</b></p>
<p>18.6 The Provider must, in performing its obligations under this Contract, give due regard to the potential to secure wider social, economic and environmental benefits for the local community and population in its purchase and specification of products and services, and must discuss and seek to agree with the Coordinating Commissioner, and review on an annual basis, which impacts it will prioritise for action.</p>	<p><b>All</b></p>
<p><b>SC19 Food Standards and Sugar-Sweetened Beverages</b></p> <p><b>Food Standards</b></p> <p>19.1 The Provider must comply with NHS Food Standards and must develop and implement a food and drink strategy, setting out how it will ensure that, from retail outlets, vending machines, or catering provision and facilities as appropriate, Service Users, Staff and visitors are offered ready access 24 hours a day to healthy eating and drinking options and that products provided and/or offered for sale meet the requirements set out in NHS Food Standards, including in respect of labelling and portion size.</p>	<p><b>All</b></p>



<p>19.2 When procuring and/or negotiating contractual arrangements through which any potential or existing tenant, sub-tenant, licensee, contractor, concessionaire or agent will be required or permitted to sell food and drink from the Provider's Premises, the Provider must (having taken appropriate public health advice) include in those contractual arrangements terms which require the relevant party to provide and promote healthy eating and drinking options (including outside normal working hours where relevant) and to adopt the full range of mandatory requirements in Government Buying Standards.</p>	<p><b>NHS Trust/FT</b></p>
<p style="text-align: center;"><b>Sales of Sugar-Sweetened Beverages</b></p> <p>19.3 The Provider must:</p> <p>19.3.1 where it itself offers for sale any Sugar-Sweetened Beverage at the Provider's Premises, ensure that sales of Sugar-Sweetened Beverages account for no more than 10% by volume in litres of all beverages which it sells in any Contract Year; and</p> <p>19.3.2 use all reasonable endeavours to ensure that, where any of its tenants, sub-tenants, licensees, contractors, concessionaires or agents offers for sale any Sugar-Sweetened Beverage at the Provider's Premises, sales of Sugar-Sweetened Beverages account for no more than 10% by volume in litres of all beverages sold by that tenant, sub-tenant, licensee, contractor, concessionaire or agent in any Contract Year.</p>	<p><b>NHS Trust/FT</b></p>
<p style="text-align: center;"><b>RECORDS AND REPORTING</b></p>	
<p><b>SC20 Service Development and Improvement Plan</b></p> <p>20.1 The Co-ordinating Commissioner and the Provider must agree an SDIP where required by and in accordance with Guidance.</p>	<p><b>All</b></p>
<p>20.2 The Co-ordinating Commissioner and the Provider may at any time agree an SDIP.</p>	<p><b>All</b></p>
<p>20.3 Any SDIP must be appended to this Contract at Schedule 6D (<i>Service Development and Improvement Plans</i>). The Commissioners and Provider must comply with their respective obligations under any SDIP. The Provider must report performance against any SDIP in accordance with Schedule 6A (<i>Reporting Requirements</i>).</p>	<p><b>All</b></p>



<p><b>SC21 Infection Prevention and Control and Influenza Vaccination</b></p> <p>21.1 The Provider must:</p> <p>21.1.1 comply with the Code of Practice on the Prevention and Control of Infections and put in place and implement an infection prevention programme in accordance with it;</p> <p>21.1.2 nominate an Infection Prevention Lead and ensure that the Co-ordinating Commissioner is kept informed at all times of the person holding this position;</p> <p>21.1.3 have regard to NICE guideline NG15 (<i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i>); and</p> <p>21.1.4 have regard to the Antimicrobial Stewardship Toolkit for English Hospitals.</p>	<p><b>All except 111</b></p> <p><b>All except 111</b></p> <p><b>All except 111</b></p> <p><b>A</b></p>
<p>21.2 The Provider must ensure that all laboratory services (whether provided directly or under a Sub-Contract) comply with the UK Standards for Microbiology Investigations.</p>	<p><b>All except 111</b></p>
<p>21.3 The Provider must use all reasonable endeavours, consistent with good practice, to reduce its Antibiotic Usage (measured in each case against the Antibiotic Usage 2018 Baseline):</p> <p>21.3.1 by 2% by 31 March 2022; and</p> <p>21.3.2 by a further 1% in each subsequent Contract Year</p> <p>and must provide an annual report to the Co-ordinating Commissioner on its performance.</p>	<p><b>A (NHS Trust/FT only)</b></p>
<p>21.4 The Provider must use all reasonable endeavours to ensure that all frontline Staff in contact with Service Users are vaccinated against influenza.</p>	<p><b>All</b></p>
<p><b>SC22 Assessment and Treatment for Acute Illness</b></p> <p>22.1 The Provider must have regard to Guidance (including NICE Guidance) relating to venous thromboembolism, catheter-acquired urinary tract infections, falls and pressure ulcers, must review and evaluate its implementation of such Guidance and must provide an annual report to the Co-ordinating Commissioner on its performance.</p>	<p><b>A</b></p>
<p>22.2 The Provider must implement the methodology described in NEWS 2 Guidance for assessment of acute illness severity for adult Service Users, ensuring that each adult Service User is monitored at the intervals set out in that guidance and</p>	<p><b>A, AM</b></p>
<p>that in respect of each adult Service User an appropriate clinical response to their NEW Score, as defined in that guidance, is always effected.</p>	



22.3	The Provider must comply with Sepsis Implementation Guidance.	<b>A</b>
<b>SC23 Service User Health Records</b>		
23.1	The Provider must accept transfer of, create and maintain Service User Health Records as appropriate for all Service Users. The Provider must securely store, retain and destroy those records in accordance with Data Guidance, Records Management Code of Practice for Health and Social Care and in any event in accordance with Data Protection Legislation.	<b>All</b>
23.2	<p>The Provider must:</p> <p>23.2.1 if and as so reasonably requested by a Commissioner, whether during or after the Contract Term, promptly deliver to any third party provider of healthcare or social care services nominated by that Commissioner a copy of the Service User Health Record held by the Provider for any Service User for whom that Commissioner is responsible; and</p> <p>23.2.2 notwithstanding SC23.1, if and as so reasonably requested by a Commissioner at any time following the expiry or termination of this Contract, promptly deliver to any third party provider of healthcare or social care services nominated by that Commissioner, or to the Commissioner itself, the Service User Health Record held by the Provider for any Service User for whom that Commissioner is responsible.</p>	<b>All</b>
23.3	The Provider must give each Service User full and accurate information regarding their treatment and must evidence that in writing in the relevant Service User Health Record.	<b>All except 111, PT</b>
<b>NHS Number</b>		
23.4	<p>Subject to and in accordance with Law and Guidance the Provider must:</p> <p>23.4.1 ensure that the Service User Health Record includes the Service User's verified NHS Number;</p> <p>23.4.2 use the NHS Number as the consistent identifier in all clinical correspondence (paper or electronic) and in all information it processes in relation to the Service User; and</p> <p>23.4.3 be able to use the NHS Number to identify all Activity relating to a Service User; and</p> <p>23.4.4 use all reasonable endeavours to ensure that the Service User's verified NHS Number is available to all clinical Staff when engaged in the provision of any Service to that Service User.</p>	<b>All</b>
23.5	The Commissioners must ensure that each Referrer (except a Service User presenting directly to the Provider for assessment and/or treatment) uses the NHS Number as the consistent identifier in all correspondence in relation to a Referral.	<b>All</b>



23.6	<b>Information Technology Systems</b> Subject to GC21 ( <i>Patient Confidentiality, Data Protection, Freedom of Information and Transparency</i> ) the Provider must ensure that all Staff involved in the provision of urgent, emergency and unplanned care are able to view key Service User clinical information from GP records, whether via the Summary Care Records Service or a locally integrated electronic record system supplemented by the Summary Care Records Service.	All
23.7	The Provider must ensure that (subject to GC21 ( <i>Patient Confidentiality, Data Protection, Freedom of Information and Transparency</i> )) all of its major clinical information technology systems enable clinical data to be accessible to other providers of services to Service Users as structured information through open interfaces in accordance with Open API Policy and Guidance and Care Connect APIs.	All
23.8	The Provider must ensure that its information technology systems comply with DCB0160 in relation to clinical risk management.	All
23.9	<b>Internet First and Code of Conduct</b> When updating, developing or procuring any information technology system or software, the Provider must have regard to the NHS Internet First Policy and the Code of Conduct for Data-Driven Health and Care Technology.	All
23.10	<b>Urgent Care Data Sharing Agreement</b> The Provider must enter into an Urgent Care Data Sharing Agreement with the Commissioners and such other providers of urgent and emergency care services as the Co-ordinating Commissioner may specify, consistent with the requirements of GC21 ( <i>Patient Confidentiality, Data Protection, Freedom of Information and Transparency</i> ) and otherwise on such terms as the Co-ordinating Commissioner may reasonably require.	A, A+E, AM, 111, U
23.11	<b>Health and Social Care Network</b> The Provider must, where applicable, have appropriate access to the Health and Social Care Network and have terminated any remaining N3 services.	All



<p><b>SC24 NHS Counter-Fraud Requirements</b></p> <p>24.1 The Provider must put in place and maintain appropriate measures to prevent, detect and investigate fraud, bribery and corruption, having regard to NHSCFA Requirements.</p>	<p><b>All</b></p>
<p>24.2 If the Provider:</p> <p>24.2.1 is an NHS Trust; or</p> <p>24.2.2 holds Monitor's Licence (unless required to do so solely because it provides Commissioner Requested Services as designated by the Commissioners or any other commissioner),</p> <p>it must take the necessary action to meet NHSCFA Requirements, including in respect of reporting via the NHS fraud case management system.</p>	<p><b>All</b></p>
<p>24.3 If requested by the Co-ordinating Commissioner, or NHSCFA or any Regulatory or Supervisory Body, the Provider must allow a person duly authorised to act on behalf of NHSCFA, on behalf of any Regulatory or Supervisory Body or on behalf of any Commissioner to review, in line with the NHSCFA Requirements, the counter-fraud measures put in place by the Provider.</p>	<p><b>All</b></p>
<p>24.4 The Provider must implement any reasonable modifications to its counter-fraud arrangements required by a person referred to in SC24.3 in order to meet the NHSCFA Requirements within whatever time periods as that person may reasonably require.</p>	<p><b>All</b></p>
<p>24.5 On becoming aware of any suspected or actual bribery, corruption or fraud involving NHS-funded services, the Provider must promptly report the matter to its nominated Local Counter Fraud Specialist and to NHSCFA.</p>	<p><b>All</b></p>
<p>24.6 On the request of the Department of Health and Social Care, NHS England, NHS Improvement, NHSCFA, any Regulatory or Supervisory Body or the Co-ordinating Commissioner, the Provider must allow NHSCFA or any Local Counter Fraud Specialist nominated by a Commissioner, as soon as it is reasonably practicable and in any event not later than 5 Operational Days following the date of the request, access to:</p> <p>24.6.1 all property, premises, information (including records and data) owned or controlled by the Provider; and</p> <p>24.6.2 all Staff who may have information to provide,</p> <p>relevant to the detection and investigation of cases of bribery, fraud or corruption, directly or indirectly in connection with this Contract.</p>	<p><b>All</b></p>



<p><b>SC25 Procedures and Protocols</b></p> <p>25.1 If requested by the Co-ordinating Commissioner or the Provider, the Co-ordinating Commissioner or the Provider (as the case may be) must within 5 Operational Days following receipt of the request send or make available to the other copies of any Services guide or other written agreement, policy, procedure or protocol implemented by any Commissioner or the Provider (as applicable).</p>	<p><b>All</b></p>
<p>25.2 The Co-ordinating Commissioner must notify the Provider and the Provider must notify the Co-ordinating Commissioner of any material changes to any items it has disclosed under SC25.1.</p>	<p><b>All</b></p>
<p>25.3 The Parties must comply with their respective obligations under any Other Local Agreements, Policies and Procedures.</p>	<p><b>All</b></p>
<p><b>SC26 Clinical Networks, National Audit Programmes and Approved Research Studies</b></p> <p>26.1</p> <p>The Provider must:</p> <p>26.1.1 participate in the Clinical Networks, programmes and studies listed in Schedule 2F (<i>Clinical Networks</i>);</p> <p>26.1.2 participate in:</p> <p>26.1.2.1 any national programme within the National Clinical Audit and Patient Outcomes Programme;</p> <p>26.1.2.2 any other national clinical audit or clinical outcome review programme managed or commissioned by HQIP; and</p> <p>26.1.2.3 any national programme included within the NHS England Quality Accounts List for the relevant Contract Year;</p> <p>relevant to the Services; and</p> <p>26.1.3 make national clinical audit data available to support national publication of Consultant-level activity and outcome statistics in accordance with HQIP Guidance.</p>	<p><b>All except PT</b></p>
<p>26.2 The Provider must adhere to all protocols and procedures operated or recommended under the programmes and arrangements referred to in SC26.1, unless in conflict with existing protocols and procedures agreed between the Parties, in which case the Parties must review all relevant protocols and procedures and try to resolve that conflict.</p>	<p><b>All except PT</b></p>



26.3 The Provider must put arrangements in place to facilitate recruitment of Service Users and Staff as appropriate into Approved Research Studies.	<b>All</b>
26.4 If the Provider chooses to participate in any Commercial Contract Research Study which is submitted to the Health Research Authority for approval, the Provider must ensure that that participation will be in accordance with the National Directive on Commercial Contract Research Studies, at a price determined by NIHR for each Provider in accordance with the methodology prescribed in the directive and under such other contractual terms and conditions as are set out in the directive.	<b>All</b>
26.5 The Provider must comply with HRA/NIHR Research Reporting Guidance, as applicable.	<b>All</b>
26.6 The Parties must comply with NHS Treatment Costs Guidance, as applicable.	<b>All</b>
<b>SC27 Formulary</b> 27.1 Where any Service involves or may involve the prescribing of drugs, the Provider must: <div> <div>27.1.1 ensure that its current Formulary is published and readily available on the Provider's website;</div> <div>27.1.2 ensure that its Formulary reflects all relevant positive NICE Technology Appraisals; and</div> <div>27.1.3 make available to Service Users all relevant treatments recommended in positive NICE Technology Appraisals.</div> </div>	<b>A, CR, MH, MHSS, R</b>
<b>SC28 Information Requirements</b> 28.1 The Parties acknowledge that the submission of complete and accurate data in accordance with this SC28 is necessary to support the commissioning of all health and social care services in England.	<b>All</b>
28.2 The Provider must: <div> <div>28.2.1 provide the information specified in this SC28 and in Schedule 6A (<i>Reporting Requirements</i>): <div> <div>28.2.1.1 with the frequency, in the format, by the method and within the time period set out or referred to in Schedule 6A (<i>Reporting Requirements</i>); and</div> <div>28.2.1.2 as detailed in relevant Guidance; and</div> <div>28.2.1.3 if there is no applicable time period identified, in a timely manner;</div> </div> </div> </div>	<b>All</b>



<p>28.2.2 where and to the extent applicable, conform to all NHS information standards notices, data provision notices and information and data standards approved or published by the Secretary of State, NHS England or NHS Digital;</p> <p>28.2.3 implement any other datasets and information requirements agreed from time to time between it and the Co-ordinating Commissioner;</p> <p>28.2.4 comply with Data Guidance issued by NHS England and NHS Digital and with Data Protection Legislation in relation to protection of patient identifiable data;</p> <p>28.2.5 subject to and in accordance with Law and Guidance and any relevant standards issued by the Secretary of State, NHS England or NHS Digital, use the Service User's verified NHS Number as the consistent identifier of each record on all patient datasets;</p> <p>28.2.6 comply with the Data Guidance and Data Protection Legislation on the use and disclosure of personal confidential data for other than direct care purposes; and</p> <p>28.2.7 use all reasonable endeavours to optimise its performance under the Data Quality Maturity Index (where applicable) and must demonstrate its progress to the Co-ordinating Commissioner on an ongoing basis, through agreement and implementation of a Data Quality Improvement Plan or through other appropriate means.</p>	
<p>28.3 The Co-ordinating Commissioner may request from the Provider any information in addition to that to be provided under SC28.2 which any Commissioner reasonably and lawfully requires in relation to this Contract. The Provider must supply that information in a timely manner.</p>	<p><b>All</b></p>
<p>28.4 The Co-ordinating Commissioner must act reasonably in requesting the Provider to provide any information under this Contract, having regard to the burden which that request places on the Provider, and may not, without good reason, require the Provider:</p> <p>28.4.1 to supply any information to any Commissioner locally where that information is required to be submitted centrally under SC28.2; or</p> <p>28.4.2 where information is required to be submitted in a particular format under SC28.2, to supply that information in a different or additional format (but this will not prevent the Co-ordinating Commissioner from requesting disaggregation of data previously submitted in aggregated form); or</p> <p>28.4.3 to supply any information to any Commissioner locally for which that Commissioner cannot demonstrate purpose and value in connection with the discharge of that Commissioner's statutory duties and functions.</p>	<p><b>All</b></p>



28.5	The Provider and each Commissioner must ensure that any information provided to any other Party in relation to this Contract is accurate and complete.	<b>All</b>
<b>Counting and coding of Activity</b>		
28.6	The Provider must ensure that each dataset that it provides under this Contract contains the ODS code and/or other appropriate identifier for the relevant Commissioner. The Parties must have regard to Commissioner Assignment Methodology Guidance and Who Pays? Guidance when determining the correct Commissioner code in activity datasets.	<b>All</b>
28.7	The Parties must comply with Guidance relating to clinical coding published by NHS Digital and with the definitions of Activity maintained under the NHS Data Model and Dictionary.	<b>All</b>
28.8	Where NHS Digital issues new or updated Guidance on the counting and coding of Activity and that Guidance requires the Provider to change its counting and coding practice, the Provider must:  28.8.1 as soon as reasonably practicable inform the Co-ordinating Commissioner in writing of the change it is making to effect the Guidance; and  28.8.2 implement the change on the date (or in the phased sequence of dates) mandated in the Guidance.	<b>All</b>
28.9	Where any change in counting and coding practice required under SC28.8 is projected, once implemented, to have, or is found following implementation to have had, an impact on the Actual Annual Value of Services, the Parties must adjust the relevant Prices payable,  28.9.1 where the change is to be, or was, implemented within the Contract Year in which the relevant Guidance was issued by NHS Digital, in respect of the remainder of that Contract Year; and  28.9.2 in any event, in respect of the whole of the Contract Year following the Contract Year in which the relevant Guidance was issued by NHS Digital, in accordance with the National Tariff to ensure that that impact is rendered neutral for that Contract Year or those Contract Years, as applicable.	<b>All</b>
28.10	Except as provided for in SC28.8, the Provider must not implement a change of practice in the counting and coding of Activity without the agreement of the Coordinating Commissioner.	<b>All</b>
28.11	Either the Co-ordinating Commissioner (on behalf of the Commissioners) or the Provider may at any time propose a change of practice in the counting and coding of Activity to render it compliant with Guidance issued by NHS Digital already in	<b>All</b>



	effect. The Party proposing such a change must give the other Party written notice of the proposed change at least 6 months before the date on which that change is proposed to be implemented.	
28.12	The Party receiving notice of the proposed change of practice under SC28.11 must not unreasonably withhold or delay its agreement to the change.	<b>All</b>
28.13	Any change of practice proposed under SC28.11 and agreed under SC28.12 must be implemented on 1 April of the following Contract Year, unless the Parties agree a different date (or phased sequence) for its implementation.	<b>All</b>
28.14	<p>Where any change in counting and coding practice proposed under SC28.11 and agreed under SC28.12 is projected, once implemented, to have, or is found following implementation to have had, an impact on the Actual Annual Value, the Parties must adjust the relevant Prices payable:</p> <p>28.14.1 where the change is to be, or was, implemented within the Contract Year in which the change was proposed, in respect of the remainder of that Contract Year; and</p> <p>28.14.2 in any event, in respect of the whole of the Contract Year following the Contract Year in which the change was proposed,</p> <p>in accordance with the National Tariff to ensure that that impact is rendered neutral for that Contract Year or those Contract Years, as applicable.</p>	<b>All</b>
28.15	Where any change of practice in the counting and coding of Activity is implemented, the Provider and the Co-ordinating Commissioner must, working jointly and in good faith, use all reasonable endeavours to monitor its impact and to agree the extent of any adjustments to Prices which may be necessary under SC28.9 or SC28.14.	<b>All</b>
28.16	<p><b>Aggregation and disaggregation of information</b></p> <p>Information to be provided by the Provider under this SC28 and Schedule 6A (<i>Reporting Requirements</i>) and which is necessary for the purposes of SC36 (<i>Payment Terms</i>) must be provided:</p> <p>28.16.1 to the Co-ordinating Commissioner in aggregate form; and/or</p> <p>28.16.2 directly to each Commissioner in disaggregated form relating to its own use of the Services, as the Co-ordinating Commissioner may direct.</p>	<b>All</b>
28.17	<p><b>SUS</b></p> <p>The Provider must submit commissioning data sets to SUS in accordance with SUS Guidance, where applicable. Where SUS is applicable, if:</p>	<b>All</b>



<p>28.17.1 there is a failure of SUS; or</p> <p>28.17.2 there is an interruption in the availability of SUS to the Provider or to any Commissioner,</p> <p>the Provider must comply with Guidance issued by NHS England and/or NHS Digital in relation to the submission of the national datasets collected in accordance with this SC28 pending resumption of service, and must submit those national datasets to SUS as soon as reasonably practicable after resumption of service.</p>	
<p><b>Information Breaches</b></p> <p>28.18 If the Co-ordinating Commissioner becomes aware of an Information Breach it must notify the Provider accordingly. The notice must specify:</p> <p>28.18.1 the nature of the Information Breach; and</p> <p>28.18.2 the sums (if any) which the Co-ordinating Commissioner intends to instruct the Commissioners to withhold, or itself withhold (on behalf of all Commissioners), under SC28.19 if the Information Breach is not rectified within 5 Operational Days following service of that notice.</p>	<p><b>All</b></p>
<p>28.19 If the Information Breach is not rectified within 5 Operational Days of the date of the notice served in accordance with SC28.18.2 (unless due to any act or omission of any Commissioner), the Co-ordinating Commissioner may (subject to SC28.21) instruct the Commissioners to withhold, or itself withhold (on behalf of all Commissioners), a reasonable and proportionate sum of up to 1% of the Expected Monthly Value or of the Actual Monthly Value, as applicable, in respect of the current month and then for each and every month until the Provider has rectified the relevant Information Breach to the reasonable satisfaction of the Co-ordinating Commissioner.</p>	<p><b>All</b></p>
<p>28.20 The Commissioners or the Co-ordinating Commissioner (as appropriate) must continue to withhold any sums withheld under SC28.19 unless and until the Provider rectifies the relevant Information Breach to the reasonable satisfaction of the Co-ordinating Commissioner. The Commissioners or the Co-ordinating Commissioner (as appropriate) must then pay the withheld sums to the Provider within 10 Operational Days. Subject to SC28.21 no interest will be payable by the Co-ordinating Commissioner to the Provider on any sum withheld under SC28.19.</p>	<p><b>All</b></p>
<p>28.21 If the Provider produces evidence satisfactory to the Co-ordinating Commissioner that any sums withheld under SC28.19 were withheld without justification, the Commissioners or the Co-ordinating Commissioner (as appropriate) must pay to the Provider any sums wrongly withheld or retained and interest on those sums for the period for which those sums were withheld or retained. If the Co-ordinating Commissioner disputes the Provider's evidence the Provider may refer the matter to Dispute Resolution.</p>	<p><b>All</b></p>



<p>28.22 Any sums withheld under SC28.19 may be retained permanently if the Provider fails to rectify the relevant Information Breach to the reasonable satisfaction of the Co-ordinating Commissioner by the earliest of:</p> <p>28.22.1 the date 3 months after the date of the notice served in accordance with SC28.18;</p> <p>28.22.2 the termination of this Agreement; and</p> <p>28.22.3 the Expiry Date.</p> <p>If any sums withheld by the Co-ordinating Commissioner on behalf of all Commissioners are to be retained permanently, the Co-ordinating Commissioner must distribute the sums withheld between the Commissioners in proportion to their respective shares of the Expected Monthly Value or of the Actual Monthly Value for each month in respect of which those sums were withheld.</p>	<b>All</b>
<p>28.23 The aggregate of sums withheld in any month in respect of Information Breaches is not to exceed 5% of the Expected Monthly Value or of the Actual Monthly Value, as applicable.</p>	<b>All</b>
<p><b>Data Quality Improvement Plan</b></p> <p>28.24 The Co-ordinating Commissioner and the Provider may at any time agree a Data Quality Improvement Plan (which must be appended to this Contract at Schedule 6B (<i>Data Quality Improvement Plans</i>)). Any Data Quality Improvement Plan must set out milestones to be met.</p>	<b>All</b>
<p>28.25 If an Information Breach relates to the National Requirements Reported Centrally the Parties must not by means of a Data Quality Improvement Plan agree the waiver or delay or foregoing of any withholding or retention under SC28.19 to which the Commissioners (or the Co-ordinating Commissioner on their behalf, as appropriate) would otherwise be entitled.</p>	<b>All</b>
<p><b>MANAGING ACTIVITY AND REFERRALS</b></p>	
<p><b>SC29 Managing Activity and Referrals</b></p> <p>29.1 The Commissioners and the Provider must each monitor and manage Activity and Referrals for the Services in accordance with this SC29 and the National Tariff.</p>	<b>All</b>
<p>29.2 The Parties must not agree or implement any action that would operate contrary to the NHS Choice Framework or so as to restrict or impede the exercise by Service Users or others of their legal rights to choice.</p>	<b>All</b>
<p>29.3 Subject to SC29.3A, the Commissioners must use all reasonable endeavours to:</p>	<b>All except 111</b>



<p>29.3.1 procure that all Referrers adhere to Referral processes and clinical thresholds set out or referred to in this Contract and/or as otherwise agreed between the Parties and/or as specified in any Prior Approval Scheme;</p> <p>29.3.2 manage Referral levels in accordance with any Activity Planning Assumptions; and</p> <p>29.3.3 notify the Provider promptly of any anticipated changes in Referral numbers.</p>	
29.3A In relation to 111 Services, SC29.3 will not apply, but the Commissioners must notify the Provider promptly of any anticipated changes in Referral numbers.	<b>111</b>
<p>29.4 The Provider must:</p> <p>29.4.1 comply with and use all reasonable endeavours to manage Activity in accordance with Referral processes and clinical thresholds set out or referred to in this Contract and/or as otherwise agreed between the Parties and/or as specified in any Prior Approval Scheme, and in accordance with any Activity Planning Assumptions; and</p> <p>29.4.2 comply with the reasonable requests of the Commissioners to assist the Commissioners in understanding and managing patterns of Referrals.</p>	<b>All</b>
<p><b>Indicative Activity Plan</b></p> <p>29.5 The Parties must agree an Indicative Activity Plan for each Contract Year, either before the date of this Contract or (failing that) before the start of the relevant Contract Year, specifying the threshold for each activity (and those agreed thresholds may be zero). If the Parties have not agreed an Indicative Activity Plan before the start of any Contract Year an Indicative Activity Plan with an indicative activity of zero will be deemed to apply for that Contract Year.</p>	<b>IAP</b>
29.6 The Indicative Activity Plan will comprise the aggregated Indicative Activity Plans of all of the Commissioners.	<b>IAP</b>
<p><b>Activity Planning Assumptions</b></p> <p>29.7 The Co-ordinating Commissioner must notify the Provider of any Activity Planning Assumptions for each Contract Year, specifying a threshold for each assumption, either before the date of this Contract or (failing that) before the start of the relevant Contract Year.</p>	<b>APA</b>
<p><b>Early Warning</b></p> <p>29.8 The Co-ordinating Commissioner must notify the Provider within 3 Operational Days after becoming aware of any unexpected or unusual patterns of Referrals</p>	<b>All</b>
and/or Activity in relation to any Commissioner, specifying the nature of the unexpected pattern and the Commissioner's initial opinion as to its likely cause.	



29.9 The Provider must notify the Co-ordinating Commissioner and the relevant Commissioner within 3 Operational Days after becoming aware of any unexpected or unusual patterns of Referrals and/or Activity in relation to any Commissioner, specifying the nature of the unexpected pattern and the Provider's initial opinion as to its likely cause.	<b>All</b>
<b>Reporting and Monitoring Activity</b>	
29.10 The Provider must submit an Activity and Finance Report to the Co-ordinating Commissioner in accordance with Schedule 6A ( <i>Reporting Requirements</i> ).	<b>All</b>
<p>29.11A The Co-ordinating Commissioner and the Provider will monitor actual Activity reported in each Activity and Finance Report in respect of each Commissioner against:</p> <p>29.11A.1 thresholds set out in the Indicative Activity Plan; and</p> <p>29.11A.2 thresholds set out in any Activity Planning Assumptions.</p>	<b>IAP and APA or IAP only</b>
29.11B The Co-ordinating Commissioner and the Provider will monitor actual Activity reported in each Activity and Finance Report in respect of each Commissioner against the thresholds set out in the Activity Planning Assumptions and any previous Activity and Finance Reports.	<b>APA but no IAP</b>
29.11C The Co-ordinating Commissioner and the Provider will monitor actual Activity reported in each Activity and Finance Report in respect of each Commissioner against any previous Activity and Finance Reports and generally.	<b>No IAP No APA</b>
<b>Management Meeting</b>	
<p>29.12 Following:</p> <p>29.12.1 notification by the Co-ordinating Commissioner of any unexpected or unusual patterns of Referrals and/or of Activity in accordance with SC29.8; or</p> <p>29.12.2 notification by the Provider of any unexpected or unusual patterns of Referrals and/or of Activity in accordance with SC29.9; or</p> <p>29.12.3A the submission of any Activity and Finance Report in accordance with SC29.10 indicating variances against the thresholds set out in the Indicative Activity Plan and/or any breaches of the thresholds set out in any Activity Planning Assumptions;</p>	<p><b>All</b></p> <p><b>All</b></p> <p><b>IAP and APA or IAP only</b></p>



<p>29.12.3B the submission of any Activity and Finance Report in accordance with SC29.10 indicating breaches of the thresholds set out in the Activity Planning Assumptions;</p> <p>29.12.3C the submission of any Activity and Finance Report in accordance with SC29.10 indicating any unexpected or unusual patterns of Referrals and/or Activity;</p> <p>in relation to any Commissioner, either the Co-ordinating Commissioner or the may issue to the other an Activity Query Notice.</p>	<p><b>APA but no IAP</b></p> <p><b>No IAP No APA</b></p>
<p>29.13 The Co-ordinating Commissioner and the Provider must meet to discuss any Activity Query Notice within 10 Operational Days following its issue.</p>	<p><b>All</b></p>
<p>29.14 At that meeting the Co-ordinating Commissioner and the Provider must:</p> <p>29.14.1 consider patterns of Referrals, of Activity and of the exercise by Service Users of their legal rights to choice; and</p> <p>29.14.2 agree either:</p> <p>29.14.2.1 that the Activity Query Notice is withdrawn; or</p> <p>29.14.2.2 to hold a meeting to discuss Utilisation, in which case the provisions of SC29.15 will apply; or</p> <p>29.14.2.3 to conduct a Joint Activity Review, in which case the provisions of SC29.16 to 29.20 will apply.</p>	<p><b>All</b></p>
<p><b>Utilisation Review Meeting</b></p> <p>29.15 Within 10 Operational Days following agreement to hold a meeting under SC29.14, the Co-ordinating Commissioner and the Provider must meet:</p> <p>29.15.1 to agree a plan to improve Utilisation and/or update any previously agreed plan; and</p> <p>29.15.2 to discuss any matter that either considers necessary in relation to Utilisation.</p>	<p><b>All</b></p>
<p><b>Joint Activity Review</b></p> <p>29.16 Within 10 Operational Days following agreement to conduct a Joint Activity Review under SC29.14, the Co-ordinating Commissioner and the Provider must meet:</p> <p>29.16.1 to consider in further detail the matters referred to in SC29.14.1 and the causes of the unexpected or unusual pattern of Referrals and/or Activity; and</p>	<p><b>All</b></p>



29.16.2 (if they consider it necessary or appropriate) to agree an Activity Management Plan.	
<p>29.17 The Co-ordinating Commissioner and the Provider should not agree an Activity Management Plan in respect of any unexpected or unusual pattern of Referrals and/or Activity which they agree was caused wholly or mainly by the exercise by Service Users of their rights to choice.</p>	<b>All</b>
<p>29.18 If the Co-ordinating Commissioner and the Provider fail to agree an Activity Management Plan at or within 10 Operational Days following the Joint Activity Review they must issue a joint notice to that effect to the Governing Body of the Provider and of each Commissioner. If the Co-ordinating Commissioner and the Provider have still not agreed an Activity Management Plan within 10 Operational Days following the date of the joint notice, either may refer the matter to Dispute Resolution.</p>	<b>All</b>
<p>29.19 The Parties must implement any Activity Management Plan agreed or determined in accordance with SC29.16 to 29.18 inclusive in accordance with its terms.</p>	<b>All</b>
<p>29.20 If any Party breaches the terms of an Activity Management Plan, the Commissioners or the Provider (as appropriate) may exercise any consequences set out in it.</p>	<b>All</b>
<p><b>Prior Approval Scheme</b></p> <p>29.21 Before the start of each Contract Year, the Co-ordinating Commissioner must notify the Provider of the terms of any Prior Approval Scheme for that Contract Year. In determining whether to implement any new or replacement Prior Approval Scheme or to amend any existing Prior Approval Scheme, the Commissioners must have regard to the burden which Prior Approval Schemes may place on the Provider. The Commissioners must use reasonable endeavours to minimise the number of separate Commissioner-specific Prior Approval Schemes in relation to any individual condition or treatment. The terms of any Prior Approval Scheme may specify the information which the Provider must submit to the Commissioner about individual Service Users requiring or receiving treatment under that Prior Approval Scheme, including details of the scope of the information to be submitted and the format, timescale and process for submission (which may be paper-based or via specified electronic systems).</p>	<b>All except AM, ELC, 111</b>
<p>29.22 The Provider must manage Referrals in accordance with the terms of any Prior Approval Scheme. If the Provider does not comply with the terms of any Prior Approval Scheme in providing a Service to a Service User, the Commissioners will not be liable to pay for the Service provided to that Service User.</p>	<b>All except AM, ELC, 111</b>
<p>29.23 If a Prior Approval Scheme imposes any obligation on a Provider that would operate contrary to the NHS Choice Framework:</p>	<b>All except AM, ELC, 111</b>



<p>29.23.1 that obligation will have no contractual force or effect; and</p> <p>29.23.2 the Prior Approval Scheme must be amended accordingly; and</p> <p>29.23.3 if the Provider provides any Service in accordance with the Prior Approval Scheme as amended in accordance with SC29.23.2 the relevant Commissioner will be liable to pay for that Service in accordance with SC36 (<i>Payment Terms</i>).</p>	
<p>29.24 The Co-ordinating Commissioner may at any time during a Contract Year give the Provider not less than one month's notice in writing of any new or replacement Prior Approval Scheme, or of any amendment to an existing Prior Approval Scheme. That new, replacement or amended Prior Approval Scheme must be implemented by the Provider on the date set out in the notice, and will only be applicable to decisions to offer treatment made after that date.</p>	<p><b>All except AM, ELC, 111</b></p>
<p>29.25 Subject to the timely provision by the Provider of all of the information specified within a Prior Approval Scheme, the relevant Commissioner must respond within the Prior Approval Response Time Standard to any request for approval for treatment for an individual Service User. If the Commissioner fails to do so, it will be deemed to have given Prior Approval.</p>	<p><b>All except AM, ELC, 111</b></p>
<p>29.26 Each Commissioner and the Provider must use all reasonable endeavours to ensure that the design and operation of Prior Approval Schemes does not cause undue delay in Service Users accessing clinically appropriate treatment and does not place at risk achievement by the Provider of any Quality Requirement.</p>	<p><b>All except AM, ELC, 111</b></p>
<p>29.27 At the Provider's request in case of urgent clinical need or a risk to patient safety, and if approved by the Commissioner's medical director or clinical chair (that approval not be unreasonably withheld or delayed), the relevant Commissioner must grant retrospective Prior Approval for a Service provided to a Service User.</p>	<p><b>All except AM, ELC, 111</b></p>
<p><b>Evidence-Based Interventions Guidance</b></p> <p>29.28 The Commissioners must use all reasonable endeavours to procure that, when making Referrals, Referrers comply with the Evidence-Based Interventions Guidance.</p>	<p><b>A</b></p>
<p>29.29 The Provider must manage Referrals and provide the Services in accordance with the Evidence-Based Interventions Guidance.</p>	<p><b>A</b></p>
<p>29.30 The Co-ordinating Commissioner and the Provider must agree, for each Contract Year, clinically appropriate local goals, consistent with those set out in the Evidence-Based Interventions Guidance where applicable, for the aggregate number of Category 1 and Category 2 Interventions to be undertaken by the Provider of behalf of all Commissioners.</p>	<p><b>A</b></p>



<p>29.31 If the Provider carries out:</p> <p>29.31.1 a Category 1 Intervention without evidence of an individual funding request having been approved by the relevant Commissioner; or</p> <p>29.31.2 a Category 2 Intervention other than in accordance with the Evidence-Based Interventions Guidance,</p> <p>the relevant Commissioner will not be liable to pay for that Intervention.</p>	<b>A</b>
<b>EMERGENCIES AND INCIDENTS</b>	
<p><b>SC30 Emergency Preparedness, Resilience and Response</b></p> <p>30.1 The Provider must comply with EPRR Guidance if and when applicable. The Provider must identify and have in place an Accountable Emergency Officer.</p>	<b>All</b>
<p>30.2 The Provider must notify the Co-ordinating Commissioner as soon as reasonably practicable and in any event no later than 5 Operational Days following:</p> <p>30.2.1 the activation of its Incident Response Plan;</p> <p>30.2.2 any risk, or any actual disruption, to CRS or Essential Services; and/or</p> <p>30.2.3 the activation of its Business Continuity Plan.</p>	<b>All</b>
<p>30.3 The Commissioners must have in place arrangements that enable the receipt at all times of a notification made under SC30.2.</p>	<b>All</b>
<p>30.4 The Provider must provide whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and NHS Improvement and/or Public Health England in response to any national, regional or local public health emergency or incident.</p>	<b>All</b>
<p>30.5 The right of any Commissioner to:</p> <p>30.5.1 withhold or retain sums under GC9 (<i>Contract Management</i>); and/or</p> <p>30.5.2 suspend Services under GC16 (<i>Suspension</i>),</p> <p>will not apply if the relevant right to withhold, retain or suspend has arisen only as a result of the Provider complying with its obligations under this SC30.</p>	<b>All</b>
<p>30.6 The Provider must use reasonable endeavours to minimise the effect of an Incident or Emergency on the Services and to continue the provision of Elective Care and Non-elective Care notwithstanding the Incident or Emergency. If a</p>	<b>A</b>



<p>Service User is already receiving treatment when the Incident or Emergency occurs, or is admitted after the date it occurs, the Provider must not:</p> <p>30.6.1 discharge the Service User, unless clinically appropriate to do so in accordance with Good Practice; or</p> <p>30.6.2 transfer the Service User, unless it is clinically appropriate to do so in accordance with Good Practice.</p>	
<p>30.7</p> <p>Subject to SC30.6, if the impact of an Incident or Emergency is that the demand for Non-elective Care increases, and the Provider establishes to the satisfaction of the Co-ordinating Commissioner that its ability to provide Elective Care is reduced as a result, Elective Care will be suspended or scaled back as necessary for as long as the Provider's ability to provide it is reduced. The Provider must give the Co-ordinating Commissioner written confirmation every 2 calendar days of the continuing impact of the Incident or Emergency on its ability to provide Elective Care.</p>	<p><b>A</b></p>
<p>30.8</p> <p>During or in relation to any suspension or scaling back of Elective Care in accordance with SC30.7:</p> <p>30.8.1 GC16 (<i>Suspension</i>) will not apply to that suspension;</p> <p>30.8.2 if requested by the Provider, the Commissioners must use their reasonable efforts to avoid any new referrals for Elective Care and the Provider may if necessary change its waiting lists for Elective Care; and</p> <p>30.8.3 the Provider must continue to provide Non-elective Care (and any related Elective Care), subject to the Provider's discretion to transfer or divert a Service User if the Provider considers that to be in the best interests of all Service Users to whom the Provider is providing Nonelective Care whether or not as a result of the Incident or Emergency (using that discretion in accordance with Good Practice).</p>	<p><b>A</b></p>
<p>30.9</p> <p>If, despite the Provider complying fully with its obligations under this SC30, there are transfers, postponements and cancellations the Provider must give the Commissioners notice of:</p> <p>30.9.1 the identity of each Service User who has been transferred and the alternative provider;</p> <p>30.9.2 the identity of each Service User who has not been but is likely to be transferred, the probable date of transfer and the identity of the intended alternative provider;</p> <p>30.9.3 cancellations and postponements of admission dates;</p> <p>30.9.4 cancellations and postponements of out-patient appointments; and</p> <p>30.9.5 other changes in the Provider's list.</p>	<p><b>A</b></p>



30.10 As soon as reasonably practicable after the Provider gives written notice to the Co-ordinating Commissioner that the effects of the Incident or Emergency have ceased, the Provider must fully restore the availability of Elective Care.	<b>A</b>
<b>SC31 Force Majeure: Service-specific provisions</b>	
31.1 Nothing in this Contract will relieve the Provider from its obligations to provide the Services in accordance with this Contract and the Law (including the Civil Contingencies Act 2004) if the Services required relate to an unforeseen event or circumstance including war, civil war, armed conflict or terrorism, strikes or lock outs, riot, fire, flood or earthquake.	<b>AM, 111</b>
31.2 This will not however prevent the Provider from relying upon GC28 ( <i>Force Majeure</i> ) if such event described in SC31.1 is itself an Event of Force Majeure or if the subsequent occurrence of a separate Event of Force Majeure prevents the Provider from delivering those Services.	<b>AM, 111</b>
31.3 Notwithstanding any other provision in this Contract, if the Provider is the Affected Party, it must ensure that all Service Users that it detains securely in accordance with the Law will remain in a state of secure detention as required by the Law.	<b>MHSS</b>
31.4 For the avoidance of doubt any failure or interruption of the National Telephony Service will be considered an event or circumstance beyond the Provider's reasonable control for the purpose of GC28 ( <i>Force Majeure</i> ).	<b>111</b>
<b>SAFETY AND SAFEGUARDING</b>	
<b>SC32 Safeguarding Children and Adults</b>	
32.1 The Provider must ensure that Service Users are protected from abuse, exploitation, radicalisation, serious violence, grooming, neglect and improper or degrading treatment, and must take appropriate action to respond to any allegation or disclosure of any such behaviours in accordance with the Law.	<b>All</b>
32.2 The Provider must nominate:  32.2.1 Safeguarding Leads and/or named professionals for safeguarding children (including looked after children) and for safeguarding adults, in accordance with Safeguarding Guidance;  32.2.2 a Child Sexual Abuse and Exploitation Lead;  32.2.3 a Mental Capacity and Liberty Protection Safeguards Lead; and  32.2.4 a Prevent Lead,	<b>All</b>
and must ensure that the Co-ordinating Commissioner is kept informed at all times of the identity of the persons holding those positions.	



<p>32.3 The Provider must comply with the requirements and principles in relation to the safeguarding of children, young people and adults, including in relation to deprivation of liberty safeguards, child sexual abuse and exploitation, domestic abuse, radicalisation and female genital mutilation (as relevant to the Services) set out or referred to in:</p> <p>32.3.1 the 2014 Act and associated Guidance;</p> <p>32.3.2 the 2014 Regulations;</p> <p>32.3.3 the Children Act 1989 and the Children Act 2004 and associated Guidance;</p> <p>32.3.4 the 2005 Act and associated Guidance;</p> <p>32.3.5 the Modern Slavery Act 2015 and associated Guidance;</p> <p>32.3.6 Safeguarding Guidance;</p> <p>32.3.7 Child Sexual Abuse and Exploitation Guidance; and</p> <p>32.3.8 Prevent Guidance.</p>	<p><b>All</b></p>
<p>32.4 The Provider has adopted and must comply with the Safeguarding Policies and MCA Policies. The Provider has ensured and must at all times ensure that the Safeguarding Policies and MCA Policies reflect and comply with:</p> <p>32.4.1 the Law and Guidance referred to in SC32.3; and</p> <p>32.4.2 the local multi-agency policies and any Commissioner safeguarding and MCA requirements.</p>	<p><b>All</b></p>
<p>32.5 The Provider must implement comprehensive programmes for safeguarding (including in relation to child sexual abuse and exploitation) and MCA training for all relevant Staff and must have regard to Intercollegiate Guidance in Relation to Safeguarding Training. The Provider must undertake an annual audit of its conduct and completion of those training programmes and of its compliance with the requirements of SC32.1 to 32.4.</p>	<p><b>All</b></p>
<p>32.6 At the reasonable written request of the Co-ordinating Commissioner, and by no later than 10 Operational Days following receipt of that request, the Provider must provide evidence to the Co-ordinating Commissioner that it is addressing any safeguarding concerns raised through the relevant multi-agency reporting systems.</p>	<p><b>All</b></p>
<p>32.7 If requested by the Co-ordinating Commissioner, the Provider must participate in the development of any local multi-agency safeguarding quality indicators and/or plan.</p>	<p><b>All</b></p>



32.8 The Provider must co-operate fully and liaise appropriately with third party providers of social care services as necessary for the effective operation of the Child Protection Information Sharing Project.	<b>A+E, A, AM, U</b>
<p>32.9 The Provider must:</p> <p>32.9.1 include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance; and</p> <p>32.9.2 include in relevant policies and procedures a comprehensive programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the NHS England Prevent Training and Competencies Framework and Intercollegiate Guidance in Relation to Safeguarding Training.</p>	<b>All</b>
<p><b>SC33 Incidents Requiring Reporting</b></p> <p>33.1 The Provider must comply with the arrangements for notification of deaths and other incidents to CQC, in accordance with CQC Regulations and Guidance (where applicable), and to any other relevant Regulatory or Supervisory Body, any NHS Body, any office or agency of the Crown, or to any other appropriate regulatory or official body in connection with Serious Incidents, or in relation to the prevention of Serious Incidents (as appropriate), in accordance with Good Practice and the Law.</p>	<b>All</b>
33.2 The Provider must comply with the NHS Serious Incident Framework and the Never Events Policy Framework, or any framework which replaces them, as applicable, and must report all Serious Incidents and Never Events in accordance with the requirements of the applicable framework. The Provider must ensure that it is able to report Patient Safety Incidents to the National Reporting and Learning System and to any system which replaces it.	<b>All</b>
33.3 The Parties must comply with their respective obligations in relation to deaths and other incidents in connection with the Services under Schedule 6C ( <i>Incidents Requiring Reporting Procedure</i> ) and under Schedule 6A ( <i>Reporting Requirements</i> ).	<b>All</b>
33.4 If a notification the Provider gives to any relevant Regulatory or Supervisory Body directly or indirectly concerns any Service User, the Provider must send a copy of it to the relevant Commissioner, in accordance with the timescales set out in Schedule 6C ( <i>Incidents Requiring Reporting Procedure</i> ) and in Schedule 6A ( <i>Reporting Requirements</i> ).	<b>All</b>



33.5 The Commissioners will have complete discretion (subject only to the Law) to use the information provided by the Provider under this SC33, Schedule 6C ( <i>Incidents Requiring Reporting Procedure</i> ) and Schedule 6A ( <i>Reporting Requirements</i> ) in any report which they make to any relevant Regulatory or Supervisory Body, any NHS Body, any office or agency of the Crown, or to any other appropriate regulatory or official body in connection with Serious Incidents, or in relation to the prevention of Serious Incidents, provided that in each case they notify the Provider of the information disclosed and the body to which they have disclosed it.	<b>All</b>
<p>33.6 The Provider must have in place arrangements to ensure that it can:</p> <p>33.6.1 receive National Patient Safety Alerts; and</p> <p>33.6.2 in relation to each National Patient Safety Alert it receives, identify appropriate Staff:</p> <p>33.6.2.1 to coordinate and implement any actions required by the alert within the timescale prescribed; and</p> <p>33.6.2.2 to confirm and record when those actions have been completed.</p>	<b>All</b>
<p>33.7 The Provider must</p> <p>33.7.1 designate one or more Patient Safety Specialists; and</p> <p>33.7.2 ensure that the Co-ordinating Commissioner is kept informed at all times of the person or persons holding this position.</p>	<b>All</b>
<b>SC34 Care of Dying People and Death of a Service User</b>	
34.1 The Provider must have regard to Guidance on Care of Dying People and must, where applicable, comply with SCCI 1580 (Palliative Care Co-ordination: Core Content) and the associated EPACCS IT System Requirements to ensure implementation of interoperable solutions.	<b>All</b>
34.2 The Provider must maintain and operate a Death of a Service User Policy.	<b>All</b>
<b>SC35 Duty of Candour</b>	
35.1 The Provider must act in an open and transparent way with Relevant Persons in relation to Services provided to Service Users.	<b>All</b>
35.2 The Provider must, where applicable, comply with its obligations under regulation 20 of the 2014 Regulations in respect of any Notifiable Safety Incident.	<b>All</b>



<p>35.3 If the Provider fails to comply with any of its obligations under SC35.2 the Coordinating Commissioner may:</p> <p>35.3.1 notify the CQC of that failure; and/or</p> <p>35.3.2 require the Provider to provide the Relevant Person with a formal, written apology and explanation for that failure, signed by the Provider's chief executive and copied to the relevant Commissioner; and/or</p> <p>35.3.3 require the Provider to publish details of that failure prominently on the Provider's website.</p>	<b>All</b>
<b>PAYMENT TERMS</b>	
<p><b>SC36 Payment Terms</b></p> <p><b>Payment Principles</b></p> <p>36.1 Subject to any express provision of this Contract to the contrary, each Commissioner must pay the Provider in accordance with the National Tariff, to the extent applicable, for all Services that the Provider delivers to it in accordance with this Contract.</p>	<b>All</b>
<p>36.2 To avoid any doubt, the Provider will be entitled to be paid for Services delivered during the continuation of:</p> <p>36.2.1 any Incident or Emergency, except as otherwise provided or agreed under SC30 (<i>Emergency Preparedness, Resilience and Response</i>); and</p> <p>36.2.2 any Event of Force Majeure, except as otherwise provided or agreed under GC28 (<i>Force Majeure</i>).</p>	<b>All</b>
<p><b>Prices</b></p> <p>36.3 The Prices payable by the Commissioners under this Contract will be:</p> <p>36.3.1 for any Service for which the National Tariff mandates a National Price:</p> <p>36.3.1.1 the National Price; or</p> <p>36.3.1.2 the National Price as modified by a Local Variation; or</p> <p>36.3.1.3 (subject to SC36.16 to 36.20 (<i>Local Modifications</i>)) the National Price as modified by a Local Modification approved or granted by NHS Improvement,</p> <p>for the relevant Contract Year; or</p>	<b>All</b>



36.3.2	for any Service for which the National Tariff does not mandate a e, National Price either:	
36.3.2.1	where the Aligned Payment and Incentive Rules apply, the price agreed in accordance with the Aligned Payment and Incentive Rules; or	
36.3.2.2	where the ed Payment and Incentive Rules do not Align apply:	
36.3.2.2.1	the Unit Price; or	
36.3.2.2.2	the Unit Price as modified by an agreed local departure; or	
36.3.2.2.3	the Local Price as applicable, for the relevant Contract Year.	
<b>Local Prices</b>		
36.4	The Co-ordinating Commissioner and the Provider may agree a Local Price for one or more Contract Years or for the duration of the Contract. In respect of a Local Price agreed for more than one Contract Year the Co-ordinating Commissioner and the Provider may agree and document in Schedule 3A ( <i>Local Prices</i> ) the mechanism by which that Local Price is to be adjusted with effect from the start of each Contract Year. Any adjustment mechanism must require the Coordinating Commissioner and the Provider to have regard to the efficiency and cost adjustments set out in the National Tariff where applicable.	<b>All</b>
36.5	Any Local Price must be determined and agreed in accordance with the rules set out in the National Tariff where applicable.	<b>All</b>
36.6	The Co-ordinating Commissioner and the Provider must apply annually any adjustment mechanism agreed and documented in Schedule 3A ( <i>Local Prices</i> ). Where no adjustment mechanism has been agreed, the Co-ordinating Commissioner and the Provider must review and agree before the start of each Contract Year the Local Price to apply to the following Contract Year, having regard to the efficiency and cost adjustments set out in the National Tariff where applicable. In either case the Local Price as adjusted or agreed will apply to the following Contract Year.	<b>All</b>
36.7	If the Co-ordinating Commissioner and the Provider fail to review or agree any Local Price for the following Contract Year by the date 2 months before the start of that Contract Year, or there is a dispute as to the application of any agreed adjustment mechanism, either may refer the matter to Dispute Resolution for escalated negotiation and then (failing agreement) mediation.	<b>All</b>
36.8	If on or following completion of the mediation process the Co-ordinating Commissioner and the Provider still cannot agree any Local Price for the following	<b>All</b>



	Contract Year, within 10 Operational Days of completion of the mediation process either the Co-ordinating Commissioner or the Provider may terminate the affected Services by giving the other not less than 6 months' written notice.	
36.9	If any Local Price has not been agreed or determined in accordance with SC36.6 and 36.7 before the start of a Contract Year then the Local Price will be that which applied for the previous Contract Year increased or decreased in accordance with the efficiency and cost adjustments set out in the National Tariff where applicable. The application of these prices will not affect the right to terminate this Contract as a result of non-agreement of a Local Prices under SC36.8.	All
36.10	All Local Prices and any annual adjustment mechanism agreed in respect of them must be recorded in Schedule 3A ( <i>Local Prices</i> ). Where the Co-ordinating Commissioner and the Provider have agreed to depart from an applicable national currency that agreement must be submitted by the Co-ordinating Commissioner to NHS Improvement in accordance with the National Tariff.	All
<b>Local Variations</b>		
36.11	The Co-ordinating Commissioner and the Provider may agree a Local Variation for one or more Contract Years or for the duration of this Contract.	All
36.12	The agreement of any Local Variation must be in accordance with the rules set out in the National Tariff.	All
36.13	If the Co-ordinating Commissioner and the Provider agree any Local Variation for a period less than the duration (or remaining duration) of this Contract, the relevant Price must be reviewed before the expiry of the last Contract Year to which the Local Variation applies.	All
36.14	If the Co-ordinating Commissioner and the Provider fail to review or agree any Local Variation to apply to the following Contract Year, the Price payable for the relevant Service for the following Contract Year will be the National Price.	All
36.15	Each Local Variation must be recorded in Schedule 3B ( <i>Local Variations</i> ), submitted by the Co-ordinating Commissioner to NHS Improvement in accordance with the National Tariff and published in accordance with section 116(3) of the 2012 Act.	All
<b>Local Modifications</b>		
36.16	The Co-ordinating Commissioner and the Provider may agree (or NHS Improvement may determine) a Local Modification in accordance with the National Tariff.	All



<p>36.17 Any Local Modification agreed and proposed by the Co-ordinating Commissioner and the Provider must be submitted for approval by NHS Improvement in accordance with the National Tariff. If NHS Improvement approves the application, the Price payable for the relevant Service will be the National Price as modified in accordance with the Local Modification specified in NHS Improvement's notice of approval. The date on which that Local Modification takes effect and its duration will be as specified in that notice. Pending NHS Improvement's approval of an agreed and proposed Local Modification, the Price payable for the relevant Service will be the National Price as modified by the Local Modification submitted to NHS Improvement.</p>	<p><b>All</b></p>
<p>36.18 If the Co-ordinating Commissioner and the Provider have failed to agree and propose a Local Modification, the Provider may apply to NHS Improvement to determine a Local Modification. If NHS Improvement determines a Local Modification, the Price payable for the relevant Service will be the National Price as modified in accordance with the Local Modification specified in NHS Improvement's notice of decision. The date on which that Local Modification takes effect and its duration will be as specified in that notice. Pending NHS Improvement's determination of a Local Modification, the Price payable for the relevant Service will be the National Price (subject to any Local Variation which may have been agreed in accordance with SC36.11 to 36.15).</p>	<p><b>All</b></p>
<p>36.19 If NHS Improvement has refused to approve an agreed and proposed Local Modification, the Price payable for the relevant Service will be the National Price (subject to any Local Variation which may be agreed in accordance with SC36.11 to 36.15), and the Co-ordinating Commissioner and the Provider must agree an appropriate mechanism for the adjustment and reconciliation of the relevant Price to effect the reversion to the National Price (subject to any Local Variation which may have been agreed in accordance with SC36.11 to 36.15). If NHS Improvement has refused an application by the Provider for a Local Modification, the Price payable for the relevant Service will be the National Price (subject to any Local Variation which may have been agreed in accordance with SC36.11 to 36.15).</p>	<p><b>All</b></p>
<p>36.20 Each Local Modification agreement and each application for determination of a Local Modification must be submitted to NHS Improvement in accordance with section 124 or section 125 of the 2012 Act (as appropriate) and the National Tariff. Each Local Modification agreement and each Local Modification approved or determined by NHS Improvement must be recorded in Schedule 3C (<i>Local Modifications</i>).</p>	<p><b>All</b></p>
<p><b>Aligned Payment and Incentive Rules</b></p> <p>36.21 Where the Aligned Payment and Incentive Rules apply:</p> <p>36.21.1 the Fixed Payment;</p> <p>36.21.2 the Value of Elective Activity; and/or</p>	<p><b>All</b></p>



	<p>36.21.3 any adjustment agreed locally under rule 3, or any departure agreed locally under rule 6, of the Aligned Payment and Incentive Rules</p> <p>must be agreed in respect of the relevant Commissioner(s) and recorded in Schedule 3D (<i>Aligned Payment and Incentive Rules</i>).</p>	
	36.22 Not used.	
36.23	<p><b>Aggregation and Disaggregation of Payments</b></p> <p>The Co-ordinating Commissioner may make or receive all (but not only some) of the payments due under SC36 in aggregate amounts for itself and on behalf of each of the Commissioners provided that it gives the Provider 20 Operational Days' written notice of its intention to do so. These aggregated payments will not prejudice any immunity from liability of the Co-ordinating Commissioner, or any rights of the Provider to recover any overdue payment from the relevant Commissioners individually. However, they will discharge the separate liability or entitlement of the Commissioners in respect of their separate Services. To avoid doubt, notices to aggregate and reinstate separate payments may be repeated or withdrawn from time to time. Where notice has been given to aggregate payments, references in SC36 to "a Commissioner", "the Commissioner" or "each Commissioner" are where appropriate to be read as referring to the Co-ordinating Commissioner.</p>	<b>All</b>
	<p><b>Payment where the Parties have agreed an Expected Annual Contract Value</b></p>	
36.24	Each Commissioner must make payments on account to the Provider in accordance with the following provisions of SC36.25, or if applicable SC36.26 and 36.27.	<b>EACV agreed</b>
36.25	The Provider must supply to each Commissioner a monthly invoice on the first day of each month setting out the amount to be paid by that Commissioner for that month. The amount to be paid will be one twelfth (or other such proportion as may be specified in Schedule 3F ( <i>Expected Annual Contract Values</i> )) of the individual Expected Annual Contract Value for the Commissioner. Subject to receipt of the invoice, on the fifteenth day of each month (or other day agreed by the Provider and the Co-ordinating Commissioner in writing) after the Service Commencement Date each Commissioner must pay such amount to the Provider.	<b>EACV agreed</b>
36.26	If the Service Commencement Date is not 1 April the timing and amounts of the payments for the period starting on the Service Commencement Date and ending on the following 31 March will be as set out in Schedule 3G ( <i>Timing and Amounts of Payments in First and/or Final Contract Year</i> ).	<b>EACV agreed</b>
36.27	If the Expiry Date is not 31 March the timing and amounts of the payments for the period starting on the 1 April prior to the Expiry Date and ending on the Expiry Date will be as set out in Schedule 3G ( <i>Timing and Amounts of Payments in First and/or Final Contract Year</i> ).	<b>EACV agreed</b>



<p><b>Reconciliation where the Parties have agreed an Expected Annual Contract Value and SUS applies to some or all of the Services</b></p> <p>36.28 Where the Parties have agreed an Expected Annual Contract Value and SUS applies to some or all of the Services, in order to confirm the actual sums payable for the Services delivered the Provider must provide a separate reconciliation account for each Commissioner for each Quarter showing the sum equal to the Prices for all relevant Services delivered and completed in that Quarter. That reconciliation account must be based on the information submitted by the Provider to the Co-ordinating Commissioner under SC28 (<i>Information Requirements</i>) and must be sent by the Provider to the relevant Commissioner by the First Quarterly Reconciliation Date for the Quarter to which it relates.</p>	<p><b>EACV agreed; SUS applies</b></p>
<p>36.29 Not used.</p>	
<p>36.30 The Provider must send to each Commissioner a final reconciliation account for each Quarter within 5 Operational Days after the Final Quarterly Reconciliation Date for that Quarter. The final reconciliation account must either be agreed by the relevant Commissioner, or be wholly or partially contested by the relevant Commissioner in accordance with SC36.45. No Commissioner may unreasonably withhold or delay its agreement to a final reconciliation account.</p>	<p><b>EACV agreed; SUS applies</b></p>
<p><b>Reconciliation for Services where the Parties have agreed an Expected Annual Contract Value and SUS does not apply to any of the Services</b></p> <p>36.31 Where the Parties have agreed an Expected Annual Contract Value and SUS does not apply to any of the Services, in order to confirm the actual sums payable for delivered Services the Provider must provide a separate reconciliation account for each Commissioner for each Quarter (unless otherwise agreed by the Parties in writing in accordance with the National Tariff), showing the sum equal to the Prices for all relevant Services delivered and completed in that Quarter. That reconciliation account must be based on the information submitted by the Provider to the Co-ordinating Commissioner under SC28 (<i>Information Requirements</i>) and sent by the Provider to the relevant Commissioner within 20 Operational Days after the end of the Quarter to which it relates.</p>	<p><b>EACV agreed; SUS does not apply</b></p>
<p>36.32 Each Commissioner and Provider must either agree the reconciliation account produced in accordance with SC36.31 or wholly or partially contest the reconciliation account in accordance with SC36.45. No Commissioner may unreasonably withhold or delay its agreement to a reconciliation account.</p>	<p><b>EACV agreed; SUS does not apply</b></p>
<p><b>Other aspects of reconciliation for all Prices where the Parties have agreed an Expected Annual Value</b></p> <p>36.33 For the avoidance of doubt, there will be no reconciliation in relation to Block Arrangements.</p>	<p><b>EACV agreed</b></p>



<p>36.34 Each Commissioner's agreement of a reconciliation account or agreement of a final reconciliation account as the case may be (or where agreed in part in relation to that part) will trigger a reconciliation payment by the relevant Commissioner to the Provider or by the Provider to the relevant Commissioner, as appropriate. The Provider must supply to the Commissioner an invoice or credit note (as appropriate) within 5 Operational Days of that agreement and payment must be made within 10 Operational Days following the receipt of the invoice or issue of the credit note.</p>	<p><b>EACV agreed</b></p>
<p><b>Payment where the Parties have not agreed an Expected Annual Contract Value for any Services and SUS applies to some or all of the Services</b></p> <p>36.35 Where the Parties have not agreed an Expected Annual Contract Value and SUS applies to some or all of the Services, the Provider must issue a Quarterly invoice within 5 Operational Days after the Final Quarterly Reconciliation Date for that Quarter to each Commissioner in respect of those Services provided for that Commissioner in that Quarter. Subject to SC36.45, the Commissioner must settle the invoice within 10 Operational Days of its receipt.</p>	<p><b>EACV not agreed; SUS applies (NHS Trust/FT only)</b></p>
<p>36.35A Where the Parties have not agreed an Expected Annual Contract Value and SUS applies to some or all of the Services, the Provider must issue a monthly invoice within 5 Operational Days after the Final Monthly Reconciliation Date for that month to each Commissioner in respect of those Services provided for that Commissioner in that month. Subject to SC36.45, the Commissioner must settle the invoice within 10 Operational Days of its receipt.</p>	<p><b>EACV not agreed; SUS applies (not NHS Trust/FT)</b></p>
<p><b>Payment where the Parties have not agreed an Expected Annual Contract Value for any Services and SUS does not apply to any of the Services</b></p> <p>36.36 Where SUS does not apply to any of the Provider's Services and where the Parties have not agreed an Expected Annual Contract Value, the Provider must issue a Quarterly invoice within 20 Operational Days after the end of each Quarter to each Commissioner in respect of all Services provided for that Commissioner in that Quarter. Subject to SC36.45, the Commissioner must settle the invoice within 10 Operational Days of its receipt.</p>	<p><b>EACV not agreed; SUS does not apply (NHS Trust/FT only)</b></p>
<p>36.36A Where SUS does not apply to any of the Provider's Services and where the Parties have not agreed an Expected Annual Contract Value, the Provider must issue a monthly invoice within 20 Operational Days after the end of each month to each Commissioner in respect of all Services provided for that Commissioner in that month. Subject to SC36.45, the Commissioner must settle the invoice within 10 Operational Days of its receipt.</p>	<p><b>EACV not agreed; SUS does not apply (not NHS Trust/FT)</b></p>



<b>GENERAL PROVISIONS</b>	
36.37 Not used.	
36.38 Not used.	
<p><b>Statutory and Other Charges</b></p> <p>36.39 Where applicable, the Provider must administer all statutory benefits to which the Service User is entitled and within a maximum of 20 Operational Days following receipt of an appropriate invoice the relevant Commissioner must reimburse the Provider any statutory benefits correctly administered.</p>	<b>All except 111</b>
36.40 The Provider must administer and collect all statutory charges which the Service User is liable to pay and which may lawfully be made in relation to the provision of the Services, and must account to whoever the Co-ordinating Commissioner reasonably directs in respect of those charges.	<b>All except 111</b>
<p>36.41 The Parties acknowledge the requirements and intent of the Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance, and accordingly:</p> <p>36.41.1 the Provider must comply with all applicable Law and Guidance (including the Overseas Visitor Charging Regulations and the Overseas Visitor Charging Guidance) in relation to the identification of and collection of charges from Chargeable Overseas Visitors, including the reporting of unpaid NHS debts in respect of Services provided to Chargeable Overseas Visitors to the Department of Health and Social Care;</p> <p>36.41.2 if the Provider has failed to take all reasonable steps to:</p> <p>36.41.2.1 identify a Chargeable Overseas Visitor; or</p> <p>36.41.2.2 recover charges from the Chargeable Overseas Visitor or other person liable to pay charges in respect of that Chargeable Overseas Visitor under the Overseas Visitor Charging Regulations,</p> <p>no Commissioner will be liable to make any payment to the Provider in respect of any Services delivered to that Chargeable Overseas Visitor and where such a payment has been made the Provider must refund it to the relevant Commissioner;</p> <p>36.41.3 (subject to SC36.41.2) each Commissioner must pay the Provider, in accordance with all applicable Law and Guidance (including the Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance), the appropriate contribution on account for all Services delivered by the Provider in accordance with this Contract</p>	<b>All</b>



<p>to any Chargeable Overseas Visitor in respect of whom that Commissioner is the Responsible Commissioner;</p> <p>36.41.4 the Provider must refund to the relevant Commissioner any such contribution on account if and to the extent that charges are collected from a Chargeable Overseas Visitor or other person liable to pay charges in respect of that Chargeable Overseas Visitor, in accordance with all applicable Law and Guidance (including Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance);</p> <p>36.41.5 the Provider must make full use of existing mechanisms designed to increase the rates of recovery of the cost of Services provided to overseas visitors insured by another state, including the overseas visitors treatment portal; and</p> <p>36.41.6 each Commissioner must pay the Provider, in accordance with all applicable Law and Guidance (including Overseas Visitor Charging Regulations and Overseas Visitor Charging Guidance), the appropriate sum for all Services delivered by the Provider to any overseas visitor in respect of whom that Commissioner is the Responsible Commissioner and which have been reported through the overseas visitors treatment portal.</p>	
<p>36.42 In its performance of this Contract the Provider must not provide or offer to a Service User any clinical or medical services for which any charges would be payable by the Service User except in accordance with this Contract, the Law and/or Guidance.</p>	<b>All</b>
<p><b>Patient Pocket Money</b></p> <p>36.43 The Provider must administer and pay all Patient Pocket Money to which a Service User is entitled to that Service User in accordance with Good Practice and the local arrangements that are in place and the relevant Commissioner must reimburse the Provider within 20 Operational Days following receipt of an appropriate invoice any Patient Pocket Money correctly administered and paid to the Service User.</p>	<b>MH, MHSS</b>
<p><b>VAT</b></p> <p>36.44 Payment is exclusive of any applicable VAT for which the Commissioners will be additionally liable to pay the Provider upon receipt of a valid tax invoice at the prevailing rate in force from time to time.</p>	<b>All</b>
<p><b>Contested Payments</b></p> <p>36.45A Once the Provider has submitted Activity data to SUS in respect of a given month, each Commissioner may raise with the Provider any validation queries it has in relation to that data, and the Provider must answer those queries promptly and fully. The Parties must use all reasonable endeavours to resolve any queries by the Post Reconciliation Monthly Inclusion Date.</p>	<b>All</b>



<p>36.45 If a Party contests all or any part of any payment calculated in accordance with this SC36:</p> <p>36.45.1 the contesting Party must (as appropriate):</p> <p>36.45.1.1 within 5 Operational Days of the receipt of the reconciliation account in accordance with SC36.31, or the final reconciliation account in accordance with SC36.30 (as appropriate); or</p> <p>36.45.1.2 within 5 Operational Days of the receipt by that Party of an invoice in accordance with SC36.35 or 36.36,</p> <p>notify the other Party or Parties, setting out in reasonable detail the reasons for contesting that account or invoice (as applicable), and in particular identifying which elements are contested and which are not contested; and</p> <p>36.45.2 any uncontested amount must be paid in accordance with this Contract by the Party from whom it is due; and</p> <p>36.45.3 if the matter has not been resolved within 20 Operational Days of the date of notification under SC36.45.1, the contesting Party must refer the matter to Dispute Resolution,</p> <p>and following the resolution of any Dispute referred to Dispute Resolution in accordance with this SC36.45, insofar as any amount shall be agreed or determined to be payable the Provider must immediately issue an invoice or credit note (as appropriate) for such amount. Any sum due must be paid immediately together with interest calculated in accordance with SC36.46. For the purposes of SC36.46 the date the amount was due will be the date it would have been due had the amount not been disputed.</p>	<p><b>All</b></p>
<p><b>Interest on Late Payments</b></p> <p>36.46 Subject to any express provision of this Contract to the contrary (including without limitation the Withholding and Retention of Payment Provisions), each Party will be entitled, in addition to any other right or remedy, to receive interest at the applicable rate under the Late Payment of Commercial Debts (Interest) Act 1998 on any payment not made from the date after the date on which payment was due up to and including the date of payment.</p>	<p><b>All</b></p>
<p><b>Set Off</b></p> <p>36.47 Whenever any sum is due from one Party to another as a consequence of reconciliation under this SC36 or Dispute Resolution or otherwise, the Party due to be paid that sum may deduct it from any amount that it is due to pay the other, provided that it has given 5 Operational Days' notice of its intention to do so.</p>	<p><b>All</b></p>



<p><b>Invoice Validation</b></p> <p>36.48 The Parties must comply with Law and Guidance (including Who Pays? Guidance and Invoice Validation Guidance) in respect of the use of data in the preparation and validation of invoices.</p>	<p><b>All</b></p>
<p><b>Submission of Invoices</b></p> <p>36.49 The Provider must submit all invoices via the e-Invoicing Platform in accordance with e-Invoicing Guidance or via an alternative PEPPOL-compliant e-invoicing system.</p>	<p><b>All</b></p>
<p><b>QUALITY REQUIREMENTS AND INCENTIVE SCHEMES</b></p>	
<p><b>SC37 Local Quality Requirements and Local Incentive Scheme</b></p> <p>37.1 The Parties must comply with their duties under the Law to improve the quality of clinical and/or care services for Service Users, having regard to Guidance.</p>	<p><b>All</b></p>
<p>37.2 Nothing in this Contract is intended to prevent this Contract from setting higher quality requirements than those laid down under Monitor's Licence (if any) or required by any relevant Regulatory or Supervisory Body.</p>	<p><b>All</b></p>
<p>37.3 Before the start of each Contract Year, the Co-ordinating Commissioner and the Provider will agree the Local Quality Requirements and Local Incentive Scheme Indicators that are to apply in respect of that Contract Year. In order to secure continual improvement in the quality of the Services, those Local Quality Requirements and Local Incentive Scheme Indicators must not, except in exceptional circumstances, be lower or less onerous than those for the previous Contract Year. The Co-ordinating Commissioner and the Provider must give effect to those revised Local Quality Requirements and Local Incentive Scheme Indicators by means of a Variation (and, where revised Local Quality Requirements and Local Incentive Scheme Indicators are in respect of a Service to which a National Price applies and if appropriate, a Local Variation in accordance with SC36.11 to 36.15 (<i>Local Variations</i>)).</p>	<p><b>All</b></p>
<p>37.4 If revised Local Quality Requirements and/or Local Incentive Scheme Indicators cannot be agreed between the Parties, the Parties must refer the matter to Dispute Resolution for escalated negotiation and then (failing agreement) mediation.</p>	<p><b>All</b></p>
<p>37.5 For the avoidance of doubt, the Local Incentive Scheme Indicators will apply in addition to and not in substitution for the Local Quality Requirements.</p>	<p><b>All</b></p>



<p><b>SC38 CQUIN</b></p> <p>38.1 Where and as required by the Aligned Payment and Incentive Rules and by CQUIN Guidance:</p> <p>38.1.1 the Parties must implement a performance incentive scheme in accordance with the Aligned Payment and Incentive Rules and with CQUIN Guidance for each Contract Year or the appropriate part of it; and</p> <p>38.1.2 if the Provider has satisfied a CQUIN Indicator, a CQUIN Payment calculated in accordance with CQUIN Guidance will be payable by the relevant Commissioners to the Provider in accordance with Schedule 3E (CQUIN).</p>	<p><b>CQUIN applies</b></p>
<p><b>CQUIN Performance Report</b></p> <p>38.2 The Provider must submit to the Co-ordinating Commissioner a CQUIN Performance Report at the frequency and otherwise in accordance with the National Requirements Reported Locally.</p>	<p><b>CQUIN applies</b></p>
<p>38.3 The Co-ordinating Commissioner must review and discuss with each Commissioner the contents of each CQUIN Performance Report.</p>	<p><b>CQUIN applies</b></p>
<p>38.4 If any Commissioner wishes to challenge the content of any CQUIN Performance Report (including the clinical or other supporting evidence included in it) the Coordinating Commissioner must serve a CQUIN Query Notice on the Provider within 10 Operational Days of receipt of the CQUIN Performance Report.</p>	<p><b>CQUIN applies</b></p>
<p>38.5 In response to any CQUIN Query Notice the Provider must, within 10 Operational Days of receipt, either:</p> <p>38.5.1 submit a revised CQUIN Performance Report (including, where appropriate, further supporting evidence); or</p> <p>38.5.2 refer the matter to Dispute Resolution.</p>	<p><b>CQUIN applies</b></p>
<p>38.6 If the Provider submits a revised CQUIN Performance Report in accordance with SC38.5, the Co-ordinating Commissioner must, within 10 Operational Days of receipt, either:</p> <p>38.6.1 accept the revised CQUIN Performance Report; or</p> <p>38.6.2 refer the matter to Dispute Resolution.</p>	<p><b>CQUIN applies</b></p>
<p><b>Reconciliation</b></p>	



38.7	<p>Within 20 Operational Days following the later of:</p> <p>38.7.1 the end of the Contract Year; and</p> <p>38.7.2 the agreement or resolution of all CQUIN Performance Reports in respect of that Contract Year,</p> <p>the Provider must submit a CQUIN Reconciliation Account to the Co-ordinating Commissioner.</p>	<b>CQUIN applies</b>
38.8	<p>Within 5 Operational Days of receipt of either the CQUIN Reconciliation Account under SC38.7, the Co-ordinating Commissioner must either agree it or wholly or partially contest it in accordance with SC38.10. The Co-ordinating Commissioner's agreement of the CQUIN Reconciliation Account under SC38.7 must not be unreasonably withheld or delayed.</p>	<b>CQUIN applies</b>
38.9	<p>The Co-ordinating Commissioner's agreement of the CQUIN Reconciliation Account under SC38.7 will trigger a reconciliation payment by each relevant Commissioner to the Provider or by the Provider to each relevant Commissioner (as appropriate). The Provider must supply to each Commissioner a credit note within 5 Operational Days of the agreement and payment must be made within 10 Operational Days following issue of the credit note.</p>	<b>CQUIN applies</b>
38.10	<p>If the Co-ordinating Commissioner contests either the CQUIN Reconciliation Account or the reconciliation statement:</p> <p>38.10.1 the Co-ordinating Commissioner must within 5 Operational Days notify the Provider accordingly, setting out in reasonable detail the reasons for contesting the account, and in particular identifying which elements are contested and which are not contested;</p> <p>38.10.2 any uncontested amount identified in either the CQUIN Reconciliation Account under SC38.7 or the reconciliation statement under SC38.11 must be paid in accordance with this SC38.10 by the Provider; and</p> <p>38.10.3 if the matter has not been resolved within 20 Operational Days following the date of notification under SC38.10.1, either the Provider or the Co-ordinating Commissioner may refer the matter to Dispute Resolution,</p> <p>and within 20 Operational Days following the resolution of any Dispute referred to Dispute Resolution in accordance with this SC38.10, if any amount is agreed or determined to be payable the Provider must immediately issue a credit note for that amount. The Provider must immediately pay the amount due to together with interest calculated in accordance with SC36.46. For the purposes of SC36.46 the date the amount was due will be the date it would have been due had the amount not been disputed.</p>	<b>CQUIN applies</b>

## PROCUREMENT OF GOODS AND SERVICES



<p><b>SC39 Procurement of Good and Services</b></p> <p><b>Nominated Supply Agreements</b></p> <p>39.1 The Co-ordinating Commissioner has (if so recorded in Schedule 2G (<i>Other Local Agreements, Policies and Procedures</i>)) given notice, and/or may at any time give reasonable written notice, requiring the Provider to purchase (and to ensure that any Sub-Contractor purchases) a device or devices listed in the High Cost Devices and Listed Procedures tab, or a drug or drugs listed in the High Cost Drugs tab, or an innovation or technology listed in the Listed Innovations and Technologies tab, at Annex A to the National Tariff, and used in the delivery of the Services, from a supplier, intermediary or via a framework listed in that notice. The Provider must purchase (and must ensure that any Sub-Contractor which is an NHS Trust or an NHS Foundation Trust must purchase) any adalimumab used in delivery of the Services via and in accordance with the Adalimumab Framework. The Provider will not be entitled to payment for any such item purchased and used in breach of this SC39.1 and/or such a notice.</p>	<p><b>A, A+E, CR, R (NHS Trust/FT only)</b></p>
<p><b>Nationally Contracted Products Programme</b></p> <p>39.2 The Provider must use all reasonable endeavours to co-operate with NHS Improvement and NHS Supply Chain to implement in full the requirements of the Nationally Contracted Products Programme.</p>	<p><b>NHS Trust/FT</b></p>
<p><b>National Genomic Test Directory</b></p> <p>39.3 Where, in the course of providing the Services, the Provider or any Sub-Contractor requires a sample taken from a Service User to be subject to a genomic laboratory test listed in the National Genomic Test Directory, that sample must be submitted to the appropriate Genomic Laboratory Hub commissioned by NHS England to arrange and/or perform the relevant test. Each submission of a sample must be made in accordance with the criteria for ordering tests set out in the National Genomic Test Directory.</p>	<p><b>A+E, A, CR, CS, D, MH, MHSS, R</b></p>
<p><b>National Ambulance Vehicle Specification</b></p> <p>39.4 If the Provider wishes to place any order for a new standard double-crewed emergency ambulance base vehicle and/or conversion for use in provision of the Services, it must (unless it has received written confirmation, in advance, from the Co-ordinating Commissioner that the Co-ordinating Commissioner has agreed in writing with NHS England and NHS Improvement that the National Ambulance Vehicle Specification need not apply to that order):</p> <p>39.4.1 ensure that its order specifies that the vehicle and/or conversion must comply with the National Ambulance Vehicle Specification; and</p>	<p><b>AM (NHS Trust/FT only)</b></p>
<p>39.4.2 (having received notification from NHS England and NHS Improvement that the National Ambulance Vehicle Supply Agreement is in operation) place its order via and in accordance with the National Ambulance Vehicle Supply Agreement.</p>	



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**NHS Standard Contract 2021/22**  
**General Conditions (Full Length)**

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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 the 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.

1.3 If there is any conflict or inconsistency between the provisions of this Contract and any of the documents listed or referred to in Schedule 1B (*Commissioner Documents*), Schedule 2G (*Other Local*



*Agreements, Policies and Procedures*) or Schedule 5A (*Documents Relied On*), the provisions of this Contract will prevail.

## **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 Co-ordinating Commissioner must deliver the Commissioner Documents to the Provider before the Expected Service Commencement Date.
- 4.3 The Parties must work together to facilitate the delivery of the Services with effect from the Expected Service Commencement Date.
- 4.4 The Parties must implement any Transition Arrangements set out in Schedule 2H (*Transition Arrangements*).
- 4.5 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), abide by the staff pledges and responsibilities outlined in the NHS Constitution and implement the actions expected of employers as set out in the NHS People Plan.
- 5.2 The Provider must comply with regulations 18 and 19 of the 2014 Regulations, and without prejudice to that obligation must:
  - 5.2.1 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;
  - 5.2.2 in determining planned Staff numbers and skill mix for Services, have regard to applicable Staffing Guidance;
  - 5.2.3 undertake robust quality impact assessments, as required by Staffing Guidance, before making any material changes to Staff numbers, skill-mix or roles;



- 5.2.4 continually evaluate in respect of each Service individually and the Services as a whole:
    - 5.2.4.1 actual numbers and skill mix of clinical Staff on duty against planned numbers and skill mix of clinical Staff on a shift-by-shift basis; and
    - 5.2.4.2 the impact of variations in actual numbers and skill mix of clinical Staff on duty on Service User experience and outcomes, by reference to the measures recommended in Staffing Guidance;
  - 5.2.5 undertake a detailed review of staffing requirements every 12 months to ensure that the Provider remains able to meet the requirements set out in GC5.2.1;
  - 5.2.6 report the outcome of each review undertaken under GC5.2.5 to its Governing Body and submit further reports on staffing matters regularly to its Governing Body as required by Staffing Guidance;
  - 5.2.7 report to the Co-ordinating Commissioner immediately any material concern in relation to the safety of Service Users and/or the quality or outcomes of any Service arising from those reviews and evaluations;
  - 5.2.8 report to the Co-ordinating Commissioner on the outcome of those reviews and evaluations at least once every 12 months, and in any event as soon as practicable and by no later than 20 Operational Days following receipt of written request;
  - 5.2.9 implement Lessons Learned from those reviews and evaluations, and demonstrate at Review Meetings the extent to which improvements to each affected Service have been made as a result; and
  - 5.2.10 make the outcome of those reviews and evaluations and Lessons Learned available to the public by disclosure at public board meetings, publication on the Provider's website or by other means, in each case as approved by the Co-ordinating Commissioner, and in each case at least once every 12 months.
- 5.3 The Provider must implement a standard operating procedure, as required by Staffing Guidance, for responding to any day-to-day shortfalls in the number and skill mix of Staff available to provide each Service and inform the Co-ordinating Commissioner immediately of any actual or expected material impact on the delivery of Services arising from any such shortfall and/or implementation of the procedure. The implementation of any such standard operating procedure will not affect the rights and obligations of the Parties under this Contract in respect of any Suspension Event or Event of Force Majeure, or in respect of any failure on the part of the Provider to comply with any obligation on its part under this Contract.
- 5.4 The Provider must ensure that all Staff:
- 5.4.1 if applicable, are registered with and where required have completed their revalidations by the appropriate professional regulatory body;
  - 5.4.2 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;
  - 5.4.3 are covered by the Provider's (and/or by the relevant Sub-Contractor's) Indemnity Arrangements for the provision of the Services;
  - 5.4.4 carry, and where appropriate display, valid and appropriate identification; and
  - 5.4.5 are aware of and respect equality and human rights of colleagues, Service Users, Carers and the public.



- 5.5 The Provider must have in place systems for seeking and recording specialist professional advice and must ensure that every member of Staff involved in the provision of the Services receives:
- 5.5.1 proper and sufficient induction, continuing professional and personal development, clinical supervision, training and instruction;
  - 5.5.2 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
  - 5.5.3 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 and, in relation to clinical supervision for midwives, to A-EQUIP Guidance.
- 5.6 At the request of the Co-ordinating Commissioner, the Provider must provide details of its analysis of Staff training needs and a summary of Staff training provided and appraisals undertaken.
- 5.7 The Provider must cooperate with the LETB and Health Education England in the manner and to the extent they request in planning the provision of, and in providing, education and training for healthcare workers, and must provide them with whatever information they request for such purposes. The Provider must have regard to the HEE Quality Framework and to HEE Guidance for Placements of Doctors in Training.
- 5.8 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.

#### **Violence Prevention and Reduction Standard**

- 5.9 The Provider must have regard to the NHS Violence Prevention and Reduction Standard.

#### **Freedom To Speak Up**

- 5.10 The Provider must:
- 5.10.1 appoint 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;
  - 5.10.2 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;
  - 5.10.3 co-operate with the National Guardian's Office in relation to any case reviews and take appropriate and timely action in response to the findings of such reviews;
  - 5.10.4 have in place, promote and operate (and must ensure that all Sub-Contractors have in place, promote and operate) a policy and effective procedures, in accordance with Raising Concerns Policy for the NHS, to ensure that Staff have appropriate means through which they may speak up about any concerns they may have in relation to the Services;
  - 5.10.5 give due regard to, and comply with all recommendations set out in, Settlement Agreement Guidance;



- 5.10.6 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; and
- 5.10.7 without prejudice to GC5.10.5, ensure that the following provision is included in each settlement agreement or any other agreement entered into by it or any Sub-Contractor with any member of Staff on or in relation to the termination or expiry of employment or engagement of that member of Staff:

*“For the avoidance of doubt, nothing in this agreement shall:*

*(a) prevent or inhibit, or purport to prevent or inhibit, [the worker] from speaking up about any concerns he/she may have in relation to the quality and/or safety of the care provided by his/her employer or by any other organisation, nor from speaking up to any statutory, regulatory, supervisory or professional body in accordance with his/her professional and ethical obligations including those obligations set out in guidance issued by any statutory, regulatory, supervisory or professional body from time to time; nor*

*(b) prejudice any right of [the worker] to make disclosures under the Employment Rights Act 1996.”*

### **Pre-employment Checks**

- 5.11 Subject to GC5.12, 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:
- 5.11.1 NHS Employment Check Standards; and
- 5.11.2 other checks as required by the DBS or which are to be undertaken in accordance with current and future national guidelines and policies.
- 5.12 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 & 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.

### **Workforce Sharing Arrangements**

- 5.13 Where the Provider intends to implement, with another provider of NHS-funded healthcare services, arrangements to deploy staff on a flexible basis across their respective sites and services, it must enter into an appropriate Workforce Sharing Arrangement with that other provider to document those arrangements.

### **TUPE**

- 5.14 The Provider must comply and must ensure that any Sub-Contractor will comply with their respective obligations under TUPE and COSOP in relation to any persons who transfer to the employment of the Provider or that Sub-Contractor by operation of TUPE and/or COSOP as a result of this Contract or any Sub-Contract, and that the Provider or the relevant Sub-



Contractor (as appropriate) will ensure a smooth transfer of those persons to its employment. The Provider must indemnify and keep indemnified the Commissioners and any previous provider of services equivalent to the Services or any of them before the Service Commencement Date against any Losses in respect of:

- 5.14.1 any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any relevant transfer under TUPE and/or COSOP;
  - 5.14.2 any claim by any person that any proposed or actual substantial change by the Provider and/or any Sub-Contractor to that person's working conditions or any proposed measures on the part of the Provider and/or any Sub-Contractor are to that person's detriment, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor; and/or
  - 5.14.3 any claim by any person in relation to any breach of contract arising from any proposed measures on the part of the Provider and/or any Sub-Contractor, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor.
- 5.15 If the Co-ordinating Commissioner notifies the Provider that any Commissioner intends to tender or retender any Services, the Provider must within 20 Operational Days following written request (unless otherwise agreed in writing) provide the Co-ordinating Commissioner with anonymised details (as set out in Regulation 11(2) of TUPE) of Staff engaged in the provision of the relevant Services who may be subject to TUPE. The Provider must indemnify and keep indemnified the relevant Commissioner and, at the Co-ordinating Commissioner's request, any new provider who provides any services equivalent to the Services or any of them after expiry or termination of this Contract or termination of a Service, against any Losses in respect any inaccuracy in or omission from the information provided under this GC5.15.
- 5.16 During the 3 months immediately preceding the expiry of this Contract or at any time following a notice of termination of this Contract or of any Service being given, the Provider must not and must procure that its Sub-Contractors do not, without the prior written consent of the Co-ordinating Commissioner (that consent not to be unreasonably withheld or delayed), in relation to any persons engaged in the provision of the Services or the relevant Service:
- 5.16.1 terminate or give notice to terminate the employment of any person engaged in the provision of the Services or the relevant Service (other than for gross misconduct);
  - 5.16.2 increase or reduce the total number of people employed or engaged in the provision of the Services or the relevant Service by the Provider and any Sub-Contractor by more than 5% (except in the ordinary course of business);
  - 5.16.3 propose, make or promise to make any material change to the remuneration or other terms and conditions of employment of the individuals engaged in the provision of the Services or the relevant Service;
  - 5.16.4 replace or relocate any persons engaged in the provision of the Services or the relevant Service or reassign any of them to duties unconnected with the Services or the relevant Service; and/or
  - 5.16.5 assign or redeploy to the Services or the relevant Service any person who was not previously a member of Staff engaged in the provision of the Services or the relevant Service.
- 5.17 On termination or expiry of this Contract or of any Service for any reason, the Provider must indemnify and keep indemnified the relevant Commissioners and any new provider who provides any services equivalent to the Services or any of them after that expiry or termination against any Losses in respect of:



- 5.17.1 the employment or termination of employment of any person employed or engaged in the delivery of the relevant Services by the Provider and/or any Sub-Contractor before the expiry or termination of this Contract or of any Service which arise from the acts or omissions of the Provider and/or any Sub-Contractor;
- 5.17.2 claims brought by any other person employed or engaged by the Provider and/or any SubContractor who is found to or is alleged to transfer to any Commissioner or new provider under TUPE and/or COSOP; and/or
- 5.17.3 any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any transfer to any Commissioner or new provider.

### **Employment or Engagement following NHS Redundancy**

- 5.18 If at any time during the term of this Contract a Commissioner, the Provider or any Sub-Contractor intends to employ or engage an individual (unless for a period of 15 days or less in any rolling 90 day period), the relevant Party must (or the Provider must ensure that the Sub-Contractor will):
  - 5.18.1 require that individual to disclose whether, within the period of twelve months ending with the proposed commencement of their employment or engagement with the Commissioner, the Provider or Sub-Contractor (as appropriate), they have received a contractual redundancy payment from an NHS Employer consequent on their redundancy from a post as a Very Senior Manager; and if so
  - 5.18.2 require the individual to identify that NHS Employer;
  - 5.18.3 require that individual to notify the NHS Employer of their conditional offer of employment or engagement with the Commissioner, the Provider or Sub-Contractor (as appropriate);
  - 5.18.4 require that individual either (a) to make arrangements with that NHS Employer to pay to the NHS Employer the Redundancy Repayment (whether or not conditional on an appropriate restoration of reckonable service), or (b) to agree to the inclusion in their terms and conditions of employment or engagement with the Commissioner, the Provider or Sub-Contractor the provisions set out in GC5.18.6 below;
  - 5.18.5 not make any unconditional offer of employment or engagement to the individual without first having received either (a) confirmation from the NHS Employer that binding arrangements are in place with the individual for payment to the NHS Employer of the Redundancy Repayment, or (b) confirmation from the individual of their agreement to the inclusion in their terms and conditions of employment or engagement with the Commissioner, the Provider or Sub-Contractor (as appropriate) of the provisions set out in GC5.18.6; and
  - 5.18.6 unless it has received confirmation from the NHS Employer in accordance with GC5.18.5(a), include (and throughout the term of that individual's employment or engagement retain) in that individual's terms and conditions of employment or engagement (as appropriate) the following provisions:

*You have confirmed that you have, within the period of twelve months ending with the commencement of your employment or engagement under this agreement, received a contractual redundancy payment under section 16 of the NHS Terms and Conditions of Service Handbook from an NHS Employer, as defined in Annex A of the Handbook but which for those purposes will include NHS Improvement, being [INSERT NAME OF NHS EMPLOYER] consequent on your redundancy from a post as a Very Senior Manager.*



As a condition of your employment or engagement under this agreement: you acknowledge and agree that you will repay to that NHS Employer a sum being a proportion of that contractual redundancy payment (£R), calculated as follows:

$$\text{£R} = (\text{S} \times (\text{A} - \text{B})) - (\text{C} + \text{D}),$$

where:

**S** is the lesser of (a) the amount of a month's pay used to calculate your contractual redundancy payment, or (b) the amount of any maximum monthly sum for the purposes of that calculation applicable at the date of the redundancy, as determined by Agenda for Change;

**A** is the number of years used in the calculation of your contractual redundancy payment;

**B** is the number of complete calendar months between the date of termination of your employment by the NHS Employer and the date of commencement of your employment or engagement under this agreement;

**C** is the total statutory redundancy payment that you were entitled to receive on redundancy from that NHS Employer; and

**D** is the amount of any income tax deducted by that NHS Employer from the contractual redundancy payment,

**But** for the avoidance of doubt you will have no liability to repay any sum if **B** is greater than or equal to **A**

You consent to our deducting from your net monthly pay or remuneration each month a sum equal to no more than [**X% - for agreement with the individual and the NHS Employer**] of your net monthly pay or remuneration and that we will pay each sum deducted to that NHS Employer as an instalment of the repayment of the sum £R, until the sum £R has been fully repaid.

In this provision:

**Agenda for Change** means the single pay system in operation in the NHS, which applies to all directly employed NHS staff with the exception of doctors, dentists and some very senior managers **NHS Employer** has the meaning given to it in Annex 1 to the NHS Terms and Conditions of Service Handbook

**NHS Terms and Conditions of Service Handbook** means the handbook of NHS terms and conditions of service published at: <http://www.nhsemployers.org/your-workforce/pay-andreward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook>

**Very Senior Manager** means, whether or not the relevant NHS Employer operates the Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts, an individual as described in paragraph 4 of that framework, whether that individual is engaged under a contract of employment or a contract for services

- 5.19 If at any time during the term of this Contract any Commissioner or the Provider engages a management consultancy or other advisory business to provide management, financial, clinical or other advisory services, it must require, as a term of that engagement, that no individual who has received a contractual redundancy payment from an NHS Employer consequent on their redundancy from a post as a Very Senior Manager within the previous twelve months is involved in any way in the provision of those services unless that individual has paid to the NHS Employer the Redundancy Repayment.



- 5.20 A Commissioner must not, the Provider must not, and the Provider must ensure that any Sub-contractor does not, enter into any arrangement with any individual the effect or intention of which is to circumvent the operation or intent of GC5.18 or 5.19.
- 5.21 If a Commissioner or the Provider fails to comply with its obligations under GC5.18, 5.19 or 5.20 in respect of any relevant individual, it must pay to the relevant NHS Employer the Redundancy Repayment or the proportion of it which the individual would otherwise have been required to repay.

#### **GC6 Intentionally Omitted GC7 Intentionally Omitted GC8 Review**

- 8.1 At the intervals set out in the Particulars, the Co-ordinating Commissioner and the Provider must hold Review Meetings to review and discuss as necessary or appropriate:
- 8.1.1 all Service Quality Performance Reports issued since the Service Commencement Date or the last Review Meeting (as appropriate);
  - 8.1.2 performance of the Parties under this Contract;
  - 8.1.3 performance of the Provider under any DQIP, SDIP, Remedial Action Plan or other Provider plan in place under or in connection with this Contract;
  - 8.1.4 levels of Activity, Referrals and Utilisation under this Contract;
  - 8.1.5 any Variation (including any National Variation) proposed in relation to this Contract;
  - 8.1.6 the Prices; and
  - 8.1.7 any other matters that either considers necessary in relation to this Contract.
- 8.2 Following each Review Meeting the Co-ordinating Commissioner must prepare and both the Coordinating Commissioner and the Provider must sign a Review Record recording (without limitation) all the matters raised during the Review, actions taken, agreements reached, Disputes referred to Dispute Resolution, and any Variations agreed.
- 8.3 If any Dispute which has arisen during the Review is not shown in the Review Record or is not referred to Dispute Resolution within 10 Operational Days after signature of that Review Record it will be deemed withdrawn.
- 8.4 Notwithstanding GC8.1, if either the Co-ordinating Commissioner or the Provider:
- 8.4.1 reasonably considers that a circumstance constitutes an emergency or otherwise requires immediate resolution; or
  - 8.4.2 considers that a JI Report requires consideration sooner than the next scheduled Review Meeting,
- that Party may by notice require that a Review Meeting be held as soon as practicable and in any event within 5 Operational Days following that notice.

#### **GC9 Contract Management**

- 9.1 If the Parties have agreed a consequence in relation to the Provider failing to meet a Quality Requirement and the Provider fails to meet the Quality Requirement, the Co-ordinating Commissioner will be entitled to exercise the agreed consequence immediately and without issuing a Contract Performance Notice, irrespective of any other rights the Co-ordinating Commissioner may have under this GC9.



- 9.2 The provisions of this GC9 do not affect any other rights and obligations the Parties may have under this Contract.
- 9.3 GC9.16, 9.20, 9.21, 9.22 and 9.24 will not apply if the Provider's failure to agree or comply with a Remedial Action Plan (as the case may be) is as a result of an act or omission or the unreasonableness of the Coordinating Commissioner or the relevant Commissioner.

#### **Contract Performance Notice**

- 9.4 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.
- 9.5 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**

- 9.6 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.
- 9.7 At the Contract Management Meeting the Co-ordinating Commissioner and the Provider must agree either:
- 9.7.1 that the Contract Performance Notice is withdrawn; or
- 9.7.2 to implement an appropriate Immediate Action Plan and/or Remedial Action Plan.

If the Co-ordinating Commissioner and the Provider cannot agree on either course of action, they must undertake a Joint Investigation.

#### **Joint Investigation**

- 9.8 If a Joint Investigation is to be undertaken:
- 9.8.1 the Co-ordinating Commissioner and the Provider must agree the terms of reference and timescale for the Joint Investigation (being no longer than 2 months) and the appropriate clinical and/or non-clinical representatives from each relevant Party to participate in the Joint Investigation; and
- 9.8.2 the Co-ordinating Commissioner and the Provider may agree an Immediate Action Plan to be implemented concurrently with the Joint Investigation.
- 9.9 On completion of a Joint Investigation, the Co-ordinating Commissioner and the Provider must produce and agree a JI Report. The JI Report must include a recommendation to be considered at the next Review Meeting that either:
- 9.9.1 the Contract Performance Notice be withdrawn; or
- 9.9.2 a Remedial Action Plan be agreed and implemented.
- 9.10 Either the Co-ordinating Commissioner or the Provider may require a Review Meeting to be held at short notice in accordance with GC8.4 to consider a JI Report.

#### **Remedial Action Plan**



- 9.11 If a Remedial Action Plan is to be implemented, the Co-ordinating Commissioner and the Provider must agree the contents of the Remedial Action Plan within:
- 9.11.1 5 Operational Days following the Contract Management Meeting; or
  - 9.11.2 5 Operational Days following the Review Meeting in the case of a Remedial Action Plan recommended under GC9.9.
- as appropriate.
- 9.12 The Remedial Action Plan must set out:
- 9.12.1 actions required and which Party is responsible for completion of each action to remedy the failure in question and the date by which each action must be completed;
  - 9.12.2 the improvements in outcomes and/or other key indicators required, the date by which each improvement must be achieved and for how long it must be maintained; and
  - 9.12.3 any agreed reasonable and proportionate financial sanctions or other consequences for any Party for failing to complete any agreed action and/or to achieve and maintain any agreed improvement (any financial sanctions applying to the Provider not to exceed in aggregate 10% of the Expected Monthly Value or of the Actual Monthly Value in any month, as applicable, in respect of any Remedial Action Plan).
- If a Remedial Action Plan is agreed during the final Contract Year, that Remedial Action Plan may specify a date by which an action is to be completed or an improvement is to be achieved or a period for which an improvement is to be maintained falling or extending after the Expiry Date, with a view to that Remedial Action Plan being incorporated in an SDIP under a subsequent contract between one or more of the Commissioners and the Provider for delivery of services the same or substantially the same as the Services.
- 9.13 The Provider and each relevant Commissioner must implement the actions and achieve and maintain the improvements applicable to it within the timescales set out in, and otherwise in accordance with, the Remedial Action Plan.
- 9.14 The Co-ordinating Commissioner and the Provider must record progress made or developments under the Remedial Action Plan in accordance with its terms. The Co-ordinating Commissioner and the Provider must review and consider that progress on an ongoing basis and in any event at the next Review Meeting.

#### **Withholding Payment for Failure to Engage or Agree**

- 9.15 If:
- 9.15.1 either the Co-ordinating Commissioner or the Provider fails to attend a Contract Management Meeting within 20 Operational Days following the date of the Contract Performance Notice to which it relates; or
  - 9.15.2 at a Contract Management Meeting the Co-ordinating Commissioner and the Provider fail to agree a course of action in accordance with GC9.7, and subsequently fail to agree within 20 Operational Days following the Contract Management Meeting the terms of reference and timescale for a Joint Investigation in accordance with GC9.8; or
  - 9.15.3 on completion of a Joint Investigation, the Co-ordinating Commissioner and the Provider fail to agree a JI Report in accordance with GC9.9 before the next Review Meeting; or



9.15.4 it has been agreed that a Remedial Action Plan is to be implemented, but the Co-ordinating Commissioner and the Provider have not agreed a Remedial Action Plan within the relevant period specified in GC9.11,

then, unless the Contract Performance Notice has been withdrawn, they must immediately and jointly notify the Governing Body of both the Provider and the relevant Commissioners accordingly (and if one Party refuses to do so, the other may do so on behalf of both Parties).

9.16 If, 10 Operational Days after notifying the Governing Bodies, and due wholly or mainly to unreasonableness or failure to engage on the part of the Provider:

9.16.1 the Co-ordinating Commissioner and the Provider have still not both attended a Contract Management Meeting; or

9.16.2 the Co-ordinating Commissioner and the Provider have still not agreed either a course of action or the terms of reference and timescale for a Joint Investigation; or

9.16.3 the Co-ordinating Commissioner and the Provider have still not agreed a JI Report; or

9.16.4 the Co-ordinating Commissioner and the Provider have still not agreed a Remedial Action Plan,

as the case may be, the Co-ordinating Commissioner may recommend the Commissioners to withhold, or itself withhold (on behalf of all Commissioners), a reasonable and proportionate sum up to 2% of the Expected Monthly Value or of the Actual Monthly Value, as applicable, for each further month that the particular failure to attend or agree, as referred to in GC9.16.1 - 9.16.4 continues.

9.17 The Commissioners or the Co-ordinating Commissioner (as appropriate) must pay the Provider any sums withheld under GC9.16 within 10 Operational Days of receiving the Provider's agreement to a Remedial Action Plan (or, if earlier, of the withdrawal of the relevant Contract Performance Notice). Unless GC9.23 applies, those sums are to be paid without interest.

### **Implementation and Breach of Remedial Action Plan**

9.18 If, following implementation of a Remedial Action Plan, the agreed actions have been completed and the agreed improvements achieved and maintained, it must be noted in the next Review that the Remedial Action Plan has been completed.

9.19 If either the Provider or any Commissioner fails to complete an action required of it, or to deliver or maintain the improvement required, by a Remedial Action Plan in accordance with that Remedial Action Plan, then the Co-ordinating Commissioner or the Provider (as appropriate) may, at its discretion, apply any financial or other sanction agreed in relation to that failure.

### **Exception Report**

9.20 If a Party fails to complete an action required of it, or to deliver or maintain the improvement required, by a Remedial Action Plan in accordance with that Remedial Action Plan and does not remedy that failure within 5 Operational Days following receipt of notice requiring it to do so, the Provider or the Co-ordinating Commissioner (as the case may be) may issue an Exception Report:

9.20.1 to the relevant Party's chief executive and/or Governing Body; and/or

9.20.2 (if it reasonably believes it is appropriate to do so) to any appropriate Regulatory or Supervisory Body,



in order that each of them may take whatever steps they think appropriate.

#### **Withholding of Payment at Exception Report for Breach of Remedial Action Plan**

9.21 If the Provider fails to complete an action required of it, or to deliver the improvement required, by a Remedial Action Plan in accordance with that Remedial Action Plan:

9.21.1 (if the Remedial Action Plan does not itself provide for a withholding or other financial sanction in relation to that failure) the Co-ordinating Commissioner may, when issuing an Exception Report, instruct the Commissioners to withhold, or itself withhold (on behalf of all Commissioners), in respect of each action not completed or improvement not met, a reasonable and proportionate sum of up to 2% of the Expected Monthly Value or of the Actual Monthly Value, as applicable, from the date of issuing the Exception Report and for each month the Provider's breach continues and/or the required improvement has not been achieved and maintained, subject to a maximum monthly withholding in relation to each Remedial Action Plan of 10% of the Expected Monthly Value or of the Actual Monthly Value, as applicable; and

9.21.2 the Commissioners or the Co-ordinating Commissioner (as appropriate) must pay the Provider any sums withheld under GC9.19 or GC9.21.1 within 10 Operational Days following the Coordinating Commissioner's confirmation that the breach of the Remedial Action Plan has been rectified and/or the required improvement has been achieved and maintained. Subject to GC9.23, no interest will be payable on those sums.

#### **Retention of Sums Withheld for Breach of Remedial Action Plan**

9.22 If, 20 Operational Days after an Exception Report has been issued under GC9.20, the Provider remains in breach of a Remedial Action Plan, the Co-ordinating Commissioner may notify the Provider that any sums withheld under GC9.19 or GC9.21.1 are to be retained permanently. If it does so having withheld those sums itself on behalf of all Commissioners, the Co-ordinating Commissioner must distribute the sums withheld between the Commissioners in proportion to their respective shares of the Expected Monthly Value or of the Actual Monthly Value, as applicable, for each month in respect of which those sums were withheld.

#### **Unjustified Withholding or Retention of Payment**

9.23 If the Commissioners withhold, or the Co-ordinating Commissioner withholds on behalf of all Commissioners, sums under GC9.16, GC9.19 or GC9.21.1 or the Commissioners retain sums under GC9.22, and within 20 Operational Days of the date of that withholding or retention the Provider produces evidence satisfactory to the Co-ordinating Commissioner that the relevant sums were withheld or retained unjustifiably, the Co-ordinating Commissioner or the Commissioners (as appropriate) must pay those sums to the Provider within 10 Operational Days following the date of the Co-ordinating Commissioner's acceptance of that evidence, together with interest for the period for which the sums were withheld or retained. If the Co-ordinating Commissioner does not accept the Provider's evidence the Provider may refer the matter to Dispute Resolution.

#### **Retention of Sums Withheld on Expiry or Termination of this Contract**

9.24 If the Provider does not agree a Remedial Action Plan:

9.24.1 within 6 months following the expiry of the relevant time period set out in GC9.11; or

9.24.2 before the Expiry Date or earlier termination of this Contract,

whichever is the earlier, the Co-ordinating Commissioner may notify the Provider that any sums withheld under GC9.16 are to be retained permanently. If it does so having withheld those sums itself on behalf of all Commissioners, the Co-ordinating Commissioner must



distribute the sums withheld between the Commissioners in proportion to their respective shares of the Expected Monthly Value or of the Actual Monthly Value, as applicable, for each month in respect of which those sums were withheld.

- 9.25 If the Provider does not rectify a breach of a Remedial Action Plan before the Expiry Date or earlier termination of this Contract, the Co-ordinating Commissioner may notify the Provider that any sums withheld under GC9.19 or GC9.21.1 are to be retained permanently. If it does so having withheld those sums itself on behalf of all Commissioners, the Co-ordinating Commissioner must distribute the sums withheld between the Commissioners in proportion to their respective shares of the Expected Monthly Value or of the Actual Monthly Value, as applicable, for each month in respect of which those sums were withheld.

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

- 10.1 The Commissioners have appointed the Co-ordinating Commissioner to exercise certain functions in relation to this Contract as set out in Schedule 5C (*Commissioner Roles and Responsibilities*).
- 10.2 In relation to those functions and this Contract generally 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.
- 10.3 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.
- 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.

- 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) 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 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.
- 11.6 The Provider must not take any action or fail to take any reasonable action nor (in so far as it is reasonable and within its power) allow others to take action or fail to take any reasonable action, as a result of which any Indemnity Arrangements put in place in accordance with GC11.3 may be rendered wholly or partly void, voidable, unenforceable, or be suspended or impaired, or which may otherwise render any sum paid out under those Indemnity Arrangements wholly or partly repayable.
- 11.7 On and following expiry or termination of this Contract, the Provider must (and must use its reasonable endeavours to procure that each of its Sub-Contractors must) procure that 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 will continue to be the subject of appropriate Indemnity Arrangements for 21 years following termination or expiry of this Contract or (if earlier) until that liability may reasonably be considered to have ceased.
- 11.8 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 GC11.7. 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.
- 11.9 Unless the Co-ordinating Commissioner and the Provider otherwise agree in writing, the Provider will not require, and must ensure that no other person will require, any Service User to sign any document whatsoever containing any waiver of the Provider's liability (other than a waiver in reasonable terms relating to personal property) to that Service User in relation to the Services, unless required by medical research procedures approved by the local research ethics committee and the Service User has given consent in accordance with the Provider's Service User consent policy.
- 11.10 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.



- 11.11 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.
- 11.12 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**

### **Obligations relating to the Provider**

- 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.
- 12.2 The Co-ordinating Commissioner may require, as a condition of the approval of any assignment or novation, the assignee or novatee to provide a guarantee from its parent or other party acceptable to the Co-ordinating Commissioner (acting reasonably), in such form as the Co-ordinating Commissioner may reasonably require.
- 12.3 The approval of any sub-contracting arrangement may:
- 12.3.1 include approval of the terms of the proposed Sub-Contract (such approval not to be unreasonably withheld or delayed); and
  - 12.3.2 require, as a condition of that approval, that appropriate Indemnity Arrangements are in place in relation to the proposed Sub-Contractor.
- 12.4 The Co-ordinating Commissioner has designated the Sub-Contracts listed in Schedule 5B (*Provider's Material Sub-Contracts*) as Material Sub-Contracts and may (at its discretion but acting reasonably) designate any further sub-contracting arrangement approved by it as a Material Sub-Contract.
- 12.5 The Provider must not:
- 12.5.1 terminate a Material Sub-Contract; or
  - 12.5.2 make any material changes to the terms of a Material Sub-Contract; or
  - 12.5.3 replace a Material Sub-Contractor under a Material Sub-Contract (and must ensure that a replacement does not otherwise occur), including by delivering all or part of a Service itself; or
  - 12.5.4 enter into a new Material Sub-Contract with an existing Material Sub-Contractor, without the prior written approval of the Co-ordinating Commissioner. Schedule 5B (*Provider's Material Sub-Contracts*) must be updated as appropriate to reflect any designation made, or termination, change or replacement approved, by the Co-ordinating Commissioner.
- 12.6 If the Provider enters into a Sub-Contract it must:
- 12.6.1 ensure that a provision is included in that Sub-Contract which requires payment to be made of all sums due by the Provider to the Sub-Contractor within a specified period not exceeding 30 days from the receipt of a valid invoice;
  - 12.6.2 not vary any such provision referred to in GC12.6.1 above;



- 12.6.3 ensure that the Sub-Contractor does not further sub-contract its obligations under the Subcontract without the approval of the Co-ordinating Commissioner (such approval not to be unreasonably withheld or delayed).
- 12.7 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.
- 12.8 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.
- 12.9 The Provider will remain responsible for the performance and will be liable to the Commissioners for the acts and omissions of any third party to which the Provider assigns or transfers any obligation or duty under this Contract, unless and until:
- 12.9.1 the Provider has obtained the prior written approval of the Co-ordinating Commissioner in accordance with this GC12; and
- 12.9.2 the terms of that assignment, transfer or disposal have been accepted by the third party so that the third party is liable to the Commissioners for its acts and omissions.

#### **Obligations relating to the Commissioner**

- 12.10 The Commissioners may not transfer or assign all or any of their rights or obligations under this Contract except:
- 12.10.1 to NHS England, or
- 12.10.2 to a CCG; or
- 12.10.3 to a Local Authority pursuant to a Partnership Agreement or to arrangements pursuant to regulations made under the Cities and Local Government Devolution Act 2016 or to an order under section 105A of the Local Democracy, Economic Development and Construction Act 2009; or
- 12.10.4 otherwise with the prior written approval of the Provider.
- 12.11 The Commissioners may delegate or sub-contract or (subject to GC12.10 above) otherwise dispose of all or any of their rights or obligations under this Contract without the approval of the Provider.
- 12.12 Sub-contracting any part of the Contract will not relieve the Commissioners of any of their obligations or duties under this Contract. Commissioners will be responsible for the performance of and will be liable to the Provider for the acts and/or omissions of their sub-contractors as though they were their own.

#### **Replacement of Sub-Contractors**

- 12.13 If any Suspension Event occurs, or if the Co-ordinating Commissioner is entitled to terminate this Contract in accordance with GC17.10, wholly or partly in connection with any Sub-Contract or as a result of any act or omission on the part of a Sub-Contractor, the Co-ordinating Commissioner may (without prejudice to any other rights the Co-ordinating Commissioner may have in relation to that event) by serving written notice upon the Provider, require the Provider to remove or replace the relevant Sub-Contractor within:
- 12.13.1 5 Operational Days; or



12.13.2 whatever period may be reasonably specified by the Co-ordinating Commissioner (taking into account any factors which the Co-ordinating Commissioner considers relevant in its absolute discretion, including the interests of Service Users and the need for the continuity of Services),

and the Provider must remove or replace the relevant Sub-Contractor (as required) within the period specified in that notice.

### **Disclosure of Information**

12.14 Notwithstanding GC20 (*Confidential Information of the Parties*), a Commissioner which assigns, transfers, delegates or sub-contracts all or any of its rights or obligations under this Contract to any person may disclose to such person any information in its possession that relates to this Contract or its subject matter, the negotiations relating to it, or the Provider, provided always that this is in accordance with Data Protection Legislation and Data Guidance.

### **Tender Documentation, Publication of Contracts and E-Procurement**

12.15 The Provider must comply with Transparency Guidance if and when applicable.

12.16 The Provider must comply with e-Procurement Guidance if and when applicable.

### **General Provisions**

12.17 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 except in accordance with this GC13.

13.2 The Parties:

13.2.1 may agree to vary any of the Variable Elements; and

13.2.2 may not vary any provision of this Contract that is not a Variable Element except in order to implement a National Variation.

13.3 Subject to GC13.2, 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.

13.4 If a Party wishes to propose a Variation, the Co-ordinating Commissioner must serve on the Provider, or the Provider must serve on the Co-ordinating Commissioner, (as appropriate) a draft Variation Agreement.

13.5 The Parties acknowledge that any National Variation may be mandated by NHS England, in which case the Provider will be deemed to have received a draft Variation Agreement from the Co-ordinating Commissioner requesting the National Variation on the date that NHS England mandates the National Variation.

13.6 The Proposer must have regard to the impact of the proposed Variation on other Services, and in particular any CRS or Essential Services.

13.7 Any draft Variation Agreement must set out the Variation proposed and the date on which the Proposer (or, in the case of a National Variation, NHS England) requires it to take effect.



- 13.8 The Recipient must respond to a draft Variation Agreement in writing within 10 Operational Days following receipt, setting out whether:
- 13.8.1 it accepts the Variation; and/or
  - 13.8.2 it has any concerns with the contents of the draft Variation Agreement.
- 13.9 If necessary, the Parties must meet within 10 Operational Days following the date of the Recipient's response (or as otherwise agreed in writing) to discuss the draft Variation Agreement and the Recipient's response and must use reasonable endeavours to agree the Variation.
- 13.10 As soon as reasonably practicable and in any event within 10 Operational Days following the meeting which takes place pursuant to GC13.9, the Recipient must serve a written notice on the Proposer confirming either:
- 13.10.1 that it accepts the draft Variation Agreement (and whether or not that acceptance is subject to any amendments to the draft Variation Agreement agreed between the Parties in writing); or
  - 13.10.2 that it refuses to accept the draft Variation Agreement, and setting out its reasonable grounds for that refusal.
- 13.11 If a proposed Variation would or might have the effect of changing the Expected Annual Contract Value and/or any Price, the Co-ordinating Commissioner and the Provider must seek to agree that change in accordance with the National Tariff.
- 13.12 If a proposed Variation would or might have a cost implication for any Commissioner, including additional activity, new treatments, drugs or technologies:
- 13.12.1 (in respect of any Variation proposed by the Provider) the Provider must provide a full and detailed cost and benefit analysis of the proposed Variation; and
  - 13.12.2 subject to Law and Guidance, the Co-ordinating Commissioner will have absolute discretion to refuse or withdraw the proposed Variation; and
  - 13.12.3 the Commissioners will have no liability to the Provider for any costs arising from the proposed Variation if the Provider implements it other than in accordance with this Contract.
- 13.13 If, the Parties having followed the procedure in GC13.2 to 13.12, the Provider refuses to accept a National Variation, the Co-ordinating Commissioner may terminate this Contract by giving the Provider not less than 3 months' written notice following the issue of a notice that that National Variation is refused.
- 13.14 If, the Parties having followed the procedure in GC13.2 to 13.12, the Provider refuses to accept a Service Variation, the Co-ordinating Commissioner may terminate the Service affected by the proposed Service Variation by giving the Provider not less than 3 months' written notice (or 6 months' written notice where such termination is likely to have a material adverse effect on Staff) following the issue of a notice that the proposed Service Variation is refused or not accepted.
- 13.15 The right of the Co-ordinating Commissioner to terminate a Service under GC13.14 will not apply if:
- 13.15.1 the proposed Service Variation is substantially a proposal that a Service should be performed for a different price to that agreed under this Contract and without material change to the delivery of that Service justifying that proposed change in price; or
  - 13.15.2 the proposal does not meet the requirements of a Service Variation.



- 13.16 If the Parties fail to agree a proposed Variation which is neither a National Variation nor a Service Variation the Proposer must withdraw the draft Variation Agreement.

#### **GC14 Dispute Resolution**

- 14.1 The provisions of GC14.2 to 14.21 will not apply when any Party in Dispute seeks an injunction relating to a matter arising out of GC20 (*Confidential Information of the Parties*).

#### **Escalated Negotiation**

- 14.2 If any Dispute arises, the Parties in Dispute must first attempt to settle it by any of them making a written offer to negotiate to the others. During the Negotiation Period each of the Parties in Dispute must negotiate and be represented:
- 14.2.1 for the first 10 Operational Days, by a senior person who where practicable has not had any direct day-to-day involvement in the matter and has authority to settle the Dispute; and
  - 14.2.2 for the last 5 Operational Days, by their chief executive, director, or member of its Governing Body who has authority to settle the Dispute.
- 14.3 Where practicable, no Party in Dispute should be represented by the same individual under GC14.2.1 and 14.2.2.

#### **Mediation**

- 14.4 If the Parties in Dispute are unable to settle the Dispute by negotiation, they must, within 5 Operational Days after the end of the Negotiation Period, submit the Dispute:
- 14.4.1 to mediation arranged by NHS England and NHS Improvement, where the Commissioners are CCGs and/or NHS England and the Provider is an NHS Trust or an NHS Foundation Trust; or
  - 14.4.2 to mediation by CEDR or other independent body or organisation agreed between the Parties and set out in the Particulars, in all other cases.
- 14.5 Mediations under GC14.4.1 will follow the mediation process agreed between NHS England and NHS Improvement from time to time.
- 14.6 Mediations under GC14.4.2 will follow the mediation process of CEDR or other independent body or organisation named in the Particulars.

#### **Expert Determination**

- 14.7 If the Parties in Dispute are unable to settle the Dispute through mediation, the Dispute must be referred to expert determination, by one Party in Dispute giving written notice to that effect to the other Parties in Dispute following closure of the failed mediation. The Expert Determination Notice must include a brief statement of the issue or issues which it is desired to refer, the expertise required in the expert, and the solution sought.
- 14.8 Where the Commissioners are CCGs and/or NHS England and the Provider is an NHS Trust or NHS Foundation Trust, the Expert will be an independent person with relevant expertise nominated by NHS England and NHS Improvement and deemed appointed by the Parties in Dispute.
- 14.9 Where GC14.8 does not apply:



- 14.9.1 if the Parties in Dispute have agreed upon the identity of an expert and the expert has confirmed in writing their readiness and willingness to embark upon the expert determination, then that person will be appointed as the Expert; and
- 14.9.2 if the Parties in Dispute have not agreed upon an expert, or where that person has not confirmed their willingness to act, then any Party in Dispute may apply to CEDR for the appointment of an expert. The request must be in writing, accompanied by a copy of the Expert Determination Notice and the appropriate fee and must be copied simultaneously to the other Parties in Dispute. The other Parties in Dispute may make representations to CEDR regarding the expertise required in the expert. The person nominated by CEDR will be appointed as the Expert.
- 14.10 The Party in Dispute serving the Expert Determination Notice must send to the Expert and to the other Parties in Dispute within 5 Operational Days of the appointment of the Expert a statement of its case, including a copy of the Expert Determination Notice, the Contract, details of the circumstances giving rise to the Dispute, the reasons why it is entitled to the solution sought, and the evidence upon which it relies. The statement of case must be confined to the issues raised in the Expert Determination Notice.
- 14.11 The Parties in Dispute not serving the Expert Determination Notice must reply to the Expert and to the other Parties in Dispute within 5 Operational Days of receiving the statement of case, giving details of what is agreed and what is disputed in the statement of case and the reasons why.
- 14.12 The Expert must produce a written decision with reasons within 30 Operational Days of receipt of the statement of case referred to in GC14.11, or any longer period as is agreed by the Parties in Dispute after the Dispute has been referred.
- 14.13 The Expert will have complete discretion as to how to conduct the expert determination, and will establish the procedure and timetable.
- 14.14 The Parties in Dispute must comply with any request or direction of the Expert in relation to the expert determination.
- 14.15 The Expert must decide the matters set out in the Expert Determination Notice, together with any other matters which the Parties in Dispute and the Expert agree are within the scope of the expert determination.
- 14.16 The Parties in Dispute must bear their own costs and expenses incurred in the expert determination and are jointly liable for the costs of the Expert.
- 14.17 The decision of the Expert is final and binding, except in the case of fraud, collusion, bias, manifest error or material breach of instructions on the part of the Expert, in which case a Party will be permitted to apply to Court for an Order that:
- 14.17.1 the Expert reconsider his decision (either all of it or part of it); or
- 14.17.2 the Expert's decision be set aside (either all of it or part of it).
- 14.18 If a Party in Dispute does not abide by the Expert's decision the other Parties in Dispute may apply to Court to enforce it.
- 14.19 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.
- 14.20 The Expert is not liable for anything done or omitted in the discharge or purported discharge of their functions, except in the case of fraud or bad faith, collusion, bias, or material breach of instructions on the part of the Expert.



- 14.21 The Expert is appointed to determine the Dispute or Disputes between the Parties in Dispute and the Expert's decision may not be relied upon by third parties, to whom the Expert will have no duty of care.

## **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 entry to the Provider's Premises and/or the Services Environment and/or the premises of any Sub-Contractor for the purposes of auditing, viewing, observing or inspecting those premises and/or the provision of the Services, and for information relating to the provision of the Services.
- 15.3 Subject to Law, an Authorised Person may enter the Provider's Premises and/or the Services Environment and/or the premises of any Sub-Contractor without notice for the purposes of auditing, viewing, observing or inspecting those premises and/or the provision of the Services, and for information relating to the provision of the Services. During those visits, subject to Law and Good Practice (also taking into consideration the nature of the Services and the effect of the visit on Services Users), the Provider must not restrict access and will give all reasonable assistance and provide all reasonable facilities.
- 15.4 Within 10 Operational Days following the Co-ordinating Commissioner's reasonable request, the Provider must send the Co-ordinating Commissioner the results of any audit, evaluation, inspection, investigation or research in relation to the Services, the Services Environment or services of a similar nature to the Services delivered by the Provider, to which the Provider has access and which it can disclose in accordance with the Law.
- 15.5 Subject to compliance with the Law and Good Practice the Parties must implement and/or respond to all relevant recommendations:
- 15.5.1 made in any report by a relevant Regulatory or Supervisory Body; or
  - 15.5.2 agreed with the National Audit Office or a Local Auditor following any audit; or
  - 15.5.3 of any appropriate clinical audit or clinical outcome review programme; or
  - 15.5.4 that are otherwise agreed by the Provider and the Co-ordinating Commissioner to be implemented.
- 15.6 The Parties must maintain complete and accurate Transaction Records.
- 15.7 The Provider must, at its own expense, in line with applicable Law and Guidance:
- 15.7.1 implement an ongoing, proportionate programme of clinical audit of the Services in accordance with Good Practice;
  - 15.7.2 implement an ongoing, proportionate audit of the accuracy of its recording and coding of clinical activity relating to the Services; and
  - 15.7.3 provide to the Co-ordinating Commissioner on request the findings of any audits carried out under GC15.7.1 and/or 15.7.2.
- 15.8 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:
- 15.8.1 the quality and outcomes of any Service; and/or



- 15.8.2 the Provider's recording and coding of clinical activity; and/or
- 15.8.3 the Provider's calculation of reconciliation accounts under SC36 (*Payment Terms*); and/or
- 15.8.4 the Provider's recording of performance and calculation of reconciliation accounts in relation to Local Incentive Scheme Indicators; and/or
- 15.8.5 the Provider's recording of performance in respect of the Quality Requirements; and/or
- 15.8.6 the Provider's compliance with Other Local Agreements, Policies and Procedures and/or any Prior Approval Scheme and/or the Service Specifications; and/or
- 15.8.7 the basis of any Local Prices, taking into account the actual costs incurred by the Provider in providing the Services to which those Local Prices apply; and/or
- 15.8.8 pass-through costs on high cost drugs, devices and procedures; and/or
- 19.1.1 the identification of Chargeable Overseas Visitors and collection of charges from them or other persons liable to pay charges in respect of them under the Overseas Visitor Charging Regulations,

and 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*). Except as provided in GC15.11 and 15.12, the cost of any audit carried out under this GC15.8 will be borne by the Commissioners.

- 15.9 In respect of any audit carried out under GC15.8, 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.
- 15.10 In respect of any audit carried out under GC15.8.1 or 15.8.6, if the Auditor's final report identifies any deficiencies in the Services, the Provider must take appropriate action to address those deficiencies without delay.
- 15.11 In respect of any audit carried out under GC15.8.2, 15.8.3, 15.8.4, 15.8.5, 15.8.6, 15.8.8 or 15.8.9 as a result of a Commissioner contesting a payment in accordance with SC36.45 (*Payment Terms – Contested Payments*):
  - 15.11.1 if the Auditor's final report identifies a net overcharging of any Commissioner by the Provider, and/or that any Commissioner is entitled to the refund of any sums paid, the Provider must immediately issue a credit note and must pay to the overcharged Commissioner the amount of the net overcharge and/or refundable sum and to the Co-ordinating Commissioner the reasonable costs of the Auditor, within 10 Operational Days after receiving written notice of the Auditor's final report;
  - 15.11.2 if the Auditor's final report identifies that, as a result of actual clinical practice on the part of the Provider which is not in accordance with Other Local Agreements, Policies and Procedures, or with any Prior Approval Scheme, or with the Service Specifications, any charges by the Provider to any Commissioner are higher than would otherwise have been the case, the Provider must immediately issue a credit note and must pay to that Commissioner the amount of the excess charges and to the Co-ordinating Commissioner the reasonable costs of the Auditor, within 10 Operational Days after receiving written notice of the Auditor's final report;



- 15.11.3 if the Auditor's final report identifies a net undercharging of any Commissioner by the Provider for completed Activity, the Provider must immediately provide an invoice and the undercharged Commissioner must pay to the Provider the amount of the net undercharge, within 10 Operational Days after receiving the invoice from the Provider.
- 15.12 In respect of any audit carried out under GC15.8.2, 15.8.3, 15.8.4, 15.8.5, 15.8.6, 15.8.8 or 15.8.9 other than as a result of a Commissioner contesting a payment in accordance with SC36.45 (*Payment Terms – Contested Payments*), where the Auditor's final report concludes that there have been material inaccuracies in the Provider's recording, coding or calculations:
- 15.12.1 the Parties must agree, and the Provider must implement with immediate effect, an action plan so that these inaccuracies do not recur in future;
- 15.12.2 (except in the case of fraud or negligence or breach of contract on the part of the Provider, in respect of which the Co-ordinating Commissioner may take whatever action under this Contract or otherwise as it sees fit) there will be no retrospective adjustment to payments already made between the Parties; and
- 15.12.3 the Provider must pay to the Co-ordinating Commissioner the reasonable costs of the Auditor within 10 Operational Days after receiving written notice of the Auditor's final report.
- 15.13 In respect of any audit carried out under GC15.8.7:
- 15.13.1 the Provider must provide the Auditor with particulars of its costs (including the costs of SubContractors and suppliers) and permit those costs to be verified by inspection of accounts and other documents and records;
- 15.13.2 that audit will not lead to any adjustment to any Local Price for the relevant Contract Year, but the Parties may have regard to the Auditor's final report in agreeing Local Prices for future Contract Years.

## **GC16 Suspension**

- 16.1 If a Suspension Event occurs the Co-ordinating Commissioner:
- 16.1.1 may by written notice to the Provider require the Provider with immediate effect to suspend the provision of any affected Service, or the provision of any affected Service from any part of the Services Environment, until the Provider demonstrates to the reasonable satisfaction of the Coordinating Commissioner that it is able to and will provide the suspended Service to the required standard; and
- 16.1.2 must promptly notify any appropriate Regulatory or Supervisory Body of that suspension.
- 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 must continue to comply with any steps that the Co-ordinating Commissioner may reasonably specify in order to remedy a Suspension Event, even if the matter has been referred to Dispute Resolution

## **Consequence of Suspension**

- 16.4 During the suspension of any Service under GC16.1, the Provider will not be entitled to claim or receive any payment for the suspended Service except in respect of:



- 16.4.1 all or part of the suspended Service the delivery of which took place before the date on which the relevant suspension took effect in accordance with GC16.1.1; and/or
- 16.4.2 all or part of the suspended Service which the Provider continues to deliver during the period of suspension in accordance with the notice served under GC16.1.1.
- 16.5 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).
- 16.6 The Parties must use all reasonable endeavours to minimise any inconvenience to Service Users as a result of the suspension of the Service.
- 16.7 While any Service is suspended the Commissioners must use reasonable efforts to ensure that no further Service Users are referred to the Provider for that Service.
- 16.8 While any Service is suspended the Provider must:
  - 16.8.1 not accept any further Referrals of Service Users for that Service;
  - 16.8.2 at its own cost co-operate fully with the Co-ordinating Commissioners and any interim or successor provider of that Service in order to ensure continuity and smooth transfer of the suspended Service and to avoid any inconvenience to or risk to the health and safety of Service Users, employees of the Commissioners or members of the public including:
    - 16.8.2.1 promptly providing all reasonable assistance and all information necessary to effect an orderly assumption of that Service by any interim or successor provider; and
    - 16.8.2.2 delivering to the Co-ordinating Commissioner all materials, papers, documents and operating manuals owned by the Commissioners and used by the Provider in the provision of that Service; and
  - 16.8.3 ensure there is no interruption in the availability of CRS or Essential Services including, where appropriate, implementing any Essential Services Continuity Plan.
- 16.9 As part of its compliance with GC16.8 the Provider may be required by the Co-ordinating Commissioner to agree a transition plan with the Co-ordinating Commissioner and any interim or successor provider.

## **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 The Co-ordinating Commissioner may terminate this Contract or any Service by giving to the Provider written notice of not less than the Commissioner Notice Period, expiring no earlier than the Commissioner Earliest Termination Date.
- 17.3 The Provider may terminate this Contract or any Service by giving to the Co-ordinating Commissioner written notice of not less than the Provider Notice Period, expiring no earlier than the Provider Earliest Termination Date.
- 17.4 The Co-ordinating Commissioner may by not less than 3 months' written notice to the Provider terminate this Contract where the Provider has refused to accept a National Variation as provided for in GC13.13 (*Variations*).



- 17.5 The Co-ordinating Commissioner may by written notice to the Provider terminate the Service affected where the Provider has refused to accept a Service Variation as provided for in GC13.14 (*Variations*).
- 17.6 Either the Co-ordinating Commissioner or the Provider may by written notice to the other terminate the Service affected where the Co-ordinating Commissioner and the Provider cannot agree the Local Price for that Service for the following Contract Year as provided for in SC36.8 (*Payment Terms*).
- 17.7 Either the Co-ordinating Commissioner or the Provider may terminate this Contract or any affected Service by written notice, with immediate effect, if and to the extent that the Commissioners or the Provider suffer an Event of Force Majeure and that Event of Force Majeure persists for more than 20 Operational Days without the Parties agreeing alternative arrangements.
- 17.8 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 in regulation 73(1)(a) or 73(1)(c) of the Public Contracts Regulations 2015 applies.

#### **Termination: Commissioner Default**

- 17.9 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:
- 17.9.1 if at any time the aggregate undisputed amount due to the Provider from the Co-ordinating Commissioner and/or any Commissioner exceeds:
- 17.9.1.1 25% of the Expected Annual Contract Value; or
- 17.9.1.2 if there is no applicable Expected Annual Contract Value or the Expected Annual Contract Value is zero, the equivalent of 3 times the average monthly income to the Provider under this Contract,
- and full payment is not made within 20 Operational Days of receipt of written notice from the Provider referring to this GC17.9 and requiring payment to be made; or
- 17.9.2 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 40 Operational Days of the Coordinating Commissioner's receipt of the Provider's written notice identifying the breach; or
- 17.9.3 if any Commissioner breaches the terms of GC12.10 (*Assignment and Sub-Contracting*); or
- 17.9.4 any warranty given by any Commissioner under GC25.2 (*Warranties*) is found to be materially untrue or misleading.

#### **Termination: Provider Default**

- 17.10 The Co-ordinating Commissioner may terminate this Contract or any affected Service, with immediate effect, by written notice to the Provider if:
- 17.10.1 any Condition Precedent is not met by the relevant Longstop Date; or
- 17.10.2 the Provider ceases to carry on its business or substantially all of its business; or
- 17.10.3 a Provider Insolvency Event occurs; or



- 17.10.4 the Provider is in persistent or repetitive breach of the Quality Requirements; or
- 17.10.5 the Provider is in material breach of any regulatory compliance standards issued by any Regulatory or Supervisory Body or has been issued any warning notice under section 29 or 29A of the 2008 Act, or termination is otherwise required by any Regulatory or Supervisory Body; or
- 17.10.6 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; or
- 17.10.7 two or more Exception Reports are issued to the Provider under GC9.20 (*Contract Management*) within any rolling 6 month period which are not disputed by the Provider, or if disputed, are upheld under Dispute Resolution; or
- 17.10.8 the Provider does not comply with GC24.2 (*Change in Control*) or GC24.5 (*Change in Control*) and fails to remedy that breach within 20 Operational Days following receipt of a notice from the Co-ordinating Commissioner identifying the breach; or
- 17.10.9 there is:
  - 17.10.9.1 a Provider Change in Control and, within 30 Operational Days after having received the Change in Control Notification, the Co-ordinating Commissioner reasonably determines that, as a result of that Provider Change in Control, there is (or is likely to be) an adverse effect on the ability of the Provider to provide the Services in accordance with this Contract; or
  - 17.10.9.2 a breach of GC24.9.1 (*Change in Control*); or
  - 17.10.9.3 a breach of GC24.9.2 (*Change in Control*) and the Provider has not replaced the Material Sub-Contractor within the relevant period specified in the notice served upon the Provider under GC24.10 (*Change in Control*); or
  - 17.10.9.4 a Material Sub-Contractor Change in Control and the Provider has not replaced the Material Sub-Contractor within the relevant period specified in the notice served on the Provider under GC24.8.3 (*Change in Control*); or
- 17.10.10 the Provider:
  - 17.10.10.1 fails to obtain any Consent; or
  - 17.10.10.2 loses any Consent; or
  - 17.10.10.3 has any Consent varied or restricted,

and that is reasonably considered by the Co-ordinating Commissioner to have a material adverse effect on the provision of the Services; or
- 17.10.11 the Provider fails materially to comply with the requirements of GC23 (*NHS Identity, Marketing and Promotion*); or
- 17.10.12 the Provider has breached any of its obligations under SC1 (*Compliance with the Law and the NHS Constitution*) in any material respect, and the Provider has not remedied that breach within 40 Operational Days following receipt of notice from the Co-ordinating Commissioner identifying the breach; or



- 17.10.13 the Provider has breached the terms of GC26 (*Prohibited Acts*); or
- 17.10.14 Monitor's Licence for the Provider or any Material Sub-Contractor is revoked, varied or restricted; or
- 17.10.15 the Provider breaches the terms of GC12 (*Assignment and Sub-Contracting*); or
- 17.10.16 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
- 17.10.17 any warranty given by the Provider under GC25.1 (*Warranties*) is found to be materially untrue or misleading; or
- 17.10.18 the Co-ordinating Commissioner reasonably believes that the circumstances set out in regulation 73(1)(b) of the Public Contracts Regulations 2015 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 If, as a result of termination of this Contract or of any Service following service of notice by the Coordinating Commissioner under GC17.4 or 17.10 (*Termination*), any Commissioner procures any terminated Service from an alternative provider, and the cost of doing so (to the extent reasonable) exceeds the amount that would have been payable to the Provider for providing the same Service, then that Commissioner, acting reasonably, will be entitled to recover from the Provider (in addition to any other sums payable by the Provider to the Co-ordinating Commissioner in respect of that termination) the excess cost and all reasonable related administration costs it incurs (in each case) in respect of the period of 6 months following termination.
- 18.3 On or pending expiry or termination of this Contract or termination of any Service the Co-ordinating Commissioner, the Provider, and if appropriate any successor provider, will agree a Succession Plan.
- 18.4 For a reasonable period before and after termination of this Contract or of any Service, and where reasonable and appropriate before and after the expiry of this Contract, the Provider must:
  - 18.4.1 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, and to avoid any inconvenience or any risk to the health and safety of Service Users or employees of any Commissioner or members of the public; and
  - 18.4.2 at the reasonable cost and reasonable request of the Co-ordinating Commissioner:
    - 18.4.2.1 promptly provide all reasonable assistance and information to the extent necessary to effect an orderly assumption of the terminated Services by a successor provider;
    - 18.4.2.2 deliver to the Co-ordinating Commissioner all materials, papers, documents, and operating manuals owned by the Commissioners and used by the Provider in the provision of any terminated Services; and



- 18.4.2.3 use all reasonable efforts to obtain the consent of third parties to the assignment, novation or termination of existing contracts between the Provider and any third party which relate to or are associated with the terminated Services.
- 18.5 On and pending expiry or termination of this Contract, or termination of any Service, the Parties must:
  - 18.5.1 implement and comply with their respective obligations under the Succession Plan; and
  - 18.5.2 use all reasonable endeavours to minimise any inconvenience caused or likely to be caused to Service Users or prospective service users as a result of the expiry or termination of this Contract or any Service.
- 18.6 Each Commissioner must pay the Provider pro rata in accordance with SC36 (*Payment Terms*) for any Services properly delivered by the Provider following expiry or termination of this Contract, or termination of any Service, until the Provider ceases to provide those Services.
- 18.7 On expiry or termination of this Contract or termination of any Service:
  - 18.7.1 the Commissioners must ensure that no further Service Users who require any expired or terminated Service are referred to the Provider;
  - 18.7.2 the Provider must stop accepting any Referrals that require any expired or terminated Service; and
  - 18.7.3 subject to any appropriate arrangements made under GC18.4 and 18.5, the Provider must immediately cease its treatment of Service Users requiring the expired or terminated Service, and/or arrange for their transfer or discharge as soon as is practicable, in accordance with Good Practice and the Succession Plan.
- 18.8 If termination of this Contract or of any Service takes place with immediate effect in accordance with GC17 (*Termination*), and the Provider is unable or not permitted to continue to provide any affected Service under any Succession Plan, or implement arrangements for the transition to a successor provider, the Provider must co-operate fully with the Co-ordinating Commissioner and any relevant Commissioners to ensure that:
  - 18.8.1 any affected Service is commissioned without delay from an alternative provider; and
  - 18.8.2 there is no interruption in the availability to the relevant Commissioners of any CRS or Essential Services.
- 18.9 On and pending expiry or termination of this Contract, or termination of any Service, any arrangements set out in Schedule 21 (*Exit Arrangements*) will apply.

## **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 Except as this Contract otherwise provides Confidential Information is owned by the disclosing Party and the receiving Party has no right to use it.
- 20.2 Subject to GC20.3 and 20.4, the receiving Party agrees:



- 20.2.1 to use the disclosing Party's Confidential Information only in connection with the receiving Party's performance under this Contract;
  - 20.2.2 not to disclose the disclosing Party's Confidential Information to any third party or to use it to the detriment of the disclosing Party; and
  - 20.2.3 to maintain the confidentiality of the disclosing Party's Confidential Information and to return it immediately on receipt of written demand from the disclosing Party.
- 20.3 The receiving Party may disclose the disclosing Party's Confidential Information:
- 20.3.1 in connection with any Dispute Resolution;
  - 20.3.2 in connection with any litigation between the Parties;
  - 20.3.3 to comply with the Law;
  - 20.3.4 to any appropriate Regulatory or Supervisory Body;
  - 20.3.5 to its staff, who in respect of that Confidential Information will be under a duty no less onerous than the receiving Party's duty under GC20.2;
  - 20.3.6 to NHS Bodies for the purposes of carrying out their duties;
  - 20.3.7 as permitted under or as may be required to give effect to GC9 (*Contract Management*);
  - 20.3.8 as permitted under or as may be required to give effect to SC24 (*NHS Counter-Fraud Requirements*); and
  - 20.3.9 as permitted under any other express arrangement or other provision of this Contract.
- 20.4 The obligations in GC20.1 and 20.2 will not apply to any Confidential Information which:
- 20.4.1 is in or comes into the public domain other than by breach of this Contract;
  - 20.4.2 the receiving Party can show by its records was in its possession before it received it from the disclosing Party; or
  - 20.4.3 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.
- 20.5 Subject to GC25.1.3 and GC25.2.3 (*Warranties*), the disclosing Party does not warrant the accuracy or completeness of the Confidential Information.
- 20.6 The receiving Party must indemnify the disclosing Party and keep the disclosing Party indemnified against Losses and Indirect Losses suffered or incurred by the disclosing Party as a result of any breach of this GC20.
- 20.7 The Parties acknowledge that damages would not be an adequate remedy for any breach of this GC20 by the receiving Party, and in addition to any right to damages the disclosing Party will be entitled to the remedies of injunction, specific performance and other equitable relief for any threatened or actual breach of this GC20.
- 20.8 This GC20 will survive the expiry or the termination of this Contract for a period of 5 years.
- 20.9 This GC20 will not limit the Public Interest Disclosure Act 1998 in any way whatsoever.

## **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 and NHS Digital are 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 IG Guidance for Serious Incidents. 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.
- 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 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 6F (*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 SubContractor 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 SubContractor 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 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 6F (*Provider Data Processor Agreement*) and in any event ensure that the SubContractor is engaged under the terms of a binding written agreement requiring the SubContractor to:
- 21.16.3.1 process Personal Data only in accordance with the Provider's instructions as 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 shall 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 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 SubContractor;
- 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 the 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 subcontracts 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 require 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 of 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 any 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 Provider Change in Control and/or any Material Sub-Contractor Change in Control, but not to a Change in Control of a company which is a Public Company.
- 24.2 The Provider must:
- 24.2.1 as soon as possible on, and in any event within 5 Operational Days following, a Provider Change in Control; and/or
- 24.2.2 immediately on becoming aware of a Material Sub-Contractor Change in Control, notify the Co-ordinating Commissioner of that Change in Control and submit to the Co-ordinating Commissioner a completed Change in Control Notification.
- 24.3 If the Provider indicates in the Change in Control Notification an intention or proposal to make any consequential changes to its operations then, to the extent that those changes require a change to the terms of this Contract in order to be effective, they will only be effective when a Variation is made in accordance with GC13 (*Variations*). The Co-ordinating Commissioner will not and will not be deemed by a failure to respond or comment on the Change in Control Notification to have agreed to or otherwise to have waived its rights under to GC13 (*Variations*) in respect of that intended or proposed change.
- 24.4 The Provider must specify in the Change in Control Notification any intention or proposal to make a consequential change to its operations which would or would be likely to have an adverse effect on the Provider's ability to provide the Services in accordance with this



Contract. If the Provider does not do so it will not be entitled to propose a Variation in respect of that for a period of 6 months following the date of that Change in Control Notification, unless the Co-ordinating Commissioner agrees otherwise.

- 24.5 If (and subject always to GC24.3) the Provider does not specify in the Change in Control Notification an 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 then, unless the Co-ordinating Commissioner provides its written consent to the relevant action, the Provider must:
- 24.5.1 ensure that there is no such sale or other disposal which would or would be likely to have an adverse effect on the Provider's ability to provide the Services in accordance with this Contract; and
  - 24.5.2 continue providing the Services from the Provider's Premises, in each case for at least 12 months following the date of that Change in Control Notification. The provisions of this GC24.5 will not apply to an assignment by way of security or the grant of any other similar rights by the Provider consequent upon a financing or re-financing of the transaction resulting in Change of Control.
- 24.6 The Provider must supply (and must use its reasonable endeavours to procure that the relevant Material Sub-Contractor supplies) to the Co-ordinating Commissioner, whatever further information relating to the Change in Control the Co-ordinating Commissioner may, within 20 Operational Days after receiving the Change in Control Notification, reasonably request.
- 24.7 The Provider must use its reasonable endeavours to ensure that the terms of its contract with any Material Sub-Contractor include a provision obliging the Material Sub-Contractor to inform the Provider in writing on, and in any event within 5 Operational Days following, a Material Sub-Contractor Change in Control in respect of that Material Sub-Contractor.
- 24.8 If:
- 24.8.1 there is a Material Sub-contractor Change in Control; and
  - 24.8.2 following consideration of the information provided to the Co-ordinating Commissioner in the Change in Control Notification or under GC24.6, the Co-ordinating Commissioner reasonably concludes that, as a result of that Material Sub-Contractor Change in Control, there is (or is likely to be) an adverse effect on the ability of the Provider and/or the Material Sub-Contractor to provide Services in accordance with this Contract (and, in reaching that conclusion, the Coordinating Commissioner may consider any factor, in its absolute discretion, that it considers relevant to the provision of Services),
- then:
- 24.8.3 the Co-ordinating Commissioner may, by serving a written notice upon the Provider, require the Provider to replace the relevant Material Sub-Contractor within 10 Operational Days (or other period reasonably specified by the Co-ordinating Commissioner taking into account the interests of Service Users and the need for the continuity of Services); and
  - 24.8.4 the Provider must replace the relevant Material Sub-Contractor within the period specified under GC24.8.3; and
  - 24.8.5 for the avoidance of doubt, the provisions of GC12 (*Assignment and Sub-Contracting*) will apply in relation to the replacement Material Sub-Contractor and, on the granting of the approval referred to in GC12 (*Assignment and Sub-Contracting*), the provisions of Schedule 5B (*Provider's Material Sub-Contracts*) will be amended accordingly.
- 24.9 Notwithstanding any other provision of this Contract:



- 24.9.1 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
- 24.9.2 a Restricted Person must not hold, and the Provider must not permit (and must procure that a Material 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 Material Sub-Contractor or in any Holding Company or any of the subsidiaries (as defined in the Companies Act 2006) of a Material SubContractor.
- 24.10 If the Provider breaches GC24.9.2, the Co-ordinating Commissioner may by serving written notice upon the Provider, require the Provider to replace the relevant Material Sub-Contractor within:
- 24.10.1 5 Operational Days; or
- 24.10.2 whatever period may be reasonably specified by the Co-ordinating Commissioner (taking into account any factors which the Co-ordinating Commissioner considers relevant in its absolute discretion, including the interests of Service Users and the need for the continuity of Services),
- and the Provider must replace the relevant Material Sub-Contractor within the period specified in that notice.
- 24.11 Nothing in this GC24 will prevent or restrict the Provider from discussing with the Co-ordinating Commissioner a proposed Change in Control before it occurs. In those circumstances, all and any information provided to or received by the Co-ordinating Commissioner in relation to that proposed Change in Control will be Confidential Information for the purposes of GC20 (*Confidential Information of the Parties*).
- 24.12 Subject to the Law and to the extent reasonable the Parties must co-operate in any public announcements arising out of a Change in Control.

## **GC25 Warranties**

- 25.1 The Provider warrants to each Commissioner that:
- 25.1.1 it has full power and authority to enter into this Contract and all governmental or official approvals and consents and all necessary Consents have been obtained and are in full force and effect;
- 25.1.2 its execution of this Contract does not and will not contravene or conflict with its constitution, Monitor's Licence, any Law, or any agreement to which it is a party or which is binding on it or any of its assets;
- 25.1.3 the copies of all documents supplied to the Commissioners or any of their advisers by or on its behalf and listed in Schedule 5A (*Documents Relied On*) from time to time are complete and their contents are true;
- 25.1.4 it has the right to permit disclosure and use of its Confidential Information for the purpose of this Contract;
- 25.1.5 to the best of its knowledge, nothing will have, or is likely to have, a material adverse effect on its ability to perform its obligations under this Contract;
- 25.1.6 any Material Sub-Contractor will have and maintain all Indemnity Arrangements and Consents and will deliver the subcontracted services in accordance with the Provider's obligations under this Contract;



- 25.1.7 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; and
- 25.1.8 it has notified the Co-ordinating Commissioner in writing of any Occasions of Tax Noncompliance or any litigation in which it is involved in connection with any Occasions of Tax Noncompliance.
- 25.2 Each Commissioner warrants to the Provider that:
  - 25.2.1 it has full power and authority to enter into this Contract and all necessary approvals and consents have been obtained and are in full force and effect;
  - 25.2.2 its execution of this Contract does not and will not contravene or conflict with its constitution, any Law, or any agreement to which it is a party or which is binding on it or any of its assets;
  - 25.2.3 the copies of all documents supplied to the Provider or any of its advisers by it or on its behalf and listed in Schedule 5A (*Documents Relied On*) from time to time are complete and their contents are true;
  - 25.2.4 it has the right to permit disclosure and use of its Confidential Information for the purpose of this Contract; and
  - 25.2.5 to the best of its knowledge, nothing will have, or is likely to have, a material adverse effect on its ability to perform its obligations under this Contract.
- 25.3 The warranties set out in this GC25 are given on the Effective Date and repeated on every day during the Contract Term.
- 25.4 Each Party must notify the others within 5 Operational Days following the occurrence of any event or circumstance which would or might render any warranty on its part untrue or misleading, providing full details as appropriate.

## **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 Coordinating Commissioner will be entitled:
  - 26.2.1 to exercise its right to terminate under GC17.10.12 (*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. As soon as possible after the end of each Contract Year, the Provider must publish on its website the name and position of any Decision-Making Staff who have neither completed a declaration of interest nor submitted a nil return in respect of that Contract Year, as required of them under Managing Conflicts of Interest in the NHS. In accordance with its general obligation to comply with Data Protection Legislation under GC21.1, the Provider must ensure that an appropriate Privacy Notice is provided to Staff to enable publication of such information.

## **GC28 Force Majeure**

- 28.1 This GC28 must be read in conjunction with SC31 (*Force Majeure: Service-specific provisions*).
- 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 serve an initial written notice on the other Parties immediately when it becomes aware of the Event of Force Majeure. This initial notice must give sufficient detail to identify the Event of Force Majeure and its likely impact. The Affected Party must then serve a more detailed written notice within a further 5 Operational Days. This more detailed notice must contain all relevant information as is available, including the effect of the Event of Force Majeure, the mitigating action being taken and an estimate of the period of time required to overcome the event and resume full delivery of 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.
- 28.5 The Commissioners will not be entitled to exercise their rights under the Withholding and Retention of Payment Provisions to the extent that the circumstances giving rise to those rights arise as a result of an 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, GC5.4.2 and GC5.18 to GC5.21 (*Staff*);
  - 29.1.2 the Secretary of State;
  - 29.1.3 a Regulatory or Supervisory Body



- 29.1.4 any CCG 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 any Service, if the matter to be enforced or the benefit to be enjoyed arises under GC5.14 to GC5.17 (*Staff*);
  - 29.1.7 the relevant NHS Employer, if the matter to be enforced or the benefit to be enjoyed arises under GC5.18 to GC5.21 (*Staff*).
- 29.2 Subject to GC13.2.2 (*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.
- 30.2 Each of the Parties acknowledges and agrees that in entering into this Contract it does not rely on and has no remedy in respect of any statement, representation, warranty or undertaking (if negligently or innocently made) or any person (whether a party to this Contract or not) other than as expressly set out in this Contract as a warranty or in any document agreed by the Parties to be relied on and listed in Schedule 5A (*Documents Relied On*).
- 30.3 Nothing in this GC30 will exclude any liability for fraud or any fraudulent misrepresentation.

### **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 Exclusion of Partnership**

- 34.1 Nothing in this Contract will create a partnership or joint venture or relationship of employer and employee or principal and agent between any Commissioner and the Provider.

### **GC35 Non-Solicitation**



- 35.1 During the life of this Contract neither the Provider nor any Commissioner is to solicit any medical, clinical or nursing staff engaged or employed by the other without the other's prior written consent.
- 35.2 Subject to Guidance, it will not be considered to be a breach of GC35.1 if:
- 35.2.1 an individual becomes an employee of a Party as a result of a response by that individual to an advertisement placed by or on behalf of that Party for the recruitment of clinical or nursing staff or Consultants; and
- 35.2.2 where it is apparent from the wording of the advertisement, the manner of its publication, or otherwise that the advertisement was equally likely to attract applications from individuals who were not employees of the other Party.

### **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:

**18 Weeks Information** information as to the Service User's rights under the NHS Constitution to access the relevant Services within maximum waiting times, as further described and explained in the NHS Constitution Handbook and Guidance

**18 Weeks Referral-to-Treatment Standard** in relation to Consultant-led Services, the NHS's commitment that no-one should wait more than 18 weeks from the time they are referred to the start of their treatment unless it is clinically appropriate to do so, or they choose to wait longer, as set out in the Rules Suite published by the Department of Health and Social Care (<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>) and in the recording and reporting guidance published by NHS England (<https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rttguidance/>)

**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

**2014 Act** the Care Act 2014

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



**Access and Waiting Time Standard for Children and Young People with an Eating Disorder** guidance on establishing and maintaining a community eating disorder service, published at: <https://www.england.nhs.uk/mental-health/cyp/eating-disorders/>

**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: <http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>

**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*)

**Activity Management Plan** a plan which, without limitation:

- (i) specifies any thresholds set out in any Activity Planning Assumptions which have been breached and/or otherwise identifies any unexpected or unusual patterns of Referrals and/or Activity in relation to the relevant Commissioners;
- (ii) includes the findings of any Joint Activity Review;
- (iii) includes an analysis of the causes and factors that contribute to the unexpected or unusual patterns of Referrals and/or Activity;
- (iv) includes specific locally agreed actions and timescales by which those actions must be met and completed by the Provider and/or the relevant Commissioners in order to restore levels of Referrals and/or Activity to within agreed thresholds;
- (v) (except in respect of unexpected or unusual patterns of Referrals and/or Activity caused wholly or mainly as a result of the exercise by Service Users of their legal rights to choice) includes the consequences for the Provider and/or the relevant Commissioners for breaching or failing to implement the Activity Management Plan; and
- (vi) (except in respect of unexpected or unusual patterns of Referrals and/or Activity caused wholly or mainly as a result of the exercise by Service Users of their legal rights to choice) may specify the immediate consequences (whether in relation to payment for Services delivered or to be delivered or otherwise) in relation to the identified unexpected or unusual patterns of Referrals and/or Activity

**Activity Planning Assumptions** the ratios and/or obligations, consistent with the relevant Indicative Activity Plan, to be met and satisfied by the Provider in relation to Service User flows and Activity following initial assessment regarding the Services, as identified in Schedule 2C (*Activity Planning Assumptions*) and/or as notified by the Commissioner to the Provider in accordance with SC29.7

**Activity Query Notice** a notice setting out in reasonable detail a query on the part of the Co-ordinating Commissioner or the Provider in relation to levels of Referrals and/or Activity

**Actual Annual Value** for the relevant Contract Year the aggregate of all payments made to the Provider under this Contract in respect of all Services delivered in that Contract Year (excluding VAT and payments in relation to any Local Incentive Scheme and after any deductions, withholdings or set-off), as reconciled under SC36 (*Payment Terms*).

**Actual Monthly Value** where no Expected Annual Contract Value has been agreed for the relevant month the aggregate of all payments made to the Provider under this Contract in respect of all Services delivered in that month (excluding VAT and payments in relation to any Local Incentive Scheme but before any deductions, withholdings or set-off), as reconciled under SC36 (*Payment Terms*)

**Actual Quarterly Value** for the relevant Quarter the aggregate of all payments made to the Provider under this Contract in respect of all Services delivered in that Quarter (excluding VAT and payments in relation to any Local Incentive Scheme but before any deductions, withholdings or set-off), as reconciled under SC36 (*Payment Terms*)



**Adalimumab Framework** the NHS National Framework Agreement for the Supply of Adalimumab for NHS England, pursuant to tender reference CM/PHR/18/5567, notified by NHS England, through which the Provider can call off supplies of adalimumab from specified suppliers

**Additional** over and above

- (i) any Mental Health Practitioner already employed by the Provider to work as a member of (i.e. working full-time or part-time, including on a rotational basis, within) the relevant general practice or PCN core multi-disciplinary teams as at 31 January 2021; and
- (ii) any IAPT Practitioner already employed by the Provider and working co-located within the relevant general practice as at 31 January 2021.

**A-EQUIP Guidance** the model of clinical midwifery supervision published by NHS England and available at: <https://www.england.nhs.uk/publication/a-equip-a-model-of-clinical-midwifery-supervision/>

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

**Agenda for Change** the single pay system in operation in the NHS, which applies to all directly-employed NHS staff with the exception of doctors, dentists and some very senior managers

**Alcohol and Tobacco Brief Interventions Guidance** the guidance published by Public Health England at: <https://www.gov.uk/government/publications/preventing-ill-health-commissioning-for-quality-and-innovation>

**Aligned Payment and Incentive Rules** the rules set out in section 3 of the National Tariff

**Antibiotic Usage** the number of defined daily doses of antibiotics dispensed by the Provider to NHS patients undergoing care on an outpatient, day case or inpatient basis during a Contract Year, per 1000 admissions of NHS patients during the same Contract Year, calculated in accordance with the more detailed definition in the Public Health England AMR Local Indicators database, available at: [https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/6/gid/1938132909/pat/158/par/TE\\_trust/ati/118/are/RWE/iid/92201/age/1/sex/4](https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/6/gid/1938132909/pat/158/par/TE_trust/ati/118/are/RWE/iid/92201/age/1/sex/4)

**Antibiotic Usage 2018 Baseline** the number of defined daily doses of antibiotics dispensed by the Provider to NHS patients undergoing care on an outpatient, day case or inpatient basis during 2018, per 1000 admissions of NHS patients during 2018, calculated in accordance with the more detailed definition in the Public Health England AMR Local Indicators database, available at: [https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/6/gid/1938132909/pat/158/par/TE\\_trust/ati/118/are/RWE/iid/92201/age/1/sex/4](https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/6/gid/1938132909/pat/158/par/TE_trust/ati/118/are/RWE/iid/92201/age/1/sex/4)

**Antimicrobial Stewardship Toolkit for English Hospitals** the document entitled *Start Smart – Then Focus*, published by Public Health England and available at: <https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus>

**Approved Research Study** a clinical research study:

- (i) which is of clear value to the NHS;
- (ii) which is subject to high quality peer review (commensurate with the size and complexity of the study);
- (iii) which is subject to NHS research ethics committee approval where relevant;
- (iv) which meets all the requirements of any relevant Regulatory or Supervisory Body; and
- (v) in respect of which research funding is in place compliant with NHS Treatment Costs Guidance

**Armed Forces Covenant** the armed forces covenant guidance document and the *Armed forces covenant: today and tomorrow* document outlining actions to be taken, available at: <https://www.gov.uk/government/publications/the-armed-forces-covenant>

**Auditor** an appropriately qualified, independent third party auditor appointed by the Co-ordinating Commissioner in accordance with GC15.8 (*Governance, Transaction Records and Audit*)



**Authorised Person** the Co-ordinating Commissioner and each Commissioner or their authorised representatives, any body or person concerned with the treatment or care of a Service User approved by the Co-ordinating Commissioner or the relevant Commissioner, and (for the purposes permitted by Law) any authorised representative of any Regulatory or Supervisory Body

**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

**Best Practice Tariff** a pricing arrangement designed to incentivise quality and cost-effective care, as described in section 5.4 of the National Tariff

**Block Arrangement** an arrangement described in Schedule 3A (*Local Prices*), 3B (*Local Variations*) or 3C (*Local Modifications*) under which an overall fixed price is agreed which is not varied as a result of any changes in Activity levels

**Board Assurance Framework for Seven Day Hospital Services** the framework for use by acute hospital providers in measuring their progress in implementing seven-day hospital services, available at:

<https://improvement.nhs.uk/resources/board-assurance-framework-seven-day-hospital-services/>

**Business Continuity Plan** the Provider's plan for continuity of all of the Services in adverse circumstances, in accordance with the NHS England Business Continuity Management Framework (Service Resilience) 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 Information Governance Review** the Information Governance Review (March 2013) also known as Caldicott 2, available at:

<https://www.gov.uk/government/publications/the-information-governance-review>

**Caldicott Principles** the principles applying to the handling of patient-identifiable information set out in the report of the Caldicott Committee (1 December 1997)

**Care and Treatment Review** a review of a Service User undertaken in accordance with Care and Treatment Review Guidance, including a Care, Education and Treatment Review for a child or young person

**Care and Treatment Review Guidance** the guidance documents for commissioners and providers on Care and Treatment Reviews, and on Care, Education and Treatment Reviews for children and young people, published by NHS England at:

<https://www.england.nhs.uk/publication/care-and-treatment-reviews-policy-and-guidance/>

**Care Connect APIs** the seventeen resource APIs listed at:

<https://nhsconnect.github.io/CareConnectAPI/>

**Care Transfer Plan** an appropriately detailed and comprehensive plan relating to the transfer of and/or discharge from care of a Service User, to ensure a consistently high standard of care for that Service User is at all times maintained

**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

**Category 1 Interventions** interventions which should not be routinely commissioned or performed, described as Category 1 Interventions in Evidence-Based Interventions Guidance



**Category 2 Interventions** interventions which should only be routinely commissioned or performed when specific criteria are met, described as Category 2 Interventions in Evidence-Based Interventions Guidance

**CEDR** the Centre for Effective Dispute Resolution

**Change in Control**

- (i) 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 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 sale or disposal the same entities directly or indirectly exercise the same degree of control over the relevant corporation; or
- (ii) any change in the ability to control an NHS Foundation Trust, NHS Trust or 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 Foundation Trust, NHS Trust or NHS Body is conferred on another person without the Co-ordinating Commissioner's prior written consent

**Change in Control Notification** a notification in the form of the template to be found via: <http://www.england.nhs.uk/nhs-standard-contract/> completed as appropriate

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

**Child Protection Information Sharing Project** a project to improve the way that health and social care services work together across England to protect vulnerable children: <https://digital.nhs.uk/services/childprotection-information-sharing-project>

**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 Sexual Abuse and Exploitation Guidance

**Clinic Letter** a summary of information relevant to the Service User to be produced by the Provider following outpatient clinic attendance, which must be a structured message capable of carrying both human readable narrative and coded (SNOMED CT) information, consistent with the standards published by the Professional Record Standards Body at: <https://theprsb.org/standards/>

**Clinical Commissioning Group** or **CCG** a clinical commissioning group as defined in Section 11 of 2006 Act

**Clinical Networks** groups of commissioners and providers of health or social care concerned with the planning and/or delivery of integrated health or social care across organisational boundaries, whether on a national, regional or local basis

**Code of Conduct for Data-Driven Health and Care Technology** the principles published by DHSC to enable the development and adoption of safe, ethical and effective data-driven health and care technologies, available at: <https://www.gov.uk/government/publications/code-of-conduct-for-data-driven-health-and-care-technology/initial-code-of-conduct-for-data-driven-health-and-care-technology>

**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>



**Commercial Contract Research Study** a research project that is fully sponsored and fully funded by a commercial company

**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 Documents** the documents listed in Schedule 1B (*Commissioner Documents*)

**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 Earliest Termination Date** the date referred to as such in the Particulars

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

**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

**Continuity of Carer Standard** the requirements in respect of maternity Services that, by March 2022:

- (i) at least 51% of Service Users to be placed onto a continuity of carer pathway and to receive continuity of carer throughout their maternity care at the point of delivery and
- (ii) the same level of performance to be achieved in relation to all relevant Service Users who are
  - a) of black, Asian or mixed ethnicity and b) resident in those areas with the highest deprivation served by the Provider

as further defined in *Measuring Continuity of Carer: a Monitoring and Evaluation Framework*, published by the Royal College of Midwives, available at:



<https://www.rcm.org.uk/promoting/professionalpractice/continuity-of-carer/> and in *Delivering Continuity of Carer for March 2021: Note for Local Maternity Systems*, circulated by NHS England

**Contract Management Meeting** a meeting of the Co-ordinating Commissioner and the Provider held in accordance with GC9.6 (*Contract Management*)

**Contract Performance Notice**

- (i) a notice given by the Co-ordinating Commissioner to the Provider under GC9.4 (*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 GC9.5 (*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-trainingframework-cstf/>

**COSOP** the Cabinet Office Statement of Practice *Staff Transfers in the Public Sector* January 2000

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

**CQC Regulations** the Care Quality Commission (Registration) Regulations 2009

**CQUIN** the Commissioning for Quality and Innovation scheme, given effect through the Aligned Payment and Incentive Rules within the National Tariff

**CQUIN Guidance** guidance on the application and operation of CQUIN for the relevant Contract Year, as published by NHS England and NHS Improvement from time to time

**CQUIN Indicator** an indicator or measure of the Provider's performance as set out in Schedule 3E (*CQUIN*)

**CQUIN Payment** a payment to be made to the Provider for having met the goals set out in the CQUIN Scheme as determined in accordance with Schedule 3E (*CQUIN*)

**CQUIN Performance Report** a report prepared by the Provider detailing (with supporting clinical and other relevant evidence) the Provider's performance against and progress towards satisfying the CQUIN Indicators in each month to which the report relates, comprising part of the Service Quality Performance Report

**CQUIN Query Notice** a notice prepared by or on behalf of any Commissioner setting out in reasonable detail the reasons for challenging or querying a CQUIN Performance Report

**CQUIN Reconciliation Account** an account prepared by or on behalf of the Provider which:



- (i) identifies the CQUIN Payments to which the Provider is entitled, on the basis of the Provider's performance against the CQUIN Indicators during the relevant Contract Year, as recorded in the relevant CQUIN Performance Reports;
- (ii) confirms the payments on account already made to the Provider in respect of CQUIN for the relevant Contract Year;
- (iii) may correct the conclusions of any previous reconciliation account; and
- (iv) must identify any reconciliation payments now due from the Provider to any Commissioner, or from any Commissioner to the Provider

**Critical Care** healthcare or treatment at a higher level or more intensive level than is normally provided in an acute ward (often to support one or more of a patient's organs) and normally forming part of a comprehensive acute care pathway, but which may be required in other circumstances alone or together with Emergency Care

**CRS** commissioner requested services, as defined in CRS Guidance

**CRS Guidance** the Guidance published by NHS England and NHS Improvement in relation to commissioner requested services, available 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 Caldicott Information Governance Review

**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 Coordinating 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 & Care, the Department of Health and Social Care, NHS England, the Health Research Authority, Public Health England and the Information Commissioner

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

**Data Landing Portal Acceptable Use Statement** the acceptable use statement published by NHS Digital 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 Loss Event** any event that results, or may result, in unauthorised processing of Personal Data held by the Provider under this Contract or Personal Data for which the Provider has responsibility under this Contract including without limitation actual or potential loss, destruction, corruption or inaccessibility of Personal Data, including any Personal Data Breach

**Data Processing Services** the data processing services described in the Annex to Schedule 6F (*Provider Data Processing Agreement*)

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

**Data Protection Impact Assessment** an assessment by the Data Controller of the impact of the envisaged processing on the protection of Personal Data

**Data Protection Legislation**

- (i) the UK GDPR
- (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 Improvement Plan** or **DQIP** an agreed plan setting out specific data and information improvements to be achieved by the Provider in accordance with the timescales set out in that plan (which may comprise or include any DQIP agreed in relation to a Previous Contract) as appended at Schedule 6B (*Data Quality Improvement Plan*)

**Data Quality Maturity Index** the NHS Digital 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

**Data Subject Access Request** a request made by, or on behalf of, a Data Subject in accordance with rights granted pursuant to Data Protection Legislation to access their Personal Data

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

**DCB0160** the standard defined in *Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems*, available at: <https://digital.nhs.uk/services/solution-assurance/the-clinical-safetyteam/clinical-risk-management-standards>

**Death of a Service User Policy** a policy that complies with Good Practice and the Law, and which details the procedures which the Provider is to follow in the event of the death of a Service User while in the Provider's care

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

**Decision-Making Staff** has the meaning given to it in Managing Conflicts of Interest in the NHS  
**Definitions and Interpretation** the section of the General Conditions under that heading

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

#### **Delivery Method**

- (i) in respect of communications with a Service User's GP, direct automatic transfer onto the GP practice electronic patient record system through a suitable secure interface; or
- (ii) in respect of communications with any other Referrer or with any third party provider of health or social care, either direct automatic transfer onto that party's electronic patient record system through a suitable secure interface or secure email using an NHS secure account or equivalent, as required or permitted by the relevant Transfer of and Discharge from Care Protocol

**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

**Development Plan for Personalised Care** the agreed plan describing actions which the Provider and/or the Commissioners will take, aimed at ensuring that Service Users have choice and control over the way their care is planned and delivered, as set out in Schedule 2M (*Development Plan for Personalised Care*)

**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 SubContractor, 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)

**Directly Bookable** in relation to any Service, the Provider's patient administration system being compliant with and able to communicate with the NHS e-Referral Service enabling available appointment slots to show on the NHS e-Referral Service, thereby enabling a Referrer or Service User to book a Service User appointment directly onto the Provider's patient administration system

**Directory of Service** a directory of information that describes the services that organisations offer, provides a window through which providers can display their services and enables referring clinicians to search for clinically appropriate services to which they can refer service users

**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 which, for discharges from inpatient, day case or A+E Services, must be a structured message capable of carrying both human readable narrative and coded (SNOMED CT) information, consistent with the standards published by the Professional Record Standards Body at: <https://theprsb.org/standards/>

**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 & 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

**Early Intervention in Psychosis Scoring Matrix** the quality improvement and accreditation scoring matrix published by the Royal College of Psychiatrists at: <https://www.rcpsych.ac.uk/improving-care/ccqi/nationalclinical-audits/national-clinical-audit-of-psychosis/EIP-spotlight-audit-resources>

**EDS** the Equality Delivery System for the NHS, available at: <https://www.england.nhs.uk/about/equality/equality-hub/eds/>

**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

**Elective Care** pre-arranged, non-emergency care including scheduled operations provided by medical specialists (and unexpected returns to theatre and/or admissions to Critical Care units) in a hospital or other secondary care setting



**Emergency Care** healthcare or treatment for which a Service User has an urgent clinical need (assessed in accordance with Good Practice and which is in the Service User's best interests)

**Enhanced DBS & 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 & Barred List Check (as appropriate) is permitted

**EPACCS IT System Requirements** guidance on the implementation of Electronic Palliative Care Coordination Systems available at: <https://digital.nhs.uk/binaries/content/assets/website-assets/datacollections/epaccsreq.pdf>

**e-Prescribing** use of electronic systems to facilitate and enhance the communication of a prescription or medicine order, aiding the choice, administration and supply of a medicine through knowledge and decision support and providing a robust audit trail for the entire medicines use processes

**e-Procurement Guidance** Department of Health and Social Care guidance in *NHS E-Procurement Strategy* available at: <http://www.gov.uk/government/collections/nhs-procurement>

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

- (i) *NHS Emergency Preparedness, Resilience and Response Framework*;
- (ii) *NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR)*; and
- (iii) *Guidance relating to COVID-19* available at: <http://www.england.nhs.uk/ourwork/epr/>

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

**Essential Services** the Services identified as such listed in Schedule 2D (*Essential Services*), being those Services for which sufficient capacity does not exist at appropriate alternative providers or potential alternative providers and/or which cannot be provided in a different way and/or where vulnerable groups may have particular problems accessing alternative providers and/or where the Provider ceasing to provide the Service would render other Services unviable

**Essential Services Continuity Plan** a plan agreed with the Co-ordinating Commissioner to ensure the continual availability of the Essential Services in the event of an interruption or suspension of the Provider's ability to provide any Essential Services and/or on any termination of this Contract or of any Service, as appended at Schedule 2E (*Essential Services Continuity Plan*) and updated from time to time

**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

**Evidence-Based Interventions Guidance** national guidance relating to the commissioning of interventions which are clinically inappropriate or which are appropriate only when performed in specific circumstances, published by NHS England at: <https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinicalcommissioning-groups-cogs/>



and by the Academy of Medical Royal Colleges at: <https://www.aomrc.org.uk/evidence-based-interventions/>

**Exception Report** a report issued in accordance with GC9.20 (*Contract Management*) notifying the relevant Party's Governing Body of that Party's breach of a Remedial Action Plan and failure to remedy that breach

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

**Expected Monthly Value** where an Expected Annual Contract Value has been agreed, the amount of that value paid in advance to the Provider for the month in question, as agreed under SC36.25 and Schedule 3F

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

**Expert** the person designated to determine a Dispute in accordance with GC14.8 or 14.9 (*Dispute Resolution*)

**Expert Determination Notice** notice in writing showing an intention to refer a Dispute for expert determination

**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>

**Final Monthly Reconciliation Date** the date when the final separate SUS reconciliation reports for the relevant month are available for the Commissioners to view and use to validate reconciliation accounts received from the Provider, as advised by NHS Digital from time to time

**Final Quarterly Reconciliation Date** the date when the final separate SUS reconciliation reports on Activity for all three months in the relevant Quarter are available for the Commissioners to view and use to validate reconciliation accounts received from the Provider, as advised by NHS Digital from time to time

**First Monthly Reconciliation Date** the date when the first SUS reconciliation report on Activity for the relevant month is available for the Commissioners to view to facilitate reconciliation between the Provider and Commissioners, as advised by NHS Digital from time to time

**First Quarterly Reconciliation Date** the date when the first SUS separate reconciliation reports on Activity for all three months in the relevant Quarter is available for the Commissioners to view to facilitate reconciliation between the Provider and Commissioners, as advised by NHS Digital from time to time

**Fit Note Guidance** the guidance relating to the issue of fit notes, available at: <https://www.gov.uk/government/collections/fit-note>

**Fixed Payment** the price payable to the Provider by a Commissioner for the Services in respect of a Contract Year, as described in the Aligned Payment and Incentive Rules, including the separately identified amounts included within that price for

- (i) the Value of Elective Activity;
- (ii) any high-cost drugs, devices and listed procedures included within scope of the Aligned Payment and Incentive Rules (as described in rule 2b);
- (iii) achievement of applicable Best Practice Tariffs (as described in rule 2c); and
- (iv) achievement of applicable CQUIN indicators (as described in rule 2d) and subject to rule 2e of the Aligned Payment and Incentive Rules, which describes how the price payable may in certain circumstances be more or less than the Fixed Payment

**FOIA** the Freedom of Information Act 2000



**Formulary** a list of medications that are approved by the Provider on the basis of their proven efficacy, safety and cost-effectiveness to be prescribed for Service Users by the Provider's clinical Staff

**Freedom To Speak Up Guardian** the individual appointed by the Provider in accordance with the Department of Health and Social Care publication *Learning Not Blaming* available at: <https://www.gov.uk/government/publications/learning-not-blaming-response-to-3-reports-on-patient-safety> and identified as such in the Particulars

**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

**Genomic Laboratory Hub** an organisation which holds a contract with NHS England to arrange and/or perform genomic laboratory services for a defined geographical population, listed at: <https://www.england.nhs.uk/genomics/genomic-laboratory-hubs/>

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

**General Condition** or **GC** any of these General Conditions 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

**Government Buying Standards** *Government Buying Standards for Food and Catering Services* (Department of Environment, Food and Rural Affairs): <https://www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-food-and-catering-services>

**Government Prevent Strategy** the policy forming part of HM Government's counter-terrorism strategy, available at: <http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy/prevent-strategyreview?view=Binary>

**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

**GP Referred Service** a Service which accepts elective Referrals from GPs, as set out in NHS e-Referral Service guidance

**Green Plan** the plan to be produced and maintained by the Provider in accordance with Green Plan Guidance and SC18 (*Green NHS and Sustainability*)

**Green Plan Guidance** guidance issued by NHS England and NHS Improvement on the development, content and/implementation of an organisational Green Plan, available at: <https://www.england.nhs.uk/greenemhs/how-to-produce-a-green-plan/>



**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 Care of Dying People** *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/uploads/system/uploads/attachment\\_data/file/323188/One\\_chance\\_to\\_get\\_it\\_right.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf) and, for providers of acute services, *Transforming end of life care in acute hospitals*, available at: <https://www.england.nhs.uk/wp-content/uploads/2016/01/transforming-end-of-life-care-acute-hospitals.pdf>

**Guidance on Personalised Care** guidance published by NHS England aimed at ensuring that people have choice and control over the way their care is planned and delivered, available at: <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensivemodel/>

**Guidance on Prescribing in Primary Care** NHS England guidance to CCGs to support them to fulfill their duties around appropriate use of prescribing resources, including:

<https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinelybe-prescribed-in-primary-care-guidance-for-ccgs/> and <https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/>

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

**Health Inequalities Action Plan** the agreed plan describing actions which the Provider and/or Commissioners will take with the aim of reducing inequalities in access to, experience of and outcomes from the Services, as set out in Schedule 2N (*Health Inequalities Action Plan*)

**Health Inequalities Lead** the board-level officer of the Provider responsible for overseeing the Provider's actions to address and reduce health inequalities, identified as such in the Particulars

**Health and Social Care Network** the new data network for health and care organisations (replacing the previous N3 arrangements) under which providers are able to obtain network connectivity from multiple suppliers in a competitive market place, described further at: <https://digital.nhs.uk/services/health-and-social-care-network>

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

**Healthcare Safety Investigation Branch** the body established to provide support and guidance on investigations, and to carry out its own investigations, into patient safety incidents:

<https://www.gov.uk/government/groups/independent-patient-safety-investigation-service-ipsis-expertadvisory-group>

**Health Education England** the non-departmental public body supporting delivery of excellent healthcare and health improvement in England by ensuring that the workforce has the right numbers, skills, values and behaviours, in the right time and in the right place

**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: <http://www.ombudsman.org.uk/>



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

**HEE Guidance for Placement of Doctors in Training** guidance published by Health Education England setting out arrangements under which non-NHS providers providing NHS-funded services can host doctors in training, available at: <https://www.hee.nhs.uk/our-work/doctors-training/guidance-placement-doctorstraining-independent-sector>

**HEE Quality Framework** the Health Education England Quality Framework, available at: <https://hee.nhs.uk/our-work/quality>

**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

**HQIP** the Healthcare Quality Improvement Partnership: <https://www.hqip.org.uk/>

**HQIP Guidance** guidance issued by the Healthcare Quality Improvement Partnership, available at: <http://www.hqip.org.uk/>

**HRA** the Human Rights Act 1998

**HRA/NIHR Research Reporting Guidance** the guidance published by the Health Research Authority and the National Institute for Health Research regarding publication by any Provider of data showing the progress of research studies in which that Provider is participating, available at: <https://www.nihr.ac.uk/researchers/manage-your-funding/manage-your-project/reporting-impact.htm>

**IAPT Practitioner** an individual employed as a low-intensity Psychological Wellbeing Practitioner or highintensity therapist, to provide services under the Improving Access to Psychological Therapies programme

**IG Guidance for Serious Incidents** NHS Digital's *Checklist Guidance for Information Governance Serious Incidents Requiring Investigation* June 2013, available at: <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-informationgovernance/data-security-and-protection-toolkit>

**Immediate Action Plan** a plan setting out immediate actions to be undertaken by the Provider to protect the safety of Services to Service Users, the public and/or Staff

**Incident or Emergency** an event or occurrence which:

- (i) constitutes an emergency for the purposes of the Civil Contingencies Act 2004; and/or
- (ii) is defined as an incident in the NHS England Emergency Preparedness, Resilience and Response Framework; and/or
- (iii) constitutes an emergency under local and community risk registers; and/or (iv) is designated as an incident under the Incident Response Plan

**Incident Response Plan** means each Party'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 England 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

**Infection Prevention Lead** the Provider's officer, identified as such in the Particulars, having responsibility at Governing Body level for infection prevention, including cleanliness, as described in the Code of Practice on the Prevention and Control of Infections; where the Provider is an NHS Trust or an NHS Foundation Trust, this individual will typically be the Director of Infection Prevention and Control

**Information Breach** any material failure on the part of the Provider to comply with its obligations under SC23.4 (*Service User Health Records*), SC28 (*Information Requirements*) and Schedule 6A (*Reporting Requirements*)

**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-balanceindependent-assurance-of-information-governance-returns>

**Information Governance Breach** an information governance serious incident requiring investigation, as defined in IG Guidance for Serious Incidents

**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 System** or **ICS** a collaborative arrangement through which NHS organisations, in partnership with local authorities and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. See: <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

**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/clinical-topics/children-and-young-people/safeguarding-children-and-young-people>

(ii) *Looked after children: Knowledge, skills and competences of health care staff*, available at: [https://www.rcpch.ac.uk/sites/default/files/Looked\\_after\\_children\\_Knowledge\\_skills\\_and\\_competence\\_of\\_healthcare\\_staff.pdf](https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf); and

(iii) *Adult Safeguarding: Roles and Competencies for Health Care Staff*, available at: <https://www.rcn.org.uk/professional-development/publications/pub-007069>

**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/inval/invoice-validationfaqs/>

**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



**IUC Clinical Assessment Service** a telephone-based urgent care clinical assessment service, commissioned to operate in conjunction with 111 services and described in the Integrated Urgent Care Service Specification published by NHS England at: <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

**JI Report** a report detailing the findings and outcomes of a Joint Investigation

**Joint Activity Review** a joint review of Activity by the Co-ordinating Commissioner and the Provider held in accordance with SC29.16 (*Managing Activity and Referrals*)

**Joint Investigation** an investigation into the matters referred to in a Contract Performance Notice in accordance with GC9.8 (*Contract 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 enforceable EU right within the meaning of section 2(1) European Communities Act 1972;
  - (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 Disability Improvement Standards** the standards for the provision of healthcare services for people with learning disabilities, published by NHS Improvement at: <https://www.england.nhs.uk/learning-disabilities/about/resources/the-learning-disability-improvementstandards-for-nhs-trusts/>

**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

**Legal Services Provider** a solicitor or firm of solicitors, claims management organisation or other provider, promoter or arranger of legal services

**Lessons Learned** experience derived from provision of the Services or otherwise, the sharing and implementation of which would be reasonably likely to lead to an improvement in the quality of the Provider's provision of the Services

**Lester Tool** the tool used to assess the cardiovascular and metabolic health of Services Users with severe mental illness, published by NHS England and the Royal College of Psychiatrists at: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncaplibrary/ncap-e-version-nice-endorsed-lester-uk-adaptation.pdf?sfvrsn=39bab4\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncaplibrary/ncap-e-version-nice-endorsed-lester-uk-adaptation.pdf?sfvrsn=39bab4_2)

**LETB** the local education and training board for each area in which the Provider provides the Services and any local education and training board which represents the Provider by virtue of arrangements made by Health Education England under paragraph 2(4)(c) of Schedule 6 to the Care Act 2014

**Local Access Policy** a policy, consistent with the 18 Weeks Referral-to-Treatment Standard, setting out the application of waiting time rules, the role and the rights and responsibilities of the Provider and of Service Users and describing how the Provider will manage situations where a Service User does not attend an appointment or chooses to delay an appointment or treatment, ensuring that any decisions to discharge patients after non-attendance are made by clinicians in the light of the circumstances of individual Service Users and avoiding blanket policies which require automatic discharge to the GP following a nonattendance

**Local Auditor** a local auditor appointed by a relevant authority in accordance with the Local Audit and Accountancy 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 Incentive Scheme** the locally agreed incentive scheme or schemes set out in Schedule 4D (*Local Incentive Scheme*) from time to time

**Local Incentive Scheme Indicator** an indicator or measure of the Provider's performance in relation to a Local Incentive Scheme

**Local Medical Committee** the local recognised statutory committee representing GPs

**Local Modification** a modification to a National Price where provision of a Service by the Provider at the National Price would be uneconomic, as approved or granted by NHS Improvement in accordance with the National Tariff

**Local Price** the price agreed by the Co-ordinating Commissioner and the Provider or determined as payable for a health care service for which no National Price is specified by the National Tariff

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

**Local System Plan** any system-wide strategic or operational plan developed by an Integrated Care System, in accordance with guidance issued by NHS England and NHS Improvement

**Local Variation** a variation to a National Price or the currency for a Service subject to a National Price agreed by the Co-ordinating Commissioner and the Provider in accordance with the National Tariff

**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 and charges 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 issued by NHS England, Public Health England and Health Education England, available at:  
<https://www.makeeverycontactcount.co.uk/>

**Managing Conflicts of Interest in the NHS** the NHS publication by that name available at:  
<https://www.england.nhs.uk/about/board-meetings/committees/coi/>

**Match Funding** a financial contribution of 50% of the actual salary, National Insurance and pension costs of an individual Mental Health Practitioner, to be paid on an ongoing basis to the Provider by the PCN or the PCN lead practice, under the terms of a separate written provision of service agreement

**Material Sub-Contract** a Sub-Contract for the delivery of any clinical or clinical support service which comprises (irrespective of financial value) all of any Service, or a significant and necessary element of any Service, or a significant and necessary contribution towards the delivery of any Service, as designated by the Co-ordinating Commissioner and listed at Schedule 5B (*Provider's Material Sub-Contracts*) from time to time

**Material Sub-Contractor** a Sub-Contractor under any Material Sub-Contract



**Material Sub-Contractor Change in Control** any Change in Control of a Material Sub-Contractor or any of its Holding Companies

**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*)

**Medical Examiner Guidance** guidance published by NHS England and NHS Improvement from time to time at: <https://www.england.nhs.uk/establishing-medical-examiner-system-nhs/>  
**Medical Examiner Office** the function for scrutiny and oversight of deaths not referred to the relevant coroner, described at: <https://www.england.nhs.uk/establishing-medical-examiner-system-nhs/>

**MedTech Funding Mandate Guidance** guidance in relation to the adoption of and payment for innovations that are effective, deliver material savings to the NHS, are cost-saving in-year and are affordable to the NHS: <https://www.england.nhs.uk/aac/what-we-do/how-can-the-aac-help-me/the-medtech-fundingmandate/>

**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 (and/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/>

**Mental Health Practitioner** an individual employed in any registered mental health clinical role at Agenda for Change Band 5 or above, including but not limited to a Community Psychiatric Nurse, Clinical Psychologist or Mental Health Occupational Therapist, but not including any IAPT Practitioner

**Monitor** the corporate body known as Monitor provided by section 61 of the 2012 Act

**Monitor's Licence** a licence granted by Monitor under section 87 of the 2012 Act

**National Ambulance Vehicle Specification** the national specification for emergency ambulance vehicles to be used in the provision of NHS-funded services, published by NHS England and NHS Improvement at: <https://improvement.nhs.uk/resources/2019-20-standard-ambulance-vehicle-specification/>

**National Ambulance Vehicle Supply Agreement** the NHS National Agreement for the Supply of Ambulance Base Vehicles, to be notified by NHS England and NHS Improvement, through which the Provider can call off supplies of ambulance base vehicles or the NHS National Agreement for the Supply of Ambulance Vehicle Conversions, to be notified by NHS England and NHS Improvement, through which the Provider can call off supplies of ambulance vehicle conversions (see <https://ted.europa.eu/udl?uri=TED:NOTICE:594961-2020:TEXT:EN:HTML>), as appropriate

**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 Clinical Audit and Patient Outcomes Programme** a set of centrally commissioned national clinical audits that measure Provider performance against national quality standards or evidence-based best practice, and allows comparisons to be made between provider organisations to improve the quality and outcomes of care: <https://www.hqip.org.uk/national-programmes/#.XfkmCqg7JJU>

**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 Directive on Commercial Contract Research Studies** the mandatory requirements governing participation by Providers in Commercial Research Studies, published jointly by NHS England, the National Institute for Health Research and the Health Research Authority from time to time at: <https://www.england.nhs.uk/commissioning/supporting-commissioners/research/supporting-and-applying-research-in-the-nhs/>

**National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care** the document of this name published by DHSC which came into effect on 1 October 2018, available at: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

**National Genomic Test Directory** the document listing all of the genomic tests which are commissioned by the NHS in England, published by NHS England at: <https://www.england.nhs.uk/publication/national-genomic-test-directories>

**National Guardian's Office** the office of the National Guardian, which provides advice on the freedom to speak up guardian role and supports the freedom to speak up guardian network: <https://www.nationalguardian.org.uk/>

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

**National Guidance on Learning from Deaths** guidance published by the National Quality Board to help standardise and improve the way acute, mental health and community NHS Trusts and Foundation Trusts identify, report, review, investigate and learn from deaths, and engage with bereaved families and carers, available at: <https://www.england.nhs.uk/publication/national-guidance-on-learning-from-deaths/>

**National Institute for Health Research or NIHR** the organisation established by the Department of Health and Social Care to transform research in the NHS

**National Medical Examiner** the individual appointed at national level to provide professional and strategic leadership to regional and trust-based medical examiners, as described at: <https://www.england.nhs.uk/establishing-medical-examiner-system-nhs/>

**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/patientsafety/national-patient-safety-alerting-committee/>)

**National Price** the national price for a health care service specified by the National Tariff, as may be adjusted by applicable national variation specified in the National Tariff under section 116(4)(a) of the 2012 Act

**National Quality Requirements** the requirements set out in Schedule 4B (*National Quality Requirements*)

**National Reporting and Learning System** the central database of patient safety incident reports at: <https://report.nrls.nhs.uk/nrlsreporting/>

**National Requirements Reported Centrally** the requirements set out under that heading in Schedule 6A (*Reporting Requirements*)



**National Requirements Reported Locally** the requirements set out under that heading in Schedule 6A (*Reporting Requirements*)

**National Service Specifications** the Service Specifications published by NHS England for prescribed specialised services, available at: <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/>

**National Tariff** the national tariff, as published by Monitor under section 116 of the 2012 Act (including any rules included under section 116(4)(b) of the 2012 Act), as applicable at the time at which the relevant Service is provided

**National Telephony Service** the technology procured by NHS England which links a caller dialing 111 to the telephone number of either the Provider or another 111 provider

**National Variation** a Variation mandated by NHS England to reflect changes to the NHS Standard Contract and notified to the Parties by whatever means NHS England may consider appropriate

**National Workforce Disability Equality Standard** the workforce disability equality standard for the NHS, available at: <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

**National Workforce Race Equality Standard** the workforce race equality standard for the NHS, available at: <http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/>

**Nationally Contracted Products Programme** the procurement programme operated by NHS Improvement and NHS Supply Chain which aims to consolidate purchasing power in order to purchase products on a better-value basis for NHS Trusts and Foundation Trusts, as described at: <https://www.supplychain.nhs.uk/savings/nationally-contracted-products/>

**Negotiation Period** the period of 15 Operational Days following receipt of the first offer to negotiate

**Net Zero Lead** the board-level officer of the Provider, identified as such in the Particulars

**Never Event** an event or occurrence in relation to a Service User as so defined in the Never Events Policy Framework from time to time

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

**NEWS 2 Guidance** *National Early Warning Score (NEWS) 2: Standardising the assessment of acute illness severity in the NHS. Updated report of a working party*, Royal College of Physicians, London, 2017, available at: <https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2>

**NEW Score** the aggregate score for an individual Service User when assessed at any point using the parameters set out in NEWS 2 Guidance

**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>

**NHS Car Parking Guidance** NHS patient, visitor and staff car parking principles, published in October 2015 by DHSC at: <https://www.gov.uk/government/publications/nhs-patient-visitor-and-staff-car-parkingprinciples/nhs-patient-visitor-and-staff-car-parking-principles>, as revised, supplemented or replaced by further guidance to be published by DHSC and/or NHS England and NHS Improvement to



support and provide funding for implementation of the Government's commitment to enabling free parking for certain groups, as set out at: <https://www.gov.uk/government/news/free-hospital-parking-for-thousands-ofpatients-staff-and-carers>

**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 requirements 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 Chaplaincy Guidelines** *NHS England – NHS Chaplaincy Guidelines 2015: Promoting Excellence in Pastoral, Spiritual & Religious Care*, available at: <https://www.england.nhs.uk/wpcontent/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf>

**NHS Choice Framework** the framework which sets out the choices available to individuals in respect of their health care, published by DHSC at: <https://www.gov.uk/government/publications/the-nhs-choiceframework>

**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 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, available at: <https://digital.nhs.uk/data-and-information/looking-afterinformation/data-security-and-information-governance/data-security-and-protection-toolkit>

**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-thebenefits-of-health-data/creating-the-right-framework-to-realise-the-benefits-for-patients-and-the-nhswhere-data-underpins-innovation>

**NHS Digital** the Health and Social Care Information Centre <https://digital.nhs.uk/>

**NHS Digital UEC Booking Standards** the technical standards for information technology systems to enable direct electronic booking of appointments into Urgent Treatment Centre services from 111 services, published by NHS Digital at: <https://developer.nhs.uk/apis/uec-appointments/>

**NHS Employer** has the meaning given to it in Annex 1 to the NHS Terms and Conditions of Service Handbook but, for the purposes of GC5.18 and GC5.19 includes NHS Improvement

**NHS Employment Check Standards** the pre-appointment checks that are required by Law, those that are mandated by any Regulatory Body policy, and those that are required for access to Service User Health Records: <http://www.nhsemployers.org/your-workforce/recruit/employment-checks>

**NHS England** the National Health Service Commissioning Board established by section 1H of the 2006 Act, also known as NHS England

**NHS England Prevent Training and Competencies Framework** the framework available at: <https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/>



**NHS England Quality Accounts List** the list of national clinical audits, registries and clinical outcome review programmes in respect of which providers must report their participation as part of their annual Quality Accounts, as described in HQIP's annual publication at:

<https://www.hqip.org.uk/nationalprogrammes/quality-accounts/>

**NHS e-Referral Guidance** guidance in relation to best practice use of the NHS e-Referral Service, available at: <https://digital.nhs.uk/services/nhs-e-referral-service> and on management of referrals (e-Referral Service: guidance for managing referrals), available at:

<https://www.england.nhs.uk/digitaltechnology/nhse-referral-service/>

**NHS e-Referral Service** the national electronic booking service that gives patients a choice of place, date and time for first hospital or clinic appointments

**NHS Food Standards** the standards for catering services for Service Users, visitors and Staff set out in the following publications:

- (i) For patient catering: *10 key characteristics of good nutritional and hydration care (NHS England)* <https://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/>; *Nutrition and Hydration Digest (British Dietetic Association)* <https://www.bda.uk.com/specialist-groups-and-branches/foodservices-specialist-group/nutrition-and-hydration-digest.html>; *Malnutrition Universal Screening Tool or equivalent (British Association of Parenteral and Enteral Nutrition)* [http://www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf);
- (ii) For all catering: Government Buying Standards
- (iii) For staff and visitor catering - *Healthier and more sustainable catering guidance – nutrition principles (Public Health England)* <https://www.gov.uk/government/publications/healthier-and-more-sustainablecatering-a-toolkit-for-serving-food-to-adults>  
as updated or supplemented by any additional or successor requirements published by NHS England and NHS Improvement

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

**NHS Guidance on Prescribing Responsibilities** the document published by NHS England which describes the prescribing responsibilities of healthcare professionals from primary, secondary and tertiary care, available at: <https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primaryand-secondary-tertiary-care/>

**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 Improvement** the combined organisation comprising Monitor and NHSTDA

**NHS Internet First Policy** the national policy under which all externally accessible health and social care digital services must be securely accessible over the public internet, as further described at: <https://digital.nhs.uk/services/internet-first>

**NHS Model Employer Strategy** the NHS Workforce Race Equality Standard leadership strategy, aimed at increasing black and minority ethnic representation at senior levels across the NHS, available at: <https://www.england.nhs.uk/publication/a-model-employer/>

**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 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), the National



Health Service Pension Scheme Regulations 2008 (SI 2008/653), and the National Health Service Pension Scheme Regulations 2015 (SI 2015/94)

**NHS People Plan** the document published by NHS England and NHS Improvement at: <https://www.england.nhs.uk/ournhspeople/>

**NHS Premises Assurance Model** or **PAM** the toolkit which allows NHS Trusts and NHS Foundation Trusts to assess how efficiently they run their estate and facilities, published by NHS England and NHS Improvement at: <https://www.england.nhs.uk/nhs-premises-assurance-model/>

**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 Supply Chain** the function operated by Supply Chain Coordination Limited on behalf of the Secretary of State for Health and Social Care, providing a dedicated supply chain to the NHS in England

**NHSTDA** the Special Health Authority known as the National Health Service Trust Development Authority established under the NHS Trust Development Authority (Establishment and Constitution) Order 2012 SI 901/2012

**NHS Terms and Conditions of Service Handbook** the handbook of NHS terms and conditions of service, available at: <http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhsterms-and-conditions-of-service-handbook>

#### **NHS Treatment Costs Guidance**

- (i) *Attributing the costs of health and social care Research & Development* (AcoRD), available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/140054/dh\\_133883.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/140054/dh_133883.pdf);
- (ii) HSG (97) 32, available at: [http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH\\_4018353](http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4018353); and
- (iii) *Guidance on excess treatment costs*, available at: <https://www.england.nhs.uk/wpcontent/uploads/2015/11/etc-guidance.pdf> and any subsequent guidance to be published by NHS England and/or the Department of Health and Social Care

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

**NHS Violence Prevention and Reduction Standard** the risk-based framework which supports NHS staff to work in a safe and secure environment which safeguards against abuse, aggression and violence, available at: <https://www.england.nhs.uk/publication/violence-prevention-and-reduction-standard/>

**NHS Website** <https://www.nhs.uk/>

**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)

**Non-elective Care** care which is unplanned and which may include:

- (i) Critical Care, whether or not provided with Emergency Care;
- (ii) Emergency Care; and
- (iii) healthcare or treatment provided to a Service User without prior schedule or referral, whether or not it is also Emergency Care

**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

**Ockenden Review** the emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust, published by DHSC at: <https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust>

**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

**Open API Policy and Guidance** the following publications:

- (i) the policy on Open Application Programming Interfaces, published by NHS England at: <https://www.england.nhs.uk/digitaltechnology/connecteddigitalsystems/interoperability/open-api/>; and
- (ii) guidance on the NHS Standard Contract requirements on discharge summaries and clinic letters and on interoperability of clinical IT systems, published by NHS England at: <https://www.england.nhs.uk/publication/guidance-on-the-nhs-standard-contract-requirements-on-discharge-summaries-and-clinic-letters-and-on-interoperability-of-clinical-it-systems/>

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

**Operational Standards** the standards set out in Schedule 4A (*Operational Standards*)

**Other Local Agreements, Policies and Procedures** the agreements, policies and procedures details of which are set out in Schedule 2G (*Other Local Agreements, Policies and Procedures*) or otherwise agreed between the Parties from time to time

**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> and <https://www.england.nhs.uk/publication/improving-systems-for-cost-recovery-for-overseas-visitors/>

**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

**Partnership Agreement** an arrangement between a Local Authority and an NHS Body made under section 75 of the 2006 Act for the provision of combined health or social services and/or under section 10 of the Children Act 2004 to promote co-operation with a view to improving the well-being of children

**Patient Pocket Money** monies that the Provider and the Co-ordinating Commissioner agree from time to time may be paid by the Provider to a Service User to purchase sundry items and services

**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 Specialist** the individual designated by the Provider to provide leadership and visibility and expert support to patient safety in relation to the Services, as described in the NHS Patient Safety Strategy available at: <https://www.england.nhs.uk/patient-safety/patient-safety-specialists/>

**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

**Personalised Care and Support Plan** a plan for care and support for a Service User, developed by the Provider, in partnership with a Service User and/or their Carer or Legal Guardian (as appropriate), and in association with other relevant providers of health and social care which:

- (i) records the health and wellbeing outcomes which the Service User wishes to achieve, following a personalised conversation about what matters to them;
- (ii) records the support available to them, whether through NHS or Local Authority services, local voluntary and charitable sector services, through personal connections or otherwise, to help them build the knowledge, skills and confidence to manage their health and well-being;
- (iii) pays proper attention to the Service User's preferences, culture, ethnicity, gender, age and sexuality; and
- (iv) takes account of the needs of any children and Carers

For further information, see <https://www.england.nhs.uk/personalisedcare/upc/comprehensive-model/> and the *Personalised Care and Support Planning (PCSP) Checklist* at: <https://www.aomrc.org.uk/evidencebased-interventions/ebi-in-practise/>

**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

**Plastics Pledge** the NHS single-use plastics reduction campaign pledge: <https://www.sduhealth.org.uk/nhs%20long%20term%20plan/single-use-plastics/catering-plasticspledge.aspx>

**Post Event Message** a message summarising the Provider's contact with a Service User



**Post Reconciliation Monthly Inclusion Date** the date by which the Provider must submit to SUS all of the final activity data for a month on which it believes the final reconciliation account for the Quarter in which that month falls should be based

**Prevent Guidance** Government guidance on the Prevent duty (available at: <https://www.gov.uk/government/publications/prevent-duty-guidance>) and on the Channel duty (available at: <https://www.gov.uk/government/publications/channel-guidance>)

**Previous Contract** a contract between one or more of the Commissioners and the Provider for the delivery of services the same or substantially the same as the Services, the term of which immediately precedes the Contract Term

**Prevent Lead** the officer of the Provider responsible for implementation and dissemination of the Government Prevent Strategy, identified as such in the Particulars

**Price** a National Price, or a National Price adjusted by a Local Variation or Local Modification, or a Unit Price or a Local Price, as appropriate

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

**Primary Medical Services** the primary medical services described in Schedule 2L (*Provisions Applicable to Primary Medical Services*), to which the provisions of that Schedule apply

**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/uploads/system/uploads/attachment\\_data/file/62091/two-tier-code.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62091/two-tier-code.pdf) including Annex A of that guidance note setting out a set of voluntary principles of good employment practice

**Prior Approval** the approval by the Responsible Commissioner of care or treatment, including diagnostics, to an individual Service User or a group of Service Users prior to referral or following initial assessment

**Prior Approval Response Time Standard** the timescale, set out in the Particulars, within which the relevant Commissioner must respond to a requirement for approval for treatment of an individual Service User under a Prior Approval Scheme

**Prior Approval Scheme** a scheme under which one or more Commissioners give Prior Approval for treatments and services prior to referral or following initial assessment that may form part of the Services required by the Service User following referral

**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

**Processor Data** is any data processed by the Provider in connection with the Data Processing Services

**Prohibited Act** the Provider:

- (i) offering, giving, or agreeing to give the Commissioners (or any of their officers, employees or agents) any gift or consideration of any kind as an inducement or reward for doing or not doing or for having done or not having done any act in relation to the obtaining of performance of this Contract or any other contract with the Provider, or for showing or not showing favour or disfavour to any person in relation to this Contract or any other contract with the Provider; and
- (ii) 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



- (iii) committing an offence under the Bribery Act 2010

**Proposer** Party proposing a Variation

**Protective Measures** appropriate technical and organisational measures which may include: pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of systems and services, ensuring that availability of and access to Personal Data can be restored in a timely manner after an incident, and regularly assessing and evaluating the effectiveness of such measures

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

**Provider Change in Control** means any Change in Control of the Provider or any of its Holding Companies

**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 Earliest Termination Date** the date referred to as such in the Particulars

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

**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

**PRSB Clinical Referral Information Standard** the standard for information to be provided when referring patients to hospital consultants and other health care professionals providing outpatient



services, as published by the Professional Record Standards Body at:  
<https://theprsb.org/standards/clinicalreferralinformation/>

**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

**Public Health England** an executive agency of the Department of Health and Social Care established under the 2012 Act

**Quality Accounts** has the meaning set out in section 8 of the Health Act 2009

**Quality Requirements** the Operational Standards, the National Quality Requirements, the Local Quality Requirements and the Never Events

**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

**Raising Concerns Policy for the NHS** the model whistleblowing policy for NHS organisations, published by NHS England and NHS Improvement, available at:  
<https://www.england.nhs.uk/ourwork/whistleblowing/>

**Recipient** a Party receiving a draft Variation Agreement

**Records Management Code of Practice for Health and Social Care** guidance on management and retention of records available at:  
<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-informationgovernance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-ofpractice-for-health-and-social-care-2016>

**Redundancy Repayment** the sum £R, calculated as follows:

$\text{£R} = (\text{S} \times (\text{A} - \text{B})) - (\text{C} + \text{D})$ , where:

**S** is the lesser of (a) the amount of a month's pay used to calculate your contractual redundancy payment, or (b) the amount of any maximum monthly sum for the purposes of that calculation applicable at the date of the redundancy, as determined by Agenda for Change

**A** is the number of years used in the calculation of the contractual redundancy payment;

**B** is the number of complete calendar months between the date of termination of the individual's employment by the NHS Employer and the date of commencement of their employment or engagement with the Provider or Sub-Contractor or consultancy;

**C** is the total statutory redundancy payment that the individual was were entitled to receive on redundancy from the NHS Employer; and

**D** is the amount of any income tax deducted by that NHS Employer from the contractual redundancy payment,

**But** for the avoidance of doubt the individual will have no liability to repay any sum if **B** is greater than or equal to **A**

**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

**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 and/or Staff must comply or to which it or they must have regard, including:

- (i) CQC;
- (ii) NHS Improvement;
- (iii) NHS England;
- (iv) the Department of Health and Social Care;
- (v) NICE;
- (vi) Healthwatch England and Local Healthwatch;
- (vii) Public Health England;
- (viii) the General Pharmaceutical Council;
- (ix) the Healthcare Safety Investigation Branch; and
- (x) the Information Commissioner

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

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

**Remedial Action Plan or RAP** a plan to rectify a breach of or performance failure under this Contract (or, where appropriate, a Previous Contract), specifying actions and improvements required, dates by which they must be achieved and consequences for failure to do so, as further described in GC9.12 (*Contract Management*)

**Renewable Sources** REGO certified sources of electricity generation such as wind, rain, tides, waves, and geothermal heat

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

**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 Material Sub-Contractor

**Review Meeting** a meeting to be held in accordance with GC8.1 (*Review*) at the intervals set out in the Particulars or as otherwise requested in accordance with GC8.4 (*Review*)

**Review Record** a written record of a Review Meeting as described in GC8.2 (*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 at: <https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/collegereport-cr159.pdf>

**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/uploads/system/uploads/attachment\\_data/file/315993/Care-ActGuidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-ActGuidance.pdf)



- (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/wp-content/uploads/2015/07/safeguarding-children-young-peopleadults-at-risk-saaf-1.pdf>
- (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*)

**Saving Babies' Lives Care Bundle** the document setting out key evidence-based interventions aimed at reducing stillbirth rates, published by NHS England at:  
<https://www.england.nhs.uk/mattransformation/saving-babies/>

**SCCI 1580 (Palliative Care Co-ordination: Core Content)** the information standard specifying the core content to be held in electronic palliative care co-ordination systems (EPaCCS), published at:  
<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-datacollections-including-extractions/publications-and-notifications/standards-and-collections/scci1580palliative-care-co-ordination-core-content>

**Secretary of State** the Secretary of State for Health and Social Care 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

**Sepsis Implementation Guidance** *Sepsis guidance implementation advice for adults*, produced in collaboration with NICE, Royal College of Physicians, the Royal College of GPs, Health Education England, the UK Sepsis Trust, Patient Safety Collaboratives, front line clinicians and published by NHS England, available at: <https://www.england.nhs.uk/publication/sepsis-guidance-implementation-advice-for-adults/>

**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 forming part of this Contract

**Service Development and Improvement Plan** or **SDIP** an agreed plan setting out improvements to be made by the Provider to the Services and/or Services Environment (which may comprise or include any Remedial Action Plan agreed in relation to a Previous Contract), as appended at Schedule 6D (*Service Development and Improvement Plans*)



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

**Service Specifications** each of

- (i) the service specifications defined by the Commissioners and set out in Schedule 2A (*Service Specifications*); and
- (ii) in the case of any Specialised Services each of the National Service Specifications listed and/or set out in Schedule 2A (*Service Specifications*); and
- (iii) where appropriate, the provisions of Schedule 2L (*Provisions Applicable to Primary Medical Services*)

**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

**Service Variation** a Variation proposed by the Co-ordinating Commissioner which relates to a Service and reflects:

- (i) the assessment by Commissioners of pathway needs, the availability of alternative providers and demand for any Service; and/or
- (ii) the joint assessment of the Provider and Commissioners of the quality and clinical viability of the relevant Service and the Services Environment; and/or
- (iii) the likely impact of any transformational need and/or reconfiguration of a care pathway that might affect the Service

**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

**Settlement Agreement Guidance** NHS Employers' guidance *The Use of settlement agreements and confidentiality clauses*, available at: <https://www.nhsemployers.org/case-studies-andresources/2019/02/the-use-of-settlement-agreements-and-confidentiality-clauses>

**Shared Care Protocols** shared care arrangements that are agreed at a regional or local level to enable the combination of primary and secondary care for the benefit of Service Users. They will, for example, support the seamless transfer of treatment from the tertiary to the secondary care sector and/or general practice

**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

**Smoke-free** no smoking of tobacco or anything which contains tobacco, or smoking of any other substance, or being in possession of lit tobacco or of anything lit which contains tobacco, or being in possession of any other lit substance in a form in which it could be smoked

**Specialised Services** the prescribed specialised services commissioned by NHS England as specified in the identification rules available at: <https://www.england.nhs.uk/commissioning/spec-services/key-docs/>



**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

**Staffing Guidance** any Guidance applicable to the Services in relation to Staff numbers or skill-mix, including the National Quality Board publication *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time*, available at:

<https://www.england.nhs.uk/wpcontent/uploads/2013/04/nqb-guidance.pdf>, and, for NHS Trusts and NHS Foundation Trusts, the NHS Improvement publication, *Developing Workforce Safeguards*, available at: <https://improvement.nhs.uk/resources/developing-workforce-safeguards/>

**Staff Survey Guidance** guidance on the implementation of the NHS staff surveys and their applicability to different providers, available at: <https://nhsstaffsurveys.com>

**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

**Succession Plan** a plan for the transition of any affected Service on the expiry or termination of this Contract or of that Service (as appropriate), to include:

- (i) details of the affected Service;
- (ii) details of Service Users and/or user groups affected;
- (iii) the date on which the successor provider will take responsibility for providing the affected Service

**Sugar-Sweetened Beverage** any drink, hot or cold, carbonated or non-carbonated, including milk based drinks and milk substitute drinks such as soya, almond, hemp, oat, hazelnut or rice, which contains more than 20kcal/100ml energy (i.e. is **not** 'low energy (calorie)') **and also** has had any sugar added to it as an ingredient (i.e. is **not** 'no added sugar'). Products sweetened with a combination of artificial/natural sweeteners and sugars would, if they contain more than 20kcal/100ml energy (i.e. are **not** 'low energy (calorie)'), fall within this definition. For the purposes of this definition, added sugars:

- (i) include sugars added to pre-packaged drinks or added to made-to-order drinks (including without limitation sugar syrup, hot chocolate powder, sweetened milk alternatives and whipped cream);
- (ii) do not include sugars naturally occurring in fruit juices, vegetable juices and smoothies.
- (iii) do not include sugars naturally occurring in milk.
- (iv) do not include sugar added by the customer after the point of sale.

Further information on Nutrition Claims Legislation (that provides definitions of 'low energy (calorie)' and 'no added sugar') is available at:

[https://ec.europa.eu/food/safety/labelling\\_nutrition/claims/nutrition\\_claims\\_en](https://ec.europa.eu/food/safety/labelling_nutrition/claims/nutrition_claims_en)

**Summary Care Records Service** the national system providing those treating Service Users in any emergency or out-of-hours with fast access to key clinical information, as described at:

<https://digital.nhs.uk/summary-care-records>



**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: <https://digital.nhs.uk/services/secondary-uses-service-sus>

**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) 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 Statutory Body; or
- (ii) 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
- (iii) the Provider receiving a Contract Performance Notice in respect of a Service within 12 months after having agreed to implement a Remedial Action Plan in respect of the same issue with that Service; or
- (iv) 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
- (v) an Exception Report being issued under GC9.20 (*Contract Management*) and the Provider's Governing Body failing to procure the rectification of the relevant breach of the Remedial Action Plan within the timescales indicated in that Exception Report; or
- (vi) the Provider or any Sub-Contractor being prevented from providing a Service due to the termination, suspension, restriction or variation of any Consent or Monitor's Licence

**System Collaboration and Financial Management Agreement** an agreement to which all CCGs, NHS Trusts and NHS Foundation Trusts within an ICS, and NHS England as a commissioner of services from those Trusts and NHS Foundation Trusts, are party and which, as a minimum:

- (i) describes the collaborative behaviours expected of the parties to it;
- (ii) requires open book accounting by and financial transparency between parties to it;
- (iii) describes processes for reaching consensus and resolving disputes between the parties to it about how best to use financial and other resources available to the ICS;
- (iv) sets out a mechanism for management of the aggregate financial position of the parties to achieve and maintain the System Financial Improvement Trajectory for the ICS from time to time

**System Financial Improvement Trajectory** the overall system financial improvement trajectory for the relevant financial year for all CCGs, NHS Trusts and NHS Foundation Trusts within an ICS, as agreed with NHS England and NHS Improvement

**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-statutoryguidance/care-and-support-statutory-guidance>)
- (iv) *the Assessment, Discharge and Withdrawal Notices between Hospitals and Social Services Information Standard* (SCC12075)
- (v) *the National Framework for Inter-Facility Transfers* (<https://www.england.nhs.uk/publication/interfacility-transfers-framework/>)



- (vi) *Hospital discharge service: policy and operating model*  
(<https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model>)

**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/>

**Transfer of Care** the transfer of primary responsibility for a Service User's care from the Provider to another unit, hospital, responsible clinician or service provider within the pathway

**Transition Arrangements** the transition arrangements agreed between the Parties (and, where appropriate, with any previous provider of the Services) for transition of provision of the Services to the Provider, set out in Schedule 2H (*Transition Arrangements*)

**Transparency Guidance** the guidance in relation to the publication of tender documentation and the publication of contracts, available at: <https://www.gov.uk/government/collections/nhs-procurement>

**TUPE** the Transfer of Undertakings (Protection of Employment) Regulations 2006

**UEC DoS** the central directory of services, supported by NHS Digital, which is accessed by staff involved in the provision of urgent and emergency care services and which provides real-time information about available services and clinicians across all care settings  
(<https://digital.nhs.uk/directory-of-services>)

**UEC DoS Contact** the officer or employee of the Provider responsible for validating that UEC DoS entries in relation to the Services are complete, accurate and up to date, identified as such in the Particulars

**UEC DoS Lead** the individual appointed by a Commissioner as the point of contact for validation of UEC DoS entries

**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 Standards for Microbiology Investigations** a comprehensive referenced collection of recommended algorithms and procedures for clinical microbiology:  
<https://www.gov.uk/government/collections/standards-for-microbiology-investigations-smi>

**Unit Price** any price for a unit of Activity set out in Annex DTA of the National Tariff

**Urgent and Emergency Mental Health Care Pathways** the evidence-based treatment pathways for urgent and emergency mental health care, developed by NHS England, NICE and the National Collaborating Centre for Mental Health and published at:  
<https://www.england.nhs.uk/mentalhealth/adults/crisis-and-acute-care/>

**Urgent Care Data Sharing Agreement** an agreement providing for the sharing of certain clinical data between commissioners and providers of urgent and emergency care services in accordance with *Data Sharing Requirements to support Development of Urgent and Emergency Care Dashboards – Guidance for Data Providers* available at: <https://www.england.nhs.uk/nhs-standard-contract/>

**Utilisation** the Provider's capacity and use of resources in relation to both anticipated and accepted numbers of Referrals

**Value of Elective Activity** has the meaning given to it in the Aligned Payment and Incentive Rules



**Variable Elements**

- (i) Particulars – local insertions and selections only: refer to Contract Technical Guidance
- (ii) Service Conditions – application only: refer to Contract Technical Guidance

**Variation** a variation to the provisions of this Contract agreed to be made by the Parties in accordance with GC13 (*Variations*) which may be a Service Variation, a National Variation, or any other variation

**Variation Agreement** an agreement in writing in the form available at:

<https://www.england.nhs.uk/nhsstandard-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

**Very Senior Manager** whether or not the relevant NHS Employer operates the *Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts*, an individual as described in paragraph 4 of that framework, whether that individual is engaged under a contract of employment or a contract for services

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

**Withholding and Retention of Payment Provisions** the provisions in this Contract relating to withholding and/or retention of payment as set out in SC28.18 to SC28.23 (*Information Requirements*)

**Workforce Sharing Arrangement** a formal agreement between providers of NHS-funded healthcare services, governing the temporary redeployment of staff from one to another in a safe and efficient manner; model documentation and guidance in relation to such arrangements are available in the Enabling Staff Movement Too kit published by NHS England and NHS Improvement at: <https://www.england.nhs.uk/enabling-staff-movement-toolkit/>

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**SCHEDULE 8**  
**Variation Form**

Variation Form No:

.....

BETWEEN:

**[insert name of Commissioner ] ("the Commissioner")**

and

**[insert name of Provider] ("the Provider")**

1. This Framework Agreement is varied as follows and shall take effect on the date signed by both Parties:

***[Insert details of the Variation]***

2. Words and expressions in this Variation shall have the meanings given to them in the Framework Agreement.
3. The Framework Agreement, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

Signed by an authorised signatory for and on behalf of the Commissioner

Signature

.....

Date

.....

Name (in Capitals)

.....

Address

.....

.....

Signed by an authorised signatory to sign for and on behalf of the Provider

Signature

.....

Date

.....

Name (in Capitals)

.....

Address

.....

.....



**SCHEDULE 9**

**Guarantee**

**[INSERT THE NAME OF THE GUARANTOR]**

**- AND -**

**NATIONAL HEALTH SERVICE COMMISSIONING BOARD**

**DEED OF GUARANTEE**



## DEED OF GUARANTEE

THIS DEED OF GUARANTEE is made the                      day of                      20[ ]

### BETWEEN:

- (1) [Insert the name of the Guarantor] [a company incorporated in England and Wales] with number [insert company no.] whose registered office is at [insert details of the Guarantor's registered office here] [OR] [a company incorporated under the laws of [insert country], registered in [insert country] with number [insert number] at [insert place of registration], whose principal office is at [insert office details] ("Guarantor"); in favour of
- (2) **NATIONAL HEALTH SERVICE COMMISSIONING BOARD** of Quarry House, Quarry Hill, Leeds LS2 7UE which uses the operational name NHS England ("Beneficiary")

### WHEREAS:

- (A) The Guarantor has agreed, in consideration of the Beneficiary entering into the Framework Agreement with the Provider, to guarantee all of the Provider's obligations under the Guaranteed Agreements.
- (B) It is the intention of the Parties that this document be executed and take effect as a deed.

Now in consideration of the Beneficiary entering into the Framework Agreement, the Guarantor hereby agrees with the Beneficiary as follows:

## 1. DEFINITIONS AND INTERPRETATION

### 1.1 In this Deed of Guarantee:

1.1.1 unless defined elsewhere in this Deed of Guarantee or the context requires otherwise, defined terms shall have the same meaning as they have for the purposes of the Guaranteed Agreements;

1.1.2 the words and phrases below shall have the following meanings:

"Contract"	has the meaning given to it in the Framework Agreement;
"Framework Agreement"	means the Framework Agreement relating to the NHS Diabetes Prevention Programme dated [insert date] made between the Beneficiary and the Provider;
"Guaranteed Agreements"	means the Framework Agreement and any Contracts between the Beneficiary and the Provider;
"Guaranteed Obligations"	means all obligations and liabilities of the Provider to the Beneficiary under the Guaranteed Agreements together with all obligations owed by the Provider to the Beneficiary that are supplemental to, incurred under, ancillary to or calculated by reference to the Guaranteed Agreements;
"Provider"	means [insert details of the Provider that is party to the Framework Agreement as set out in the Framework Agreement].

1.1.3 references to this Deed of Guarantee and any provisions of this Deed of Guarantee or to any other document or agreement (including to the Guaranteed Agreements) are to be construed as references to this Deed of Guarantee, those provisions or that document or agreement in force for the



time being and as amended, varied, restated, supplemented, substituted or novated from time to time;

- 1.1.4 unless the context otherwise requires, words importing the singular are to include the plural and vice versa;
- 1.1.5 references to a person are to be construed to include that person's assignees or transferees or successors in title, whether direct or indirect;
- 1.1.6 the words "other" and "otherwise" are not to be construed as confining the meaning of any following words to the class of thing previously stated where a wider construction is possible;
- 1.1.7 unless the context otherwise requires, references to an Act of Parliament, statutory provision or statutory instrument include a reference to that Act of Parliament, statutory provision or statutory instrument as amended, extended or re-enacted from time to time and to any regulations made under it;
- 1.1.8 unless the context otherwise requires, any phrase introduced by the words "including", "includes", "in particular", "for example" or similar, shall be construed as illustrative and without limitation to the generality of the related general words;
- 1.1.9 references to Clauses and Schedules are, unless otherwise provided, references to Clauses of and Schedules to this Deed of Guarantee; and
- 1.1.10 references to liability are to include any liability whether actual, contingent, present or future.

## **2. GUARANTEE AND INDEMNITY**

- 2.1 The Guarantor irrevocably and unconditionally guarantees and undertakes to the Beneficiary to procure that the Provider duly and punctually performs all of the Guaranteed Obligations now or hereafter due, owing or incurred by the Provider to the Beneficiary.
- 2.2 The Guarantor irrevocably and unconditionally undertakes upon demand to pay to the Beneficiary all monies and liabilities which are now or at any time hereafter shall have become payable by the Provider to the Beneficiary under or in connection with the Guaranteed Agreements or in respect of the Guaranteed Obligations as if it were a primary obligor.
- 2.3 If at any time the Provider shall fail to perform any of the Guaranteed Obligations, the Guarantor, as primary obligor, irrevocably and unconditionally undertakes to the Beneficiary that, upon first demand by the Beneficiary it shall, at the cost and expense of the Guarantor:
  - 2.3.1 fully, punctually and specifically perform such Guaranteed Obligations as if it were itself a direct and primary obligor to the Beneficiary in respect of the Guaranteed Obligations and liable as if the Guaranteed Agreements had been entered into directly by the Guarantor and the Beneficiary; and
  - 2.3.2 as a separate and independent obligation and liability, indemnify and keep the Beneficiary indemnified against all losses, damages, costs and expenses (including VAT thereon, and including, without limitation, all court costs and all legal fees on a solicitor and own client basis, together with any disbursements), of whatever nature which may result or which such Beneficiary may suffer, incur or sustain arising in any way whatsoever out of a failure by the Provider to perform the Guaranteed Obligations save that, subject to the other provisions of this Deed of Guarantee, this shall not be construed as imposing greater obligations or liabilities on the Guarantor than are purported to be imposed on the Provider under the Guaranteed Agreements.



- 2.4 As a separate and independent obligation and liability from its obligations and liabilities under Clauses 2.1 to 2.3 above, the Guarantor as a primary obligor irrevocably and unconditionally undertakes to indemnify and keep the Beneficiary indemnified on demand against all losses, damages, costs and expenses (including VAT thereon, and including, without limitation, all legal costs and expenses), of whatever nature, whether arising under statute, contract or at common law, which such Beneficiary may suffer or incur if any obligation guaranteed by the Guarantor is or becomes unenforceable, invalid or illegal as if the obligation guaranteed had not become unenforceable, invalid or illegal provided that the Guarantor's liability shall be no greater than the Provider's liability would have been if the obligation guaranteed had not become unenforceable, invalid or illegal.

### **3. OBLIGATION TO ENTER INTO A NEW CONTRACT**

- 3.1 If a Guaranteed Agreement is terminated for any reason, whether by the Beneficiary or the Provider, or if a Guaranteed Agreement is disclaimed by a liquidator of the Provider or the obligations of the Provider are declared to be void or voidable for any reason, then the Guarantor will, at the request of the Beneficiary enter into a contract with the Beneficiary in terms mutatis mutandis the same as the Guaranteed Agreement and the obligations of the Guarantor under such substitute agreement shall be the same as if the Guarantor had been original obligor under the Guaranteed Agreement or under an agreement entered into on the same terms and at the same time as the Guaranteed Agreement with the Beneficiary.

### **4. DEMANDS AND NOTICES**

- 4.1 Any demand or notice served by the Beneficiary on the Guarantor under this Deed of Guarantee shall be in writing, addressed to:
- 4.1.1 [Address of the Guarantor in England and Wales]
- 4.1.2 For the Attention of [insert details],
- or such other address in England and Wales as the Guarantor has from time to time notified to the Beneficiary in writing in accordance with the terms of this Deed of Guarantee as being an address for the receipt of such demands or notices.
- 4.2 Any notice or demand served on the Guarantor or the Beneficiary under this Deed of Guarantee shall be deemed to have been served:
- 4.2.1 if delivered by hand, at the time of delivery; or
- 4.2.2 if posted, at 10.00 a.m. on the second Operational Day after it was put into the post.
- 4.3 In proving service of a notice or demand on the Guarantor or the Beneficiary it shall be sufficient to prove that delivery was made, or that the envelope containing the notice or demand was properly addressed and posted as a prepaid first class recorded delivery letter, as the case may be.
- 4.4 Any notice purported to be served on the Beneficiary under this Deed of Guarantee shall only be valid when received in writing by the Beneficiary.

### **5. BENEFICIARY'S PROTECTIONS**

- 5.1 The Guarantor shall not be discharged or released from this Deed of Guarantee by any arrangement made between the Provider and the Beneficiary (whether or not such arrangement is made with or without the assent of the Guarantor) or by any amendment to or termination of a Guaranteed Agreement or by any forbearance or indulgence whether as to payment, time, performance or otherwise granted by the Beneficiary in relation thereto (whether or not such amendment, termination, forbearance or indulgence is made with or without the assent of the Guarantor) or by the Beneficiary



doing (or omitting to do) any other matter or thing which but for this provision might exonerate the Guarantor.

- 5.2 This Deed of Guarantee shall be a continuing security for the Guaranteed Obligations and accordingly:
- 5.2.1 it shall not be discharged, reduced or otherwise affected by any partial performance (except to the extent of such partial performance) by the Provider of the Guaranteed Obligations or by any omission or delay on the part of the Beneficiary in exercising its rights under this Deed of Guarantee;
  - 5.2.2 it shall not be affected by any dissolution, amalgamation, reconstruction, reorganisation, change in status, function, control or ownership, insolvency, liquidation, administration, appointment of a receiver, voluntary arrangement, any legal limitation or other incapacity, of the Provider, the Beneficiary, the Guarantor or any other person;
  - 5.2.3 if, for any reason, any of the Guaranteed Obligations shall prove to have been or shall become void or unenforceable against the Provider for any reason whatsoever, the Guarantor shall nevertheless be liable in respect of that purported obligation or liability as if the same were fully valid and enforceable and the Guarantor were principal debtor in respect thereof; and
  - 5.2.4 the rights of the Beneficiary against the Guarantor under this Deed of Guarantee are in addition to, shall not be affected by and shall not prejudice, any other security, guarantee, indemnity or other rights or remedies available to the Beneficiary.
- 5.3 The Beneficiary shall be entitled to exercise its rights and to make demands on the Guarantor under this Deed of Guarantee as often as it wishes and the making of a demand (whether effective, partial or defective) in respect of the breach or non-performance by the Provider of any Guaranteed Obligation shall not preclude the Beneficiary from making a further demand in respect of the same or some other default in respect of the same Guaranteed Obligation.
- 5.4 The Beneficiary shall not be obliged before taking steps to enforce this Deed of Guarantee against the Guarantor to obtain judgment against the Provider or the Guarantor or any third party in any court, or to make or file any claim in a bankruptcy or liquidation of the Provider or any third party, or to take any action whatsoever against the Provider or the Guarantor or any third party or to resort to any other security or guarantee or other means of payment. No action (or inaction) by the Beneficiary in respect of any such security, guarantee or other means of payment shall prejudice or affect the liability of the Guarantor hereunder.
- 5.5 The Beneficiary's rights under this Deed of Guarantee are cumulative and not exclusive of any rights provided by law and may be exercised from time to time and as often as the Beneficiary deems expedient.
- 5.6 Any waiver by the Beneficiary of any terms of this Deed of Guarantee, or of any Guaranteed Obligations shall only be effective if given in writing and then only for the purpose and upon the terms and conditions, if any, on which it is given.
- 5.7 Any release, discharge or settlement between the Guarantor and the Beneficiary shall be conditional upon no security, disposition or payment to the Beneficiary by the Guarantor or any other person being void, set aside or ordered to be refunded pursuant to any enactment or law relating to liquidation, administration or insolvency or for any other reason whatsoever and if such condition shall not be fulfilled the Beneficiary shall be entitled to enforce this Deed of Guarantee subsequently as if such release, discharge or settlement had not occurred and any such payment had not been made. The Beneficiary shall be entitled to retain this security after as well as before the payment, discharge or satisfaction of all monies, obligations and liabilities that are or



may become due owing or incurred to the Beneficiary from the Guarantor for such period as the Beneficiary may determine.

## **6. GUARANTOR INTENT**

- 6.1 Without prejudice to the generality of Clause 5 (Beneficiary's Protections), the Guarantor expressly confirms that it intends that this Deed of Guarantee shall extend from time to time to any (however fundamental) variation, increase, extension or addition of or to a Guaranteed Agreement and any associated fees, costs and/or expenses.

## **7. RIGHTS OF SUBROGATION**

- 7.1 The Guarantor shall, at any time when there is any default in the performance of any of the Guaranteed Obligations by the Provider and/or any default by the Guarantor in the performance of any of its obligations under this Deed of Guarantee, exercise any rights it may have:

7.1.1 of subrogation and indemnity;

7.1.2 to take the benefit of, share in or enforce any security or other guarantee or indemnity for the Provider's obligations; and

7.1.3 to prove in the liquidation or insolvency of the Provider,

only in accordance with the Beneficiary's written instructions and shall hold any amount recovered as a result of the exercise of such rights on trust for the Beneficiary and pay the same to the Beneficiary on first demand. - The Guarantor hereby acknowledges that it has not taken any security from the Provider and agrees not to do so until the Beneficiary receives all monies payable hereunder and will hold any security taken in breach of this Clause 7 on trust for the Beneficiary.

## **8. DEFERRAL OF RIGHTS**

- 8.1 Until all amounts which may be or become payable by the Provider under or in connection with a Guaranteed Agreement have been irrevocably paid in full, the Guarantor agrees that, without the prior written consent of the Beneficiary, it will not:

8.1.1 exercise any rights it may have to be indemnified by the Provider;

8.1.2 claim any contribution from any other guarantor of the Provider's obligations under a Guaranteed Agreement;

8.1.3 take the benefit (in whole or in part and whether by way of subrogation or otherwise) of any rights of the Beneficiary under a Guaranteed Agreement or of any other guarantee or security taken pursuant to, or in connection with, a Guaranteed Agreement;

8.1.4 demand or accept repayment in whole or in part of any indebtedness now or hereafter due from the Provider; or

8.1.5 claim any set-off or counterclaim against the Provider;

- 8.2 If the Guarantor receives any payment or other benefit or exercises any set off or counterclaim or otherwise acts in breach of this Clause 8, anything so received and any benefit derived directly or indirectly by the Guarantor therefrom shall be held on trust for the Beneficiary and applied in or towards discharge of its obligations to the Beneficiary under this Deed of Guarantee.

## **9. REPRESENTATIONS AND WARRANTIES**

- 9.1 The Guarantor hereby represents and warrants to the Beneficiary that:



- 9.1.1 the Guarantor is duly incorporated and is a validly existing company under the laws of its place of incorporation, has the capacity to sue or be sued in its own name and has power to carry on its business as now being conducted and to own its property and other assets;
- 9.1.2 the Guarantor has full power and authority to execute, deliver and perform its obligations under this Deed of Guarantee and no limitation on the powers of the Guarantor will be exceeded as a result of the Guarantor entering into this Deed of Guarantee;
- 9.1.3 the execution and delivery by the Guarantor of this Deed of Guarantee and the performance by the Guarantor of its obligations under this Deed of Guarantee including, without limitation entry into and performance of a contract pursuant to Clause 3 have been duly authorised by all necessary corporate action and do not contravene or conflict with:
- 9.1.4 the Guarantor's memorandum and articles of association or other equivalent constitutional documents;
- 9.1.5 any existing law, statute, rule or regulation or any judgment, decree or permit to which the Guarantor is subject; or
- 9.1.6 the terms of any agreement or other document to which the Guarantor is a Party or which is binding upon it or any of its assets;
- 9.1.7 all governmental and other authorisations, approvals, licences and consents, required or desirable, to enable it lawfully to enter into, exercise its rights and comply with its obligations under this Deed of Guarantee, and to make this Deed of Guarantee admissible in evidence in its jurisdiction of incorporation, have been obtained or effected and are in full force and effect; and
- 9.1.8 this Deed of Guarantee is the legal valid and binding obligation of the Guarantor and is enforceable against the Guarantor in accordance with its terms.

## **10. PAYMENTS AND SET-OFF**

- 10.1 All sums payable by the Guarantor under this Deed of Guarantee shall be paid without any set-off, lien or counterclaim, deduction or withholding, howsoever arising, except for those required by law, and if any deduction or withholding must be made by law, the Guarantor will pay that additional amount which is necessary to ensure that the Beneficiary receives a net amount equal to the full amount which it would have received if the payment had been made without the deduction or withholding.
- 10.2 The Guarantor shall pay interest on any amount due under this Deed of Guarantee at the applicable rate under the Late Payment of Commercial Debts (Interest) Act 1998, accruing on a daily basis from the due date up to the date of actual payment, whether before or after judgment.
- 10.3 The Guarantor will reimburse the Beneficiary for all legal and other costs (including VAT) incurred by the Beneficiary in connection with the enforcement of this Deed of Guarantee.

## **11. GUARANTOR'S ACKNOWLEDGEMENT**

- 11.1 The Guarantor warrants, acknowledges and confirms to the Beneficiary that it has not entered into this Deed of Guarantee in reliance upon, nor has it been induced to enter into this Deed of Guarantee by any representation, warranty or undertaking made by or on behalf of the Beneficiary (whether express or implied and whether pursuant to statute or otherwise) which is not set out in this Deed of Guarantee.

## **12. ASSIGNMENT**



- 12.1 The Beneficiary shall be entitled to assign or transfer the benefit of this Deed of Guarantee at any time to any person without the consent of the Guarantor being required and any such assignment or transfer shall not release the Guarantor from its liability under this Guarantee.
- 12.2 The Guarantor may not assign or transfer any of its rights and/or obligations under this Deed of Guarantee.

13. **SEVERANCE**

- 13.1 If any provision of this Deed of Guarantee is held invalid, illegal or unenforceable for any reason by any court of competent jurisdiction, such provision shall be severed and the remainder of the provisions hereof shall continue in full force and effect as if this Deed of Guarantee had been executed with the invalid, illegal or unenforceable provision eliminated.

14. **THIRD PARTY RIGHTS**

- 14.1 A person who is not a Party to this Deed of Guarantee or a Beneficiary shall have no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this Deed of Guarantee. This Clause 14 does not affect any right or remedy of any person which exists or is available otherwise than pursuant to that Act.

15. **GOVERNING LAW**

- 15.1 This Deed of Guarantee and any non-contractual obligations arising out of or in connection with it shall be governed by and construed in all respects in accordance with English law.
- 15.2 The Guarantor irrevocably agrees for the benefit of the Beneficiary that the courts of England shall have jurisdiction to hear and determine any suit, action or proceedings and to settle any dispute which may arise out of or in connection with this Deed of Guarantee and for such purposes hereby irrevocably submits to the jurisdiction of such courts.
- 15.3 Nothing contained in this Clause shall limit the rights of the Beneficiary to take proceedings against the Guarantor in any other court of competent jurisdiction, nor shall the taking of any such proceedings in one or more jurisdictions preclude the taking of proceedings in any other jurisdiction, whether concurrently or not (unless precluded by applicable law).
- 15.4 The Guarantor irrevocably waives any objection which it may have now or in the future to the courts of England being nominated for the purpose of this Clause on the ground of venue or otherwise and agrees not to claim that any such court is not a convenient or appropriate forum.

IN WITNESS whereof the Guarantor has caused this instrument to be executed and delivered as a Deed the day and year first before written.

EXECUTED as a DEED by

[Insert name of the Guarantor] acting by [Insert/print names]

Director

Director/Secretary



EXECUTED as a DEED by affixing the common seal of the  
NATIONAL HEALTH SERVICE COMMISSIONING BOARD<sup>28</sup>

[affix seal]

in the presence of:

.....

(print name of authorised signatory)

.....

(signature of authorised signatory)

.....

(print name of authorised signatory)

.....

(signature of authorised signatory)

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<sup>28</sup> Appropriate form of execution to be inserted as per NHS England's requirements.



**SCHEDULE 10**  
**Material Sub-Contractors**

Oviva UK Limited