|  |
| --- |
| **Increasing Capacity Framework Agreement (“ICFA”)** |
| **DIRECT AWARD**  |

1. **Requirement**

**To be completed by the Contracting Authority**

[INSERT NAME OF CONTRACTING AUTHORITY] intends to Directly Award a call-off contract under the ICFA to [INSERT NAME OF SELECTED FRAMEWORK PROVIDER] for the provision of services at [INSERT FRAMEWORK PROVIDER’S SITE].

The service requirement is set out in the tables below and as further described in the [NHS Standard Contract Particulars] [NHS Standard Contract Sub-Contract] attached:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Line (Refer to Database)** | **National or Local Price** | **Required Volume** | **Start Date** | **Time Period (Weeks)** |
| *Example* | *National* | *100* |  | *12* |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Reporting Requirement (Refer to Reporting Guidance Document)** | **Yes/****No** |
| Aggregate Contract Monitoring (ACM) |  |
| Patient Level Contract Monitoring (PLCM) |  |
| Drug Patient Level Contract Monitoring (DrPLCM) |  |
| Devices Patient Level Contract Monitoring (DePLCM) |  |
| Admitted Patient Care Commissioning Data Set (APC CDS) |  |
| Outpatient Commissioning Data Set (OP CDS) |  |
| Diagnostic Imaging Data Set (DIDS) |  |
| [Insert any additional local reporting requirement] |  |

1. **Confirmation**

**To be completed by the Framework Provider**

If you are able to meet the above requirement complete the table below to confirm National Price including MFF and any applied discounts or Local Price and confirm available capacity/volume and start date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Line** | **National or Local Price** | **Total Price** | **Available Volume** | **Sub-Total** | **Start Date** |
| *Example* | *National*  | *£1,284* | *50* | *£64,200* | *10/01/21* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |

1. **Information required for finalising the call-off contract**

**To be completed by the Framework Provider**

The attached [NHS Standard Contract Particulars] [NHS Standard Contract Sub-Contract] requires information from you to be finalised by us and issued to you for signature.

The process for signature is [CONTRACTING AUTHORITY TO INSERT PROCESS FOR SIGNATURE].

Please provide the information below which we will use to finalise the documentation. [CONTACTING AUTHORITY TO DELETE/AMEND/ADD AS NECESSARY]

**NHS Standard Contract – details required:**

1. Contract details – insert the information below:

|  |  |
| --- | --- |
| **PROVIDER** | **[ ] (ODS [ ])****Principal and/or registered office address:** **[ ]****[Company number: [ ]** |

1. Signature – insert below the name of the person who will sign the contract on behalf of the Framework Provider:

[ ]

1. Governance and Regulatory – insert below the names, email addresses and telephone numbers of the persons listed:

|  |  |
| --- | --- |
| **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: [ ]** |
| **Provider’s Senior Information Risk Owner** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Accountable Emergency Officer** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Safeguarding Lead** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Child Sexual Abuse and Exploitation Lead** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Mental Capacity and Liberty Protection Safeguards Lead** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Prevent Lead** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s Freedom To Speak Up Guardian(s)** | **[ ]****Email: [ ]****Tel: [ ]** |
| **Provider’s UEC DoS Contact** | **[ ]****Email: [ ]****Tel: [ ]** |

1. Contract Management - insert the information below:

|  |  |
| --- | --- |
| **Addresses for service of Notices** | **Provider: [ ]****Address: [ ]****Email: [ ]** |
| **Provider Representative** | **[ ]****Address: [ ]****Email: [ ]****Tel: [ ]** |

1. Provide your Safeguarding Policies and Mental Capacity Act Policies.

1. Provider’s Material Sub-Contracts – insert the information below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |

1. [CONTRACTING AUTHORITY TO INSERT ANY FURTHER INFORMATION REQUIRED TO COMPLETE THE NHS STANDARD CONTRACT]

**NHS Standard Contract Sub-Contract – details required:**

1. Signature – insert below the name of the person who will sign the contract on behalf of the Framework Provider:

[ ]

1. Governance and Regulatory – insert below the names, email addresses and telephone numbers of the persons listed:

|  |  |
| --- | --- |
| Sub-Contractor’s Nominated Individual | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor’s Information Governance Lead | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor’s Caldicott Guardian | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor's Data Protection Officer (if required by Data Protection Legislation) | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor’s Senior Information Risk Owner | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor’s Accountable Emergency Officer | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor’s Safeguarding Lead | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor’s Child Sexual Abuse and Exploitation Lead | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor’s Mental Capacity and Liberty Protection Safeguards Lead | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor's Prevent Lead  | [ ]Email: [ ]Tel: [ ] |
| Sub-Contractor’s Freedom To Speak Up Guardian(s) | [ ]Email: [ ]Tel: [ ] |

1. Contract Management - insert the information below:

|  |  |
| --- | --- |
| Addresses for service of Notices | Sub-Contractor: [ ]Address: [ ]Email: [ ] |
| Sub-Contractor Representative(s) | [ ]Address: [ ]Email: [ ]Tel: [ ] |

1. Provide your Safeguarding Policies and Mental Capacity Act Policies.
2. [CONTRACTING AUTHORITY TO INSERT ANY FURTHER INFORMATION REQUIRED TO COMPLETE THE NHS STANDARD CONTRACT SUB-CONTRACT]