**Annex 2: Notification to Activate Services Form**

**NOTIFICATION TO ACTIVATE SERVICES FORM**

This is a notice for the purposes of Clause 5 of the Framework Agreement for the provision of Dangerous Goods Safety Advisor Services (select service required) (the ‘Services’) made between the Minister for Public Expenditure and Reform and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“the Framework Member”) dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the ‘Framework Agreement’).

The Client in accordance with clause 5 of the Agreement HEREBY NOTIFIES the Framework Member that it wishes to activate the purchase of Services.

The Client and the Framework Member hereby acknowledge agree and confirm that the Services Contract shall be adopted to govern the provision of the Services by the Framework Agreement to the Client upon the signature of both parties of this NASF.

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| **PART A** | |
| For Completion by Client  [The Client will complete this Part and email to the Framework Member – please delete this text prior to e-mailing] | |
| **Framework Member** |  |
| **Date** |  |
| **Contact Name** |  |
| **Contact email address** |  |
| **Return Time and Date** |  |
| **Area of the Discipline** |  |
| **Sub Area of the Discipline** |  |

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| **Specific Questions and/or Instructions to Framework Member** |
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| **Ceiling Cost / Daily Rate** | € |

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| --- | --- |
| **Time Frame/Duration** | (See table below as guide) |

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| **Are any additional insurance requirements?** | [Yes or No] |

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| **Do any special conditions apply to the Contract in addition to those (if any) marked as applying in the Services Contract published with the RFT?** | [Yes or No] |

**KPI’s for Regional Dangerous Goods Safety Advisors**

**Local KPI’s/Key Deliverables**

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| --- | --- | --- |
| **Performance Target – Initial Review** | | **Completed- Yes/No/Partial** |
| 1. In the 1st year of the **Framework** cost estimate provided and review of the current practices of each Framework Client carried out and any recommendations completed/made to each Framework Client reported | | |
| * Hospital Groups (List right) |  |  |
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|  |  |
| * Community Health Organisations (List right) |  |  |
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| **Performance Target – Annual Report** | | **Completed- Yes/No/Partial** |
| 1. Annual report completed for each Framework Client (CEO Hospital Group and Chief Officer Community Health Organisation) | | |
| * Hospital Groups (List right) |  |  |
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|  |  |
| * Community Health Organisations (List right) |  |  |
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| 1. Annual Report issued to each Framework Client by 31st March of year in question for action | |  |

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| **Performance Target - Monitoring Compliance/Visits/Inspections** | **Completed – Yes/No/Partial** |
| 1. Monitoring visits/inspections completed within each grouping. Minimum requirement (note: all site visits/inspections to be organised, where possible, to maximise cost efficiency): | |
| * 1 no. visit and 1 no. follow-up and 1 no. day for report writing for every Acute Hospital (3 no. days total per facility) in grouping annually |  |
| * 1 no. visit and 1 no. follow-up and 0.5 no. day for report writing for a random selection of 50% of the community Hospitals within the grouping (2.5 no. day total per facility selected) annually |  |
| * 1 no. visit and 1 no. follow-up and 0.5 no. day for report writing for a random selection of 10% of all other facilities within the grouping to which the requirement for DGSA applies (as determined by the successful tendered/regional DGSA) (2.5 day total per facility) annually |  |

Notes:

* Where a random sample is indicated in the above table a different sample should be selected for each subsequent year that the contract is in place
* The above table sets out the minimum number of inspections/visits and does not place an upper limit on the number of visits/inspections permitted under this contract – if necessary for the purposes of compliance with legislation and HSE policy etc, additional visits may be carried out subject to approval by the local Framework Client/HSE representative and budget holder

**National KPIs/Deliverables**

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| --- | --- | --- | --- | --- |
| **Performance Target – Incident Investigation** | | **Give Number** | **Types⁵** | **Trends** |
| 1. Incidents investigated on request – Number, types and trends or reported incidents within grouping | |  |  |  |
| * Hospital Groups (List right) |  |  |  |  |
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| * Community Health Organisation (List right) |  |  |  |  |
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| **Performance Target – Training** | | **Number of Persons & Discipline** | **Types⁶** | **Give Rate** |
| 1. Training provided on request – Number of persons trained by the DGSA within grouping, expressed as a rate per number of persons requiring the training | |  |  |  |
| * Hospital Groups (List right) |  |  |  |  |
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| * Community Health Organisation (List right) |  |  |  |  |
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| **Performance Target – Issues of National Interest** | | **Describe Issues** |
| 1. Issues that may have national implications reported | |  |
| * Hospital Groups (List right) |  |  |
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|  |  |
| * Community Health Organisation (List right) |  |  |
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Note: the above tables shall be considered non-exhaustive and are subject to periodic change by the National Health and Safety Manager (Policy Team) on behalf of the National Health and Safety Function. Further information may be requested from time to time at the request of the National Health & Safety Function

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**⁵**As per non-exhaustive list of categorisations

⁶ List of training types

The Supplier represents, warrants and undertakes that it retains and shall maintain for the Term of the Framework Agreement insurances of the nature and amount specified below.

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| --- | --- |
| **Type of Insurance** | **Indemnity Limit** |
| Employer’s Liability | €13 million |
| Public Liability | €6.5 million |
| Professional Indemnity | €1 million |

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| **PART B** |
| For Completion by Framework Member |

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| **Confirmation of the Framework Members capacity to deal with the matter** | [Yes or No] |

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| **SERVICE DELIVERY METHODOLOGY** |
| **Please describe how you intend to deal with the matter** |
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| **CONFLICT OF INTEREST MANAGEMENT PLAN** |
| **If awarded a Contract pursuant to this Direct Draw Down, the Framework Member confirms the following Conflict of Interest Management Plan has been put in place by the Framework Member to manage the disclosed conflict** |
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| **PROPOSED RESOURCING** |
| **Please outline the resources you intend to deploy to deal with this matter** |
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| --- | --- |
| **COSTS** | |
| **Please indicate the total cost for delivering the service** | € |

The Framework Member hereby agrees to provide the Services in accordance with the terms and conditions of the Services Contract set out in the Request for Tenders issued by the Minister for Public Expenditure and Reform in course of the competition for the Framework Agreement.

The Client and the Framework Member hereby acknowledge upon the signature of this NASF by both parties, they shall both be bound by the terms and conditions of the Services Contract.

Signed by the Framework Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by or on behalf of the Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

