**Order Schedule 20 (Order Specification)**

This Schedule sets out the characteristics of the Deliverables that the Supplier will be required to make to the Buyers under this Order Contract.

## INTRODUCTION

NHSBSA requires a supplier with a proven track record of delivering Robotic Process Automation (RPA) solutions, to act as our RPA Partner for the next 36 months (with the option to extend for a further 12 months).

The Contract covers any RPA related activity, support or training that is commissioned for NHSBSA, the wider NHS and/or the Health Family, as required, up to a maximum total contract value of £5 million.

If called upon under an agreed Statement of Works (SOW), the Partner will undertake end-to-end RPA activity for the NHS and the Health Family and/or smaller elements or stages of RPA, supporting NHSBSA’s internal RPA Centre of Excellence (CoE).

## BACKGROUND TO NHSBSA

The NHS Business Services Authority is an Arm’s Length Body of the Department of Health and Social Care. We manage over £35 billion of NHS spend annually delivering a range of national services to NHS organisations, NHS contractors, patients and the public. Our purpose is to be a catalyst for better health and our vision is to be the delivery partner of choice for the NHS.

Further details about the services we offer can be found on our [website.](https://www.nhsbsa.nhs.uk) This includes access to our [Strategy, Business Plan and Annual Report](https://www.nhsbsa.nhs.uk/what-we-do/strategy-business-plan-and-annual-report), as well as our [Policies.](https://www.nhsbsa.nhs.uk/our-policies)

## BACKGROUND TO PROJECT

Over the last year, a programme has been in flight to build RPA processes on the Blue Prism cloud environment. Our CoE proposes to work through the RPA backlog, prioritised by the RPA Ratification Board, and provide the additional benefits which we estimate to be approximately 15,000 hours capacity per annum to NHSBSA. Part of this contract is supporting the BSA CoE, where needed, to deliver this.

In addition, while at present there is no guarantee of the size of this RPA opportunity, as the delivery partner of choice to the NHS across a range of service, we are aiming to be commissioned to implement RPA in different NHS organisations, or identify opportunities on their behalf for us to deliver. As our Partner you are likely to be required to undertake RPA work potentially within areas of the NHS where the demand is greater than we can achieve on our own, or where your advice and support is needed.

Given the size and complexity of the NHS (made up of a variety of different organisations with a multiplicity of technologies and systems), and the importance of the work that it does to the health of the nation, this is an exciting opportunity for any RPA specialist.

In the first instance, NHSBSA has experience using the Blue Prism suite of RPA tools used for transactional processing in the Pensions and ESR domains, of which we have licences until July 2022. However, the expectation is that RPA supplier products are chosen based on the applicability to the problem in hand and we envisage that the chosen RPA product should be selected on a case-by-case basis depending upon the current capabilities of each product and RPA need.

It is expected the products we use will be from the leading vendors i.e. Blue Prism, UI Path, Automation Anywhere and Microsoft Power Automate. For a large project (with a complicated workflow), there may even be the need of a hybrid multi-vendor system (but this would be deemed unusual).

As we may be required to use other products over the life of this contract, we require a partner who has experience of RPA activity on Blue Prism and alternatives or multiple RPA products/vendors and is able to advise on the right tool for the job at hand.

## SCOPE

The duration of this contract will be 36 months with the option to extend for a further 12 months.

It is anticipated that the contract will be awarded with the initial work being conducted in accordance with a SOW, expected at this stage to be similar in scope to the work described in Appendix 2.

Further SOWs may be agreed over the life of this contract, providing they are in scope of the services detailed within section 5 of these requirements, **up to a maximum total contract value of £5m**.

The day rates provided as part of this further competition will be the basis of any future SOWs that are agreed, and these rates will remain fixed for the duration of the full contract term (subject to the terms of the draft contract, including in respect of benchmarking).

## DETAILED REQUIREMENTS

### Summary of service required

The BSA requires a partner able to offer ‘end to end RPA services where required, supporting the CoE on any relevant parts of the RPA process where required, and provide ad hoc specialist advice as and when needed.

### End to End’ RPA Requirements NHSBSA requires a supplier who can offer ‘End to End’ RPA.

As a minimum we expect this to include:

* Discover stage

Initial review of potential processes suitable for automation, which could either be following identification of the potential process by the NHSBSA CoE (e.g. we may ask the supplier to check if a particular task is suitable for automation) or on request to review all process in respect of a given application or operational area (e.g. we may ask the supplier to review all processes involved in particular area such as a software application or operation team to identify all potential processes for automation). To include:

* identify and clearly articulate the return on investment and any other benefits of any proposed RPA,
* assess and categorise the complexity of the process to be automated,
* identify any blockers to RPA,
* identifying training needs for both the operational team and the NHSBSA CoE.

If a wider NHS opportunity is commissioned, provide assessment and proposal for the most suitable RPA vendor solution, based upon suitability against identified processes, scalability support and license models including costs.

* Analysis stage

Develop a process design document that provides all the information required to allow a developer to build the code required to automate the process using the NHSBSA’s chosen tool (e.g. screen shots of all keystrokes, details of what happens when there are exceptions e.g. time outs of applications.). This should include screenshots showing the ‘as is’ process and the ‘to be’ description showing what the RPA ‘bot’ will do. This will also need to flag any risks of the RPA to the process being automated, and confirmation of the benefits in light of the actual design of the RPA. It should set out the technology architecture, including the applications that are involved. Process flow definition (what is this in this context).

If the wider NHS opportunities are commissioned, the NHSBSA chosen tool will be based upon supplier assessment and proposal under discovery. This could be multiple RPA vendors.

* Development stage

Implement the RPA by developing (in the NHSBSA’s environment of the NHSBSA’s chosen RPA tool) the code, updating the process design document as required to reflect the actual RPA built. Testing the code in accordance with the testing approach detailed in the Contract/ individual SOW, revising as necessary, and, post successful testing, deployment into the NHSBSA’s live instance of that code, with any further testing then required to ensure successful operation in the live environment. Producing operational impact documentation – setting out any operational changes or other information required by business area for the RPA to run successfully (i.e. articulating what changes operationally when implement RPA),

If the wider NHS opportunities are commissioned, the NHSBSA chosen tool will be based upon supplier assessment and proposal under discovery. This could be multiple RPA vendors and may not be part of the NHSBSA environment. This could be a single separate instance or multiple RPA environments.

* Live

At every stage the supplier will need to work on the basis that management of the developed RPA once live will be conducted by the NHSBSA CoE i.e. all documentation required by the CoE to manage the RPA (including administration, support and maintenance) will need to be provided, and any training needed by the CoE to manage the RPA in live operation will also need to be provided. However, depending on the capacity of the CoE and the volume of RPA’s developed under this contract, the NHSBSA will need the option to commission administration, support and maintenance in respect of live RPA’s on demand.

During the go live phase, various key areas are critical to the successful implementation such as: -

Testing strategy, testing management and execution of the testing plan with the Business, ensuring the relevant Business area has provided relevant data and scenarios in relation to the Process.

Defect management is robust, capturing any deviations and issues, making the relevant changes and releasing back into live.

Governance is in place creating checkpoints and ensuing the necessary approval process is followed, running up to live and then the final releases and to production.

When commissioning RPA development in any given SOW, we may add in requirements to provide certain administration, support and maintenance elements e.g. monitoring the performance of the ‘Bots’, problem resolution (i.e. root cause analysis, identifying work arounds), fault fixing.

### Support the NHSBSA CoE

Providing any of the above stages or in respect of any of the BSA work, provide assistance with any of the above stages for the CoE. This could be by way of specific tasks or assisting with resource as part of a blended team with the CoE. Potential resources include PMs to manage day to day work/deployments, developers and analyst resources, ‘BOT’ manager (i.e. for monitoring), architectural support.

Also:

* Advice on the choice of RPA tools.
* Training in order to ensure the CoE remain up skilled with the latest RPA technology options and trends.
* Change Management to capture any new requirements, changes or alterations to processes during the Analysis, development and go live stages.
* Production of Management reporting, detailing the programme status, benefits, Return on Investment, backlog of processes, and RAID.
* Working with NHSBSA RPA CoE to ensure they can support all processes, management of Bot resources, knowledge transfer of RPA code
* If a wider NHS opportunity is commissioned, assess the CoE capacity requirements for growth to support the RPA processes end to end.

Overall governance of the RPA end to end lifecycle, including preparation of board papers, return of investment documentation, dashboards showing processes and efficiencies.

Manage the RPA process prioritisation boards and relevant processes to support decisions on most appropriate process. Presenting to the programme board progress, opportunities and decisions.

### KNOWLEDGE, ABILITY, EXPERIENCE REQUIREMENTS

It is essential that the appointed supplier, and the core supplier team that is expected to work with the NHSBSA, has in-depth knowledge, ability and experience of:-

* developing and implementing RPA using Blue Prism
* developing and implementing RPA using a range of other industry leading RPA tools leading vendors i.e. UI Path, Automation Anywhere and Microsoft Power Automate
* creating and managing multiple RPA processes and managing with multiple virtual workers under an RPA Centre of Excellence (“CoE”)
* managing more than 50 Blue Prism cloud virtual workers within a complex environment (e.g. an environment with a mixture of legacy applications, newly developed applications in an Agile environment, highly regulated with multiple stakeholders))
* risk mitigation / contingency planning and testing approach for critical systems where any error could have a significant impact e.g. including impacts to health, significant reputational damage
* delivering and managing more than 100 different processes for a single client to demonstrate how to manage in a complex environment and ensuring processes are running to capacity and availability
* constructing a detailed PPD (Process Design Document) for a complex business service, showing exception handling.
* performing complex project management tasks in an Agile or Waterfall methodology, as appropriate to the nature of the project to hand.
* coordinating and communicating effectivity with infrastructure and connectivity partners, internal and external to the organisations hosting the target systems.
* monitoring the RPA Bots performance alongside connectivity and capacity issues networks can experience and be proactive in problem solving.

### Speed and Agility of Workforce

It is essential that the appointed supplier has the ability to stand up a team quickly once a SOW is agreed, as well as the ability to vary resource and recruit/source additional expertise into their organisation at pace to meet role requirements of a SOW.

The supplier should ensure that the proposed key supplier staff of a SOW are consulted, and diaries are reviewed to ensure the timescales of an agreed SOW are met, with annual leave or other commitments made clear as early as possible and incorporated into the project timelines.

### Standards

In accordance with the standards specified in the Mandatory Service Requirements of the overarching DPS Schedule 1 Specification:-

The Supplier shall comply with the appropriate standards (or equivalent) as updated and applicable for the RM6173 Automation Marketplace DPS which shall include but not be limited to:

Service Management Standards

* BS EN ISO 9001 “Quality Management System” standard or equivalent.
* ISO 10007 “Quality management systems – Guidelines for configuration management”.

Environmental Standards

* BS EN ISO 14001 Environmental Management System standard or equivalent.

Accessible IT Standards

* World Wide Web Consortium (W3C) Web Accessibility Initiative (WAI)Web Content Accessibility Guidelines (WCAG) 2.1 Conformance Level AA.
* ISO/IEC 13066-1:2011 Information Technology - Interoperability with assistive technology (AT) – Part 1: Requirements and recommendations for interoperability.

Information Technology Standards

<https://www.gov.uk/government/publications/open-standards-principles>

<https://www.gov.uk/guidance/government-design-principles>

<https://www.gov.uk/service-manual/service-standard>

<https://www.gov.uk/government/publications/greening-government-ict-strategy>

<https://www.gov.uk/government/publications/open-source-open-standards-and-re-use-government-action-plan>

* ISO 27001 Information Security Management standard or equivalent. (The supplier should provide details of the relevant accreditation body, and the NHSBSA reserves the right to seek further assurance as to compliance with these standards where it considers it appropriate).
* ETSI TS 103 645 Cyber Security for Consumer Internet of Things Architecture Standards

Artificial Intelligence (AI) Standards

Artificial Intelligence (AI) Standards Suppliers must comply with Buyer requirements in respect of AI ethical standards, where applicable.

Clinical Risk Management Standards

In addition to the standards above, there are two Clinical Risk Management standards which relate to IT systems that process data connected to the provision of health services to which RPA services under this Contract may apply. As such, a SOW may require that you assist the NHSBSA (or other NHS organisations to whom the system relates to) in complying with these standards, as set out below: -

* DCB0160 – Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems – the standard is ‘designed to help health and care organisations assure the clinical safety of their health IT software’ and to ‘promote and ensure that effective clinical risk management is carried out by those Health Organisations that are responsible for deploying, using, maintaining or decommissioning Health IT systems within the NHS’.
* DCB0129 – Clinical Risk Management: its Application in the Manufacture of Health IT Systems – the standard is ‘designed to help manufacturers of health IT software evidence the clinical safety of their products’ and to ‘promote and ensure that effective clinical risk management is carried out by those Health Organisations that are responsible for developing and modifying Health IT Systems’.

**Clinical risk standards additional guidance:**

These standards are published under the Secretary of State for Health’s power in section 250 of the Health and Social Care Act 2012 to issue standards in relation to *the processing of information*. Note that this power relates only to “*information concerning, or connected with, the provision of health services or of adult social care in England*.” In these standards: -

* **Health IT system** means “Product used to provide electronic information for health or social care purposes. The product may be hardware, software or a combination”,
* **Clinical risk** means “Combination of the severity of harm to a patient and the likelihood of occurrence of that harm.”
* **Clinical Safety Officer** means “Person […] responsible for ensuring the safety of a Health IT System in that organisation through the application of clinical risk management”.

In respect of standard DCB0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems, the Clinical Safety Officer role is assigned to the ‘manufacturer’.

* **Manufacturer** is a “Person or organisation with responsibility for the design, manufacture, packaging or labelling of a Health IT System, assembling a system, or adapting a Health IT System before it is placed on the market and/or put into service, regardless of whether these operations are carried out by that person or on that person's behalf by a third party.”

So, in some cases, a given SOW may result in the chosen supplier being a ‘manufacturer’ e.g. because the RPA in effect provides electronic information for health purposes (e.g. inputs information concerning the provision of health services into the system that the BOT is applied to), meaning that standard DCB0129 would apply, and the supplier could in effect be a manufacturer by virtue of its role configuring the RPA tool to create the BOT. Where this is the case, it would be the supplier’s responsibility to have appoint a Clinical Safety Officer.

**Note that the ‘Clinical Safety Officer’ does not need to be an employee** – it could be an outsourced consultant for example. Where this applies, **the reasonable cost of provision a ‘Clinical Safety Officer’ would be an expense to be agreed when pricing the relevant SOW** (so where an organisation has its own Clinical Safety Officer’, the costs would be based on their internal cost to the supplier, or where an external consultant is used, would be based on the cost of the consultant for example).

In respect standard DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems, the Clinical Safety Officer role is assigned to the ‘Health Organisation responsible for ensuring the safety of a Health IT System’.

* Health Organisation is the ‘Organisation within which a Health IT System is deployed or used for a healthcare purpose’.

So, where this standard applies, it will the NHSBSA or other health body that is responsible for this role, so the supplier’s role here will be providing assistance to the Health Organisation’s Clinical Safety Officer in carry out their risk assessment. **What assistance is required, and the costs of providing that assistance, will form part of the relevant SOW when commissioning the work package that the standard relates to.**

**Important note:** the cost of providing a Clinical Safety Officer or assisting a Health Organisation’s Clinical Safety Officer will therefore be an expense in a SOW – it should not be rolled up in advance to increase the Day Rates set out in the price response table.

### Knowledge Transfer

In accordance with the knowledge transfer requirements specified in the Mandatory Service Requirements of the overarching DPS Schedule 1 Specification: -

The Supplier shall implement a knowledge transfer process for use both throughout the agreement and prior to expiration or termination of the agreement to ensure the Supplier Staff share the knowledge they have gained and used while performing the Services with the Buyer. The knowledge transfer process shall ensure that important knowledge, information, and practices pass from the Supplier and Supplier Staff to the Buyer.

At a minimum, such knowledge transfer processes will include Supplier meeting with the Buyer Personnel and at least once every twelve (12) months, or more frequently as the Buyer may request, to; (a) explain how the Services are provided; and (b) provide such knowledge transfer, Documentation and other materials as requested by the Buyer to understand and provide the Services after the expiration or termination of the Agreement.

The supplier must provide knowledge transfer on an ongoing basis within the project for any agreed SOW, and there may be specific knowledge transfer deliverables with milestone dates agreed in any given SOW.

### Social Value

In accordance with the Social Value requirements specified in the Mandatory Service Requirements of the overarching DPS Schedule 1 Specification: -

The Supplier shall identify any Social Value options which are appropriate to Buyers as part of any Order Procedure.

In particular, the NHSBSA considers that this Contract represents an opportunity to help tackle inequality in the workplace by creating employment and training opportunities in a high growth sector for those who face barriers to employment or who are currently underrepresented in the sector. The Supplier should demonstrate an understanding of the impact of workforce inequality and support educational attainment, job creation and/or career progression relevant to RPA related skills/roles, including for example training which addresses skills gaps and results in recognised qualifications (such as the creation of apprentices relevant to RPA roles).

### Desirable Requirements

Prince2 or Scrum Professional accreditation is desirable.

In addition to experience of RPA cloud virtual workers, experience of virtualised devices which stimulate physical devices is desirable (such as Smartcards).

### SERVICE LEVELS AND KEY PERFORMANCE INDICATORS (KPIs)

|  |  |  |
| --- | --- | --- |
| Service Levels | | |
| Service Level Performance Criterion | Key Indicator | Service Level Performance Measure |
| Accurate and timely billing of Buyer | Accuracy /Timelines | at least 95% at all times |
| Achievement of Deliverables by the Delivery Dates set out in a Statement of Work (save where the failure to meet a Delivery Date is due to an Authority Cause). (Where a CCN has changed the Delivery Date or enhanced the scope of Deliverables the revised Delivery Date agreed in the CCN will be reported against). | Timeliness | at least 95% at all times |
| Achievement of the Deliverables within the agreed cost as set out in a Statement of Work (or in a CCN where reduction/enhancement of the scope of Deliverables are agreed), save where the failure to deliver is as a result of an Authority Cause. | Accuracy | at least 95% at all times |
| [Social Value commitment – Service Level to be included dependent upon Supplier’s bid response] |  |  |

### CONTRACT GOVERNANCE, MANAGEMENT AND REVIEWS

The successful supplier will be required to attend an annual director level/senior management meeting to discuss performance, latest innovation, RPA and company roadmaps.

A quarterly Operational Board meeting will be held between the Buyer Contract Manager and Supplier Contract Manager to review the general performance of the supplier. Performance Review Meetings will also be held on a quarterly basis to discuss performance against Service Levels and review Performance Monitoring Reports.

Individual Statement of Works may provide for additional regular meetings and/or reporting.

The process of agreeing and finalising each Statement of Works should be done in a timely manner. All time and effort spent by the successful supplier agreeing and finalising each Statement of Works will be provided at no cost to the Buyer and will be provided as part of the supplier’s contract management.