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# Quotation reference: ITQ-NUR-0120-390

## Invitation to Quote (ITQ)

## CNO Shared Governance: Collective Leadership programme –

## What makes a “local accreditation” programme successful?

Address any queries relating to this document to:

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## This invitation to quote is being issued by NHS England and NHS Improvement on behalf of NHS Trust Development Authority (NHS TDA)

## Introduction

NHS Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

​From 1 April 2016 NHS Improvement is the operational name for the organisation that brings together:

Monitor

NHS Trust Development Authority

Patient Safety including the National Reporting and Learning System

Advancing Change team

Intensive Support Teams.

We build on the best of what these organisations did, but with a change of emphasis. Our priority is to offer support to providers and local health systems to help them improve.

## Background

Background and context

A central tenet of the Chief Nursing Officer for England’s vision is to ensure that the nursing and midwifery collective voice is heard across health and social care so that the professions’ contribution is valued and listened to in all decision-making conversations.To do this, an engaged and powerful workforce is crucial so that changes can be driven forwards locally to meet population need and address local, regional and national unwarranted variations and inequalities.

The national CNO Shared Governance: Collective Leadership programme is made up of three components coming together to support the fact that everyone has the experience and influence to effect change:

1. Local Accreditation;

2. Nursing Excellence;

3. Shared Decision-Making.

Nursing, midwifery and care staff as part of their everyday practice are well-placed to identify opportunities for transformational change that will support delivery of better outcomes and experiences of those who use our services.

What is local accreditation?

Local Accreditation is described as “the development of a set of quality standards so that areas of excellence can be celebrated and areas for improvement identified; a structured quality framework”. Although locally designed and as a result recognised under different terms and specifics, “local accreditation” aims to provide us with the tools to bring together key measures from across nursing and clinical care into a single overarching quality framework which can enable those working within an environment to undertake a comprehensive assessment of quality of care at ward, unit and team levels. “Local accreditation” throughout this document refers to nursing but incorporates midwifery services too.

Local feedback and experience show how “accreditation” programmes or structured local quality frameworks have frequently driven continuous improvement in patient outcomes, and increase patient satisfaction and staff experience at ward and unit level in addition to improved quality indicators such as reduction in falls and improved Infection Prevention Control.

In April 2019, the Chief Nursing Officer for England launched the [*‘Guide to developing and implementing ward and unit accreditation programmes*’](https://improvement.nhs.uk/resources/guide-developing-and-implementing-ward-and-unit-accreditation-programmes/) as a guide for nursing and midwifery staff to support them with implementing and embedding of local quality frameworks as well as to share examples of good practice and learning.

Reason for procurement

The research question for the supplier to address is:

*“What are the key principles and processes (including what works well and challenges) of successfully implemented “local accreditation models”?*

This will give the SG:CL team an opportunity to work with these organisations to share the learning with other organisations earlier in their quality improvement journey. Nursing, midwifery and care staff leadership provides a strong vehicle to ensure that staff can create and deliver the transformation agenda across health and care and the CNO vision (three priorities); A workforce that is fit for the future, renew the reputation of our profession for the future and a collective voice that is powerful and heard.

## Specification / Requirements

Local accreditation – building on what we know already to understand what makes a local ward and unit accreditation programme successful:

Building on the research question above, for this piece of work, the supplier will engage with the leaders of a number of agreed “local ward and unit accreditation programmes” to develop an evidence-based view on “what good looks like”:

* + How have the organisations locally defined achievement of accreditation?
	+ What is the organisation’s structured approach – the standards against which quality and achievement of outcome are measured to gain accreditation at local level?
	+ What is their monitoring and reporting cycle?
	+ What are their assessment tools?
	+ How do they base quality standards on evidence of best practice?
	+ How are their principles of accreditation improving quality of care, staff engagement and a support culture in the organisation (improvement methodology and metrics)?
	+ What are the benefits observed (e.g. reducing unwarranted variation, reducing turnover, platform for continuous improvement)?
	+ Cost-effectiveness (working out value for money in line with the difference it makes – longitudinal view);

It will constitute a service evaluation: a deep dive with a number of organisations who are already using ward and unit accreditation – for these organisations to tell the supplier about what works well, challenges and otherwise.

The SG:CL team recognise that timelines are tight. This procurement is for 12 months and specific project parameters can be discussed with the successful supplier.

The procured supplier (anticipated to be a HEI) will require a wide range of skills and behaviours. These include working across an organisation, influencing, inspiring, negotiating, developing a ‘presence’ and confidence amongst senior staff. Other skills and competencies also required to be developed are understanding the measurement of success, how to measure and quantify practice, writing papers and reports, presenting for a wide range of stakeholders (internal and external), problem solving and understanding the political landscape.

In addition to the above, the supplier will:

1. Source relevent literature and expert feedback on local ward and unit accreditation;
2. Establish and manage a series of face to face meetings with a number of local ward and unit accreditation programmes to develop an evidence-based view on “what good looks like”;
3. Undertaking ‘mid-point’ reviews in May 2020, September 2020 and December 2020 and end of service evaluation in March 2021 with reports produced.

## Budget

The budget for the successful delivery of our requirements is up to £49,500 including expenses, excluding VAT) - £20,000 in 2019/20 and £29,500 in 2020/21.

## Procurement Timescales

|  |  |
| --- | --- |
| **Date** | **Stage** |
| 24 January 2020 | Invitation to Quote issued |
| 03 February 2020 | Deadline for clarification questions (17:00) |
| 07 February 2020 | Deadline for receipt of quotations (17:00) |
| 12 February 2020 | Evaluation of quotations by NHS England and NHS Improvement completed |
| w/c 17 February 2020 | Interviews / presentations if required |
| w/c 17 February 2020 | Confirmation of winning bidder |
| 24 February 2020 | Contract commencement |

## Project Timescales

|  |  |
| --- | --- |
| **Date** | **Stage** |
| Before end March 2020 | Agree a detailed project plan for project |
| Before end March 2020 | Commencement of programme of face to face meetings  |
| 01 May 2020 – December 2020 | Work with experts in local accreditation to explore what good looks like (interviews, focus groups, observation…) |
| January 2021 – 31 March 2021 | Write up findings and recommendations from field work |
| July and November 2020 | Mid-point report(s) |
| 31 March 2021 | Final report due |

NHS England and NHS Improvement reserves the right to change any of the above dates on reasonable written notice.

## Quotation

Suppliers are required to submit a detailed quotation indicating how they would approach the provision of the required services in the event that they were successful with their quotation.

This quotation should include a detailed methodology and indicative programme and also include the operational arrangements including the initial set up and on going management of the contract.

In particular, quotations should detail how each of the requirements stated above will be met.

In addition, quotations should include provision for regular meetings to discuss progress with the NHS England and NHS Improvement national Shared Governance: Collective Leadership national team.

Any quotation may be rejected at NHS Improvement’s sole discretion which:

* Contains gaps, omissions or obvious errors; or
* Contains amendments which have not been initialled by the authorised signatory; or
* Is received after the closing time; or
* Is Non-compliant

## Selection process

Proposals will be appraised at one or more evaluation panel meetings against the following evaluation criteria:

* **30**% Clearly outlining how the bid will contribute to the the CNO’s vision – which is all inextricably linked to an organisation’s ability to continuously improve quality of care:
	+ The right culture;
	+ Frontline leadership;
	+ Engaged staff
* **20**% Delivery methodology and approach (the exploration of what success looks like);
* **10**% How the programme will make a difference to patient experience and outcomes (and which metrics used);
* **10%** Experience of delivering similar requirements (national, peer-reviewed funding);
* **10%** Capacitiy and capability – demonstrated through previous experience;
* **20**% Price.

The evaluation against all criteria will be based on a combination of written quotations and, where relevant, presentations.

The proposal shall be assessed against the specific evaluation criteria set out above and shall be allocated a score of between 1 and 5 in accordance with the following ‘Score’ ratings.

|  |  |
| --- | --- |
| Score of 5: | (**Excellent**) Above average demonstration by the Supplier of relevant ability, understanding, experience, skills, resources and quality measures required to meet the requirements. The proposal may also identify factors that will offer potential added value. Excellent level of detail – no reservations about acceptability.  |
| Score of 4: | (**Good**) Good demonstration by the Supplier that the requirements have been fully understood with supporting evidence, at a good level of detail, to support the response but falls just short of a 5. |
| Score of 3: | (**Satisfactory**) Demonstration by the Supplier that the requirements have been understood with evidence to support the response but there is a lack of detail. Minor reservations about the response. |
| Score of 2: | (**Poor**) Limited information provided and/or the response demonstrates a lack of understanding of the requirements. Significant reservations about the response.  |
| Score of 1: | (**Not acceptable**) None of the requested information has been provided and/or the response does not indicate that the Supplier has sufficient understanding to meet the requirements, and/or aspect of the response gives cause for major concern |

## Supplier Interviews/Presentations

Following evaluation of written proposals and submitted costs, depending on the quality of proposals, suppliers may be asked to attend for interview and deliver a presentation.

## Price

Please provide your prices for each of the requirements set out above;

|  |  |  |
| --- | --- | --- |
| **Req No:** | **Requirement Description** | **Fixed Price £ (ex VAT)** |
| 1 | Work with a number of local ward and unit accreditation programmes to develop an evidence-based view on “what good looks like”: * + Can the principles be put into practice elsewhere?
	+ Do they make a difference to patient outcomes?
	+ The right culture, frontline leadership, engaged staff;
	+ Cost-effectiveness
 |  |
| 2 | Source the relevent literature and expert feedback on local ward and unit accreditation |  |
| 3 | Establish and manage a series of face to face meetings with a number of local ward and unit accreditation programmes |  |
| 4 | Undertaking ‘mid-point’ reviews in March 2020, July 2020 and November 2020 and end of service evaluation in March 2021 with reports produced. |  |
| **Total Firm Fixed Price (inclusive of expenses, excluding VAT) covering proposed contract period to March 2021** | **£** |

Please provide as a separate document a full comprehensive breakdown (inclusive of day rates) of your proposed pricing across the four (4) requirements outlined above.

Please make a note of any separate attachments here and ensure that you quote the following information within the attachment: Specification Reference; Specification Title; Name and Organisation.

Prices must remain open for a period of 60 days from the closing date for the receipt of the quotation

## Invoicing

Invoicing shall be solely upon progress or completion of each deliverable to a satisfactory standard, confirmed in writing by the NHS England and NHS Improvelemt project lead. It is proposed that invoicing will take place every 6 months (31 March 2019, 30 September 2020, 31 March 2020).

## References

Please provide details of two previous contracts (ideally independent of NHS England and NHS Improvement) where similar services were provided using the format below:

|  |  |
| --- | --- |
| Customer name: |  |
| Address: |  |
| Contact name: |  | Telephone no: |  |
| Email: |  | Contract value: |  |
| Brief description of services undertaken and outcome: |  |
|  |
| Sub-contractors used: |  |

#### Your permission to approach these organisations for a reference is assumed unless you inform us otherwise.

## Terms and conditions

The appointment, if any, will be subject to NHS Improvement’s terms and conditions for the provision of services a copy of which is embedded below



## Enquiries

All queries relating to this ITQ should be made by e-mail to keith.cross1@nhs.net Cc nhsi.procurement@nhs.net

## Submission

Submissions must include:

* Proposal document,
* Price table, and
* Any other information requested within the invitation to submit a quotation documentation.

Please submit your quotation via the MyTenders portal in either MS Word or Adobe .pdf format to arrive no later than 5pm on 15 December 2019.

Failure to comply with the provisions for submission and deadline for submission above may at the NHS Improvement discretion result in exclusion from the procurement process.