



Shared Business Services

# Service Level Agreement (Order Form)

## Framework details

Title: Internal and External Audit, Counter Fraud and Financial Assurance Services  
 Reference: SBS/20/MA/ZY/10024  
 Contract Duration: From 16th November 2020 for two years. NHS SBS may extend it for an additional 12 months and then a further 12 months, if required  
 Max End Date: 15th November 2025  
 NHS SBS Contacts: [nsbs.nhsbusinessservices@nhs.net](mailto:nsbs.nhsbusinessservices@nhs.net)  
 Order Ref: AGEMCSU/TRANS/24/1890

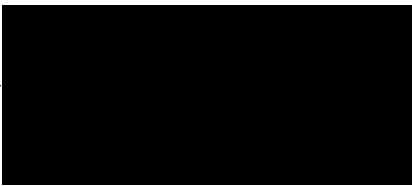
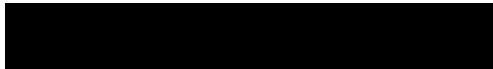
## Order Form details

This Order Form is between the following parties and in accordance with the Terms and Conditions of the Framework Agreement.

Period of the Agreement	Effective Date	<b>01.04.2025</b>	Expiry Date	<b>31.03.2028</b>
Extension(s)	Effective Date	<b>01.04.2028</b>	Expiry Date	<b>31.03.2030</b>

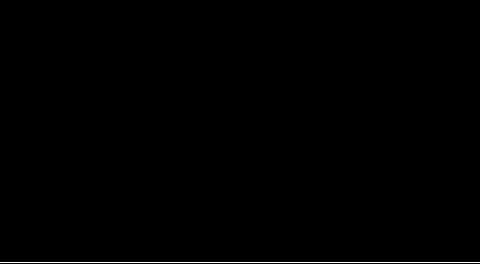
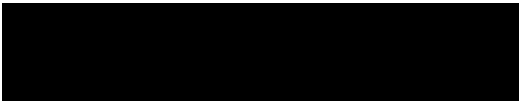
Unless otherwise agreed by both parties, this Order Form will remain in force until the expiry date agreed above. If no extension/renewal is agreed and the customer continues to access the supplier's services, the terms of this agreement shall apply on a rolling basis until the overarching Framework expiry date.

## Supplier Order Form Signature panel


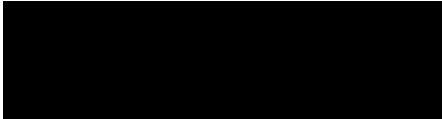
The "Supplier"	
Name of Supplier	Grant Thornton UK LLP
Name of Supplier Authorised Signatory	
Job Title of Supplier Authorised Signatory	
Address of Supplier	30 Finsbury Square London EC2A 1A
Signature of Authorised Signatory	

Date of Signature	24/02/2025
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**Customer Order Form Signature panel**

The "Customer"	
Name of Customer	NHS Birmingham and Solihull Integrated Care Board
Name of Customer Authorised Signatory	
Job Title	
Contact Details email	
Contact Details phone	
Address of Customer	Alpha Tower Suffolk Street Queensway Birmingham B1 1TT
Signature of Customer Authorised Signatory	
Date of Signature	5 <sup>th</sup> March 2025

**Authority Order Form Signature panel**

The "Authority"	
Name of Authority	NHS Birmingham and Solihull Integrated Care Board
Name of Authority Authorised Signatory	
Job Title	
Contact Details email	
Contact Details phone	
Address of Authority	Alpha Tower Suffolk Street Queensway Birmingham B1 1TT
Signature of Authority Authorised Signatory	
Date of Signature	5 <sup>th</sup> March 2025

This order form shall remain in force regardless of any change of organisational structure to the above-named authority and shall be applicable to any successor organisations as agreed by both parties.

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### 1. Agreement Overview

This Agreement represents an Order Form between **Grant Thornton UK LLP** and **NHS Birmingham and Solihull Integrated Care Board** for the provision of Local Counter Fraud Services. This Agreement remains valid until superseded by a revised agreement mutually endorsed by both parties. This Agreement outlines the parameters for Local Counter Fraud Services covered as they are mutually understood by the primary stakeholders.

The Framework terms and conditions (including the specification of service) will apply in all instances, unless specifically agreed otherwise by both parties within this document.

### 2. Goals & Objectives

The **purpose** of this Agreement is to ensure that the proper elements and commitments are in place to provide consistent Local Counter Fraud Services to the Customer by the Supplier. The **goal** of this Agreement is to obtain mutual agreement for Local Counter Fraud Services provision between the Supplier and Customer.

The **objectives** of this Agreement are to:

- Provide clear reference to service ownership, accountability, roles and/or responsibilities.
- Present a clear, concise and measurable description of service provision to the customer.

### 3. Stakeholders

The primary stakeholders from the Supplier and the Customer will be responsible for the day-to-date management of the Agreement and the delivery of the service. If different from the Authorised Signatory details listed on page 1 of this Agreement, please provide the names of the **primary stakeholders** associated with this Order Form.

Supplier Contact: [REDACTED]

Customer Contact: [REDACTED]

### 4. Periodic Review

This Agreement is valid from the **Effective Date** outlined herein and is valid until the **Expiry Date** as agreed. This Agreement should be reviewed as a minimum once per financial year; however, in lieu of a review during any period specified, the current Agreement will remain in effect.

### 5. Service Requirements

#### A. Services Provided

Please detail the Lot(s) and Services that will be provided by the Supplier to the Customer

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[illegible]

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[illegible]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### B. Goods Provided

Please detail the goods to be provided or include an attachment with full details.

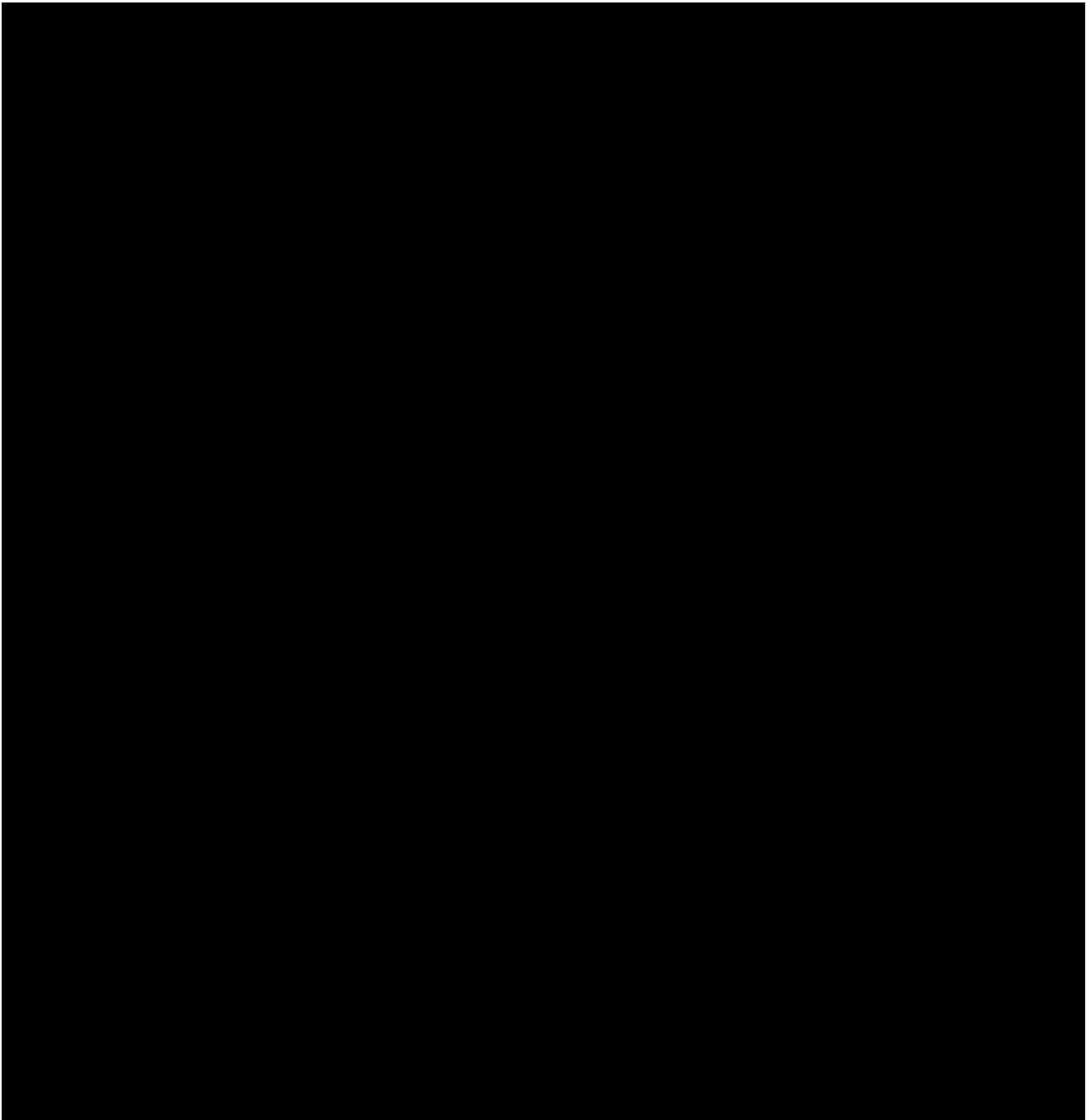
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Not applicable

### C. Price/Rates

Standard supplier pricing and rates are included within the pricing schedule. Please detail any discounts, volume arrangements or variations from the standard rates.

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**D. Sub-contracting**

Not applicable

**E. Management Information (MI)**

Suppliers should provide Management Information as standard on a monthly basis. Customers should detail any additional management information required and the frequency of provision here.

As per the specification.

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## F. Invoicing

Please detail any specific invoicing requirements here

All invoices will be paid by BACS and must include a purchase order.

Please send all invoices to:

NHS Birmingham and Solihull Integrated Care Board

QHL PAYABLES N075

PO BOX 312

Leeds

LS11 1HP

Invoices: [sbs.apinvoicing@nhs.net](mailto:sbs.apinvoicing@nhs.net)

Supplier to invoice on a quarterly basis.

## G. Cancellations

Any variations to the standard cancellation terms detailed within the service specification should be captured here. Standard requirements from the specification are included for reference but may be amended to reflect local requirements.

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## H. Complaints/Escalation Procedure

Please detail any requirements regarding this

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## I. Termination

Standard requirements are provided below as an example but may be amended to reflect local requirements.

Prior to termination the complaints and escalation procedure should be followed to attempt to resolve any issue. Should suitable resolution not be achieved, the Customer will be allowed to terminate the Agreement immediately.

## 6. Other Requirements

**A. Variation to Standard Specification**

Please list any agreed variations to the specification of requirements

**Contract will run for three years with the option to extend for a further two years (1 + 1).**

**B. Other Specific Requirements**

Please list any agreed other agreed requirements

