

Crown Commercial Service

Call-Off Order Form for RM6187 Management Consultancy Framework Three (MCF3)

BUSINESS CASE CONSULTANCY SERVICES

C50650

Framework Schedule 6 (Order Form and Call-Off Schedules)

Order Form

Call-off reference: **C50650**

The buyer: **NHS England/ NHS Commissioning Board**

Buyer address: **Quarry House, Quarry Hill, Leeds, LS2 7UE**

The supplier: **PA Consulting Services Ltd**
Supplier address: **10 Bressenden Place, London, SW1E 5DN**

Applicable framework contract

This Order Form is for the provision of the Call-Off Deliverables and dated

26th November 2021

It is issued under the Framework Contract with the reference number RM6187 for the provision of management consultancy services.

Call-off lot:

Lot 7 – CCS RM6187, MCF3

Call-off incorporated terms

The following documents are incorporated into this Call-Off Contract.
Where schedules are missing, those schedules are not part of the agreement and can not be used. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation) RM6187
3. The following Schedules in equal order of precedence:

Joint Schedules for RM6187 Management Consultancy Framework 3

- Joint Schedule 1 (Definitions)
- Joint Schedule 2 (Variation Form)
- Joint Schedule 3 (Insurance Requirements)
- Joint Schedule 4 (Commercially Sensitive Information)
- Joint Schedule 6 (Key Subcontractors)
- ~~Joint Schedule 7 (Financial Difficulties)~~
- ~~Joint Schedule 8 (Guarantee)~~
- ~~Joint Schedule 9 (Minimum Standards of Reliability)~~
- Joint Schedule 10 (Rectification Plan)
- Joint Schedule 11 (Processing Data)

Call-Off Schedules

- Call-Off Schedule 1 (Transparency Reports)
 - Call-Off Schedule 3 (Continuous Improvement)
 - Call-Off Schedule 5 (Pricing Details)
 - Call-Off Schedule 7 (Key Supplier Staff)
 - Call-Off Schedule 20 (Call-Off Specification)
4. CCS Core Terms (version 3.0.10)
 5. Joint Schedule 5 (Corporate Social Responsibility)
 6. Call-Off Schedule 4 (Call-Off Tender) as long as any parts of the Call-Off Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above.

Call-off start date: **24th November 2022**

Call-off expiry date: **1st June 2022**

Call-off initial period: **6 months**

1.1 Call-off deliverables:

The Business Case team is required to develop and update Programme Business Cases (PBC) and addendums related to COVID-19 Vaccine Deployment Programme for NHS England/NHS Improvement. The Business Case team will be required to move at pace and be ready to stand up within 48 hours to support across several business cases.

Below are the three main different types of business cases that will be required, with examples given. These examples will become the basis of the pricing element of the mini competition.

1. NEW BUSINESS CASES

Support the development COVID-19 Vaccine Deployment PBC beyond current cohorts and timelines

Support the development of a new COVID-19 Vaccine Deployment PBC beyond current cohorts and timelines. The team will build on learning from the current programme and work alongside various government organisations including the Department of Health and Social Care (DHSC), NHSE/I and the current 2021/22 COVID-19 Vaccine Programme (as needed) to undertake the necessary analysis to determine the deployment approach that will offer best value for money. The new PBC will need to adhere to Treasury (HMT) guidance for business cases and ensure a comprehensive review of options has been undertaken to derive a recommendation for the preferred way forward.

2. UPDATE BUSINESS CASES

Update of the COVID-19 Vaccine Deployment PBC beyond current cohorts and timelines

Support to update the PBC to address the changes that have occurred within the programme since the last submission, confirm actual costs incurred to date and provide a more accurate estimate of forecast costs for the remainder of the programme. These updated business cases will confirm the costs incurred to date and provide a refined estimate of forecast costs for the rest of the programme and feed into DHSC funding requests for HMT.

3. ADDENDA TO BUSINESS CASES

Support the development of a PBC Addenda for new cohorts, or revisions to cohorts, in 21/22.

Following national guidance on new cohorts there may be a requirement to support the development of PBC addendum for each to support Phase 3 of the COVID-19 Vaccine Deployment Programme. An additional Financial and Management Case, supplementary to the main Phase 3 Programme Business Case, may be required to set out the proposed delivery arrangements and forecast costs.

These PBC will necessarily need to contain the following robust:

- detailed scoping of requirements
- well-developed costings and high-level value for money assessments
- clear estimates of timescales involved

- the benefits that will be delivered
- delivery model
- cost modelling

As these business cases travel through the NHSE/I, DHSC, Cabinet Office (CO) and HMT review and approvals process the Business Case Team will be required to support and respond to queries and make any changes required to address comments.

- 1.2 Notwithstanding the continuously changing shape and priorities of the COVID-19 Vaccine Deployment Programme, the known deliverables are likely to include up to 10 business cases and addenda, which might happen concurrently. Suppliers will need to be able to demonstrate the ability to:
- 1.2.1 Provide experienced writers, with demonstrable previous experience developing business case in a Government / Public Authority environment
 - 1.2.2 Analytical skillset, including the ability to weigh up the costs and benefits of a suggested course of action and thereby present the argument for a new way of delivering services
 - 1.2.3 Weight up the level of detail required in each business case/ addendum against public scrutiny and timelines
 - 1.2.4 Flexibility and ability to handle multiple priorities at the same time.
 - 1.2.5 Be adaptable to changing requirements and clearly lay out the approach and methodology to be adopted
 - 1.2.6 Stakeholder management skills and ability to quickly create and leverage relationships across workstreams
 - 1.2.7 Awareness and understanding of approval (including sign-off) processes
- The programme continues to evolve, therefore partner organisations will need to adapt and flex to meet these requirements.
- 1.3 Resource levels will need to flex depending on activity levels and the changing prioritisation of the programme as it matures. The types of role required will include:
- Senior leadership – experienced senior leader to oversee the package of consultancy being provided. This resource will be part of the finance senior leadership team.
 - Business case writers – highly experienced business case writers, with a proven track record of developing business cases across multiple government agencies. **Minimum 5 years' experience.**
- 1.4 All partner organisations are required to work collectively and collaboratively across the programme and with other NHSE/I, cross government departments including external consultancy/service delivery providers.
- 1.5 The resources will need to have extensive expertise in managing large cross government programmes from a knowledgeable and credible perspective.

- 1.6 A requirement to embed key skills across all workstreams, including knowledge sharing.
- 1.7 Oversight and assurance are key requirements of the workstream, and resources are required to provide the framework and insights to be able to deliver this.
- 1.8 Reporting and use of analytical tools are a major component of this workstream.
- 1.9 Key performance indicators will be agreed with the supplier at contract award. These will provide regular measures of knowledge and skills transfer from the supplier. NHSE/I will look to form a steering group under the contract with a clearly defined remit to support contract governance and manage the expectations of internal stakeholders. Regular collaborative governance meetings will be scheduled with the supplier with the aim to review progress, review performance, provide feedback and discuss challenges/lessons learned.

NHSE/I and the supplier will agree and articulate key personnel at contract kick off including the SRO, key points of contact for data requirements and the consulting team. The contract will include provisions to be able to manage changes to any key personnel. NHSE/I and consultant leadership teams will be expected to stay in close contact and work together to face challenges together and assure effective knowledge transfer.

In line with exit planning requirements NHSE/I and the supplier will prepare for exit in good time with the supplier ensuring internal staff are in full ownership of deliverables and working documents well before the end of engagements (including any intellectual property where appropriate). Handover pack should be provided to NHSEI to include final deliverables and structure working papers.

- 1.10 General principle is that we are supporting working from home vs come into our office only if deemed essential and appropriate, which is currently 1 day per week for a face-to-face meeting. Any working on the Authority's site or request to travel to locations in England will be in line with the prevailing government advice regarding travel and social distancing. The Authority supports applications from bidders that may have competent and qualified staff to deliver the activity, however due to personal circumstances are considered clinically vulnerable or shielding so unable to travel.
- 1.11 This is a non-exclusive contract, due to the specialist nature and rapid delivery expected for this programme the Authority anticipates drawing upon expertise from a range of resources within the Health family, cross government and niche technical specialists.
- 1.12 The Authority reserves the right to request changes in the proposed staffing structure to ensure the best fit for the team moving forwards.
- 1.13 *The Authority will only pay for days as stipulated in the Management Consultancy Framework, Monday – Friday and will not cover sick days or overtime. Due to the nature of the programme weekend working may be required. The Supplier will inform the Authority of these instances and subject to confirmation the Authority will pay for these hours.*

Maximum liability

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

The Estimated Year 1 Charges used to calculate liability in the first contract year are:

£400,000.00

Call-off charges

Option B: See details in Call-Off Schedule 5 (Pricing Details)



C50650 Commercial
Response Document (

All changes to the Charges must use procedures that are equivalent to those in Paragraphs 4, 5 and 6 (if used) in Framework Schedule 3 (Framework Prices)

The Charges will not be impacted by any change to the Framework Prices. The Charges can only be changed by agreement in writing between the Buyer and the Supplier because of:

- Specific Change in Law
- Benchmarking using Call-Off Schedule 16 (Benchmarking)

Reimbursable expenses

Permitted in line with Customer Travel and Subsistence Policy

Buyer's invoice address

X24 Payables K005, Phoenix House, Topcliffe Lane, Wakefield, WF3 1WE

Payment will be made via BACS and invoiced in arrears based on consumption. Electronic Invoices containing the NHSE Purchase Order Number (once provided by Buyer) should be submitted via Tradeshift:

<http://www.tradeshift.com/supplier/nhs-sbs/>
Electronic Invoices should be addressed to:

NHS England
Phoenix House
Topcliffe Lane, Wakefield, WF3 1WE

Buyer's authorised representative

[Redacted]

Buyer's security policy



Information Security
Policy.pdf

Supplier's authorised representative

[Redacted]

Supplier's contract manager

[Redacted]

Progress report frequency

report frequency: - First Working Day of each month

Progress meeting frequency

meeting frequency: Weekly

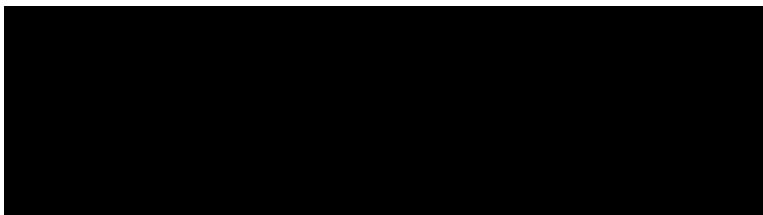
the Call-Off Contract, that it will comply with the social value commitments in Call-Off Schedule 4 (Call-Off Tender)]

Formation of call off contract

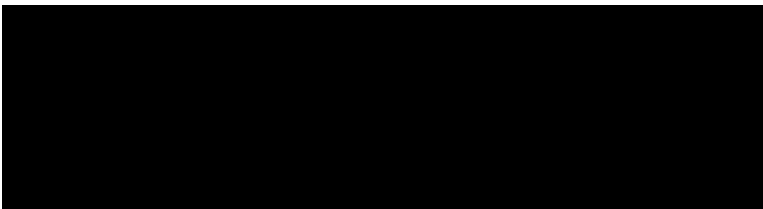
By signing and returning this Call-Off Order Form the Supplier agrees to enter a Call-Off Contract with the Buyer to provide the Services in accordance with the Call-Off Order Form and the Call-Off Terms.

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.

For and on behalf of the Supplier:



For and on behalf of the Buyer:



Supplier's Proposal dated 10th November 2021



**COVID-19 VACCINE
DEPLOYMENT PROGRAMME**

Business Case Consultancy Services

10 November 2021

Bringing Ingenuity to Life
paconsulting.com

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EXPERIENCE

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PROGRAMME TEAM

| | |
|---|----|
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FLEXIBILITY OF APPROACH

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| Q9) We are dealing with unprecedented challenges within the Vaccinations Programme and given that there are still key questions to be answered as to what Phase 3 and subsequent phases may look like, it is important that you can adopt a flexible resourcing model which will provide best value support through peaks and troughs of activity. Please describe how you see this working with reference to your processes and systems which allow you to support the Programme in this way? (494 words) | 27 |
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SOCIAL VALUE

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| Q10) Describe how you would deliver the contract in a way that supports the NHS Long Term Plan priorities, ensures compliance with labour rights and ethical issues and generates social value out of the health pound. Your response should highlight socio-economic impacts relevant to this contract and how you propose to address these during contract delivery. (500 words) | 30 |
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APPENDIX

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KNOWLEDGE AND ABILITY

Q1) Please provide a brief statement of no more than 500 words on how your organisation will be able to deliver the requirements describes in Section 4. (500 words)

Since July 2020, PA Consulting has helped the NHS and Department of Health and Social Care (DHSC) secure over £3 Billion of funding from Her Majesty's Treasury (HMT) for the Vaccine Deployment Programme (VDP), by developing and achieving the approval of a series of programme business cases, updates and addenda. We are therefore uniquely well-placed to support the NHS and DHSC in efficiently and effectively delivering any future business case documentation required by HMT to release further funding for the programme:

- **We fully understand the requirement, the programme and how to deliver the business cases.** We know that business cases can be required at short notice as a result of updated guidance from the Joint Committee on Vaccination and Immunisation (JCVI) or Chief Medical Officer (CMO) on which cohorts should be vaccinated, and/or to confirm updates to DHSC and HMT on the funding required. The public expects new guidance to be implemented almost immediately and so the NHS needs funding in place quickly to be able to respond. Since July 2020, we have been collating and updating the necessary details from across the programme's workstreams to develop the programme's business cases and so we are already up-to-speed on likely future business case requirements, as set out in our response to Q7, and how to deliver further business cases quickly and efficiently to meet HMT's requirements, as set out in our responses to Q2, 3 & 4.
- **We know the stakeholders in the programme** and so we can immediately engage with them to help us quickly and efficiently develop content for new business cases. We know where the latest information is stored and who to involve when completing and updating each section to ensure it is comprehensive and accurate. We will continue to work with the DHSC Policy Team as the overall business case owner, with the NHS programme team responsible for designing and delivering the programme and with NHS and DHSC Finance in developing and assuring funding requests. We have worked shoulder-to-shoulder with each of these teams over the 16 months and know when and how to engage them in the most efficient way to achieve the required outputs.
- **We have strength and depth in experienced business case writers** to support the call-off services required at short notice. We are the market leader in public sector business cases, with more than 30 staff working annually on over 50 public sector business cases. We can flex and surge resources as needed to meet the most urgent of requirements, as described in our response to Q9.
- **We are experienced in delivering high-profile public sector business cases** at all stages of development, including Programme Business Cases (PBC), Strategic Outline Cases (SOC), Outline Business Cases (OBC) and Full Business Cases (FBC). As an Accredited Training Organisation (ATO) for HMT's Better Business Cases™ qualification, our in-depth understanding of government guidance means we can provide tailored solutions, proportionate to each funding request. Details of our experience are set out in our responses to Q5 & 6.

Q2) Please provide an implementation plan on how you would tackle and deliver the above programme.

Our implementation approach is based on our unparalleled knowledge of the programme, its ways of working, the requirements of HMT and all the approval steps required within both NHSE/I and DHSC in advance of formal submission.

Directly to DHSC for the last six months. As we move back we will be appropriate to implement new governance touchpoints:

1. We will engage the Finance senior leadership team to discuss the likely impact of the contract and agree the most urgent priorities and
2. We will have a planning session to establish the emerging/changing business case requirements for the programme and agree how best to address these for discussion with DHSC an HMT.
3. We will use a weekly meeting to jointly assess our delivery against the objectives agreed, sharing progress, next steps, decisions, risks and issues

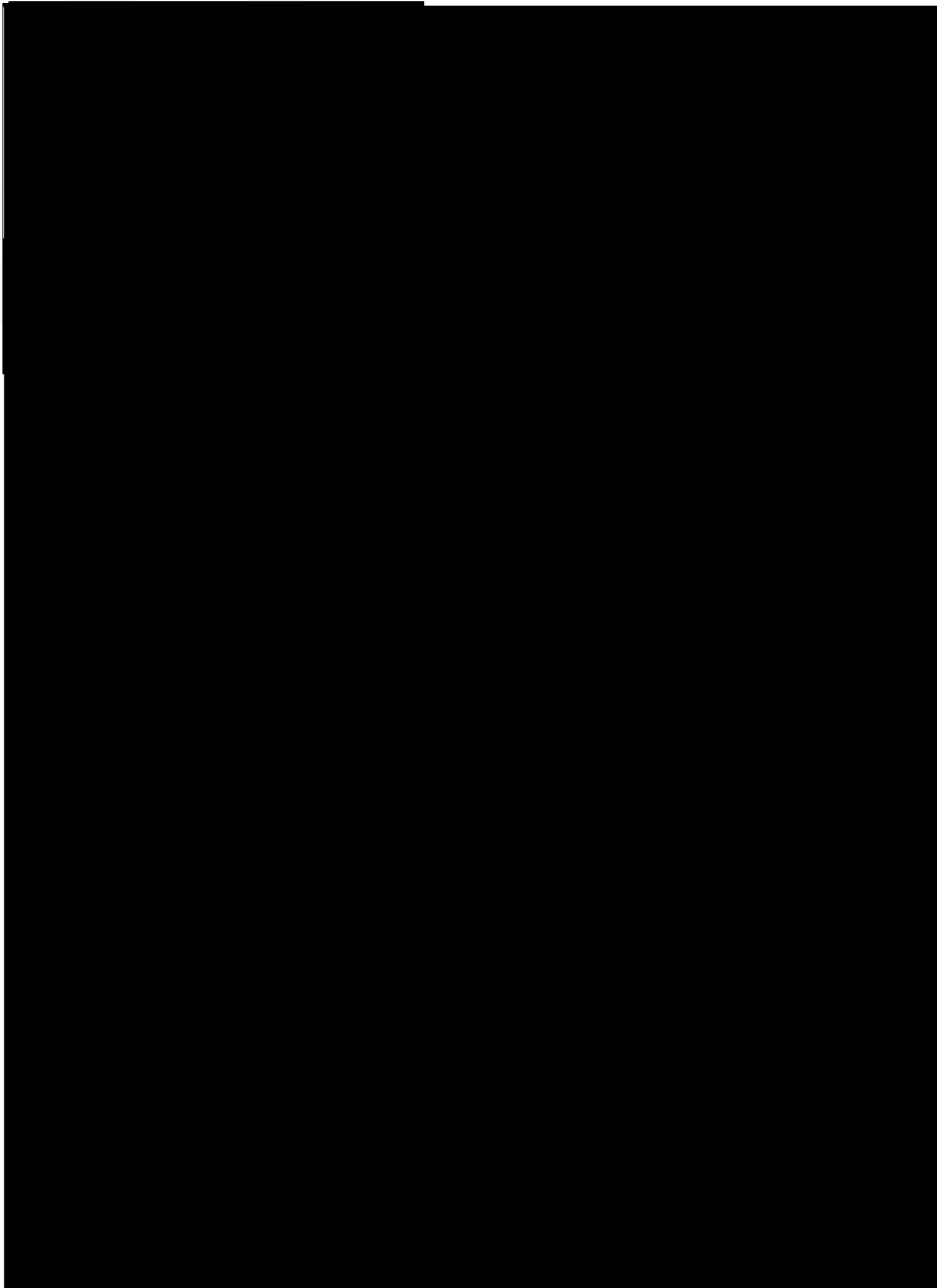
The diagrams below set out separate implementation plans for developing:

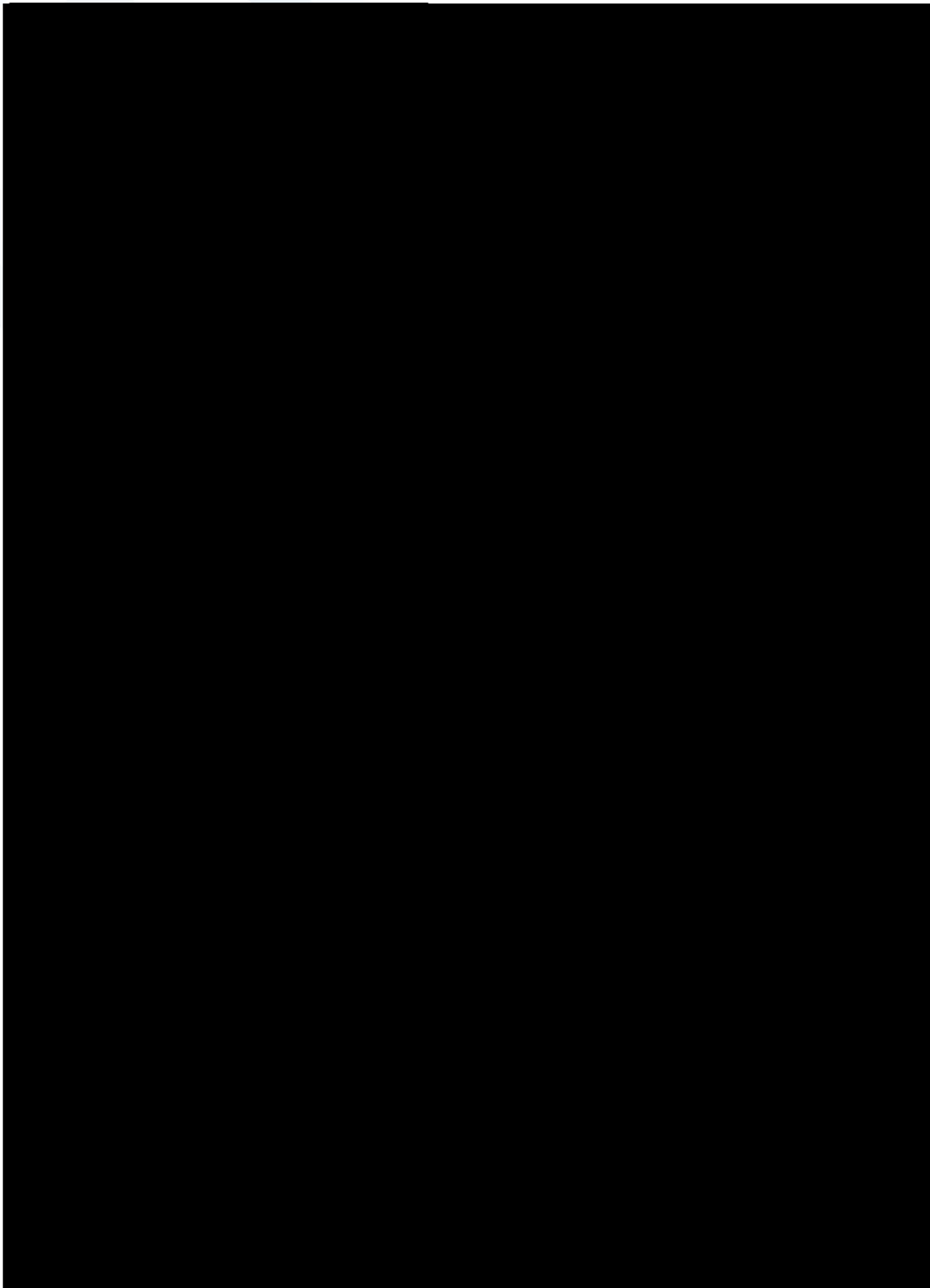
- **New business cases** – which would be required for an entirely new vaccination requirement
- **Updates to existing business cases** – which would be required, for example, when we have more detail available about the proposed delivery approach for an existing vaccination requirement and DHSC/ HMT would like to see a refined funding request
- **Addenda to existing business cases** – which would be required, for example, when we need to confirm the funding request associated with a small element of a previous business case because JCVI/CMO guidance has varied from that assumed when it was submitted.

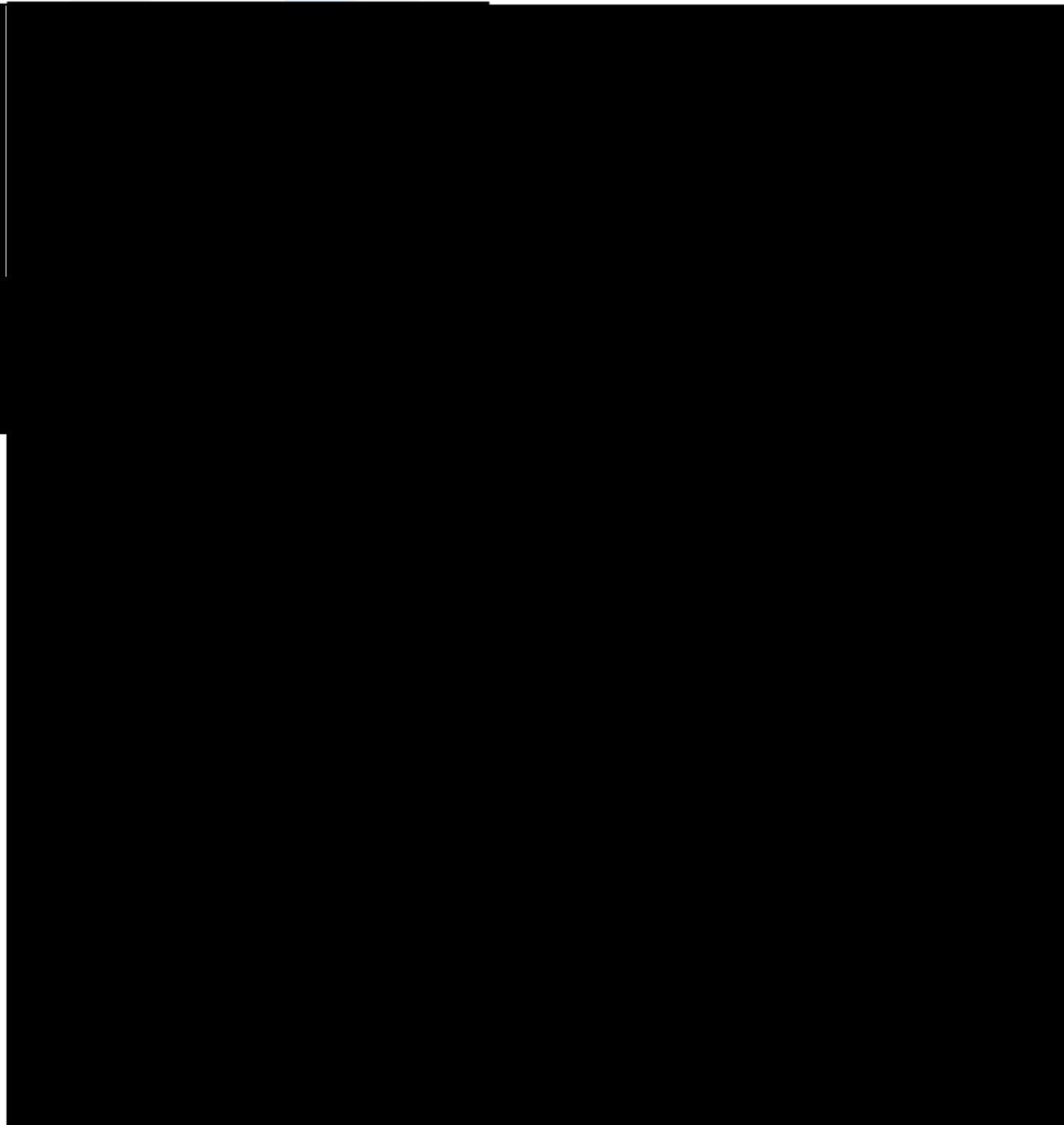
The exact timescales for each will be dependent on the exact scale and scope of the required business case document, but we would expect the main set of activities to be consistent. The critical components of the activities involved are described further in our response to Q3.

Following the completion of each business case document, we will support its journey through approvals:

- Responding to queries from DHSC/HMT reviewers
- Supporting 'deep dive' sessions for HMT with members of the programme team to ensure all content is fully understood and provides the evidence required to secure approval
- Updating documentation to address additional reviewer requests.







Q3) What do you see as critical components in planning, preparing an Outline Business Case. (500 words)

Within HMT's Better Business Cases framework, an Outline Business Case (OBC) typically seeks approval to commence procurement. Because of the size/complexity of the VDP, it has not been appropriate to develop OBCs for every procurement and therefore a series of Programme Business Cases (PBCs) have been developed, each seeking approval for spend across multiple workstreams covering various procurements at different stages. Within this context, an 'OBC-style' PBC seeks funding to mobilise in preparation of a new programme requirement before it has been fully confirmed. This is the approach used in November 2020 when an OBC-style PBC secured initial HMT funding for 2020/21 before all vaccination delivery model details had been confirmed.

The evidence HMT needs to approve this mobilisation funding across all five cases, and this is what defines its critical components in both its planning and preparation:

Planning

- **Clarifying the programme requirement** which needs funding due to changing clinical/epidemiological context, timescale in which it will be required, and how this relates to previous funding requests to agree the right format of business case: new, update or addendum.
- **Establishing the likely scale of the funding request**, and how this compares with approvals already in place, to gauge the likely level of detail required in each of the five cases against a backdrop of changing attitudes to Covid-19 spend.
- **Confirming areas of focus for HMT** and likely points of tension through early engagement. For example, we know reviewers have previously been keen to understand the specific delivery models and deployment plans, how we know this will be successful, why we think this is the best value-for-money approach and the main areas of cost uncertainty.

Preparation

- **Being clear on what information is firm**, for example objectives and case for change (Strategic Case), options for delivery (Economic Case) and commercial routes available (Commercial Case), **versus what will continue to evolve and mature** as the programme develops more detailed implementation plans, such as specific commercial details of new supplier contracts (Commercial Case) and exact funding requirement (Financial Case).
- **Confirmation of the robust governance and management structures in place** (Management Case) to ensure mobilisation will be well-managed and progress will be proactively monitored, so that necessary action can be taken to secure success.
- **Working with the right stakeholders** across each workstreams to gather this information, ensuring accuracy and consistency across the programme, for example:
 - Design and delivery for updates to programme details, delivery models and plans
 - PMO to provide management/governance arrangements
 - Commercial to understand procurement/contractual impacts
 - Finance to understand the cost impacts
 - DHSC Economists on benefits quantification
- **Reviewing and agreeing the funding request** with the programme Finance Director and Finance Leadership Team ahead of wider NHS approvals, to ensure alignment with previous funding requests and that the total funding allocation is sufficient to meet the overall programme needs.
- **Informal sharing of draft documentation** with DHSC Finance ahead of formal submission to HMT to gain buy-in and ensure wider policy implications are properly articulated.

Q4) Given the COVID19 environment what further considerations would you include in the Full Business Case. (497 words)

A Full Business Case (FBC) would typically seek approval to sign contracts following a procurement. As explained in our response to Q3, a series of PBCs have been used in the VDP due to its size and complexity. Within this context an 'FBC-style' PBC is needed to confirm a funding request once a new requirement has been fully scoped. This is the approach used in January 2021 when the VDP PBC was updated to secure full funding for Phases 1 and 2 of the programme.

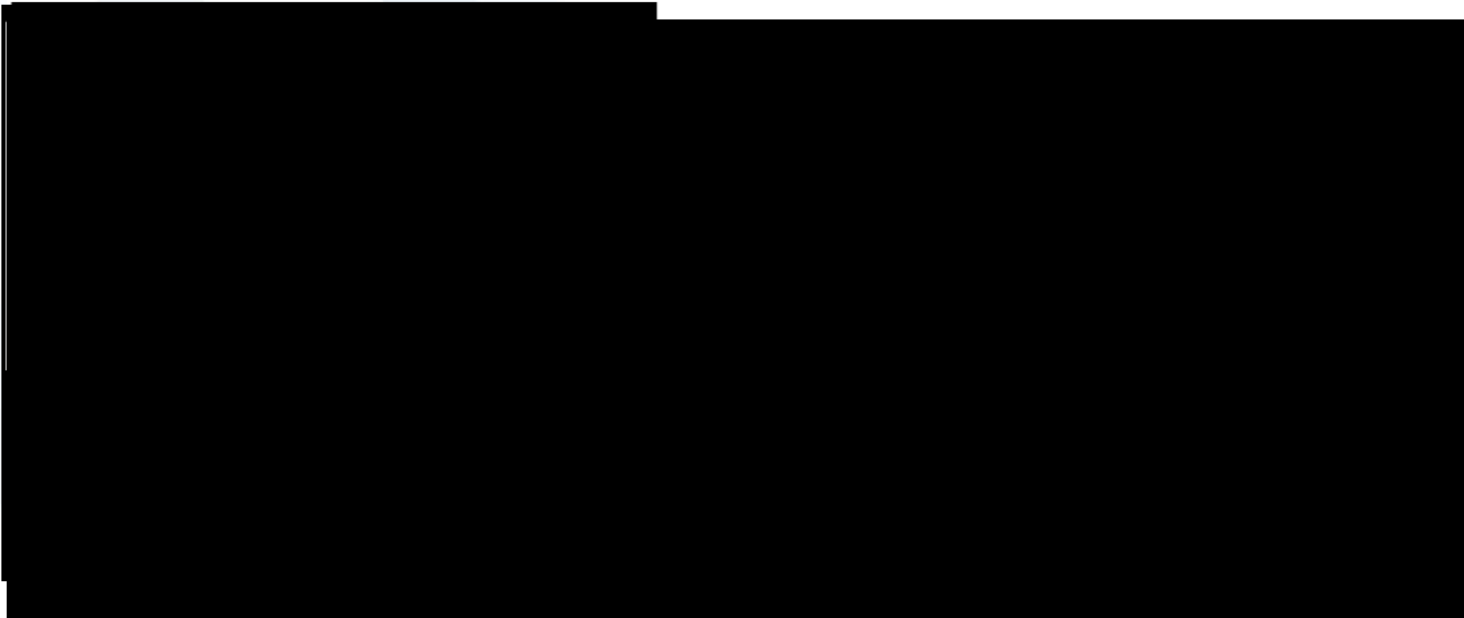
ess. In addition to the critical components outlined in our
tly satisfy HMT that the programme is ready to fully
top of significant public and media scrutiny. It must

- **Strategic Case: Clearly demonstrate and justify the need to maintain the pace of the programme** in achieving high uptake of Covid-19 vaccinations across England, particularly as this has an impact on wider Covid management and the economic recovery. Having worked across vaccine procurement and deployment programmes we fully understand the environment is fast-paced and constantly changing, requiring flexibility. Our work with DHSC and NHSE/I means PA has unrivalled knowledge of how the business case programme can maintain flexibility and adaptability in response.
- **Economic Case: Identify and quantify the ongoing benefits of deploying vaccines to the population of England** to evidence the value for money of the programme, given the significant scale of funding being requested. We have developed multiple models across the Covid-19 business case programmes to analyse the benefits being achieved by the programme quantifying the impact in terms of: lives saved, quality adjusted life year benefits and the positive impact on the economy.
- **Economic Case: Clearly demonstrate why the specific delivery models have been proposed for the in-scope cohorts** to meet the objectives of the VDP and maximise value for money, and how usage splits across vaccination centres, hospital hubs, primary care networks, community pharmacies, etc.
- **Commercial Case: Demonstrate the commercial resilience and roadmap for the programme's supplier contracts** across logistics, workforce, estates, equipment and consumables, technology and programme support for the VDP. This will include updates following any reviews and re-procurements of the contracts in place across the programme and must demonstrate the right procurement procedures have been followed - a failing of other Covid-response programmes.
- **Financial Case: Set out the agreed split of funding requirements** between NHS and DHSC, together with analysis of risk, optimism bias and VAT requirements.
- **Management Case: Provide a comprehensive picture of the VDP's management plans** and approach across the multiple workstreams, including the management of the programme's risks, stakeholders, costs and benefits.
- **Management Case: Describe how the multi-organisation governance arrangements** contribute to the successful delivery of the programme across the COVID-19 and flu vaccination programmes. In a fast-moving, complex programme, with multiple workstreams, reporting lines, suppliers and regional interfaces it is important to demonstrate that good governance discipline is demonstrated in the business cases.

The background of the top section is a blurred image of a medical professional in blue scrubs and a mask, holding a syringe. The word 'EXPERIENCE' is overlaid in large, white, bold, sans-serif capital letters.

EXPERIENCE

Q5) Please provide evidence of your organisations' experience in implementing and delivering large scale Business Case Programmes to government bodies within the last 2 years. Your response should also include reference Central Government / HM Treasury e.g., Green book –5 case model. (500 words)

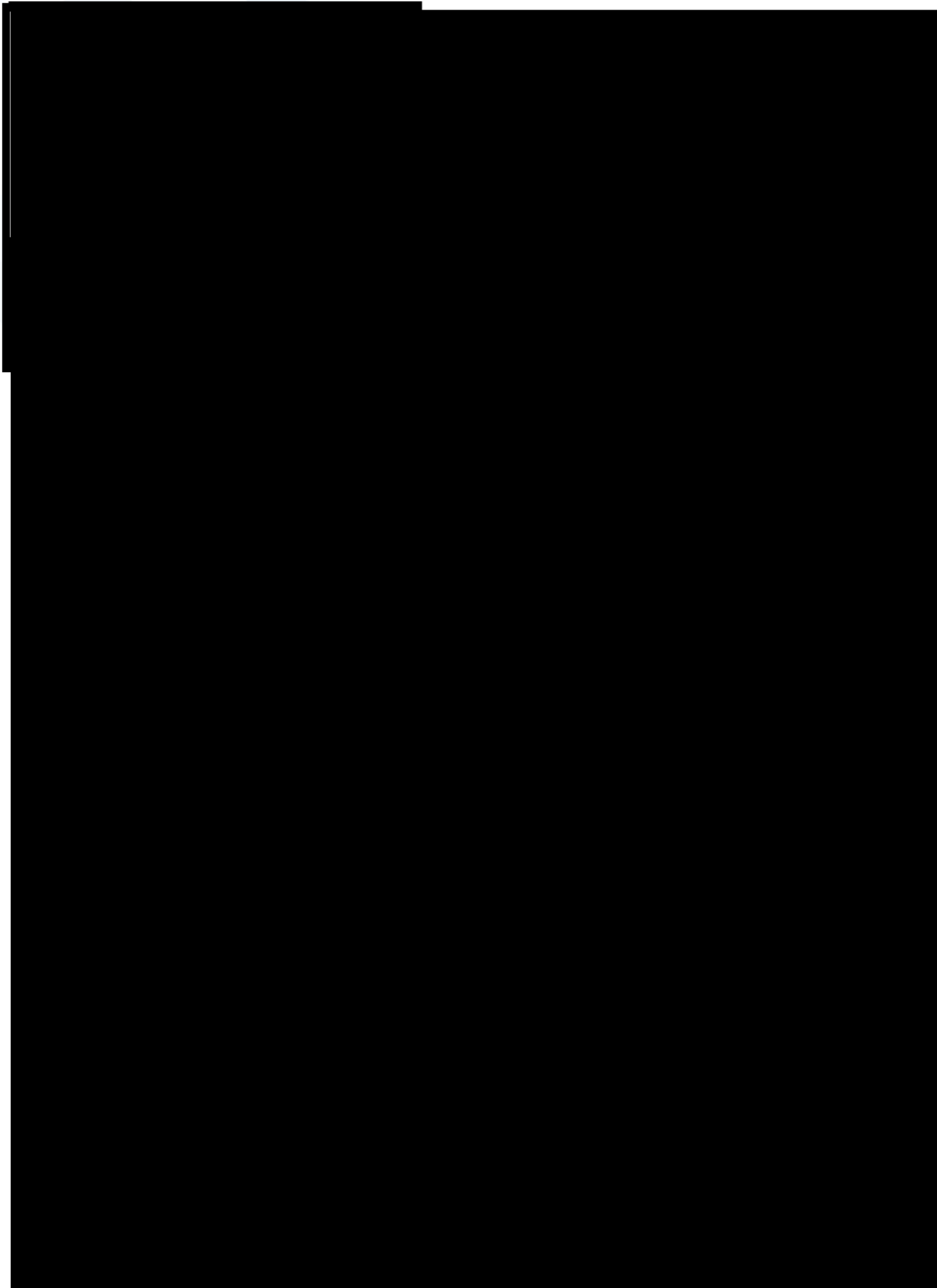


Q6) Please provide evidence where your organisation has had to adapt or include existing cost model / Modelling data on large scale programmes. (499 words)

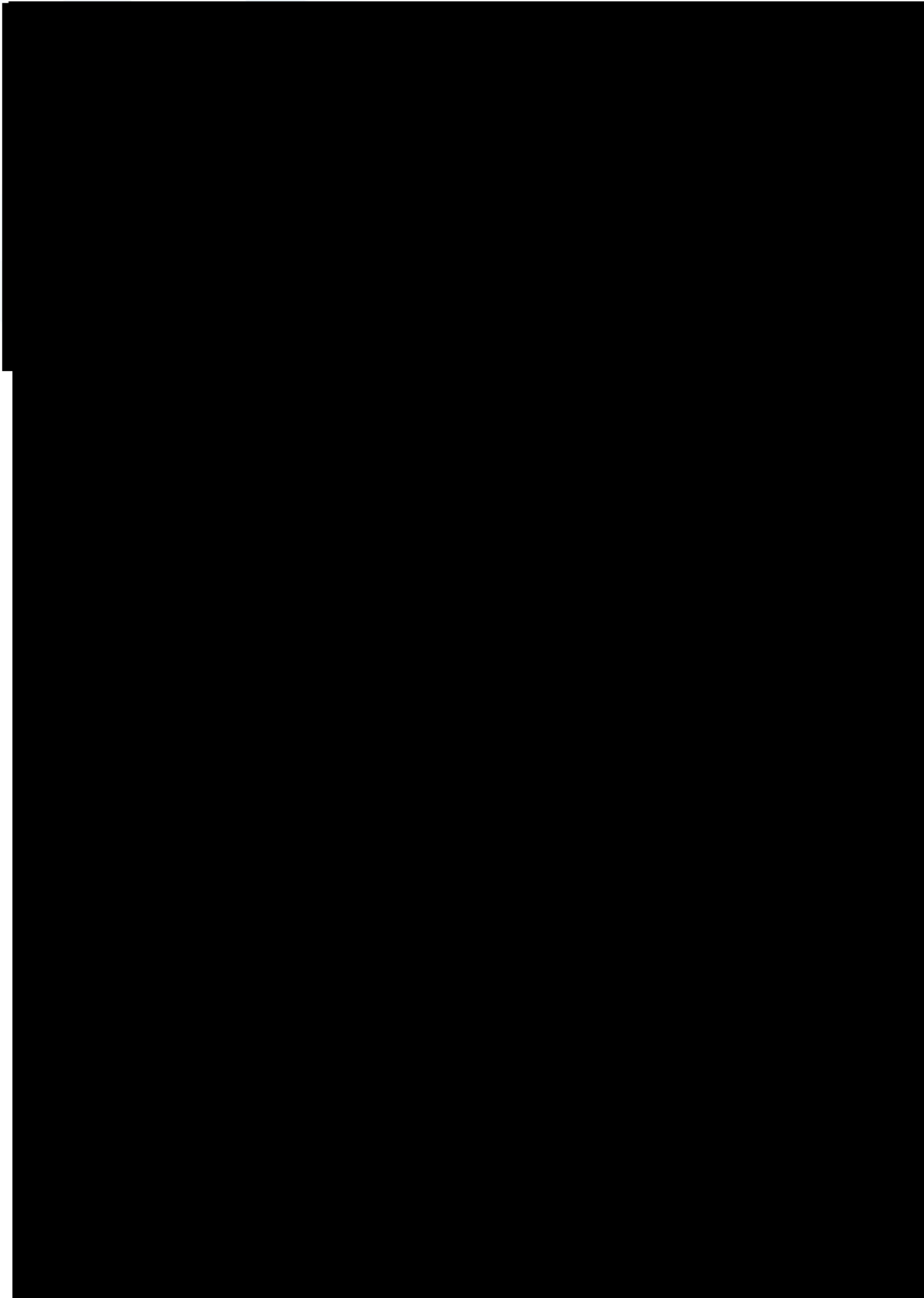


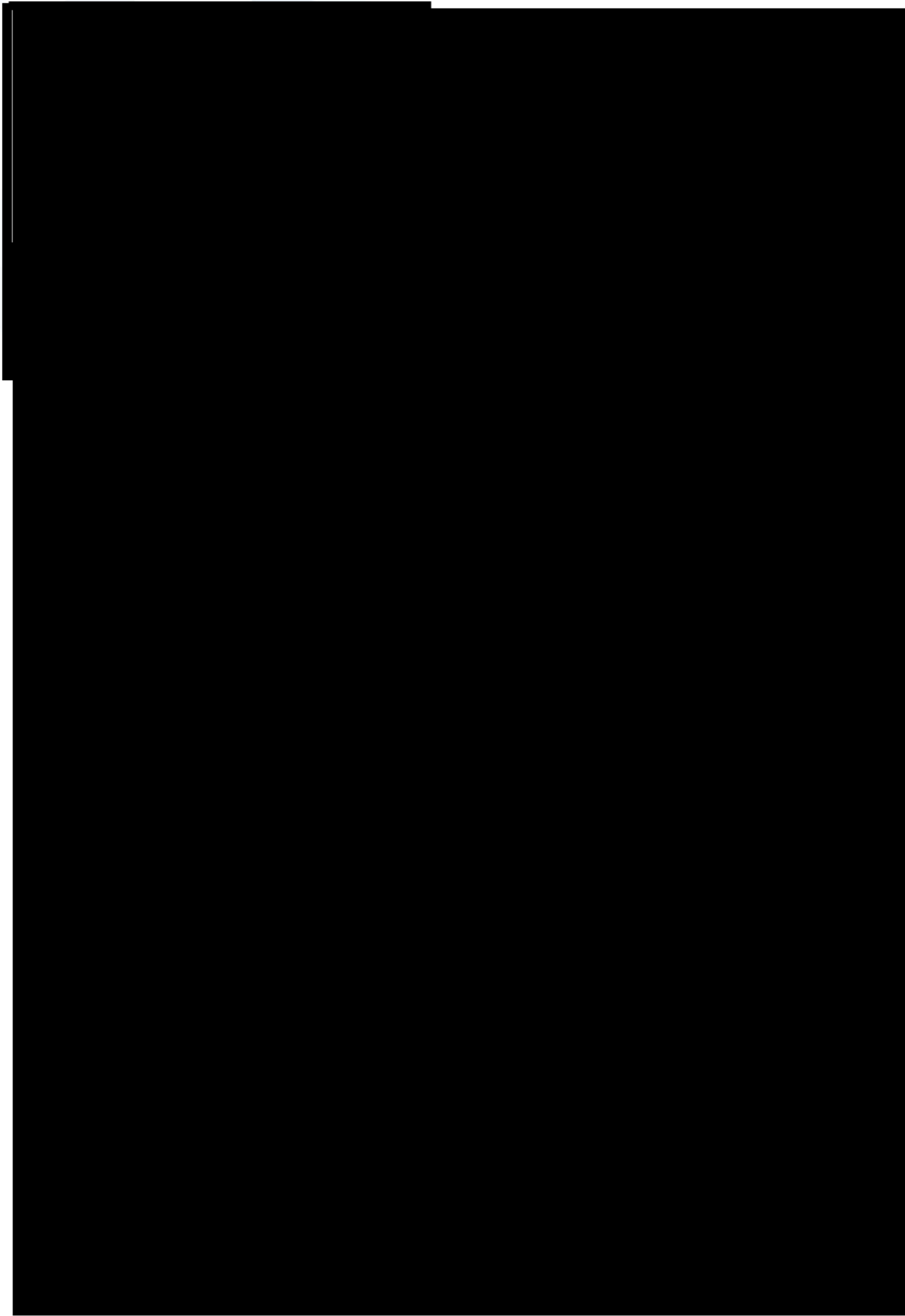
Q7) How many WTE will your organisation use to deliver this programme and provide value for money at each milestone. (478 words)

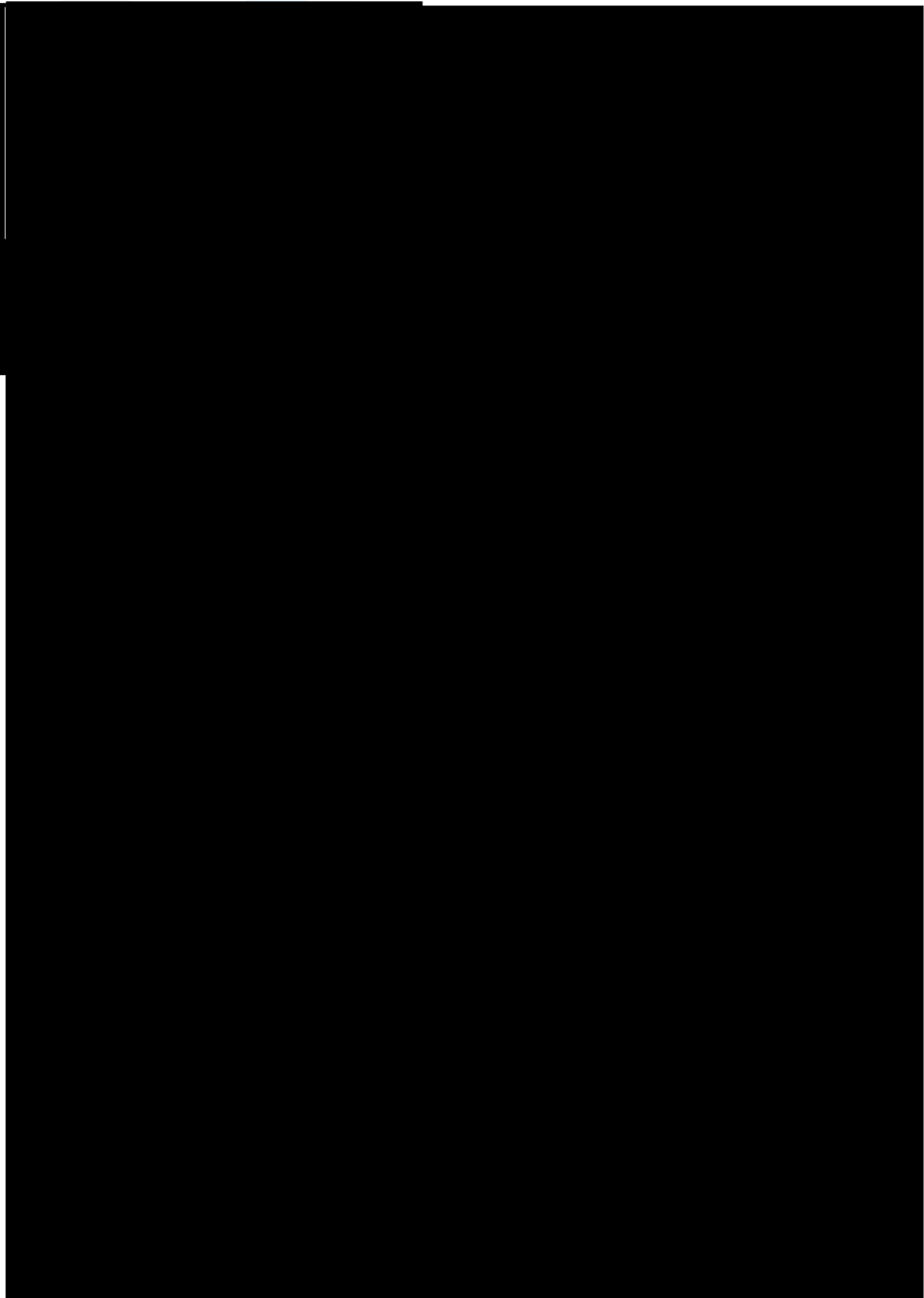
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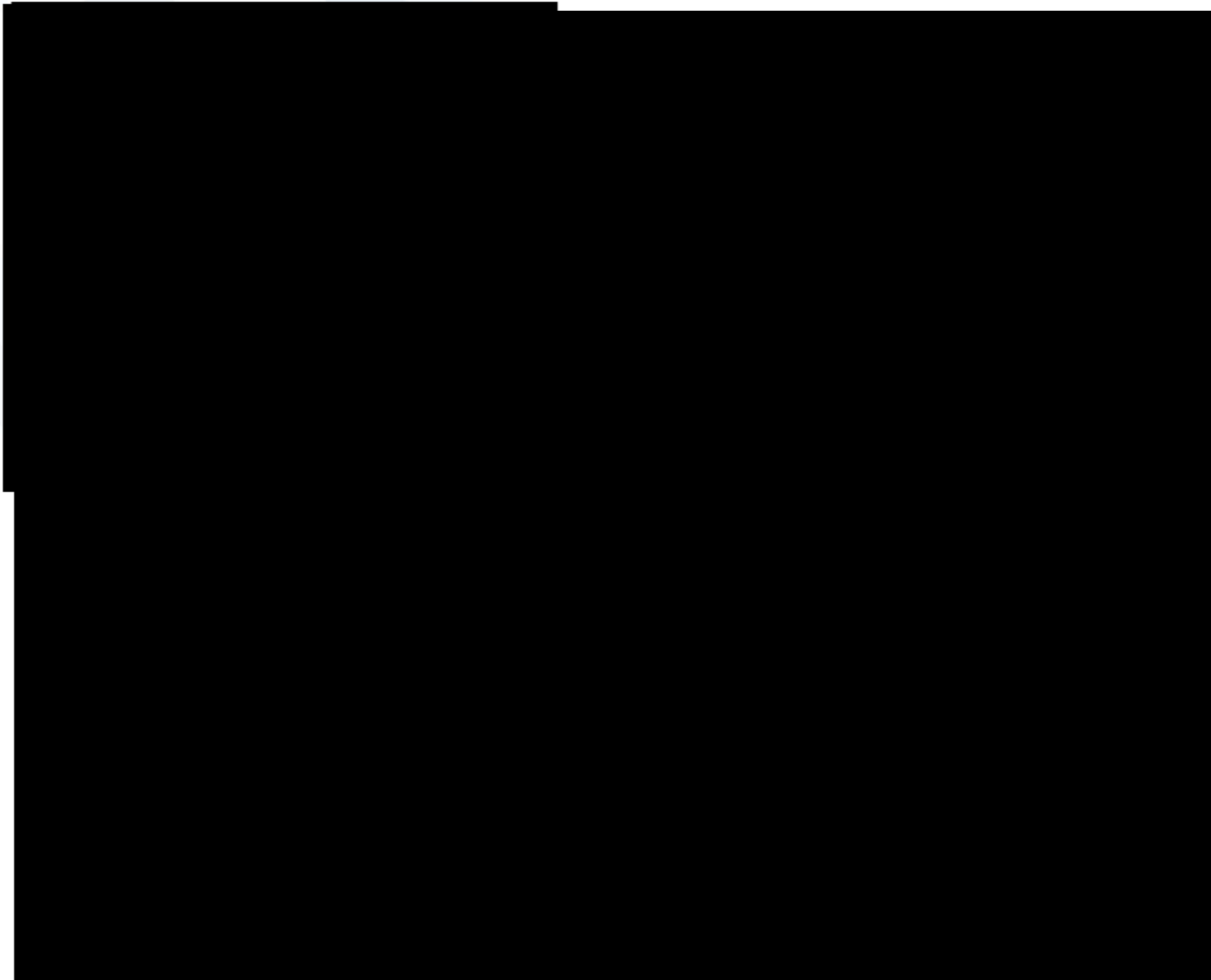


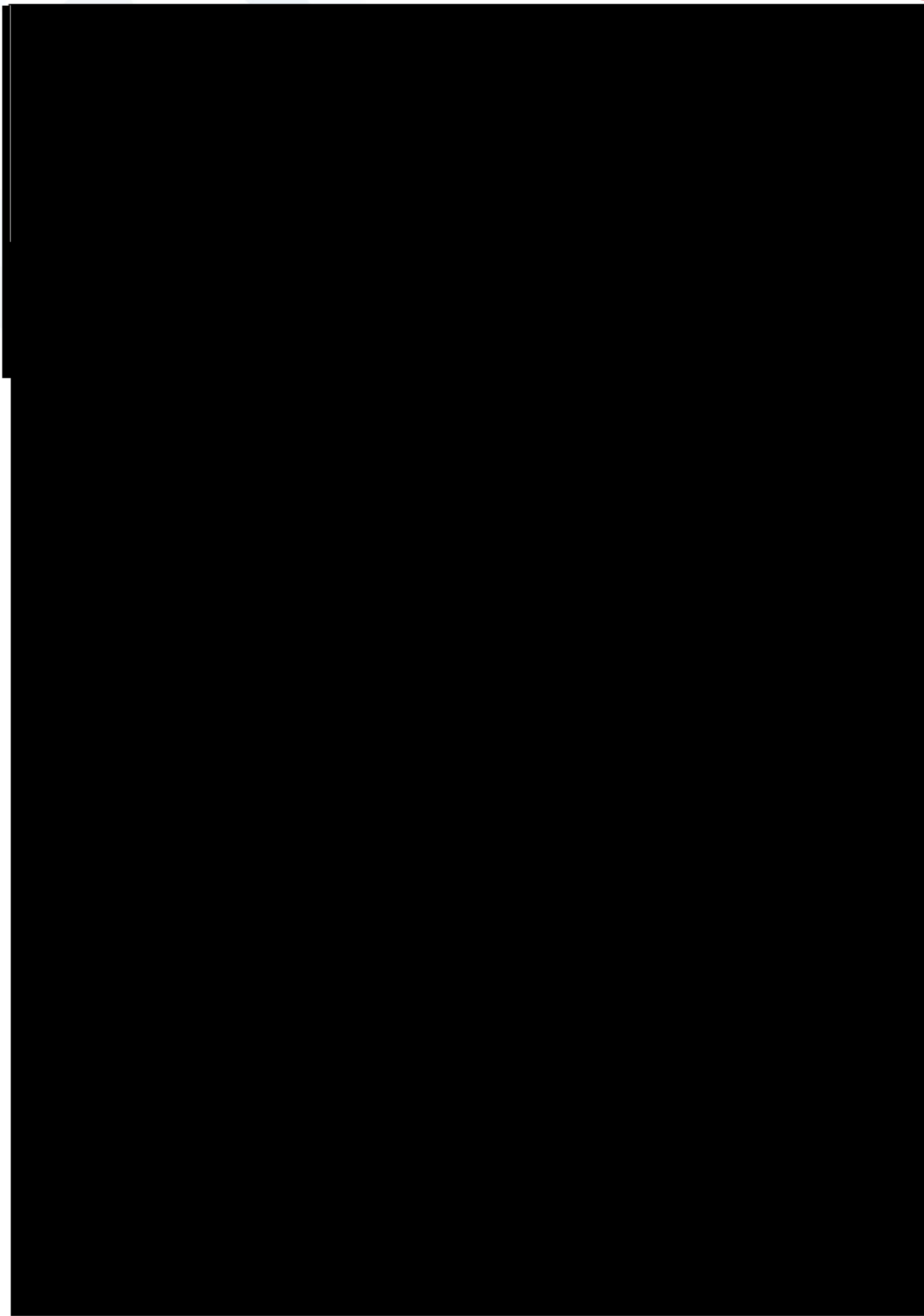
Q8) Please include CVs of the core team who will be leading on this project.

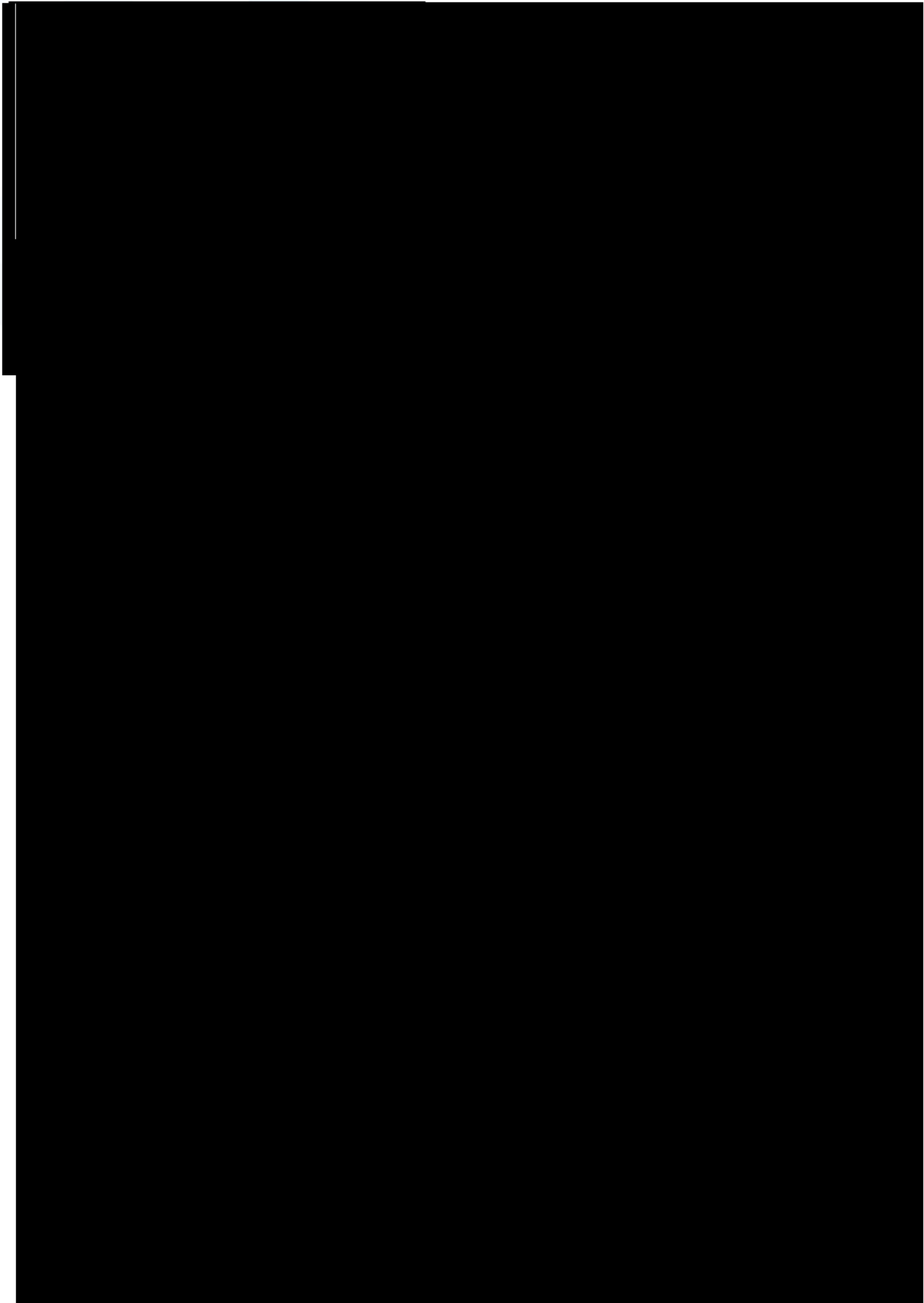


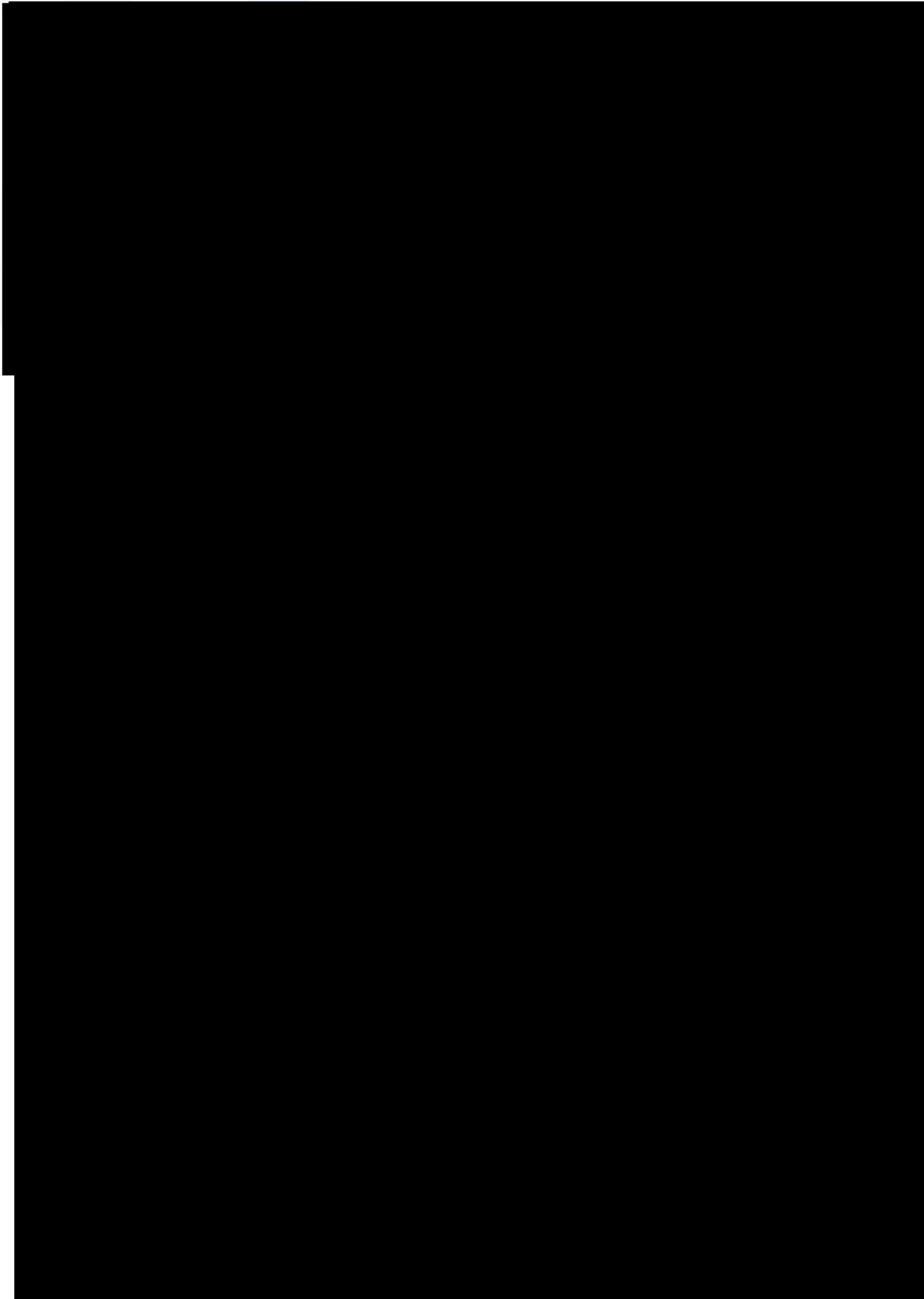


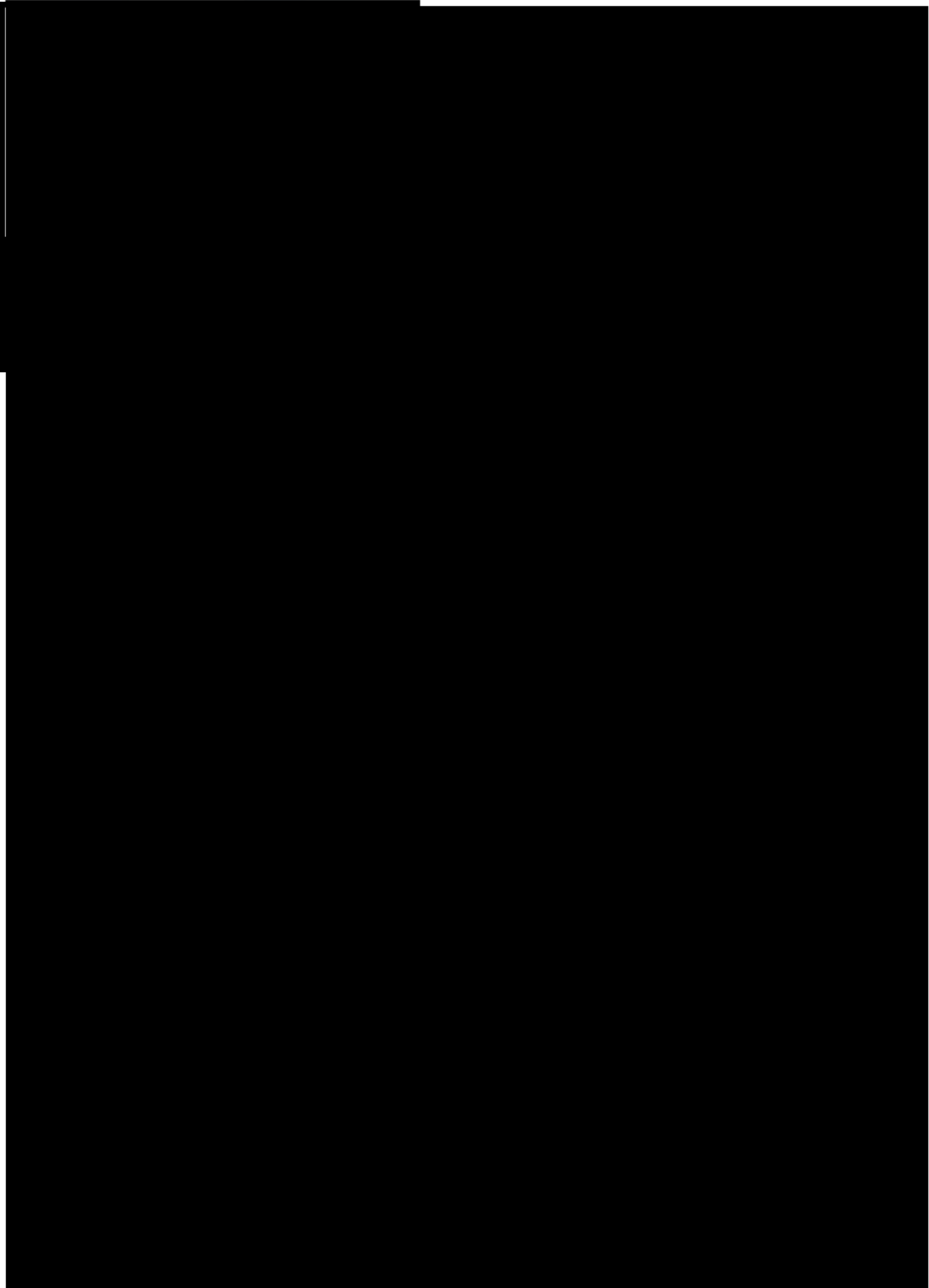


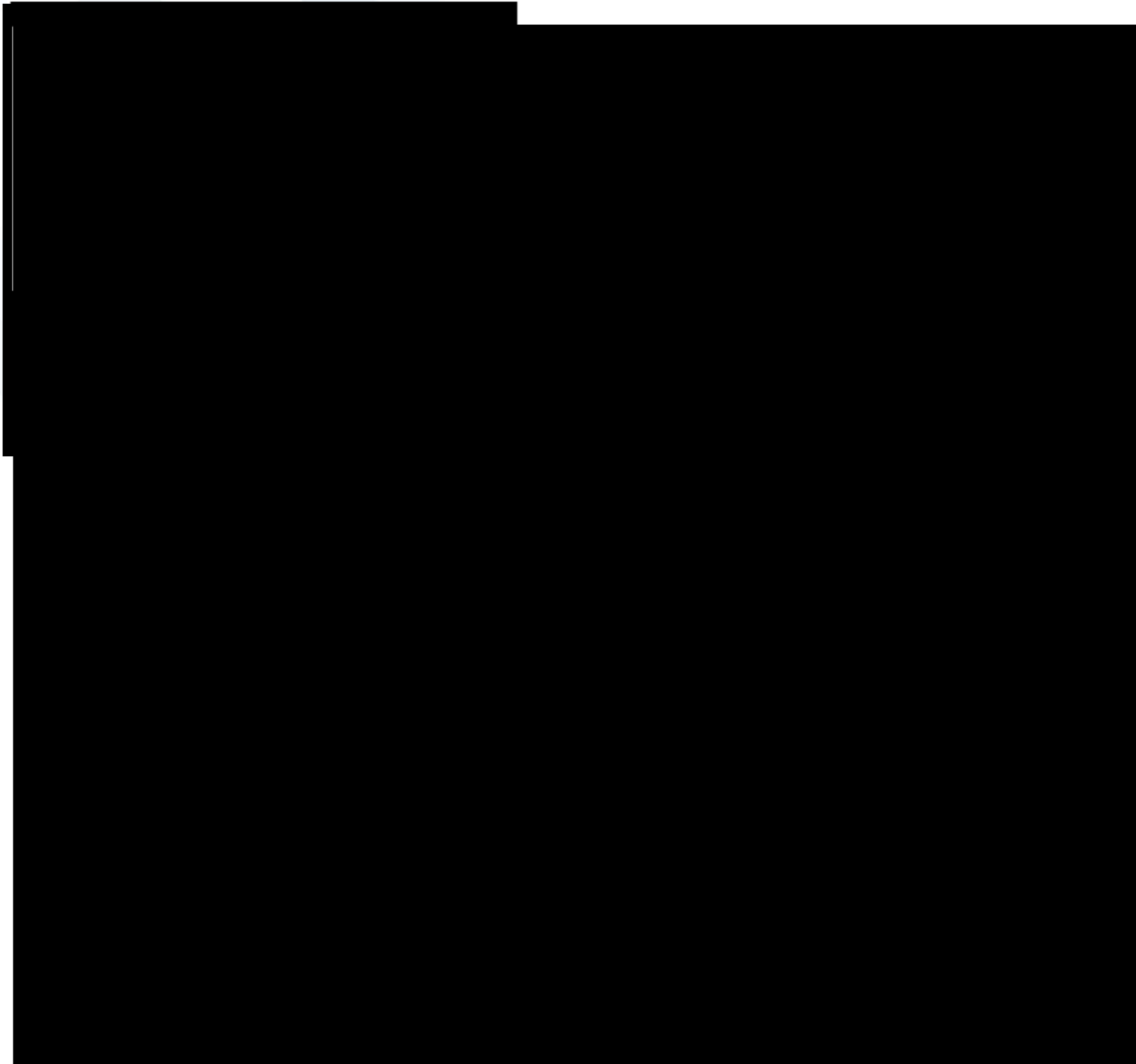


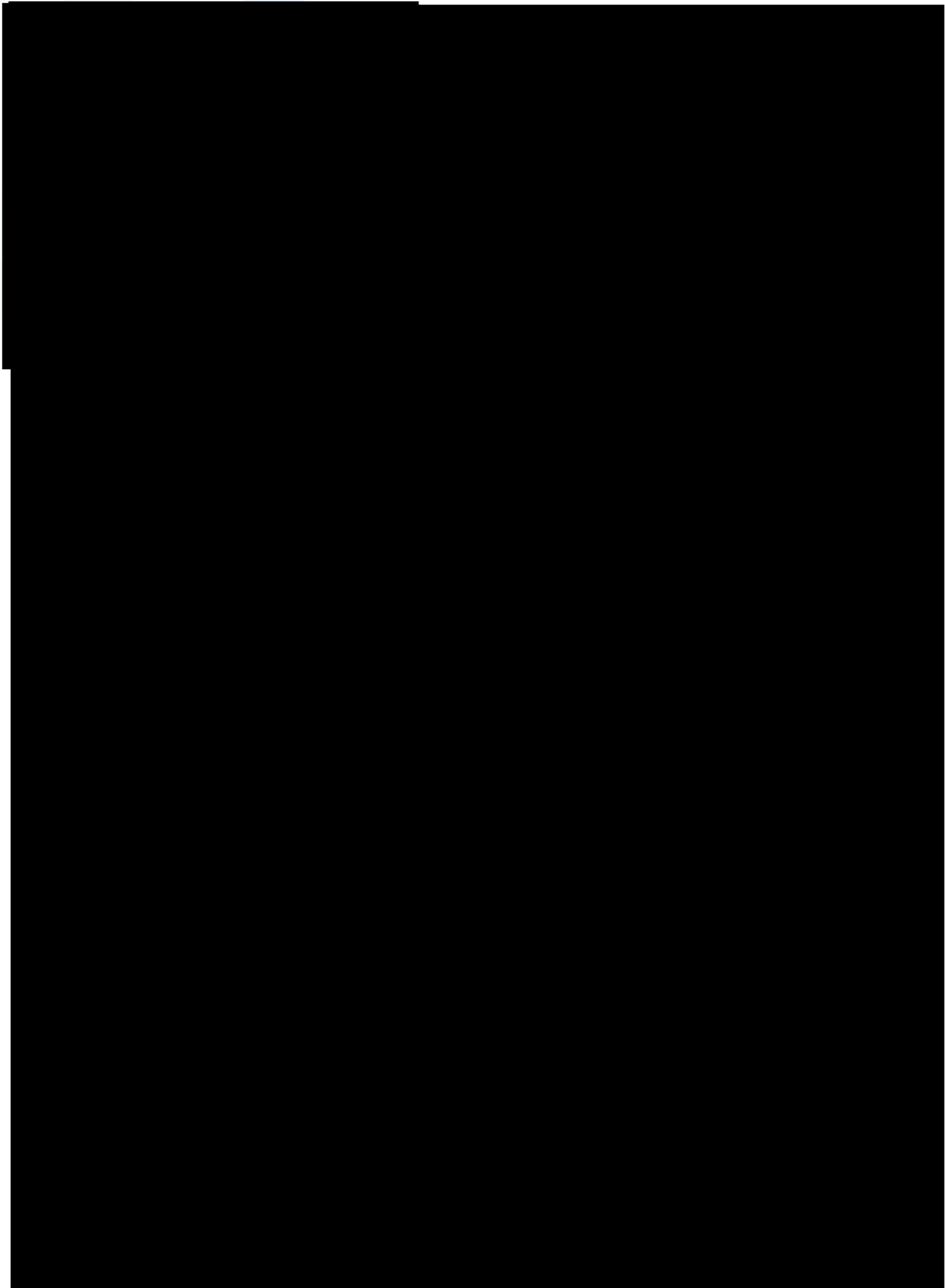


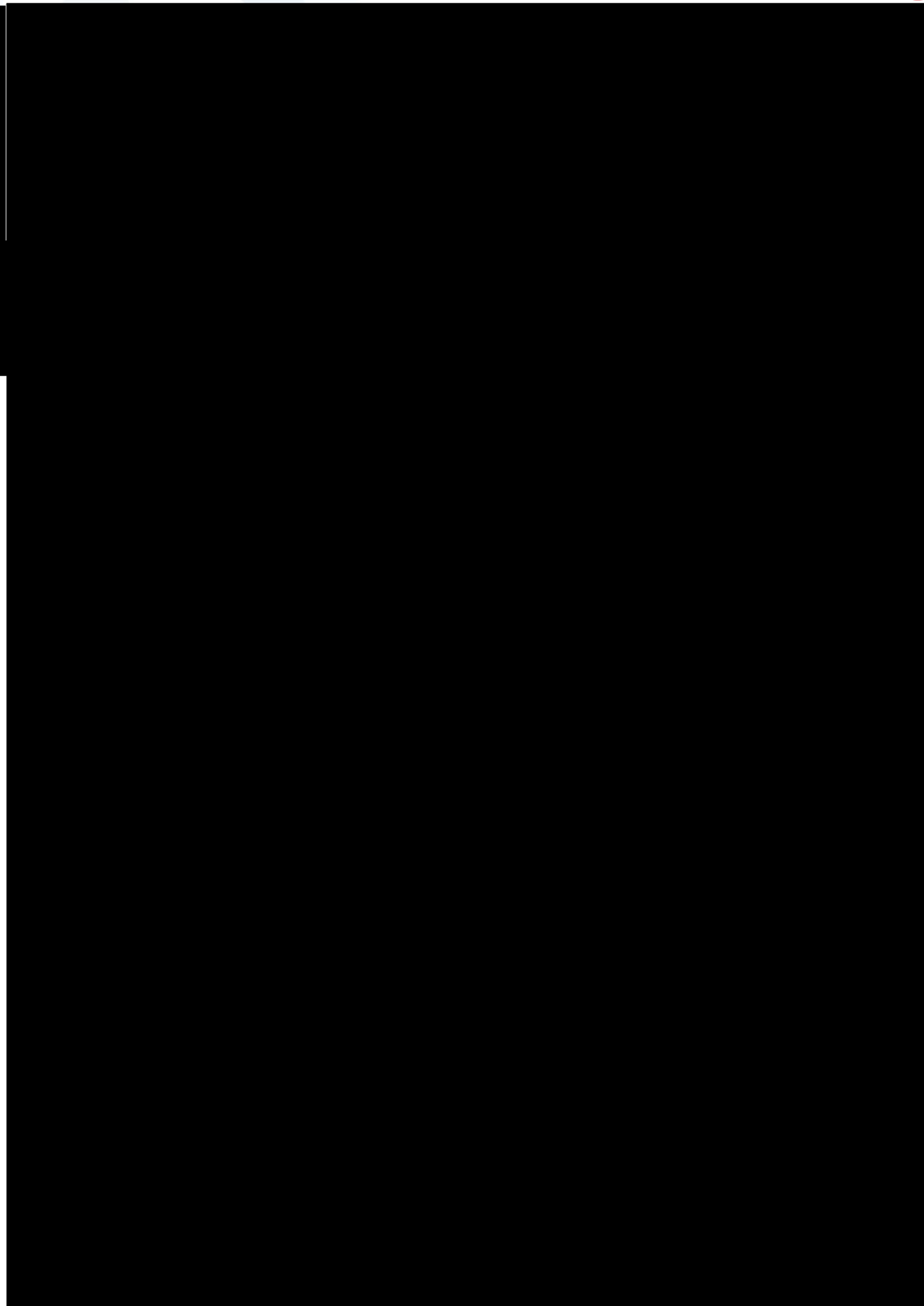










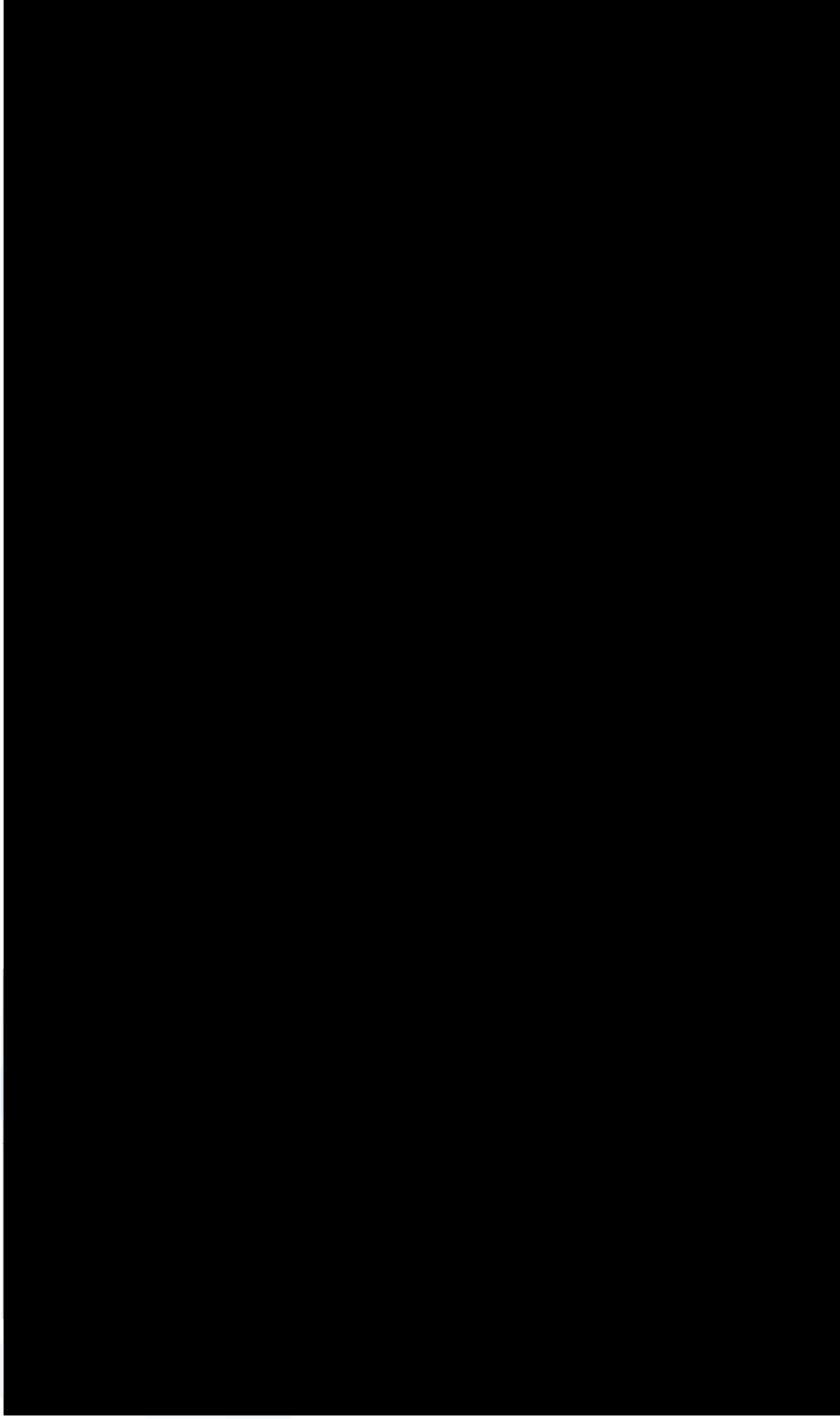


FLEXIBILITY OF APPROACH

Q9) We are dealing with unprecedented challenges within the Vaccinations Programme and given that there are still key questions to be answered as to what Phase 3 and subsequent phases may look like, it is important that you can adopt a flexible resourcing model which will provide best value support through peaks and troughs of activity. Please describe how you see this working with reference to your processes and systems which allow you to support the Programme in this way? (496 words)



Our resourcing process and systems are illustrated below:



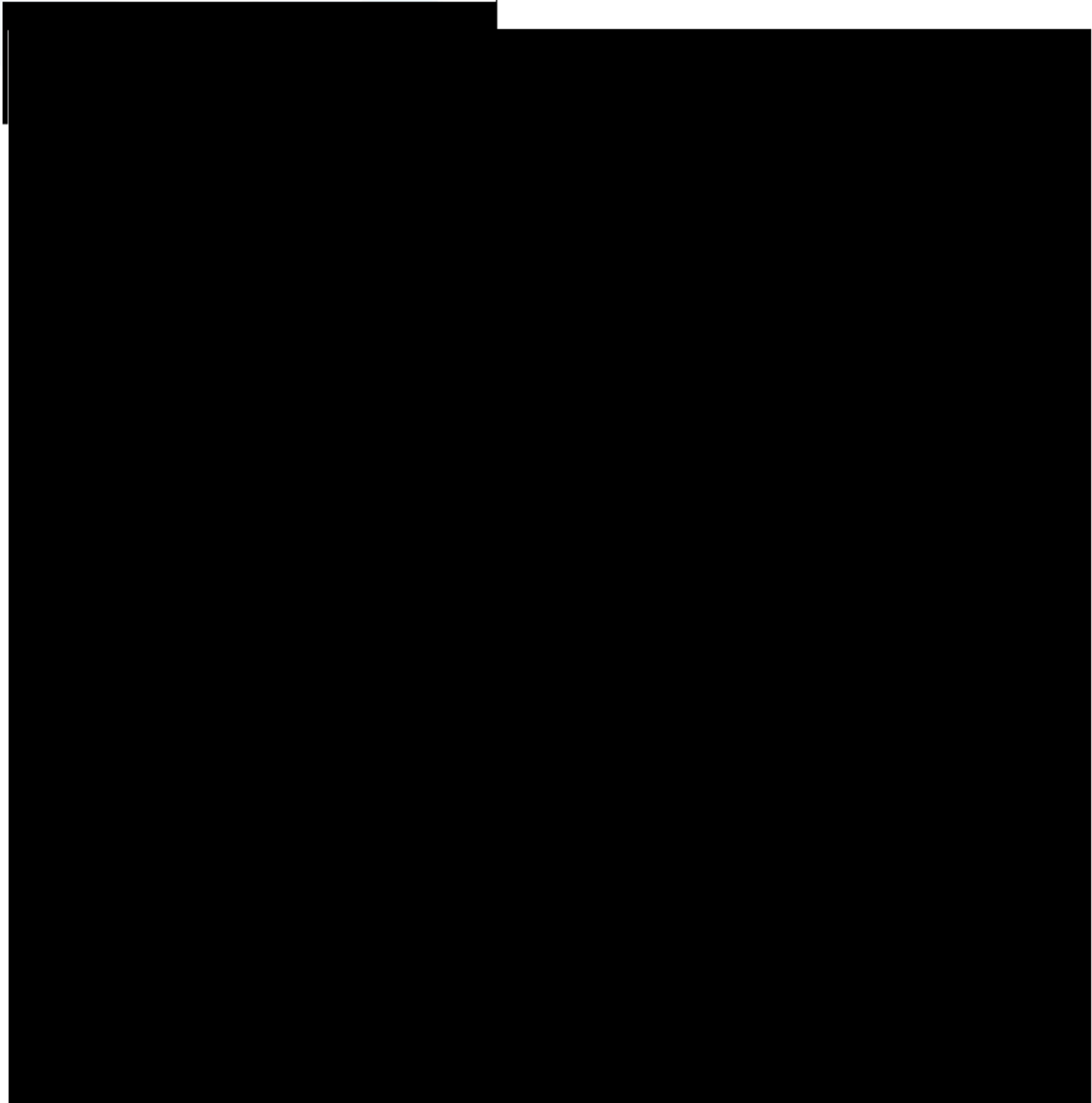


SOCIAL VALUE

Q10) Describe how you would deliver the contract in a way that supports the NHS Long Term Plan priorities, ensures compliance with labour rights and ethical issues and generates social value out of the health pound. Your response should highlight socio-economic impacts relevant to this contract and how you propose to address these during contract delivery. (500 words)

Equal opportunity, inequalities, and wellbeing

APPENDIX





About PA.

We believe in the power of ingenuity to build a positive human future in a technology-driven world.

As strategies, technologies and innovation collide, we create opportunity from complexity.

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