



Crown
Commercial
Service

Call Off Order Form for Management Consultancy Services

FRAMEWORK SCHEDULE 4

CALL OFF ORDER FORM AND CALL OFF TERMS

PART 1 – CALL OFF ORDER FORM

SECTION A

This Call Off Order Form is issued in accordance with the provisions of the Framework Agreement for the provision of Health and Community Consultancy Services, **RM3745** dated 4th September 2017/21st November 2017.

The Supplier agrees to supply the Services specified below on and subject to the terms of this Call Off Contract.

For the avoidance of doubt this Call Off Contract consists of the terms set out in this Call Off Order Form and the Call Off Terms.

Order Number	CCCC20A34
From	The Princess Alexandra Hospital NHS Trust Customer representative: REDACTED . ("CUSTOMER")
To	Grant Thornton UK LLP Customer representative: REDACTED ("SUPPLIER")

SECTION B

CALL OFF CONTRACT PERIOD

1.1.	Commencement Date: 26th May 2020.
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	<p>Expiry Date:</p> <p>End date of Initial Period:</p> <p>11th December 2020.</p> <p>End date of Extension Period (if required):</p>
	<p>29th January 2021.</p> <p>Minimum written notice to Supplier in respect of extension:</p> <p>3 days.</p>

SERVICES

2.1	<p>Services required:</p> <p>In Call Off Schedule 2 (Services), and at Annex A of this document.</p>
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PROJECT PLAN

3.1.	As indicated in Section 7, Annex A – Services required, of this document, as indicated below. Timescales are indicative and the supplier will work with customer to ensure these are met in good faith.	
	Milestone/ Deliverable	Description
	1	Kick off workshop
	2	Demand & Capacity Analysis complete
	3	Model of care complete
	4	Technology Specification and Partnering Strategy complete
	5	Schedule of accommodation complete
		Timeframe or Delivery Date
		No later than 20.5.20
		No later than 06.06.20
		No later than 08.07.20
		No later than 08.07.20
		No later than 07.08.20

6	OBC draft complete	No later than 23.11.20
7	1:200 Drawings & Masterplan complete	No later than 30.11.20

CONTRACT PERFORMANCE

4.1. Standards:	<p>The supplier will work in partnership with the customer to ensure that the indicative timescales are met. It is recognised that phases will need to run concurrently and interplay with one another and therefore some flexibility will be applied to individual phase timescales.</p> <p>All phases must be completed by 7th September, including appropriate review and sign off. If insufficient delivery is made against the project plan, the customer and supplier shall meet to agree a rectification plan as indicated in the CCS RM3745 – Management Consultancy Framework terms and conditions</p>
4.2 Service Levels/Service Credits:	Not applied.
4.3 Critical Service Level Failure:	Not applied.
4.4 Performance Monitoring:	As described in 4.1, above.
4.5 Period for providing Rectification Plan:	In Call Off Terms.

PERSONNEL

5.1 Key Personnel:	<p>Supplier:</p> <p>REDACTED</p>
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5.2	Relevant Convictions (Clause 28.2 of the Call Off Terms): Not Applied.
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PAYMENT

6.1	<p>Call Off Contract Charges (including any applicable discount(s), but excluding VAT):</p> <p>In Annex 1 of Call Off Schedule 3 (Call Off Contract Charges, Payment and Invoicing).</p> <p>For the avoidance of doubt, Call Off Contract Charges are also shown at Annex C of this document, which provides a breakdown as to how the contract value of £445,410.00 is comprised:</p> <p>REDACTED REDACTED REDACTED REDACTED</p>
	<p>REDACTED REDACTED REDACTED REDACTED REDACTED</p> <p>This value includes the Contract Extension option, is inclusive of all expenses, but exclusive of VAT.</p>
6.2	<p>Payment terms/profile (including method of payment e.g. Government Procurement Card (GPC) or BACS):</p> <p>Method of payment is BACS.</p> <p>In Annex 2 of Call Off Schedule 3 (Call Off Contract Charges, Payment and Invoicing).</p> <p>The payment (invoicing) profile will be agreed between the Parties once the work is underway, but is expected to be “monthly in arrears.”</p>
6.3	<p>Reimbursable Expenses:</p> <p>The fee is inclusive of all expenses.</p>

6.4	<p>Customer billing address (paragraph 7.6 of Call Off Schedule 3 (Call Off Contract Charges, Payment and Invoicing)):</p> <p>The Customer's Billing address is:</p> <p>REDACTED</p> <p>REDACTED</p> <p>REDACTED</p> <p>REDACTED</p> <p>Invoices must be sent electronically to:</p> <p>REDACTED</p>
6.5	<p>Call Off Contract Charges held firm for (paragraph 8.2 of Schedule 3 (Call Off Contract Charges, Payment and Invoicing)):</p> <p>Call Off Contract Charges are held firm for the duration of the Contract including the extension option.</p>
6.6	<p>Supplier periodic assessment of Call Off Contract Charges (paragraph 9.2 of Call Off Schedule 3 (Call Off Contract Charges, Payment and Invoicing)) will be carried out on:</p> <p>Not Applied.</p>
6.7	<p>Supplier request for increase in the Call Off Contract Charges (paragraph 10 of Call Off Schedule 3 (Call Off Contract Charges, Payment and Invoicing)):</p> <p>Not permitted.</p>

LIABILITY AND INSURANCE

7.1	<p>Estimated Year 1 Call Off Contract Charges:</p> <p>The sum of REDACTED</p>
7.2	<p>Supplier's limitation of Liability (Clause 37.2.1 of the Call Off Terms); In Clause 37.2.1 of the Call Off Terms.</p>
7.3	<p>Insurance (Clause 38.3 of the Call Off Terms):</p> <p>The Supplier's Standard Business Insurance shall apply.</p>

TERMINATION AND EXIT

8.1	Termination on material Default (Clause 42.2.1(c) of the Call Off Terms): In Clause 42.2.1(c) of the Call Off Terms.
8.2	Termination without cause notice period (Clause 42.7.1 of the Call Off Terms): In Call Off Terms.
8.3	Undisputed Sums Limit: In Clause 43.1.1 of the Call Off Terms.
8.4	Exit Management: In Call Off Schedule 9 (Exit Management).

SUPPLIER INFORMATION

9.1	Supplier's inspection of Sites, Customer Property and Customer Assets: Not Applied.
9.2	Commercially Sensitive Information: Pricing and fee information as contained within the Supplier's proposal and this Contract.

OTHER CALL OFF REQUIREMENTS

10.1	Recitals (in preamble to the Call Off Terms): Recitals B to E. The Invitation to Tender was issued on: 3 rd April 2020. The Supplier's bid / offer was received on: 22 nd April 2020.
10.2	Call Off Guarantee (Clause 4 of the Call Off Terms): Not required.

10.3	<p>Security:</p> <p>Refer to Schedule 7: Security short form – Paragraphs 1 to 5. The following exclusions shall apply:</p> <ul style="list-style-type: none"> • 16 (short form) and 4 (long form) the supplier will not be required to prepare a Security Management Plan. The supplier will comply with their own Security Policy • 6.2 (long form) the customer shall not be entitled to send a representative to witness the conduct of security tests • 6.3 (long form) the customer and/or its authorised representatives shall not be entitled, at any time upon giving reasonable notice to the supplier, to carry out such tests (including penetration tests) as it may deem necessary for any purpose.
10.4	<p>ICT Policy:</p> <p>Not applied.</p>
10.5	<p>Testing:</p> <p>Not applied.</p>
10.6	<p>Business Continuity & Disaster Recovery:</p> <p>In Call Off Schedule 8 (Business Continuity and Disaster Recovery).</p> <p>Disaster Period:</p> <p>For the purpose of the definition of “Disaster” in Call Off Schedule 1 (Definitions) the “Disaster Period” shall be N/A.</p>
10.7	NOT USED
10.8	<p>Protection of Customer Data (Clause 35.2.3 of the Call Off Terms):</p> <p>In clause 35.2.3 (Protection of Customer Data).</p>
10.9	<p>Notices (Clause 56.6 of the Call Off Terms):</p> <p>Customer’s postal address: REDACTED</p> <p>Supplier’s postal address and email address: REDACTED</p>

10.10	Transparency Reports In Call Off Schedule 13 (Transparency Reports).
10.11	Alternative and/or additional provisions (including any Alternative and/or Additional Clauses under Call Off Schedule 14 and if required, any Customer alternative pricing mechanism): REDACTED

10.12	Call Off Tender: In Call Off Schedule 16 and at Annex B of this document.
10.13	Publicity and Branding (Clause 36.3.2 of the Call Off Terms) In clause 36.3.2 of the Call Off Terms.
10.14	Staff Transfer Not applicable
10.15	Processing Data Call Off Schedule 17
	<ol style="list-style-type: none"> <li data-bbox="312 1332 1181 1433">1. The contact details of the Customer Data Protection Officer is: REDACTED <li data-bbox="312 1478 1212 1590">2. The contact details of the Suppliers Data Protection Officer is: REDACTED

	<p>3. The Processor shall comply with any further written instructions with respect to processing by the Controller.</p> <p>4. Any such further instructions shall be incorporated into this Schedule.</p>
Contract Reference:	CCCC20A34
Date:	26th May 2020
Description Of Authorised Processing	Details
Identity of the Controller and Processor	The Parties acknowledge that for the purposes of the Data Protection Legislation the Parties are independent controllers of Personal Data under this Framework Agreement.
Use of Personal Data	Managing the obligations under the Call Off Contract Agreement, including exit management, and other associated activities.
Duration of the processing	For the duration of the Framework Award plus 7 years.
Nature and purposes of the processing	Processing data is not expected to be a factor of the Contracted Services.
Type of Personal Data	<p>Full name</p> <p>Workplace address</p> <p>Workplace Phone Number</p> <p>Workplace email address</p>

Management Consultancy Framework (MCF) – RM3745

Framework

		<p>Names</p> <p>Job Title</p> <p>Compensation</p> <p>Tenure Information Qualifications or certifications</p> <p>Nationality</p> <p>Education & training history</p> <p>Previous work history</p> <p>Personal Interests</p> <p>References and referee details</p> <p>Driving license details</p> <p>National insurance number</p> <p>Bank statements</p> <p>Utility bills</p> <p>Job title or role</p> <p>Job application details</p> <p>Start date</p> <p>End date & reason for termination</p> <p>Contract type</p> <p>Compensation data</p> <p>Photographic facial Image</p> <p>Biometric data</p> <p>Birth certificates</p> <p>IP address</p>
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		<p>Details of physical and psychological health or medical condition</p> <p>Next of kin & emergency contact details</p> <p>Record of absence, time tracking & annual leave</p>
	Categories of Data Subject	
<p>Any persons carrying out audits of the Suppliers data processing activity must be subject to the same confidentiality undertakings as the Customer.</p>		
10.16	<p>MOD DEFCONS and DEFFORM</p> <p>Not Applied:</p>	

FORMATION OF CALL OFF CONTRACT

BY SIGNING AND RETURNING THIS CALL OFF ORDER FORM (which may be done by electronic means) the Supplier agrees to enter a Call Off Contract with the Customer to provide the Services in accordance with the terms Call Off Order Form and the Call Off Terms.

The Parties hereby acknowledge and agree that they have read the Call Off Order Form and the Call Off Terms and by signing below agree to be bound by this Call Off Contract.

In accordance with paragraph 7 of Framework Schedule 5 (Call Off Procedure), the Parties hereby acknowledge and agree that this Call Off Contract shall be formed when the Customer acknowledges (which may be done by electronic means) the receipt of the signed copy of the Call Off Order Form from the Supplier within two (2) Working Days from such receipt.

Name and Title	REDACTED
Signature	REDACTED
Date	25.05.2020.

For and on behalf of the Customer:

Name and Title	REDACTED
Signature	REDACTED
Date	26th May 2020

ANNEX A SERVICES REQUIRED

Provision of Business Case Development Support for the Princess Alexandra Hospital NHS Trust

1. PURPOSE

1.1 Princess Alexandra Hospital NHS Trust (the Trust or PAHT) has been identified as one of the Wave 1 Health Infrastructure Programme (HIP1) organisations and is looking to develop new and innovative healthcare infrastructure to deliver outstanding care to its catchment population for the next 50+ years. The Trust has appointed a Supplier (Grant Thornton UK LLP) that shares its ambition, its innovation and its commitment to high quality healthcare future who can support in the fine tuning of its clinical model and has the capability to draw international best practice to turn this into a schedule of accommodation fit for the future.

2. BACKGROUND TO THE CONTRACTING AUTHORITY

2.1 The Princess Alexandra Hospital NHS Trust (the “Authority” / “Customer”) was established in April 1995. It is a small to medium-sized hospital with an annual income of circa £170 million. It comprises of 420 general and acute beds and provides a full range of general acute services, including a 24/7 emergency department, an intensive care unit, a maternity unit and a level II neonatal intensive care unit (NICU).

2.2 The Customer currently employs approximately 2,500 whole time equivalent staff and operates outpatient and diagnostic services from the Herts and Essex Hospital in Bishop’s Stortford, and St Margaret’s Hospital in Epping.

2.3 The Customer has adopted the following values:

- Respectful
- Caring
- Responsible
- Committed

2.4 The Customer is within the top 20 Hospital’s in the country for the low incidences of infection. Good infection prevention and control measures in clinical practice are essential to provide a safe environment for patients, and this ethos is embedded in everyday patient care.

Management Consultancy Framework (MCF) – RM3745

2.5 The Customer serves a core population of approximately 350,000 people and is the natural Hospital of choice for people living in West Essex and East Hertfordshire, with a core population which is centered on the M11 corridor and the towns of Harlow, Bishop's Stortford and Epping. Its extended catchment area (radius of 11 to 13 miles) incorporates a population of up to 500,000 and includes the areas of Hoddesdon, Cheshunt and Broxbourne in Hertfordshire, together with the south of the M25 in Essex being potential areas for growth.

3. BACKGROUND TO REQUIREMENT/OVERVIEW OF REQUIREMENT

3.1 Since 2016 The Princess Alexandra Hospital Trust has carried out a detailed options appraisal on the development and location of the new hospital primarily driven by the poor condition of the current estate and the likely future requirements for developing modern healthcare solutions. Key milestones in this development have been:

3.1.1 In July 2016 the CQC stated 'the environment was one of the top risks for the Trust. The estate was aged and in need of repairs costing tens of millions'.

3.1.2 At the request of the Secretary of State, a Strategic Outline Case (SOC) was submitted in June 2017. This SOC comprised of service model options of building on the existing town centre site, a new unidentified site, refurbishment of the existing estate and a do nothing scenario;

3.1.3 From May 2018 to February 2019, following the HMT Green Book Process, a detailed options appraisal was undertaken which included detailed on/off site analysis, stakeholder engagement, harmonisation with town plans, traffic planning, options appraisal and final site selection;

3.1.4 PAHT Public Board agreed a preferred way forward in March 2019 and a Pre-Consultation Business Case (PCBC) was prepared between March – August 2019 and submitted to NHS Improvement/ England (NHSI/E) in August 2019;

3.1.5 In late September 2019 the Healthcare Infrastructure Programme was announced and a funding package for PAHT was identified; and

3.1.6 October – Jan 20 analysis and development of options within the capital envelope were developed and preparation of OBC started.

3.2 Following the announcement of the capital envelope, the PAH Trust Board agreed that, due to the continued and significant main drivers for change and challenges faced, PAHT should continue to focus on its preferred way forward as being the relocation of Princess Alexandra Hospital to a new build local acute

hospital on a Greenfield site east of Harlow adjacent to junction 7a of the M11 motorway. These main drivers for change and challenges faced are:

- 3.2.1 The condition of the current PAH estate presents clinical operational and financial risks to the Trust;
- 3.2.2 The condition of the estate has an adverse impact on PAH's ability to appropriate attract staff and its ability to deliver the required CIPs to ensure financial sustainability. Without significant investment PAH will not be able to maintain the performance of its services or guarantee the safety of its services;
- 3.2.3 The constraints of the estate to deliver an new, integrated model of care and for PAHT to become an integrated care provider; and
- 3.2.4 With a significant backlog maintenance requirement there is a compelling case for investment in new hospital facilities.

3.3 Supplier

- 3.3.1 The Supplier must be exceptional and use its creativity and innovation to challenge and stimulate the Trust to really push the boundaries of how healthcare is delivered and importantly how a new, bespoke healthcare infrastructure can support this delivery. The Supplier must use its knowledge, relationships and experience to:
 - 3.3.1.1 Identify the technologies that will help us transform healthcare provision at the front line, between providers in a system and in a facility to improve outcomes and maximise productivity. As well as medical technology we want to ensure that the use of robots, facility management systems and data are exploited to the full;
 - 3.3.1.2 Future proof our design though the use of flexible spaces;
 - 3.3.1.3 Draw on a wide range of innovators in healthcare technology and design to develop our plans- with specific consideration of international innovation.
 - 3.3.1.4 Have proven experience of delivering high-value largescale projects as a lead or supporting specialist contractor;
 - 3.3.1.5 Design in a highly dynamic health environment considering current good practice, embed innovation and ensure flexibility for future developments in design and technology.
 - 3.3.1.6 Expertly deliver co-design workshops;

3.3.1.7 Design integrated functionality across clinical, technological and support services; and

3.3.1.8 Designing healthcare spaces which challenge the norm and support cost effective adjacencies to maximise space utilisation on expensive real estate.

3.3.2 With technology at the heart of our plans, and we believe the key to productivity and affordability, this is potentially a complex engagement. It is likely that the Supplier will need to work with a range of other organisations to deliver our specification so we would welcome bids from single suppliers or partners.

4. DEFINITIONS

Expression or Acronym	Definition
CIPs	Means Cost Improvement Programme
CQC	Means Care Quality Commission
FBC	Means Full Business Case
Green Book	Means https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government
HDI	Means High Dependency Unit
HIP1	means Wave 1 Health Infrastructure Programme
ICU	Means Intensive Care Unit
NHSI/E	Means NHS Improvement/ England
OBC	Means Outline Business Case
PAHT	means The Princess Alexandra Hospital Trust, also referred to as the Customer / Contracting Authority within this document
PCBC	Means Pre-Consultation Business Case
SOC	Means Strategic Outline Case

5. SCOPE OF REQUIREMENT

5.1 PAHT requires the Supplier to support PAHT and system partners in designing an estates solution which delivers the PAHT Vision and Goals. This tender is specifically to support the Trust in the development of the Outline Business Case (OBC).

- 5.2 The Supplier will need to work closely with the Trust's internal team as well as a range of other advisors that are supporting the development of the OBC and system stakeholders.
- 5.3 It is critical that the Supplier is flexible in approach and thinking in order to codesign and develop a high quality product.
- 5.4 It is the intention that the requirement will be delivered across five phases of work.
- 5.5 Given the complexity of the work and the pace at which is required to deliver the OBC, it is likely that these five phases of work will run concurrently.

6. THE REQUIREMENT

6.1 Phase 1: Demand & Capacity Analysis:

6.1.1 Undertake demand analysis through robust methodologies to outline the following requirements:

6.1.1.1 Number of beds for each speciality;

6.1.1.2 ED & Outpatient attendances including Ambulatory Care and assessment space;

6.1.1.3 Number of Operating Theatres & Endoscopy Suites;

6.1.1.4 Number of Diagnostic Imaging & Cardiac Suites; 6.1.1.5
Number of beds for Intensive Care/ICU/HDC; and

6.1.1.6 Number of Maternity beds and Labour Wards.

6.1.2 This analysis will have to be developed in conjunction with other system based assumptions including CCG planning assumptions and the STP medium term financial plan. Where there is local variation this will need to be agreed with all relevant stakeholders.

6.2 Phase 2: Model of Care

6.2.1 Based upon the forecasted activity collected in Phase 1, the Supplier will:

6.2.1.1 Work alongside the PAHT Strategy Team, the PAHT New Hospital Development Programme Team, relevant PAHT Healthcare Groups/Clinical Teams and wider system partners to develop innovative and integrated models of care across the following areas:

- Urgent Care
- Planned Care
- Diagnostics
- Interventional Services
- Critical Care
- Maternity Services

6.2.1.2 The Supplier will consider international, national and local case studies and best practice to propose innovative models which determine the art of the possible.

6.2.1.3 The Supplier will use any existing service level clinical strategies to support this work and identify any areas where further development is required.

6.2.2 The Supplier will be expected to incorporate the findings from the current PAHT Clinical Strategy & Model of Care Development Programme to limit duplication and retain the high level of engagement from clinical teams.

6.2.3 Each model of care will include the following proposals:

6.2.3.1 Delivery outputs and baseline activity;

6.2.3.2 National and international best practice;

6.2.3.3 Productivity & efficient ways of working;

6.2.3.4 Principles for the core service models and care pathways;

6.2.3.5 Key clinical adjacencies and patient flows;

6.2.3.6 Proposed technology drivers;

6.2.3.7 External investment/development required e.g. in community service provision;

6.2.3.8 Impact of service changes to:

- a. Workforce models – proposals to include innovative skill mix, retention and recruitment solutions & CPD/leadership considerations.
- b. Education & training requirements
- c. Physical requirements: facilities & medical equipment
- d. Research & Development ambitions.

6.3 Phase 3: Technology Specification and Partnering Strategy

6.3.1 We want technology at the heart of both our clinical model and estates solution. We don't want it to be an 'add-on' or 'nice to have'. We believe technology holds the key to real service transformation and the productivity and workforce challenges we face. Therefore the Supplier must recommend technology solutions, integrated with the above that cover, but are not restricted to, the following areas:

6.3.1.1 Clinical outputs e.g. theatre design, anaesthetic rooms, diagnostics and imaging;

6.3.1.2 Productivity e.g. better scheduling, theatre optimisation, job planning;

6.3.1.3 Information – use of data to drive productivity and improve outcomes;

6.3.1.4 Reduction in the use of paper based records;

6.3.1.5 Logistics – movement of supplies, goods, patients around the hospital in the most efficient manner e.g. automated guided vehicles;

6.3.1.6 Efficiency – technology to enable clinical care to take place away from the hospital physical estate e.g. how can the new site links to other locations across the system including patients homes, GP practices, Community Trust estate, Mental Health estate and satellite locations;

6.3.1.7 Cleanliness & infection prevention – e.g. clinical waste movement, 24/7 automated cleaning machinery;

6.3.1.8 Sustainability – e.g. energy efficiency, use of utilities, green design, carbon neutral;

6.3.1.9 Patient safety – e.g. supporting falls management, medical equipment asset tracking; and

6.3.1.10 Estates and facilities management e.g. water and environmental systems.

6.3.2 Based on the findings from the above, the Supplier will suggest the way forward for the Trust to deliver its aspirations for technology strategy. This strategy should also outline the Trust's partnering strategy and consider a preferred way forward for developing a sustainable technology solution through FBC, construction and delivery.

6.4 Phase 4: Schedule of Accommodation

6.4.1 The Supplier will produce a Schedule of Accommodation reflecting the proposals devised from Phase 1, 2 and 3 of this specification. We should reiterate that we want this to be innovative it must take into consideration both what we are trying to achieve with our clinical model and the use as technology to transform how we work.

6.4.2 In conjunction with the Trust appointed Master Plan Architect and following the RIBA Schedule 2 & 3 design outputs, the Supplier will:

6.4.2.1 Produce detailed functional, operational & departmental layouts at room level with 1:2000 scale drawings for the following areas:

- Emergency Department; ○ Maternity Department; ○ Imaging Services; ○ Theatres;
- Outpatients Departments;
- ITU/HDU/CCU
- Medical & Surgical Day Case; and ○ Beds / Repeatable Rooms.

6.4.2.2 The Supplier will also propose suggested areas and accommodation requirements for clinical support services and back office functionality including (but not limited to):

- Pharmacy;
- Welcome Centre & retail provision; ○ Education & Training Centre; ○ Catering; ○ Hot labs;
- Mortuary including bariatric provision;
- Chapel; ○ Office/hot desk provision; ○ Post Room; and Plant Spaces.

6.4.3 The Supplier will work with the Trust to provide design guidance to enable the Master Plan Architect to create appropriate suggested designs for the health & wellbeing of Trust staff. For example, appropriate break out locations away from clinical environments, external spaces, relaxation zones, refreshment locations etc.

6.5 Phase 5: Location based Schedule of Accommodation

6.5.1 Following the models of care development, the Supplier will determine the impact on the PAHT satellite locations of St. Margaret's Hospital, Epping and Herts & Essex Hospital, Bishops' Stortford and the potential for health provision remaining on the current PAHT site. The

Supplier will produce a location based Schedule of Accommodation of need which the Master Planner Architect can translate into a location design outlining:

6.5.1.1 Identified opportunities to co-locate services with system partners across the entire PAHT estates to ensure that patients are treated in the most appropriate care setting

6.5.1.2 The options for the future use of the St. Margaret's and Herts & Essex Hospital sites including which clinical services, if any, are located at each site.

7. KEY MILESTONES AND DELIVERABLES

7.1 The following Contract milestones/deliverables shall apply:

Milestone/ Deliverable	Description	Timeframe or Delivery Date
1	Kick off workshop	No later than 18.5.20
2	Analysis complete	No later than 06.06.20
3	Model of care complete	No later than 08.07.20
4	Schedule of accommodation complete	No later than 07.08.20
5	OBC draft complete	No later than 23.11.20
6	1:2000 Drawings & Masterplan complete	No later than 30.11.20

8. MANAGEMENT INFORMATION/REPORTING

8.1 To be provided under the project plan and timetable on a weekly basis

9. VOLUMES

9.1 N/A

10. CONTINUOUS IMPROVEMENT

10.1 The Supplier will be expected to continually improve the way in which the required Services are to be delivered throughout the Contract duration.

10.2 Changes to the way in which the Services are to be delivered must be brought to the Customer's attention and agreed prior to any changes being implemented.

11. SUSTAINABILITY

11.1 In delivering our strategy we will need to implement changes and pace and scale, adopting best practice across our system to make rapid improvements to people's care and support a healthier, more sustainable future for Hertfordshire and West Essex.

11.2 Our vision of PAHT:

11.2.1 Integrated, person centred models of care – designed around the needs of our population, delivered closer to home in local neighbourhoods. Care will be less fragmented, more proactive, and enable individuals to do more not less;

11.2.2 Effective and efficient interventions are available when they are needed – delivered in the right place, by the right person, at the right time, in a way which adds the most value. This will result in a shift from reactive to preventative care, and standardised pathways which reduce unwarranted variation in outcomes;

11.2.3 Equal value and emphasis on mental and physical health throughout all we do – people's psychological and emotional wellbeing will be supported alongside their physical health and care needs. Mental Health will be a core component within our new models of care;

11.2.4 Cultural and behavioural change – care professionals, service users, families, and carers will understand their role in delivering our vision and will be empowered to drive change throughout the system. People will take a greater responsibility their own health and wellbeing; and

11.2.5 Technology, contracting and payment mechanisms, and our workforce – these are more than just enablers and form a key part of our strategy – underpinning our new modes of care, increasing the efficiency of our system, and enabling transformation to happen across traditional boundaries.

12. QUALITY

12.1 Each phased work to be agreed and signed off by the Trust board prior to approval.

13. STAFF AND CUSTOMER SERVICE

13.1 The Supplier shall provide a sufficient level of resource throughout the duration of the Contract in order to consistently deliver a quality service.

13.2 The Supplier's staff assigned to the Contract shall have the relevant qualifications and experience to deliver the Contract to the required standard.

13.3 The Supplier shall ensure that staff understand the Customer's vision and objectives and will provide excellent customer service to the Customer throughout the duration of the Contract.

14. SERVICE LEVELS AND PERFORMANCE

14.1 The Customer will measure the quality of the Supplier's delivery by:

KPI/SLA	Service Area	KPI/SLA description	Target
1	Timeframes as detailed in Section 7	Meeting the timeframes outlined under each of the phases	99%

14.2 Exit strategy on these targets not being met will be addressed as indicated in the CCS RM3745 – Management Consultancy Framework terms and conditions.

15. SECURITY AND CONFIDENTIALITY REQUIREMENTS

15.1 As indicated in CCS RM3745 – Management Consultancy Framework terms and conditions.

16. PAYMENT AND INVOICING

16.1 Invoices to be presented to the Trust on delivery of each phased activity

16.2 Payment can only be made following satisfactory delivery of pre-agreed certified products and deliverables.

16.3 Before payment can be considered, each invoice must include a detailed elemental breakdown of work completed and the associated costs.

16.4 Invoices should be submitted to: **REDACTED**

16.5 Invoices should include the purchase order number.

17. CONTRACT MANAGEMENT

17.1 Regular review meetings to take place on a weekly basis with full client board review meeting once a month.

17.2 Attendance at Contract Review meetings shall be at the Supplier's own expense.

18. LOCATION

18.1 The base location of the Services will be carried out at The Princess Alexandra NHS Trust, **REDACTED** and all travel and expenses to this base location should be included in the rates. Any expenses incurred for travel to other locations will be paid in line with the Customer's travel and subsistence policy and must be agreed in advance.

ANNEX B CALL OFF TENDER

Questions	Supplier's Response Is based on	Supplier's Response
4.1	Please outline how you intend to undertake and delivery Phase 1: Demand & Capacity Analysis. Your response should include a maximum of 3 case studies demonstrating relevant experience and successful outcomes and how this experience will benefit this project.	REDACTED
4.2	Please outline how you intend to undertake and delivery Phase 2: Model of Care based upon the forecasted activity collected in Phase 1 of this project. Your response should include a maximum of three case studies demonstrating relevant experience and successful outcomes and how this experience will benefit this project.	REDACTED

4.3	Please outline how you intend to undertake and delivery Phase 3: Technology Specification and Partnering Strategy. Your response should include a maximum of three case studies demonstrating relevant experience and successful outcomes and how this experience will benefit this project.	REDACTED
4.4	Please outline how you intend to undertake and delivery Phase 4: Schedule of Accommodation. Your response should include a maximum of three case studies demonstrating relevant experience and successful outcomes and how this experience will benefit this project.	REDACTED
4.5	Please outline how you intend to undertake and delivery Phase 5: Location based Schedule of Accommodation. Your response should include a maximum of three case studies demonstrating relevant experience and successful outcomes and how this experience will benefit this project.	REDACTED

5.1	Please identify the risks to delivery in the specified timeline and your strategy for mitigating these risks, including, for example, the means of minimising the impact of COVID on the timeline. In your response please indicate the risks and relevant mitigations for each individual phase.	REDACTED
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Initial view of the key risks and our proposed mitigating actions considering each phase:

REDACTED

ANNEX C – CALL OFF CONTRACT CHARGES

1. The Supplier will provide the Contracted Services for up to a maximum of £445,410.00. This rate covers the initial contract period and any extension; is inclusive of all expenses, but exclusive of VAT. The rate is comprised as follows:
2. The Contract will operate subject to the following Daily Rates. These are based on an based on an eight hour working day, excluding lunchbreaks: **REDACTED**
3. The Various tasks associated with provision of the Contracted Services will be undertaken at the rates indicated in the following table: **REDACTED**