Agreement for collaborative working with non-NHS organisations

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| **Title of Project:**  |  |
| **Summary of intended aims and objectives;** |
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| **Name of company providing funding (sponsor);** |
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| **Start date** |  | **Finish date** |  |

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| **Application for funding – please submit the following supporting** |
| **Documentation to be submitted** | **Detail required/ Rationale** |
| **Basis for the work** | Justification for the work, brief background, purpose and objectives of the work to be funded. Status of work, is this a pilot? |
| **Description of the work and Personnel involved** | Synopsis of the work involved including objectives, personnel/ organisation involved, expected benefits and outcomes. |
| **Financials** | Detail of Sponsor funding in £ |
| **Project Plan** | Provide detailed description of the project, should include the following;* Resources and Costs
* Milestones
* Governance Arrangements inc risk and issue management
* Monitoring and Evaluation
* Roles and Responsibilities
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| **Quality & Equality Impact Assessment** | QEIA assess the impact of commissioning decisions, QIPP plans, organisational Cost Improvement Plans, Business Cases and any other plans for change, ensuring mitigations are put in place where necessary.It is recognised that the NHS is a co-dependent system and that therefore a systems approach is required to understand the full impact of QIPP and CIPs in order to prevent adverse impact on the quality of care. |
| **Data Protection (Privacy) Impact Assessment** | Details privacy risks to individuals in the collection, use and disclosure of personal information where necessary. The DPIA will identify personal and sensitive information requirements and show that steps are place to ensure GDPR is complied with and risks are identified and mitigated. |
| **Exit Strategy** | Describe the steps that will be taken upon completion of the work. Also steps to be taken should either party wish to terminate the arrangement before the planned finish date. |
| 1. The Sponsor agrees to abide by the NHS Derby and Derbyshire Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy.
2. The Sponsor may only be involved to the extent defined in this agreement consistent with the Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy.
3. Any reports resulting from the work may acknowledge the Sponsor’s contribution. Such reports will be used for the purposes described above. The Sponsor cannot use any reports or information from this work without explicit permission from NHS Derby and Derbyshire ICB.
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| **Details of Lead Representatives for each Organisation** |
| **Detail required** | **NHS Derby and Derbyshire Details** | **Sponsor Details** |
| **Company/ Department** |  |  |
| **Lead Representative** |  |  |
| **Signature** |  |  |
| **Date** |  |  |
| **Contact Phone** |  |  |
| **Contact Email** |  |  |

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| **Submission Details** |
| Submit completed form to ddicb.meds.man@nhs.net for review and approval. |

**Approval – to be completed by the Derbyshire Prescribing Group**

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| **Approval status** | **Approved** |  | **Not approved** |  | **Date** |  |
| **Name of ICB Executive/Functional Director** |  |
| **Signature** |  | **Date** |  |

Following review/approval – forms should be submitted to suzanne.pickering1@nhs.net and frances.palmer1@nhs.net