**Network Services Agreement RM1045**

**Framework Schedule 4**

**(Template Order Form and Template Call Off Terms) Part 1b**

**Short Form Further Competition (SFFC)**

**Order Form**

This Order Form must be used to run a Short Form Further Competition under the Network Services Agreement

Before commencing a Short Form Further Competition and completing this Order Form, please refer to the guidance (**How to complete a short form further competition order form**) provided which is available from the Crown Commercial Service (CCS) website on the agreement web page: <http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm1045>

**Order Form completion**

The Order Form consists of the following sections, please complete as follows:

**Section A – General information**

The Customer must complete the blue boxes in this section before issue to Suppliers.

**MOD only** - Appendix 3 to this Order Form (MOD DEFCONS) must be completed and attached to the Order Form where this forms part of the requirement.

The Supplier must complete the grey sections as part of the Short Form Tender Response.

**Section B – Details of the requirement**

The Customer must complete this section before issue to Suppliers.

**Section C – Location details/requirements**

The Customer must complete this section before issue to Suppliers.

**Customer Statement of Requirements**

Please attach your Statement of Requirements as Annex A of the Order Form.

**Section D – Supplier response**

Suppliers must complete this section for submission as part of the Short Form Tender Response.

**Section E - Call Off Contract award**

The Supplier must complete the grey boxes in this section.

The Supplier must complete details in the signature box and **sign** before submitting a Short Form Tender Response.

The Customer must complete and sign this section to award a Call Off Contract to the successful Supplier.

The Supplier’s response should be attached to the Order Form as Annex B

**Section A**

**General information**

This Order Form is issued in accordance with the provisions of the Network Services Framework Agreement RM1045.

The Supplier shall supply the Services specified in this Order Form to the Customer on and subject to the terms of this Order Form, the appendices to this Order Form, as completed by the Customer, Annex A and Annex B and the Call Off Terms (together referred to as the “Call Off Contract”) for the duration of the Call Off Contract Period.

For a Short Form Further Competition the following appendices may apply to the Call Off Contract:

**Appendix 1 - Testing**

Annex 2 Test Certificate

Annex 3 Satisfaction Certificate

* to be completed by both Parties as required throughout the life of the Call Off Contract, where Testing has been requested in section B of this Order Form.

Reference: Direct Award and Short Form Further Competition Call Off Terms, Schedule 4

**Appendix 2 - Variation Form**

* to be used, if required, by both Parties throughout the life of the Call Off Contract.

Reference: Direct Award and Short Form Further Competition Call Off Terms, Schedule 12

**Appendix 3 - MOD DEFCONS**

* to be completed, if required, by the Customer before the issue of this Order Form to Suppliers to request a Short Form Tender Response.
* the Customer shall then select and refine the DEFCONS or DEFFORMs from the tables in this appendix throughout the life of the Call Off Contract as required.

Reference: Direct Award and Short Form Further Competition Call Off Terms, Schedule 15

The Call Off Terms that will apply to the Call Off Contract are as specified in the Direct Award and Short Form Further Competition Call Off Terms (Framework Schedule 4, part 2).

|  |
| --- |
| **Customer details** |
| **Customer Organisation name**  Papworth Hospital NHS Foundation Trust |

|  |
| --- |
| **Customer billing address**  Your organisation’s billing address, please ensure you include a postcode  Royal Papworth Hospital NHS FT, RGM Payables, F665, Phoenix House, Topcliffe Lane, Wakefield, WF3 1WE |

|  |
| --- |
| **Customer Representative**  The name of your point of contact for this requirement  Kerry Winsor |

|  |
| --- |
| **Customer Representative**  Please provide full address details, email address and telephone number  Kerry Winsor, Digital Programme Manager, Papworth Hospital NHS Foundation Trust Papworth Everard, Cambridge, CB23 3RE, Direct Line: 01223 639902, Email: kerry.winsor@nhs.net |

|  |
| --- |
| **Supplier details** |
| **Supplier name**  The Supplier organisation name, exactly as it appears on the Framework Agreement. A document listing all Supplier names and registered addresses has been provided for Customers on the agreement web page.  Click here to enter text. |

|  |
| --- |
| **Supplier address**  The Supplier’s registered address  Click here to enter text. |

|  |
| --- |
| **Supplier Representative**  The name of the Supplier point of contact for this requirement  Click here to enter text. |

|  |
| --- |
| **Supplier reference number**  A unique number provided by the Supplier at the time of the Short Form Tender Response. This number should be reported in the financial MI return.  Click here to enter text. |

**Section B**

**Details of the requirement**

The following details form the basis of a request for a Short Form Tender Response which will be used to award a Call Off Contract.

Suppliers must refer to the Customer Statement of Requirements when preparing their Short Form Tender Response.

|  |
| --- |
| **Lot covered by this requirement**  Lot 1 |

|  |
| --- |
| **Customer project reference**  Please provide a project reference, this will be used in Management Information provided by Suppliers to assist CCS with Framework management.  PAPD201809 |

|  |
| --- |
| **Customer Statement of Requirements (SoR) reference**  Please complete a SoR and attach it to this Order Form, please provide the reference number of your SoR.  PAPD201809 Annex A |

|  |
| --- |
| **Closing date for Supplier responses**  12/10/2018 |

|  |
| --- |
| **Last price paid**  Please provide the expenditure in the last full financial year by your organisation covering the services being replaced by this Call Off Contract (if applicable). Please provide any relevant details to explain the figure.  £74,000 total year one cost. |

|  |
| --- |
| **Call Off Commencement Date**  The Call Off Commencement Date is the date of dispatch of this Order Form, following signature by the Customer. This date can be found in section E of this Order Form. |

|  |
| --- |
| **Expected Call Off Commencement Date**  Please provide an indication of the planned Call Off Commencement Date. This will assist Suppliers in preparing their bid, but if provided is for guidance only.  31/10/2018 |

|  |
| --- |
| **Call Off Initial Period**  Any period in Months, up to the maximum Call Off Initial Period of 60 Months  60 Months |

|  |
| --- |
| **Call Off Extension Period**  The maximum Call Off Extension Period is 24 Months  24 months |

|  |  |
| --- | --- |
| **Implementation Plan required?**  Tick as required. See clause 6 of the Call Off Terms  Yes ☐ √ | **Quality Plan required?**  Tick as required. See clause 8 of the Call Off Terms  Yes ☐ √ |

|  |
| --- |
| **Please note**  Selecting, or ticking ‘yes’ to any of the following options may have cost implications and limit the ability of some Suppliers to respond to your request for a Short Form Tender Response.  Please ensure you read the guidance (How complete a short form further competition order form’) which is available on our agreement web page. Details of the implications and risks of the following options are outlined in this guidance. |

|  |  |
| --- | --- |
| **Testing required?**  Tick as required. See clause 9 of the Call Off Terms  If Testing is required the forms attached at appendix 1 (Call Off Schedule 4) will be used by both Parties through the life of the Call Off Contract.  Yes ☐ √ | **Appointment of Key Personnel?**  Tick as required. See clause 24 of the Call Off Terms  Yes ☐ √ |

|  |
| --- |
| **Service Maintenance Level (SML) option**  Indicate required Service Maintenance Level (SML).  See clause 10 of the Call Off Terms and Schedule 6 of the Call Off Terms  As per clause 10 of the Call Off Terms and Schedule 6 of the Call Off Terms |

|  |
| --- |
| **Bespoke Service Period**  The standard period is one Month.  Please specify any different requirement here. See paragraph 4 of Call Off Schedule 6, Part A.  Not Applicable |
| **Additional clause** “Security Measures” required?  See Call Off Schedule 13, clause 2.2.1  No ☐ √ |

|  |
| --- |
| **Additional clause** “Access to MOD Sites” required?  See Call Off Schedule 13, clause 2.2.2. Please complete appendix 3.  No ☐ √ |

|  |  |
| --- | --- |
| **Scots Law required?**  Tick as required.  See Call Off Schedule 13, clause 2.1.1  No ☐ | **Northern Ireland Law required?**  Tick as required.  See Call Off Schedule 13, clause 2.1.2  No ☐ |

|  |  |
| --- | --- |
| **Non-Crown Body?**  Please indicate if you are a Crown or non-Crown Body.  See Call Off Schedule 13, clause 2.1.3  Non-Crown Body √☐ | **Non FOIA Public Body?**  Please indicate if you are an FOIA Public Body or non-FOIA Public Body. See Call Off Schedule 13, clause 2.1.4  FOIA Public Body ☐ √ |

|  |  |
| --- | --- |
| **Dispute Resolution – role**  Please provide details of the role within your organisation (if different from the contact provided in section A of this form) that would deal with Disputes.  See Call Off Schedule 11, clause 3.1 for details.  Matt Jones – Head of ICT | **Dispute Resolution - arbitration**  The default location for arbitration under this framework is London. If you wish to identify a more convenient location (for you and the Supplier) you are able to do so.  See Call Off Schedule 11, clause 6.4.6  Click here to enter text. |

**Section C**

**Location details/requirements**

Please provide details of all the locations where the Supplier will be required to deliver the Service/s requested (this will be necessary for Suppliers to provide accurate quotations).

For each Site to be covered by this Order Form, please provide the full postal address, including postcode. If a postcode is not available please provide an appropriate reference such as a National Grid reference, which can be found using an internet search such as Grid Reference Finder.

|  |  |  |
| --- | --- | --- |
| **Site address** | **Site postcode** | **Required service commencement date** |
| New Royal Papworth Hospital, Cambridge Biomedical Campus | CB2 0AT | January 2019 |
| Royal Papworth House, 10 Spitfire Close, Ermine Business Park, Huntingdon | PE29 6XY | January 2019 |
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**(Provide further Site details as required)**

**Section D**

**Supplier response**

Suppliers - use this section to provide any details that may be relevant to the Short Form Tender Response.

Please ensure that, your detailed response is attached.

The Supplier response will become Annex B of this Order Form.

|  |
| --- |
| **Commercially Sensitive Information**  Commercially Sensitive Information relating to the Supplier, its IPR or its business, or which the Supplier is indicating to the Customer that, if disclosed by the Customer, would cause the Supplier significant commercial disadvantage or material financial loss. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Personnel**  Please see Customer details in section B to confirm if required. See clause 24 of the Call Off Terms for details | | | |
| Key Role | Key Personnel Name | Key Personnel telephone number | Key Personnel  email address | |
|  |  |  |  | |
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| **Complaint handling**  Please provide details of a single contact who will be responsible for Complaint handling as detailed in clause 53 of the Call Off Terms. | | | |
| Name of key contact |  | | |
| Job role |  | | |
| Telephone number |  | | |
| Email address |  | | |
| Postal address |  | | |

|  |
| --- |
| **Dispute Resolution - Supplier**  Please provide details of the role within your organisation that would deal with Disputes (if different from the contact given above). See Call Off Schedule 11, clause 3.1 for details. |

|  |
| --- |
| **Supplier Equipment**  Please detail any equipment that will be necessary to provide the Services requested by the Customer. See clause 29 of the Call Off Terms |
|  |

|  |
| --- |
| **Performance Monitoring & Reporting**  Please provide details (3.1.1 to 3.1.5) as required in part B of Call Off Schedule 6, paragraph 1.2. |
|  |

|  |
| --- |
| **Total contract value**  Please provide an estimated total contract value (for the Call Off Initial Period) as detailed in your attached response to the Customer’s Statement of Requirements.  Click here to enter text.  Please provide a summary breakdown of the total contract value. |
|  |

**Section E**

**Call Off Contract award**

This Call Off Contract is awarded in accordance with the provisions of the Network Services Framework Agreement RM1045.

The Supplier shall supply the Services specified in this Order Form to the Customer on and subject to the terms of this Order Form, the appendices to this Order Form, as completed by the Customer, Annex A and Annex B and the Call Off Terms (together referred to as the “Call Off Contract”) for the duration of the Call Off Contract Period.

|  |
| --- |
| **Call Off Contract Commencement Date**  The commencement date of the Call Off Contract will be the date of dispatch of this signed Order Form by the Customer to the successful Supplier in accordance with Framework Schedule 5 (Call Off Procedures) paragraph 8 (Call Off Award Procedure). |

|  |
| --- |
| **SIGNATURES** |

**For and on behalf of the Supplier (at submission of Short Form Tender Response)**

|  |  |
| --- | --- |
| Name | **Andrew Raynes** |
| Job role/title | Director of Digital and Chief Information Officer |
| Signature |  |
| Date |  |

**For and on behalf of the Customer (at Call Off Contract award)**

|  |  |
| --- | --- |
| Name |  |
| Job role/title |  |
| Signature |  |
| Date of dispatch |  |

Please note that if an Order Form is sent to a supplier by post, the postal address provided on the agreement web page<http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm1045> should be used.

Please see the documents tab, and refer to Suppliers by lot, this document also provides an email address for each supplier.

**For Supplier use**

|  |
| --- |
| **Unique Call Off Contract identifier**  A unique Order reference number provided by the Supplier at the time of Call Off Contract award. This number must be reported in the financial MI return.  Click here to enter text. |

**Annex A**

Please attach your Statement of Requirements as Annex A of this Order Form.

Please do not embed the document.

**PAPD201809 Annex A**

# Royal Papworth Hospital NHS Foundation Trust – Cutover from N3 to HSCN Requirements

The new Royal Papworth Hospital was due to open in February 2018; due to the original timeline N3 was installed. The Trust now has a requirement to migrate from its N3 service to the Health and Social Care Network (HSCN); whilst opening a new state of the art digitally advanced Hospital.

# Summary of Requirements

The Trust is looking to partner with a network supplier to migrate the Trust from N3 to HSCN in a swift and seamless project.

Only providers who are who have attained HSCN Stage 2 Compliance (CN-SPs) are permitted to undertake this work; therefore any supplier who is not on the approved list will be disqualified.

**The service provided will be 24/7/365 and must have a 99.999% Uptime**

The solution must deliver excellence in reliability, analytics, resilience, and security. As a minimum, the solution must integrate seamlessly with all aspects of the technology and deliver the technical specification listed.

## *Existing Provision*

The Trusts N3 service is provided by British Telecommunications PLC.

The Service Includes:

* 1 x New Ethernet 1Gb bearer, 100Mb CDR (end to end separation) from New Papworth Hospitals, Cambridge Biomedical Campus, Robinson Way, Cambridge (CB2 0SL) to the N3 Colindale Access PoP (NW9 6LD).
* 1 x New Ethernet 1Gb bearer, 100Mb CDR (end to end separation) from Cambridge University Hospital, Hills Road, Cambridge (CB2 0QQ) to the N3 Faraday Access PoP (EC4V 4AA).
* 2 x Cisco 4431 routers terminated to the new Primary and Secondary Service.(Max 250 Mb throughput).
* Services are configured as Active / Active.
* Maintenance of the circuits and routers.
* 24/7 Network Management Support
* 24/7 Proactive Monitoring



Figure 1 Current Configuration

## *Project Planning, Installation and Testing*

The Trust timescales are detailed below and are critical for services going live.

It is assumed that all necessary pre-staging work will be completed prior to site arrival resulting in implementation beginning on day of arrival.

* The winning tenderer will need to pre-stage all equipment and deliver only the required units to fulfil the miles stones as set out in the Trusts plans.
* **The supplier must be able to bring on line the Service during January 2019, with full cutover taking place at the beginning of February 2019.**

## *Delivery and Insurance*

|  |
| --- |
| All packaging will be removed as part of the delivery |
| The winning bid must carry the risk of damage in transit and the trust will not assume ownership until the equipment is installed and tested. |

## *Documentation Required*

|  |
| --- |
| Full document service hand book to be produced as part of the project |
| Naming and labelling convention to be agreed and followed |

## *Support and Warranty*

|  |
| --- |
| Any support and warranty agreement will start when the equipment is installed and all patching and configuration to be done off site so as not to delay deployment. |
| All equipment and software support must be included for the term of the contract a 24x7 365 4 hr. fix basis |

# Cutover of N3 to HSCN

## Overview

The Trust is looking to partner with a network supplier to migrate the Trust from N3 to HSCN in a swift and seamless project.

Only providers who have attained HSCN Stage 2 Compliance (CN-SPs) are permitted to undertake this work; therefore any supplier who is not on the approved list will be disqualified.

The solution must deliver excellence in reliability, analytics, resilience, and security. As a minimum, the solution must integrate seamlessly with all aspects of the technology and deliver the technical specification listed.

## Technical Requirements

### Core Requirements

#### Pass/Fail elements (Essential criteria)

|  |
| --- |
| 1. 1 x Ethernet 1Gb bearer, minimum 100Mb CDR from New Papworth Hospitals, Cambridge Biomedical Campus, Robinson Way, Cambridge (CB2 0SL) to HSCN design must provide a future upgrade path |
| 1. 1 x Ethernet 1Gb bearer, minimum 100Mb CDR from Cambridge University Hospital, Hills Road, Cambridge (CB2 0QQ) to HSCN design must provide a future upgrade path |
| 1. Both circuits must be in a live\live configuration with separate IP subnets |
| 1. Both circuits must have end to end separation |
| 1. Both circuits should be able to route the IP subnet from the other circuit in the event of a failure of that other circuit |
| 1. Cutover of the current IP addressing, 10.46.80.0/21 (New Papworth Hospital) and 10.46.88.0/21 (Cambridge University Hospital), to HSCN |
| 1. The tender must be inclusive all project management installation |
| 1. The tender must be inclusive of a commissioning pen test |
| 1. Royal Papworth Hospital NHS Foundation Trust must retain full control of the network and management of firewall infrastructure on site |

#### Optional Criteria

|  |
| --- |
| 1. Layer for Audio Visual Streaming |
| 1. Reconfiguration of routing SHOULD be achieved by a dynamic routing protocol |

### Management Software Requirements

#### Pass/Fail elements (Essential criteria)

|  |
| --- |
| 1. Online portal for current and historic bandwidth measurement |
| 1. Alerting on fault conditions |

#### Optional Criteria

|  |
| --- |
| 1. Generation of automated management reports |
| 1. Visualisation tools for data flow |

#### Access Control

#### Pass/Fail elements (Essential criteria)

|  |
| --- |
| 1. ACL to be open by default |
| 1. Trust to provide Firewall equipment and management |

#### Optional Criteria

|  |
| --- |
| 1. Reporting on other HSCN customers that have been granted ACL access to the Papworth network |

## Design Requirements

#### Pass/Fail elements (Essential Criteria)

|  |
| --- |
| 1. Follow industry best practice |

#### Availability

|  |
| --- |
| 1. 24/7/365 99.999% Uptime |

#### Security

|  |
| --- |
| 1. HSCN Security protocols |

## Support and Professional Service

|  |
| --- |
| 1. This tender must be a turnkey solution phased to the commissioning milestones set out above. |
| 1. All packaging will be removed as part of the delivery |
| 1. The winning bidder will need to pre-stage all equipment and deliver only the required units to fulfil the miles stones as set out in the plan. |
| 1. The winning bid must carry the risk of damage in transit and the trust will not assume ownership until the equipment is installed and tested. |
| 1. Full installation must be included in the bid price |
| 1. Any support and warranty agreement will start when the equipment is installed and configuration to be done off site so as not to delay deployment. |
| 1. All equipment and software support must be included for the term of the contract on a 24x7 365 4 hr. fix basis |
| 1. A schedule of support for following 3 year must be provide at time of tender |
| 1. Pricing to include all project management design delivery installation and testing |
| 1. Full document service hand book to be produced as part of the project |
| 1. Naming and labelling convention to be agreed and followed both on hardware and software configuration |

## Scheduling

The Trust timescales are detailed below and are critical for services going live.

It is assumed that all necessary pre-staging work will be completed prior to site arrival resulting in implementation beginning on day of arrival.

**Annex B**

Please attach a copy of the Supplier’s response, as Annex B of this Order Form.

Please do not embed the document.

Short Form Further Competition Order Form

Appendix 1

**CALL OFF SCHEDULE 4: TESTING**

ANNEX 2: TEST CERTIFICATE

To: [insert name of Supplier]

From: [insert name of Customer]

[insert Date dd/mm/yyyy]

Dear Sirs,

**TEST CERTIFICATE**

Deliverables:

[Guidance Note to Customer: Insert description of the relevant Deliverables/Milestones]

We refer to the agreement (**"Call Off Contract"**) relating to the provision of the Services between the [*insert Customer name*] (**"Customer"**) and [*insert Supplier name*] (**"Supplier"**) dated [*insert Call Off Commencement Date dd/mm/yyyy* ].

The definitions for terms capitalised in this certificate are set out in this Call Off Contract.

[We confirm that all of Deliverables listed above have been tested successfully in accordance with the Testing Strategy Plan relevant to those Deliverables.]

[OR]

[This Test Certificate is issued pursuant to paragraph  13.1 of Call Off Schedule 4 (Testing) of this Call Off Contract on the condition that any Test Issues are remedied in accordance with the Rectification Plan attached to this certificate.]\*

[\*Guidance Note: delete as appropriate]

Yours faithfully

[insert Name]

[insert Position]

acting on behalf of [insert name of Customer]

**CALL OFF SCHEDULE 4: TESTING**

ANNEX 3: SATISFACTION CERTIFICATE

To: [insert name of Supplier]

From: [insert name of Customer]

[insert Date dd/mm/yyyy]

Dear Sirs,

**SATISFACTION CERTIFICATE**

Milestone:

[Guidance Note to Customer: Insert description of the relevant Milestones]

We refer to the agreement (**"Call Off Contract"**) relating to the provision of the Services between the [*insert Customer name*] (**"Customer"**) and [*insert Supplier name*] (**"Supplier"**) dated [*insert Call Off Commencement Date dd/mm/yyyy* ].

The definitions for terms capitalised in this certificate are set out in this Call Off Contract.

[We confirm that all the Deliverables relating to Milestone [number] have been tested successfully in accordance with the Testing Strategy Plan relevant to this Milestone [or that a conditional Test Certificate has been issued in respect of those Deliverables that have not satisfied the relevant Test Success Criteria.]]\*

[OR]

[This Satisfaction Certificate is granted pursuant to paragraph 13.1 of Call Off Schedule 4 (Testing) of this Call Off Contract on the condition that any Test Issues are remedied in accordance with the Rectification Plan attached to this certificate.]\*

[You may now issue an invoice in respect of the Milestone Payment associated with this Milestone in accordance with the provisions of Call Off Schedule 3 (Call Off Contract Charges, Payment and Invoicing)]\*

[\*Guidance Note: delete as appropriate]

Yours faithfully

[insert Name]

[insert Position]

acting on behalf of [insert name of Customer]

Short Form Further Competition Order Form

Appendix 2

CALL OFF SCHEDULE 12: VARIATION FORM

No of Order Form being varied:

……………………………………………………………………

Variation Form No:

……………………………………………………………………………………

BETWEEN:

|  |
| --- |
| **[**insert name of Customer**]** ("**the Customer"**)  and  **[**insert name of Supplier**]** (**"the Supplier"**) |

1. This Call Off Contract is varied as follows and shall take effect on the date signed by both Parties:

[Guidance Note: Insert details of the Variation]

1. Words and expressions in this Variation shall have the meanings given to them in this Call Off Contract.
2. This Call Off Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.
3. 12/08/2013

Signed by an authorised signatory for and on behalf of the Customer

|  |  |
| --- | --- |
| Signature |  |
| Date |  |
| Name (in Capitals) |  |
| Address |  |
|  |  |

Signed by an authorised signatory to sign for and on behalf of the Supplier

|  |  |
| --- | --- |
| Signature |  |
| Date |  |
| Name (in Capitals) |  |
| Address |  |

Short Form Further Competition Order Form

Appendix 3

**CALL OFF SCHEDULE 15: MOD DEFCONS AND DEFFORMS**

**The following MOD DEFCONs and DEFFORMs form part of this Call Off Contract:**

DEFCONs

|  |  |  |
| --- | --- | --- |
| DEFCON No | Version | Description |
|  |  |  |
|  |  |  |
|  |  |  |

DEFFORMs (Ministry of Defence Forms)

|  |  |  |
| --- | --- | --- |
| DEFFORM No | Version | Description |
|  |  |  |
|  |  |  |
|  |  |  |

[Guidance Note: the above documents can be found at <http://www.aof.mod.uk/>]

[Guidance Note for the Ministry of Defence: Upon placing of an Order the Ministry of Defence shall select and refine the DEFCONs or DEFFORMs from the tables above, in accordance with the DEFCONs and DEFFORMs which are appropriate to the specific Call Off Contract, and set them out in Call Off Schedule [11].]