# Health Systems Support Framework

References and Date			
Order Reference Number	HSSF21-079		
Date of Order Form	25 October 2021		
Parties and Key Persons			
Authority	NHS England and NHS Improvement (NHS Commissioning Board)		
Suppliers	PA Consulting Services Limited		
Principal Supplier(s)	N/A		
Key Roles for the supply or performance of the Deliverables and the personnel who will fill those Key Roles ("Key Personnel")			
Contract Managers	Authority's Contract		
	Supplier's Contract Manager(s)		

Lead Contract Manager (if applicable)	Insert the Lead Contract Manager at the commencement of this Contract           Authority's Lead Contract           Manager           Supplier's Lead Contract           Manager		
Person(s) to receive notices under the Contract	Authority's nominated person and contact details for service of notices         Supplier's nominated person and contact details for service of notices		
Notified Sub- contractors in the event of a TUPE transfer at a Relevant Commencement Date	Part C of Schedule12 applies		
General			
Status of Order Form	Issue of this Order Form is an "invitation to treat" by the Authority following the Suppliers' Call-Off ITT Response submitted by the Supplier(s) in response to the relevant mini-competition conducted under and in accordance with the Framework Agreement. On the signature of the Order Form by the Suppliers and its return to the Authority, the signature of the Order Form by the Authority shall be the point at which a contract is formed between the Authority and the		

	Suppliers. This Order Form, together with the Call-Off Terms and Conditions and the applicable provisions of the Framework Agreement (and the other provisions as set out in the Call-Off Terms and Conditions) form a contract (defined as "the Contract" in the Call-Off Terms and Conditions) between the parties as at and from the date of this Order Form. All terms defined in the Call-Off Terms and Conditions have the same meaning when utilised in this Order Form. The Call-Off Terms and Conditions comprise the following Schedules	
	of Appendix A o	f the Framework Agreement:
	Schedule 1	Key Provisions
	Schedule 2	General Terms and Conditions
	Schedule 3	Definitions and Interpretations Provisions
Call-Off Terms and Conditions	Schedule 4	This Order Form
	Schedule 5	Information Governance
	Schedule 6	Security Management
	Schedule 7	Standards – not applicable
	Schedule 8	Software– not applicable
	Schedule 9	Installation and Commissioning Services– not applicable
	Schedule 10	Maintenance Services- not applicable
	Schedule 11	Guarantee– not applicable
	Schedule 12	Staff Transfer
	Schedule 13	Change Control Process
	Schedule 14	Calculation of Termination Sum– not applicable
	Schedule 15	Not Used
	Schedule 16	Acceptance Testing – not applicable
	Schedule 17	Benchmarking– not applicable
	Schedule 18	Governance- not applicable
	Any additional Extra Key Provisions set out at Annex 2 below shall be incorporated into the Contract formed by the signature and completion of this Order Form.	

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Framework Agreement	The Health Systems Support Framework established by NHS England for and on behalf of NHS England and other contracting authorities. (the " <b>Framework Agreement</b> ").	
Call-Off ITT	The Call-Off ITT as issued by the Authority to invite responses to the relevant mini-competition conducted under and in accordance with the Framework Agreement.	
Call-Off ITT Response	The Suppliers' response to the relevant Call-Off ITT submitted by the Suppliers in response to the relevant mini-competition conducted under and in accordance with the Framework Agreement and initiated by the issue of a Call-Off ITT by the Authority.	
	The default position is that the Authority will minute each meeting in accordance with Clause 11 of Schedule 2 of the Call-Off Terms and Conditions.	
Contract Meetings	Please note that any changes to the Processing arrangements outlined in Annex 5 of this Order Form should be dealt with under the procedure outlined in Clause 31.3 of the Call-Off Terms and Conditions.	
Fast-track Change values	N/A	
Contract Term and Termination Provisions		
	The term of the contract is effective from Contract Award date, 25 October 2021 to 30 September 2022.	
Term of the Contract	There is a break clause at the end of March at which point the Authority and Supplier will agree any variation or extension. Payment provisions only govern the period to end March and the period beyond this (to 30 September 2022) is to allow for any remedy work the Supplier will complete in order to deliver against the wave plans and outcomes defined in section 2.3.	
Extension of Term	The Authority have the right to extend on one or more occasions, on at least 1 months' notice, up to a maximum 24 Months extension in aggregate. (see Clause 21.2 of Schedule 2 of the Call-Off Terms and Conditions).	
Unilateral Authority right of termination notice period	6 months	
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Unilateral Authority	
right to terminate	
right to terminate	
Maximum	N/A
Permitted Profit	
Margin	
Variation to	N/A
Termination Sum	
calculation	
Insurance on Expiry or Termination	<ul> <li>On the expiry or earlier termination of this Contract, the Suppliers are required to ensure that:</li> <li>1) unless otherwise required in the Extra Key Provisions, any ongoing liability that they have or may have arising out of this Contract shall continue to be the subject of appropriate insurance and/or indemnity arrangements and/or membership of the risk pooling statutory schemes for the period of six (6) years from termination or expiry of this Contract; and</li> <li>2) where the Deliverables or any part of them could result in liability to any patient in respect of care and/or advice funded by an NHS body, any ongoing liability that the Suppliers have or may have arising out of this Contract shall continue to be the subject of appropriate insurance and/or indemnity arrangements and/or membership of the risk pooling this Contract shall continue to be the subject of appropriate insurance and/or indemnity arrangements and/or membership of the risk pooling statutory schemes for the period of appropriate insurance and/or indemnity arrangements and/or membership of the risk pooling statutory schemes for the period of up to twenty-one (21) years from termination or expiry of this</li> </ul>
	Contract. (See Clauses 20.8 and 20.9 of of the Call-Off Terms and Conditions, respectively)
	Contract Deliverables
Deliverables	The Deliverables to be provided by the Supplier(s) under the Contract shall be the Services and/or Ad Hoc Services and/or Goods and/or any other requirement whatsoever (including without limitation any item, feature, material, outcome or output). The Deliverables are described at Annex 1 Part 1 of this Order Form ("the Specification"), shall be provided from the Deliverables Commencement Date set out below in accordance with the Specification.

Priority Deliverable	N/A	
Deliverables Commencement Date	25 October 2021	
Services	25 October 2021	
Commencement		
Date		
Goods Commencement Date	N/A	
Long Stop Date	N/A	
Implementation Plan	The implementation plan submitted as part of the Call-Off ITT Response and set out at Annex 4 below.	
Quality Plans	N/A	
Information Security Management Plan	The information security management plan submitted as part of the Call-Off ITT Response (if required by the relevant mini-competition conducted in accordance with the Call-Off ITT) and set out at Annex 5 below, as may be amended from time to time in accordance with Schedule 6 of the Call-Off Terms and Conditions.	
Insurance	As set out in Clause 20	
Supplier Specific Standards	Suppliers should refer to the standard information standards notices. <u>Information Standards Notices - NHS Digital</u> In relation to the DSP Toolkit, we have an alternative of cyber essentials and ISO27001.	
Premises and Property		
Premises and Location(s) for the Delivery of the Deliverables	As this is a national programme of work, the Supplier will need to be prepared to work with localities across England. In line with current operating models it is expected that most work will be undertaken remotely. Any travel arrangements should be made in line with government advice on covid restrictions, with teams encouraged to work remotely as far as feasible.	

Property Licence(s)	N/A		
and/or Lease(s)			
granted to the			
Suppliers			
	Information Governance		
Information Governance Provisions	N/A		
(Schedule 5)			
Processing of Personal Data	N/A		
	Intellectual Property Rights and Licencing		
Intellectual Property	As per standard terms		
Local Health and Care Record Exemplar (LHCRE) Specific IPR	N/A		
Supplier Owned Foreground IPR	N/A		
	N/A		
Standard Licence Terms			
Supplier Software and Third Party Software	N/A		
Contract Price and Payment			
Contract Price	The price(s) to be paid by the Authority to the Suppliers for the provision of the Services, as set out in the Call-Off ITT Response and reproduced at Annex 3.		
Financial Model	The Suppliers' Financial Model submitted if required by the Authority in the Supplier's Call-Off ITT Response and reproduced at Annex 3.		

Total Contract	
Price for the	
purposes of Clause	As outlined in Annex 3 of this Order Form
19 (Limitation of	
Liability)	
Contracts	N/A
conditional on the	
execution of a	
Guarantee	
Guarantee in favour	N/A
of NHSE	
	The payment terms for the payment by the Authority to the Suppliers
Payment	of the Contract Price for the Services, as set out in the Call-Off ITT and
Provisions	reproduced at Annex 3.

# Signed by the authorised representative of each AUTHORITY (as applicable)



Order Form Annexes

Annex 1 Part 1: Specification

Annex 2 Extra Key Provisions

Annex 3 Contract Price and Payment Terms Supplier's Financial Model

Annex 4 Implementation Plan

# Annex 5

Information Security Management Plan

# Annex 6

**Supplier Solution** 

# Annex 7

Processing of Personal Data

### Annex 8

Board Representations and Structures

# Annex 9

Notified Sub-Contractors

# Annex 1

# Annex 1 Part 1: Specification

# 1. The Deliverables

# 1.1. Summary of the requirement

The Population Health Management Team within NHS England and Improvement and the Digital, Data and Technology team in NHSX have procured an expert team delivery of the Population-based Place Development Programme, a national learning and development programme to be offered to 42 Integrated Care Systems.

The programme will support systems and Place-based partnerships to:

- a. build their leadership and collaborative working skills
- b. design and implement their governance arrangements
- c. use real-time population health management (PHM) techniques to support elective recovery
- d. understand data and digital maturity and create a plan for transforming this capability in the future (systems level).

The Local Government Association are partners in the programme and will work with the Supplier to deliver the programme.

# 1.2. Aims and objectives

The programme aims to support the development of ICSs and thriving Place-based partnerships that can accept and effectively discharge delegated functions from ICSs once relevant legislation has been passed. These partnerships will use PHM techniques and mature data and digital practices to drive service transformation in recovery. Focusing on identifying at risk groups waiting for elective care and designing new out of hospital digitally enabled care models which improve outcomes and drive local integration.

# Discovery

Each of the 42 ICSs will be able to access targeted support, based on a core design that can be tailored in consultation with the ICS, Place and NHSE/I for the Place selected in each system. The ambition, vision and leadership development, governance and finance and population health management elements will be at Place level. The digital, data and analytics aspect of the programme will be ICS wide.

# Delivery

The Supplier will support the system and the specified Place to:

- 1 Develop as a thriving Place establishing both function and form anchored in a population health management and prevention-based approach
- 2 Agree and create Place function within ICS:

- (a) Agree common purposes, shared vision and principles and narrative across partners
- (b) Agree function, role and delegated responsibilities and ways of working including shared decision-making of each Place
- (c) Define and develop collective leadership with agreed values and behaviours
- 3 Agree form to discharge functions effectively within the Place and the ICS:
  - (a) Establishing Place-based partnerships and codifying in a suitable scheme of delegation with system
  - (b) Appropriate Place-based sub-committees or joint committees with other NHS and non-NHS bodies
  - (c) Agree organisational ownership of functions
- 4 Stress test Place-based working by adopting population health management approaches to inclusive recovery through new proactive integrated care models
- 5 Formulate and agree a plan for developing and using transformational digital data and intelligence solutions and enablers based on "What Good Looks Like" guidance (ICS level)
- 6 Support implementation and sustainable transition and, through developing a roadmap, build skills and capability and spread learning
- 7 Spread and sustain the approach across the ICS, both within the programme timescales and after

The programme will be delivered in a way that is adaptive to individual system and Place maturity and the specific challenges in each Place. The work will be carried out through a structured learning approach that takes each Place through a series of group coaching and discussion sessions to support them to meet the aims above.

The programme is designed around the following principles and ways of working:

- Flexible approach that builds on individual system needs and Place maturity, aligned to individual system development plans
- Action focused learning with time out to think and collectively work on key challenges for leaders, managers and clinical teams
- Focused on building capability and strengthening the role of Place-level teams
- Central role of multi-disciplinary coaching of senior Place leaders to create collective vision and ability to act
- Buddying and peer learning with more mature systems and Place-based partnerships
- Ensure digital and data is integral to the development of business strategies, business plans and delivery of care
- Underpinned by a population health management approach
- Multi-disciplinary and SME support –governance, financial, commissioning, and legal expertise, analytics, peer-learning

- Encouraging a collaborative approach across all health and care partners, including local government and VCSE partners
- Aligned with developing policy and practice from the ICS programme and guidance
- Learning from national and international good practice
- Practical approaches that embed tangible and sustainable change and reduce inequalities
- Working through systems to promote the principle of "system by default"
- Embedding the appropriate skills, capability, governance and culture to continue progression to 'thriving Place' status post programme and spread the approach to other Places both with and post programme timescales

### 1.3. Key deliverables

Ref	Deliverable
D1	<ul> <li>Co-design of structured programme to support Places to meet the aims set out below. Drawing on the Supplier's expertise to outline innovative approaches, to provide an indication of the scale and breadth expected, rather than to prescribe the design a programme may contain for each system/Place</li> <li>Four learning modules:</li> <li>Ten facilitated action learning sets/workshops per module</li> <li>Coaching for ten selected leaders</li> <li>A range of templates and tools to support learning</li> <li>Dedicated relationship management team offering bespoke guidance</li> </ul>
	Subject matter expert webinars
D2	Design and develop customisation approach
D3	Use existing and bespoke capability and maturity mapping tools to understand system and to allow tailoring of the core design to meet the specific local needs
D4	Create and implement a high-level digital maturity model that will be used to deliver plans to achieve What Good Looks Like
D5	Deliver the structured programme as co-designed centrally and tailored to meet system/Place needs
D6	Dedicated relationship manager for each system with appropriate experience, seniority
D7	Provide a pool of subject matter experts to deliver learning sessions, take part in co- design, advise the systems and Places and offer coaching to key participants.
D8	Agree with each system and Place a Programme Compact setting out tailored aims and objectives with a credible plan for achieving them.
D9	Identify priority development needs to become thriving Place within a system and tailor the programme support offer to delivery in programme and post programme sustainability.
D10	Support systems to set the strategic context for programme delivery and sustainable post-programme development, including PHM Place strategy and an ICS roadmap that includes the development of Places across the ICS.
D11	Support systems to develop capacity and capability to support the rapid spread and sustainability of development to all Places within their respective geographies, both within and following the programme timescales.

D12	Create shared learning content, accessible both during and following the programme, to be hosted in national knowledge spaces such FutureNHS, and collating key documents such as MoUs, schemes of delegation etc, comprising all key documentation co-produced within systems, Places and national bodies, and all bespoke created templates
D13	Creation of a Place-based peer network to promote shared learning between systems/ Places
D14	Materials for the programme will be NHS branded and the programme will be positioned as a joint NHS / LGA support programme

# 2. The Response

### 2.1. Summary of the response

The Supplier has created a consortium of leading expert organisations to work with the Population Health Management Team within NHS England and Improvement and the Digital, Data and Technology team in NHSX to deliver the programme aims and objectives outlined by the Authority and providing support to Place-based partnerships within Integrated Care Systems.

This new Population Health Place Development Programme, to Places in Integrated Care Systems (ICS) will help:

- Local Places develop a compelling vision, strategy, governance, and leadership arrangements to drive and sustain improvement
- Place leaders access coaching, action learning, and national best practice resources to enable them to deliver change rapidly on the ground
- Equip leaders in Places with practical tools, techniques, and approaches that embed and deliver effective Population Health Management (PHM)
- Build on the development of Population Health Management and nationally supported programmes and assets developed so far.

# The Supplier

PA Consulting will sub-contract with a range of expert organisations which includes:

- IBM
- Social Care Institute of Excellence (SCIE)
- Collaborate
- Nuffield Trust
- Unique Health Solutions (UHS)
- Sollis
- National Association of Primary Care (NAPC)

In addition, PA Consulting will also sub-contract for additional delivery alliances with:

- NHS Arden and Greater East Midlands
- NHS TU
- The Local Government Association, as an additional delivery partner and sponsor of the programme.
- Optum

By mutual agreement, the Authority and Supplier may also agree to add additional delivery partners to this arrangemet through a contract variation. This is to allow named partners to join the programme where mutually agreed and beneficial to our delivery.

### Work package structure

The programme aims, objectives and key deliverables will be addressed through four work packages covering:

- (i) National Delivery
- System and Place Delivery, including an intergated series of Action Learning Sets.
- (iii) Flexible partnering
- (iv) Management of Alliances, including, but not limited to, NHS AGEM, NHS Transformation Unit and the Local Government Association

Where reference is made to key decisions the Forward Programme is likely to include:

Indicative date	Forward Programme Key Decisions
21 October 2021	Discovery plan
19 November 2021	Places in the programme
	Wave Plan
	ALS content
2 December 2021	National Baseline report
6 January 2022	Progress report of number of Places in-flight and delivery milestones achieved
3 February 2022	Progress report of number of Places in-flight and delivery milestones achieved
3 March 2022	Progress report of number of Places in-flight and delivery milestones achieved
31 March 2022	Progress report of number of Places in-flight and delivery milestones achieved
	Place end of programme evaluation and progress report
ТВС	As required

# 2.2 Authority responsibilities

General Authority responsibilities are covered in Annex 2. Additional responsibilities specific to different elements of the programme are indicated in this section.

### 2.3 Supplier performance measures

The programme is seeking to provide an integrated package of support to Systems and a specified Place to advance use of population health management. A logic model for the programme, including quantifiable supplier impact is included on page 17.

Through the National Delivery Support Unit weekly and monthly reporting on the overall delivery of the programme progress on these measures will be tracked against a baseline agreed during discovery. At Place level, a Compact will be agreed on specific aims, including the responsibilities and commitments of the Supplier, Place/System and Authority to support delivery.

Measures agreed during discovery are intended to support identification of in-flight delivery opportunities to continually improve the programme, which will include, but not be limited to,

- Measurement of client satisfaction and response through
  - participant feedback on the ALS sessions
  - participant feedback on coaching and mentoring sessions
  - place feedback on their place relationship management support
  - assessment through the ALS of their progress against targeted outcomes
- Wider progress review through
  - monthly ICS engagement with the place representatives and ICS lead by the relevant relationship manager and regional teams
  - monthly programme review with the Supplier and Authority teams
  - Addressing client satisfaction and areas where systems/Places are not making progress against the target outcomes

**Client satisfaction:** If relevant scoring is at or below the equivalent of 2/5 this will be added to the risk log, and the Place/System and/or Authority team will request the Supplier develops an improvement plan within 30 days, and agrees and actions relevant measures.

**Progress against targeted outcomes:** Where measurement or progress reviews identify a lack of progress or the need to amend, improve or enhance support to a Place or to as an aspect of module content this will be added to the issue log. The Supplier will proactively, or can be requested to, identify the causes, and develop the mitigating measures. These measures will be included in an action plan for review with the system/Place and the NHS England team. Where the lack of progress links to satisfaction with supplier support (as per the scoring system above) then this will include an action plan for the supplier to improve client satisfaction.

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Inputs	Activities	Output	Outcome	Targeted Programme Impact
The programme will involve a three way interaction of national, system/place and	A range of interventions will be deployed by the supplier in a structured learning	These activities will support participants to create outputs in four areas:	ů ů	e e
supplier inputs	programme:		<ol> <li>Develop as a thriving Place establishing both function and form - anchored in a population health</li> </ol>	<ol> <li>Raised system and place level awareness and understanding of the value of anchoring</li> </ol>
National and		A: Ambition, vision and	management and prevention-based approach	actions in a population health management and prevention-based approach
from NHS England and	Sets	ieauerstrip i. Place-level vision and strategy ii. Stronger partnersbing across health		<ol><li>Helped a specified Place to</li></ol>
Improvement, NHSx and the LGA will provide		<ul> <li>auroriger participation</li> <li>and care</li> <li>iii. Place-level transformation</li> </ul>	principles and narrative across partners b. Adree function, role and delegated	<ul> <li>Agree common purposes, shared vision and principles and narrative across</li> </ul>
expert policy, guidance and programme input	Coaching	programmes across partners		partners b. Agree functions, roles and delegated
	Mentoring 気膜	B: Governance and finance	c. Define and develop collective leadership with	
System and Place based		<ul> <li>place and system</li> <li>i) Defined decision-making structures</li> </ul>	agreed values and behaviours <sup>3</sup> Arroo form to discharge functions officialized within	<ul> <li>Define and develop collective leadership with agreed values and behaviours</li> </ul>
participants	Peer	scheme of delegation and financial management arrangements	the F	<ol><li>Helped agree form to discharge functions effectively within the Place and the ICS:</li></ol>
will provide local leadership commitment and knowledge of	communities	C: PHM and transformation	<ul> <li>Establishing Flace-based partnersings and codifying in a suitable scheme of delegation with svstem</li> </ul>	<ol> <li>Generated case studies from stress testing Place-based working adopting population</li> </ol>
relevant challenges to		<ul> <li>Identify at risk groups within elective backlog</li> </ul>	<ul> <li>Appropriate Place-based sub-committees or joint</li> </ul>	health management approaches
address	Relationship	ii. Design new out of hospital data and digitally enabled care models		<ol><li>Helped the system formulate and agree a plan for developing and using transformational</li></ol>
PA's consortia	managers	iii. Build understanding of core capabilities for spread		digital data and intelligence solutions and constructions based on "Mhat Coold Looks Libe"
and delivery			<ol> <li>Sutess test reace-based working by adopting population health management approaches to inducts a concerned where a proprior interaction</li> </ol>	eliauteis based oli vyriat Good Looks Live guidance
will provide expert	Formative	D: Digital. data and	inclusive recovery unough new proactive integrated care models	<ol><li>Will support implementation and sustainable transition with a roadmap, build skills and</li></ol>
facilitators and coaches to support places to build	evaluation		<ol> <li>Formulate and agree a plan for developing and using transformational digital data and intelligence solutions</li> </ol>	capability and spread learning 7. Will help spread and sustain the approach
parurersrups, auopr population health management and use		business objectives ii. Target architecture to outline local	and enablers based on what Good Looks Like guidance (ICS level)	across the ICS beyond the life of the programme
digital data and intelligence and manage and evaluate the	Additional Value		<ol> <li>Support implementation and sustainable transition and, through developing a roadmap, build skills and capability and spread learning</li> </ol>	Evidencing these impacts will come from tangible products produced by Systems and Places during the proorgamme. feedback from participants
programme	offers		<ol> <li>Spread and sustain the approach across the ICS, both within the programme timescales and after</li> </ol>	involved in the intervention, regional and national intelligence, the LGA peer review and the programme evaluation.

# 2.4 National Delivery

### a. Consortium Leadership

The Consortia Leadership will provide oversight and support to guide the delivery of the programme to shape demand, jointly deliver outcomes and realise benefits, whilst raising awareness amongst systems and Places of the programme.

### Supplier and sub-contractors

PA, IBM, SCIE, Collaborate, Nuffield Trust, UHS, Sollis and NAPC form the Consortium Leadership. Delivery Alliance organisations will also be invited to participate.

### Deliverables

- 1. Oversight to guide delivery of the programme, shape demand, jointly deliver outcomes and realise benefits
- 2. Collective promotion and awareness raising of PHM as a key way of working for Place based partnerships.
- 3. Tracking delivery of the Consortia's value add commitments

### Milestones

The following milestones, and accountable parties in brackets, will apply:

- *a. Review* Weekly liaison meetings to guide the delivery of the programme, with a monthly review, and an advisory panel throughout the contract term (All parties including Delivery Alliances).
- b. *Adding value* Collective promotion and awareness raising, including delivery of the following value add commitments during the contract term:
  - a. 20 days additional coaching and mentoring from PA Partners to key members of the NHSEI and NHSX team. (PA)
  - b. A full transition, skills transfer and handover plan as a consolidated handbook for your central team. (All parties including Delivery Alliances)
  - c. Weekly learning sessions and opening up PA's wider training catalogue during the programme (PA).
  - d. Using alignment and relationships across ICSs to help the programme land well (All parties including Delivery Alliances)
  - e. Using alignment across NHSEI to build on existing platforms and practices (All parties including Delivery Alliances)
  - f. International knowledge sharing sessions (All parties including Delivery Alliances)
  - g. Sponsoring a HSJ event on 'How leaders can embed collaboration in integrated care systems', planned for November 2021 (PA).
  - h. Running a Local Government and ICS stakeholder roundtable in November on Place development to discuss the programme (PA).
  - i. Working alongside in-house teams to create a campaign and awareness raising plan for NHSEI, LGA and the ICSs to showcase work in Place-based population health (All parties including Delivery Alliances).

- j. Access to PA Consulting Masterclasses on subjects of interest to the PHM programme team during the programme (PA)
- k. A day at PA Consulting's Global Technology and Innovation Centre in Cambridge and, a session in our Innovation Lab – where new care technologies have been invented for areas such as falls and dementia (PA).
- I. A wider advisory panel that you can reach into (All parties including Delivery Alliances).

Link to requirements

D1, D9, D10, D11, D12, D13, D14

# Authority responsibilities

(i) To support the Consortia in the delivery of the added value requirements, in terms of agreement on scheduling, participants and engagement in the offer

# b. National Delivery Support Unit

The National Delivery Support Unit will provide programmatic and practical support to the programme leadership and contract delivery through support design of the overall programme, co-ordinating input from other suppliers and lead relationships management with the system

#### Supplier and sub-contractors

PA.

### Deliverables

- 1. Provide an effective and efficient National Delivery Support Unit for the programme including supporting:
  - a. detailed programme design, with a clear joined up curriculum and set of activities within the timeframe
  - b. overall delivery of the programme
  - c. PMO functions such as weekly reporting, stocktake reports, stakeholder plans and risk logs
  - d. Positive relationships with systems, Places, and suppliers

### Milestones

The following milestones with accountable parties in brackets will apply:

- 1. Weekly highlight reporting A weekly update on progress reporting with supporting contributions from all parties (PA)
- 2. *Monthly programme review* A monthly programme review and opportunity to consider any programme delivery issues (PA)
- 3. *Monthly contract review* A monthly contract review to confirm progress against milestones and any variations (PA)

# Link to requirements

D1, D5

- (i) To review and provide timely feedback on the weekly highlight reporting and programme review.
- (ii) To empower representatives in the monthly contract review with authority to agree key decisions

# c. Discovery

The purpose of Discovery is to establish a shared understanding of Places in the programme, their context, maturity, and priorities, providing a baseline for downstream evaluation and insight for tailoring support to the local context.

### Supplier and sub-contractors

PA, IBM, SCIE, Collaborate, Sollis and NAPC.

### Deliverables

- Discovery design Development of the discovery plan setting out the scope, information requirements and approaches for completing discovery around the 42 Places nominated for the programme. This will include plans for capturing information and insights on:
  - a. National
  - b. System
  - c. Place
  - d. Participation
- 2. Discovery data collection Undertake data collection and analysis of national and system level data about the 42 Places in the programme, and the Systems in which they are located to feed into an initial national baseline and wave plan.
- 3. Wave Delivery Plan Development of a Wave Plan detailing a target start date agreed with each Place nominated for programme. The starting assumption is for three waves of 14 Places each. The Wave Plan will include the delivery schedule for each ALS in each Place. The supplier will report on progress against this wave plan as part of the monthly contract calls and will table a review of progress in February to assess any action required that can be adapted through agreement of extended contract terms and a mutually agreed variation of the Place start dates across NHS England, the local ICS and the supplier.
- 4. Discovery validation and enrichment Test, enrich and validate the initial assessment with participants in each Place and System during delivery of the ALS programme.

### Milestones

The following milestones will apply:

- 1. Discovery design Submission of the discovery plan to Programme Design Integrity<sup>1</sup>. The plan will set out the scope and initiate actions for completing discovery including proposed start dates for Waves of ALS. This is expected in early November 2021
- 2. Discovery data collection Undertake and complete national and system level data collection to provide a national baseline position by early December 2021.
- 3. Discovery Wave Plan Match individual Place to Wave Plans for agreement before the end of November 2021. Should the Wave Planning require consideration of the contract

<sup>&</sup>lt;sup>1</sup> The Programme Design Integrity role and forward programme for decisions is described in Annex 8

term, this will trigger an updated schedule for programme delivery and associated changes to delivery and payment milestones.

4. Discovery validation and enrichment – Confirm initial assessment with each Place and enrich with local insight and interpretation, aligned to delivery of ALS sessions in each Place. This milestone will vary according to the schedule agreed in the Wave Plan.

### Link to requirements

D2, D3, D4

- (i) To provide the Authority representatives to engage and inform development of the deliverables.
- (ii) To provide timely feedback on the deliverables.
- (iii) To empower representatives in the programme leadership with authority to agree key decisions enabling the operation of discovery, in particular the discovery plan and the wave plan.

# d. Evaluation & sharing

Evaluation and sharing will support the spread and adoption of PHM through ongoing local and national programme assessment, cross-system sharing, foundational impact metrics, and a central learning hub.

Suppliers and sub-contractors PA and Nuffield Trust.

### Deliverables

- 1. Using the outputs of discovery to provide a national baseline position for each Place and the selection of Places across the programme.
- 2. A formative evaluation by April 2022, feeding back on progress being made during the learning experience, to allow both individual Places, ICSs, and the whole programme, to consider progress and course correct if necessary.
- 3. A summative evaluation report before Autumn 2022 to measure the progress made and make recommendations to support the sustainability and spread of programme benefits, within Places and to additional Places, including metrics for population health management in Place based partnerships.

### Milestones

The following milestones will apply:

- 1. An initial national baseline position of Places in the programme by the end of December 2021.
- 2. A formative evaluation report by April 2022
- 3. A summative evaluation report by the end of the programme term. If the programme term is amended then this activity will be completed at the end of the delivery schedule but no later than the end of July 2022.

# Link to requirements

D1, D9, D10, D11, D12, D13

- (i) To provide the Authority representatives to engage and inform development of the deliverables.
- (ii) To facilitate access to wider stakeholder representatives involved in evaluation and provide timely feedback on the deliverables.
- (iii) To empower representatives in the programme leadership with authority to agree key decisions enabling the operation of discovery, in particular the discovery plan and the wave plan.

# 2.2. Place Delivery

# Action Learning Set *Module A – Vision and Leadership*

The purpose of the Module A ALSs is to support Places to:

- Collectively agree outcomes and ambitions based around needs of local population groups and the priorities of partners
- Build relationships and collaborative leadership skills across organisational boundaries that promote effective decision making and action, underpinned by collective values, jointly owned priorities and appropriate challenge.

### Key suppliers

PA, Collaborate, SCIE and NAPC will lead this module series.

### Deliverables

- 1. A structured, co-designed set of 10 ALS which support Places in developing a Place vision, strategy and leadership model including:
  - a. Ten facilitated action learning sets/workshops.
  - b. A selection of templates and tools to support learning
- 2. Shared learning content for the ALSs that is user friendly, and accessible both during and following the programme
- 3. Delivery of Module A across the 42 Places in scope is based on the following assumptions:
  - a. Eight Module ALS sessions delivered individually to each Place (42 x 8 ALS sessions); and
  - b. Two Module ALS sessions delivered in small groups (assumed to be seven groups of six, with up to 14 sessions in total) to share and embed learning.
  - c. These sessions may be delivered through an equivalent combination of actionbased learning if it is agreed this would achieve the same outcomes. The Programme Design Integrity Group will have the opportunity to review the need for any amendments based on lessons learnt from delivery of the first half of the module.

### Milestones

The following milestones will apply:

- 1. Content Design Submission of detailed design during early November
- 2. Delivery of Module A sessions Delivery of sessions will be reported monthly against the schedule agreed in the Wave Plan. If a scheduled ALS is cancelled with less than four weeks advanced notice it will count as delivered for the purpose of this milestone, and any revised schedule will be subject to mutual agreement between the Place, NHSEI and Supplier. This will be clear communicated to ICSs and Places involved in the programme.

*Link to requirements* D1, D2, D5, D7, D8, D9, D10, D12, D13, D14 *Authority responsibilities* 

- (i) To provide the Authority representatives to engage and inform development of the deliverables.
- (ii) To facilitate access to wider stakeholder representatives, data and information involved in related issues in support of content design.
- (iii) To provide timely feedback on any amendments to suggested content based on participant feedback
- (iv) To empower representatives in the programme leadership with authority to agree key decisions enabling the delivery of the action learning sets, in particular the Module plan and content design.

## Module B – Governance, function and finance

The purpose of the Module B ALSs is to support Places to:

- Work with their ICS to collectively agree the delegated responsibilities and functions Places will take from the ICS and capabilities required to deliver.
- Design Place based governance structures and forums to enable population-based decision making.
- Agree organisational ownership of capabilities and how to share resources to discharge functions.

### Key suppliers

PA, SCIE and Unique Health Solutions will lead this module series.

#### Deliverables

- 1. A structured, co-designed set of 10 ALS which support Places in developing a Place based governance, ways of working and financial framework including:
  - a. Ten facilitated action learning sets/workshops.
  - b. A selection of templates and tools to support learning
  - c. Shared learning content for the ALSs that is user friendly, and accessible both during and following the programme
- 2. Delivery of Module B across the 42 Places in scope is based on the following assumptions:
  - a. Eight Module ALS sessions delivered individually to each Place (42 x 8 ALS sessions); and
  - b. Two Module ALS sessions delivered in small groups (assumed to be seven groups of six, with up to 14 sessions in total) to share and embed learning.
  - c. These sessions may be delivered through an equivalent combination of actionbased learning if it is agreed this would achieve the same outcomes. The Programme Design Integrity Group will have the opportunity to review the need for any amendments based on lessons learnt from delivery of the first half of the module.

### Milestones

The following milestones will apply:

- 1. Content Design Submission of detailed design during early November.
- Delivery of Module B sessions Delivery of sessions will be reported monthly against the schedule agreed in the Wave Plan. If a scheduled ALS is cancelled with less than four weeks advanced notice it will count as delivered for the purpose of this milestone, and any revised schedule will be subject to mutual agreement between the Place, NHSEI and Supplier.

Link to requirements

D1, D2, D5, D7, D8, D9, D10, D12, D13, D14

- (i) To provide the Authority representatives to engage and inform development of the deliverables.
- (ii) To facilitate access to wider stakeholder representatives, data and information involved in related issues in support of content design.
- (iii) To provide timely feedback on any amendments to suggested content based on participant feedback
- (iv) To empower representatives in the programme leadership with authority to agree key decisions enabling the delivery of the action learning sets, in particular the Module plan and content design.

## Action Learning Set Module C – PHM and integrated transformation

The purpose of these ALS is to help Places to strengthen work already undertaken in population health management, lay the foundations for transformation and develop tangible plans supporting Places to:

- Use real-time Population Health Management approaches including using linked data and risk stratification to identify at risk groups within elective backlog and/or who require bio-psycho-social support in the community
- Engage primary, secondary care and wider Place-based partners in designing new out of hospital data and digitally enabled care models
- Test decision making structures at Place and build an understanding of the core capabilities for spread.

### Key suppliers

PA, Sollis and NAPC will lead this module. There will also be some input from IBM senior clinical SMEs.

#### Deliverables

- 1. A structured, co-designed set of 10 ALS which support Places in developing tangible plans for population health management transformation including:
  - a. Ten facilitated action learning sets/workshops.
  - b. A selection of templates and tools to support learning
  - c. Shared learning content for the ALSs that is user friendly, and accessible and shareable both during and following the programme
- 2. Delivery of Module C across the 42 Places in scope is based on the following assumptions:
  - a. Eight Module ALS sessions delivered individually to each Place (42 x 8 ALS sessions); and
  - b. Two Module ALS sessions delivered in small groups (assumed to be seven groups of six, with up to 14 sessions in total) to share and embed learning.
  - c. These sessions may be delivered through an equivalent combination of actionbased learning if it is agreed this would achieve the same outcomes. The Programme Design Integrity Group will have the opportunity to review the need for any amendments based on lessons learnt from delivery of the first half of the module.

#### Milestones

The following milestones will apply:

- 1. Content Design Submission of detailed design during early November.
- Delivery of Module C sessions Delivery of sessions will be reported monthly against the schedule agreed in the Wave Plan. If a scheduled ALS is cancelled with less than four weeks advanced notice it will count as delivered for the purpose of this milestone, and any revised schedule will be subject to mutual agreement between the Place, NHSEI and Supplier.

### Link to requirements

### D1, D2, D5, D7, D8, D9, D10, D12, D13, D14

- (i) To provide the Authority representatives to engage and inform development of the deliverables.
- (ii) To facilitate access to wider stakeholder representatives, data and information involved in related issues in support of content design.
- (iii) To provide timely feedback on any amendments to suggested content based on participant feedback
- (iv) To empower representatives in the programme leadership with authority to agree key decisions enabling the delivery of the action learning sets, in particular the Module plan and content design.

### Module D – Digital, Data and Analytics

The purpose of these ALS is to help ICSs demonstrate how a population health approach to digital transformation could be adopted at a Place footprint, putting patients, clinicians, carers and the health and social care workforce at the heart of successful Place-based care designs.

These ALS sessions will provide diagnostic support on What Good Looks Like (WGLL) to ICS, leading to development of a plan that will deliver the 7 WGLL success measures. An action learning approach will design digital transformation proof of concept projects focused on the following objectives:

- Drive simplification of underlying infrastructure, by working with the ICS to understand what the business capability needs are
- Agree a strategy on how they use nationally provided digital workforce tools to fully enable integrated working and improve productivity across organisations to support health, care and corporate functions
- Ensure PHM analytics to support systems and digitally and data-enabled systems functions which build upon the integrated service approaches created during the COVID response.

Key suppliers PA and IBM will lead this module

### Deliverables

- 1. A structured, co-designed set of 10 ALS which support Places in developing a Place based as-is assessment and transformation strategy including:
  - a. Ten facilitated action learning sets/workshops.
  - b. A selection of templates and tools to support learning
- 2. High level digital maturity model to support plans to achieve What Good Looks Like and support in enabling the ICS to complete the costed plan to underpin this.

3.

- 4. Shared learning content for the ALSs that is user friendly, and accessible and shareable both during and following the programme
- 5. Delivery of Module D across the 42 ICS in scope is based on the following assumptions:
  - a. Eight Module ALS sessions delivered individually to each ICS (42 x 8 ALS sessions); and
  - b. Two Module ALS sessions delivered in small groups (assumed to be seven groups of six, with up to 14 sessions in total) to share and embed learning.
  - c. These sessions may be delivered through an equivalent combination of actionbased learning if it is agreed this would achieve the same outcomes. The Programme Design Integrity Group will have the opportunity to review the need for any amendments based on lessons learnt from delivery of the first half of the module.

### Milestones

The following milestones will apply:

- 1. Content Design Submission of detailed design during early November.
- Delivery of Module C sessions Delivery of sessions will be reported monthly against the schedule agreed in the Wave Plan. If a scheduled ALS is cancelled with less than four weeks advanced notice it will count as delivered for the purpose of this milestone, and any revised schedule will be subject to mutual agreement between the Place, NHSEI and Supplier.

### Link to requirements

D1, D2, D4, D5, D7, D8, D9, D10, D12, D13, D14

- (i) To provide the Authority representatives to engage and inform development of the deliverables.
- (ii) To facilitate access to wider stakeholder representatives, data and information involved in related issues in support of content design.
- (iii) To provide timely feedback on any amendments to suggested content based on participant feedback
- (iv) To empower representatives in the programme leadership with authority to agree key decisions enabling the delivery of the action learning sets, in particular the Module plan and content design.

# **Coaching & mentoring**

The coaching and mentoring offer will provide tailored support from a coaching menu based on the requirements of each Place, system and leader.

### Key suppliers

PA, Collaborate, SCIE, NAPC, IBM, UHS, Sollis, AGEM and TU will support this deliverable.

### Deliverables

- 1. Coaching and mentoring support for based on needs.
- 2. A selection of templates and tools to support learning and wider participation amongst all those involved in the programme.
- 3. Coaching and mentoring options that build sustainability with leaders equipped to facilitate and lead through tailored selection of support based on:
  - a. Hands on support and coaching, e.g. in population health analytics
  - b. Executive coaching
  - c. Expert mentors
  - d. Team based coaching
- 2. Delivery of the equivalent of 400 days support will be offered during the term of the programme. Should the term be extended this support will be profiled across the revised term.
- 3. The content and focus of coaching and mentoring support will be aligned to the action learning programme and agreed as part of the tailored Place programme design with each Place.

### Milestones

The following milestones will apply:

- 1. Support offer Agreement at the Programme level of the coaching and mentoring offer aligned to the action learning programme and call off arrangements to be agreed during November 2021.
- 2. Agreement of eligible coaches Places will work with their named relationship manager to agree leaders eligible for support within four weeks of delivery of their first ALS.
- *3. Delivery of coaching and mentoring support* Delivery of support will be reported monthly. The following assumptions will apply:
  - *a.* If a scheduled coaching/mentoring is cancelled by the leader with less than four weeks advanced notice it will count as delivered for the purpose of this milestone, and any revised schedule will be subject to mutual agreement between the Place, programme and Supplier.
  - *b.* A leader may receive support up to the end of June 2022, if this is scheduled before the end of March 2022. If this session is cancelled it will count as delivered for the purpose of this milestone.

Link to requirements

D1, D2, D3, D7, D9, D11, D12, D13, D14

- (i) To provide the Authority representatives to engage and inform development of the deliverables.
- (ii) To facilitate access to wider stakeholder representatives, data and information involved in related issues in support of content design.
- (iii) To provide timely feedback on any amendments to suggested content based on participant feedback
- (iv) To empower representatives in the programme leadership with authority to agree key decisions enabling the operation of coaching and mentoring, in particular the support offer and call-off process.

### Place relationship management

Each Place will have a lead point of contact, called a Place Relationship Manager. They will be supported by sevenRegional Relationship Managersto co-ordinate engagement and work with regions to agree Places involvement in the programme.

After discovery, the Regional Relationship Manager support will be reprofiled based on the Wave Plan, to be proportional to the number of Places in the programme at any time.

### Key suppliers

PA, SCIE, NAPC, UHS and IBM will support the regional relationship manager roles in this deliverable.

### Deliverables

- 1. A named Place Relationship Manager (PRM) for each of the 42 Places (supported by our Regional Leads).
- 2. The PRM working with the Place to enrich understanding of the local context to enable validation during initial ALS sessions.
- 3. The PRM working with the Place to agree eligible leaders for coaching and mentoring support.
- 4. Supporting the Regional Manager to co-ordinate between the Place, System and Region to track, document and capture progress, risks and issues throughout the programme.

### Milestones

The following milestones will apply:

- 1. Regional Relationship Managers to hold an initial meeting with the named contact point for each Place within one week of agreed participation in the programme.
- 2. Facilitate Place based discovery information gathering in advance of ALS delivery sessions
- 3. Place relationship managers confirm nominations of leaders for coaching and mentoring.
- 4. Place relationship managers review a weekly update report for each Place throughout the programme and have a monthly meeting with regional contacts

### Link to requirements

D1, D2, D3, D6

- (i) To provide the Authority representatives and details of regional and system level contacts to engage and inform delivery of the programme.
- (ii) To facilitate access to wider stakeholder representatives, data and information involved in related issues in support of discovery and delivery.
- (iii) To engage with the Suppliers regional and Place relationship managers to support engagement, selection and participation in the programme, and to assist in managing any risks and issues raised.

# 2.3. Flexible partnering

The purpose of this work package is to provide flexibility and adaptability from the Consortia in the programme to respond to requirements from the national programme and Places in response to experience from delivery.

There will be no activities in this work package at the start of the programme. Should any additional activities be required they will be mutually agreed and documented through a change control notice.

This will managed through a monthly contract review meeting involving the following steps:

- 1. Either party may identify a recommended change to the programme delivery approach and request consideration of either alternative or additional activity in a contract review meeting;
- 2. If following consideration an alternative or additional activity would be desirable the Supplier will be invited to put forward a proposal for additional or alternative activity with agreed parameters;
- 3. They will, in consultation with their partners, consider whether they (a) wish to accept the invitation and therefore submit a proposal in line with the terms of the invitation or (b) decline the invitation;
- 4. The Authority will consider any Supplier response to an invitation and if accepted agree a change control notice to update this work package.

In addition the Authority will be able to extend the term of delivery for current activities for up to three months once Places involved in the programme have been agreed on the basis of the Wave Planning.

## 3. Management of Delivery Alliances

The purpose of this work package is to provide flexibility for additional delivery alliances during the life of the programme.

From the commencement of the programme this will include the Local Government Association.

Should any additional delivery partners be required they will be mutually agreed and documented through a change control notice.

This will managed through a monthly contract review meeting involving the following steps:

- 1. Either party may identify a recommended additional delivery partner to augment the programme delivery approach and request consideration of inclusion in the delivery arrangements.
- 2. If following consideration an additional delivery partner would be desirable the additional delivery partner will be invited to put forward a proposal for additional or alternative activity with agreed parameters.
- 3. The Authority and the Supplier will, in consultation with their partners, consider whether they (a) wish to accept the proposal and therefore work with the additional delivery partner to augment the value of the programme delivery in line with the terms of the invitation or (b) decline the proposal.
- 4. If a proposed additional delivery partner is accepted then their will be a change control notice to update this work package and document roles, responsibilities and resources. Any additional delivery alliance incorpated will be required to accept the Supplier's contracting terms and conditions if incorporated into this agreement.

## 3.1 Local Government Association

The Local Government Association are partners in the programme and will work with the Supplier to deliver the programme. The Authority and Supplier will agree with the Local Government Association a programme of activity to support the programme up to the value of £300,000.

## 3.2 Optum

Optum have been delivering a related a population health management programme and will work with the Supplier to deliver the programme. The Authority and Supplier will agree with Optum a programme of activity to support the programme.

## 4 Division of Service provision between Suppliers/Sub-contractors

The division of the services between Suppliers (where more than one Supplier) must be consistent with the completed Supplier Matrix, subject to any assignment/subcontracting permitted by the terms of the Framework Agreement after the commencement date of the Framework Agreement.

•		
Sup	oplier	Matrix

Supplier	Service
PA Consulting Services Limited	Deliverables:
	1. National Delivery Support Unit
	a. Consortium Leadership
	b. Programme Director
	c. Discovery
	d. Programme Design
	e. Reporting Design and Delivery
	f. Evaluation and sharing
	2. Place Delivery
	a. ALS delivery
	b. Coaching and Mentoring
	c. Place Relationship Management
IBM,	Deliverables:
	1. National Delivery Support Unit
	a. Consortium Leadership
	c. Discovery
	d. Programme Design
	2. Place Delivery
	a. ALS delivery
	b. Coaching and Mentoring
	c. Place Relationship Management
SCIE	Deliverables:
	1. National Delivery Support Unit
	a. Consortium Leadership
	b. Discovery

	d. Programme Design
	2. Place Delivery
	a. ALS delivery
	b. Coaching and Mentoring
	c. Place Relationship Management
Collaborate	Deliverables:
	1. National Delivery Support Unit
	a. Consortium Leadership
	2. Place Delivery
	a. ALS delivery
	b. Coaching and Mentoring
Unique Health Solutions	Deliverables:
	1. National Delivery Support Unit
	a. Consortium Leadership
	2. Place Delivery
	a. ALS delivery
	b. Coaching and Mentoring
	c. Place Relationship Management
Sollis	Deliverables:
	1. National Delivery Support Unit
	a. Consortium Leadership
	2. Place Delivery
	a. ALS delivery
	b. Coaching and Mentoring
National Association of Primary Care	Deliverables:
	1. National Delivery Support Unit
	a. Consortium Leadership
	b. Discovery
	d. Programme Design
	2. Place Delivery
	a. ALS delivery
	b. Coaching and Mentoring

	c. Place Relationship Management	
The Nuffield Trust	Deliverables:	
	1. National Delivery Support Unit	
	a. Consortium Leadership	
	d. Programme Design	
	e. Reporting Design and Delivery	
	f. Evaluation and sharing	
Local Government Association	Deliverables: in line with summary in 3.1	
Optum	Deliverables: in line with summary in 3.2	

## Annex 2 Extra Key Provisions

The following obligations are the "Authority Obligations" for the purpose of this Call Off"

The Authority agrees all of the obligations in this order form.

In addition to the obligations detailed in Annex 1, the Authority will:

- Provide access and time from the Population Health Management team to support delivery in line with the requirements of the programme and agreed schedule
- Provide support for enabling liaison, co-ordination and involvement with regional teams on Places involvement in the programme
- Provice access to data, information and other useful information to support the delivery of the programme from both the Population Health Management team and other resources in NHS England, NHS Improvement and NHS x
- Confirm the governance arrangements for key decisions and documenting agreement
- Agree ways of co-creation and collaborative working using MS Teams or similar.
- Use a monthly contract review meeting for the agreement of any revisions to the term, programme plan and associated payments

## **Contract Price and Payment Terms**

## **Contract Price**

£ 6,300,000 plus VAT. This is inclusive of a £300,000 fixed fee for Local Government Association who will sub-contract with PA Consulting Services Limited.



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## Implementation Plan (if any)

## Information Security Management Plan

This a base assignment security plan will be reviewed as part of the monthly contract meeting to ensure compliance with national guidance.

The base assignment security plan is in pages 47 to 55.

# **PA'S STANDARD SECURITY ARRANGEMENTS**

The security arrangements below represent PA's **baseline standards** for assignment security and must be communicated to the assignment team (including contractors) at the start of an assignment and to any new team members when they join. These standards have bene agreed with the assignment PiC as per the signed agreement at the end of this document.

## > PROTECTING CLIENT AND PA WORKSPACES

Always follow the client's security policies and procedures when on site unless PA's policies, procedures or an Assignment Security Plan (when required) offer greater protection

When on client site, check who is following you into access-controlled areas, ensuring that they are authorised to enter unescorted or, if not, that they are under escort by an appropriate person

Wear your pass at all times. This confirms your entitlement to be in an area and saves the embarrassment of being asked to confirm your identity. When leaving buildings your pass should not be displayed and must be removed from view

If a person is not wearing a pass in an access-controlled area and you are unsure of his/her authority to be there, challenge politely, ask to see their pass and request they wear it. If they are unable to produce a pass escort them out of the area

Never leave visitors unattended in access-controlled areas.

## > PROTECTING ACCESS TO INFORMATION AND INTELLECTUAL PROPERTY

- Clear office policy: Outside normal working hours and during the working day, ensure that sensitive information or other items of value are appropriately secured and placed out of sight or in lockable cabinets. A clear desk demonstrates to clients that we take security seriously and that we are professional and can be trusted with their information
- If carrying confidential or sensitive information or intellectual property on public transport or in public areas, always keep it under direct control and supervision. When passing through airports, take particular care to ensure that such items are not mislaid
- Observe the relevant client rules and procedures in respect of different types of data, eg, personal data, government classified information or sensitive technical data and understand how it should be handled correctly
- When printing, scanning or copying documents, do not leave the documents unattended on the printer. Printed material must be handled and stored securely
- Do not discuss sensitive business issues in public areas in person or on the telephone where overhearing would risk unauthorised disclosure of privileged information
- When employing sub-contractors, ensure that they understand the local legal and regulatory requirements and the arrangements for privileged information
- When individuals, including sub-contractors, leave an assignment, **ensure they return or delete all assets** including client data, documentation and equipment.

## PROTECTING ACCESS TO IT SYSTEMS AND ELECTRONIC INFORMATION

- When working on your computer always lock the computer screen if the computer is unattended. Use a privacy screen if working in public spaces
- If carrying laptops, removable media, or work mobile phones on public transport or in other public areas, always keep them under direct control and supervision
- Passwords for computers/mobile phones must not be disclosed and must not be kept in written form in a place or manner that may allow unauthorised users to gain access
- Wherever possible, avoid taking your laptop to social occasions in public areas (e.g. restaurant/bar). If you have to take your laptop, do not leave it unattended for any reason
- Do not send business (assignment, client or general PA) emails to personal e-mail accounts unless you have been specifically authorised to do so. Auto-forwarding of emails is not permitted
- Connecting a PA laptop to a client network is not permitted. This measure is designed to protect both the client and PA. Similarly, client laptops cannot be connected to the internal PA network.

## USE OF MICROSOFT TEAMS

This section only applies if you are using Teams to collaborate with third parties (clients, suppliers, guests). If you require a Teams site please contact the global help desk and also specify the domains you wish to share externally with. Domains are to be recorded in the ASP below. Please note that consumer domains, such as gmail.com, will not be permitted.

We have secured Teams to a certain level however, so we can continue to protect our firm from inappropriate data exposure, it is critical that access and usage is sensible and that you follow our policy. Our policy is that:

each group has a Team owner (usually the assignment manager) who has responsibilities to: ensure only those third-party people who need access are added to the Teams site. Note: an 'allow list' of a company/organisations domain will be added, not personal/consumer email address

ensure if someone leaves the third-party company, or no longer requires access, they are removed brief all people working on the Teams site about their responsibilities

demonstrate who has accessed the site, if required

report any inappropriate usage of Teams to the Partner in Charge and/or Operational Risk. everyone who uses the Team (including team owners) is aware:

that documents with certain classifications (e.g. PA Internal Use) will be blocked from being shared with third-parties by Teams. Documents will need to be re-classified appropriately following the correct PA or client classification, they cannot be released

that when working with Teams that have third-party access enabled you need to take care not share content inappropriately

of any specific client contract or assignment restrictions (for example, accessing or storing content at home or from/on a non-PA device, this may not be allowed)

not to use Teams to gain access to other features and capabilities that you may become aware of without checking with the assignment manager.

## COMPLETING APPROPRIATE PERSONNEL SECURITY CHECKS ON OUR PEOPLE

PA completes the appropriate baseline standards checks and due diligence on PA people and non-PA people such as contractors in all countries in which we operate.

If security clearances are required by the client, all members of the assignment team, (including subcontractors), must be security cleared to the level necessary for the assignment. Clearance must be obtained before access is given to client information. If further advice is required contact PA's security vetting team on +44 1763 267 167 or email Operational Risk.

## > SECURITY BRIEFINGS

Regular security briefings must be held during the assignment to:

ensure that new team members are aware of security expectations confirm that current security arrangements continue to be appropriate for the assignment identify changes that require mitigation e.g. changes to master services agreements provide an opportunity to report/discuss security issues or breaches.

A positive approach to reporting possible security incidents is vital and should be focused on fixing the problem and not apportioning blame. The Assignment Manager (or person with delegated responsibility for assignment security matters) is responsible for briefing assignment team members on their security obligations at the start of an assignment and for updating the brief (every six months as a minimum, or when circumstances change).

Depending on the sensitivity of the assignment or the client, additional security measures may be necessary at the proposal stage. Security measures need to be recorded in this document and implemented once the bid is successful and assignment planning activities begin.

### THE FIRST SECURITY BRIEFING

The initial briefing should, as a minimum, deliver the following security-related information to all members (PA/sub-contractor) of the assignment team:

Nature and objectives of the assignment

Key assets, dependencies and capabilities likely to be required to bring the assignment to a successful conclusion

Main areas of potential security vulnerability e.g. threats and risks

Standard security measures most relevant to the particular assignment and as appropriate, any enhanced security measures required for the assignment e.g. security clearance

Aspects of the assignment where a greater level of security risk may have to be 'tolerated' (subject to Head of Security approval)

What to do/how to report in the event of identifying a security concern or incident.

The briefings should be delivered verbally to permit questions and facilitate clarification where required. Assignment and ongoing briefings incorporating this plan will be completed and recorded in the assignment file together with acknowledgements from team members.

Subsequent briefings should take place either as a refresher (every six months) or following a security incident, other security event, or following changes in contractual or legal and regulatory law.

ALL briefings must have a written record in the form of either an attendance sheet or an email as confirmation. The records are to be stored with the job on the Teams site in Office 365 / other approved system along with this document.

## REPORTING SECURITY INCIDENTS PROMPTY

Security incidents may occur from time to time and must be addressed at the earliest possible stage in any given part of the process. All assignment team members must be able to recognise where risk is or might be arising and must have sufficient awareness and knowledge of how to report and respond to security risk issues.

Any loss of assignment material outside the client location will be treated as a security incident and should follow the steps below:

#### Respond effectively to security concerns and incidents

In response to a security concern or incident, follow these four main steps:

- identify and assess make an appropriate inventory of any items judged to be lost or otherwise compromised, eg, hard copy documents, removable IT media, laptops
- report when reporting a security concern or incident, always ask yourself 'who needs to know?' As a minimum this must include the Assignment Manager
- monitor if you are the first to discover a concern or incident, continue to monitor and report until you know that responsibility has been assumed or the incident is closed

close - record lessons identified; implement and communicate any improvements as appropriate.

If you become aware of a security concern or incident do not assume that someone else is/will be dealing with it, always check. It may not always be obvious that a security lapse has occurred, and it is important to be able to recognise the signs.

A security concern or incident could be:

a person is found in possession of information, intellectual property, items of technology or IT to which he/she may not be entitled

information or other items of value have been tampered with or are lost

cabinets, desks or offices used to store privileged information are discovered open and unattended an unfamiliar person in an access-controlled workspace looking lost or not wearing a pass being

unduly inquisitive in areas or about matters which do not concern them

business information sent to personal e-mail accounts without prior authority. Speak up if you have any concerns. If something feels wrong, report it to your Partner in Charge, Assignment Manager or project manager straight away. If the incident/risk severity is high and could damage the business in any way contact **Operational Risk** 

(OperationalRisk@PACONSULTING.COM) or Head of Security (Lawrence Ward) immediately.

## REPORTING HEALTH AND SAFETY INCIDENTS PROMPTLY

In order to protect the wellbeing of our people we monitor all accidents and near misses. This information enables us to undertake investigations and put in place measures to prevent and mitigate the risk of recurrences. All accidents and near misses must be reported as soon as possible after the incident using the accident form (here) on PA's accident management system. This should be done by whoever is best placed to make the report but essentially it does not matter who, just that the incident is reported. The accident form can be found on PA H&S page on Office365. Once the form has been submitted, the H&S coordinator will begin the investigation and engage with the relevant parties within PA.

Please follow and adhere to PA's guidance in relation to the current Covid 19 pandemic.

If you have any questions about this process, please contact the <u>H&S Coordinator</u>.

## > ESSENTIAL INFORMATION WHEN TRAVELING ABROAD

The safety of our people is our highest priority, and our work often takes us away from home. Circumstances in the locations where we work can change, often rapidly. PA work with security and travel agencies to assess the threat factors in the countries where we operate in order to ensure that we are kept safe when working. <u>Here</u> is the current threat analysis for each country, and who to contact for further information and approval to travel to higher risk countries.

#### What to do in an emergency

When traveling on business, it is important to keep a note of the contact details of PA's Personal Accident and Travel Insurance provider. Assistance is available 24 hours a day, every day of the year.

Print a copy of this emergency card and keep it with you at all times.

To load the contact card, ctrl click on this <u>here</u> and save the details to your address book.

# 2. If you fall ill and need assistance or advice , call Zurich Travel Assistance - Call +44 (0)1489 868 888 or visit <u>www.zurich.co.uk/travelassistance</u>

3.

4. The helpline is manned 24 hours a day, 365 days a year by multi-lingual assistance coordinators, experienced in managing medical assistance cases with hospitals and clinics worldwide. Also available are security experts to provide a comprehensive range of complementary security services.

5.

- The insured person must contact Zurich Travel Assistance as soon as reasonable if illness or bodily injury results in the need for in-patient hospital treatment.
- Zurich will not pay for any emergency repatriation expenses incurred without the prior consent of Zurich Travel Assistance or for any hospital treatment provided on an in-patient basis where the insured person has not made all reasonable attempts to obtain the prior consent of Zurich Travel Assistance or obtained the consent of Zurich Travel Assistance as soon as reasonable.

When seeking medical or travel assistance please make sure the following information is available:

- 6. a) the insured person's name
- 7. b) the telephone or facsimile number where an insured person can be contacted;
- 8. c) the insured person's address abroad;
- 9. d) the nature of the emergency or the assistance required;
- 10. e) the name of the insured person's company, employer or organisation.

If you require help/advice when planning to travel to an Amber or Red flagged country (see country list <u>here</u>), contact Lawrence Ward, PA's Head of Security.

#### Visas and work permit

Before travelling please check whether there are visa or work permit requirements. Newland Chase are PA UK's appointed immigration advisors who will manage the application process for you and will assist you with all your requirements. Please check with Newland Chase on a case-by-case basis before travelling as visa requirements are dependent on nationality, the country being visited, and the purpose of the visit. They can be contacted via our dedicated mailbox:

or on +44 20 3668 2700.

#### **Embargoed Countries**

The UK, EU and the US have sanctions in place which restricts our ability to work or contract in specific countries. There are significant penalties for violating such embargos, including imprisonment, and it is therefore vital to first check the current embargo restrictions <u>here</u> and to discuss with Group Legal as necessary.

### > CLOSING DOWN THE ASSIGNMENT UPON COMPLETION

At the end of the assignment a security handover must be completed with the client to ensure that any sensitive information is archived or disposed of securely as appropriate as per stage 5 of the PAAAS.

All data to be removed from PA laptops and stored on the Teams site in Office 365 / other approved system where appropriate.

#### **Client Assets**

If you are issued with client IT such as a laptop, phone or other media storage device, this must be recorded in the client file. It's status must be recorded when returned to the client so that there is a clear record of the custodian of any assets. When returned, a record and receipt must be kept (such as a courier receipt) as well as following any specific asset handling requirements from the client.

Confirmation of the above handover and the client's approval must be recorded and uploaded to the job site (commercial file) / PA SharePoint Online.

#### **ASSIGNMENT DEBRIEFING**

Leavers (PA or subcontractors) must be debriefed when they leave the assignment, whether it is at the conclusion of the assignment or before. The purpose of this debrief is to:

remind team members of their obligations relating to the privacy and security handling of data related to the assignment

confirm that all client information held by the individual has been returned to PA, the client or destroyed as appropriate, and it has been removed from all laptops as required

ensure that all hard equipment, access control passes, and removable media has been returned to its rightful owner.

Assignment debriefs will be conducted and recorded in the assignment file and assignment material will be archived or disposed of securely.

Confirmation of the above **must** be recorded and uploaded to job site (commercial file) / PA SharePoint Online.

## **ASSIGNMENT SECURITY PLAN (ASP)**

An ASP must be produced if, having considered PA's and the clients' potential risks, the Assignment Manager or the client determines that PA's baseline measures are not sufficient.

## > ASSIGNMENTS PROCESSING PERSONAL DATA

If you are processing personal data, you will also need to complete a Data Privacy Impact Assessment (appendix A).

It is a **legal requirement** that you complete this, and failure to do so could result in PA being subject to an external investigation and significant statutory fines.

## > REVIEWING – ONGOING MAINTAINANCE OF HIGH SECURITY STANDARDS

Once the ASP is approved and in place, the Assignment Manager is responsible for ensuring that the ASP remains up to date and continues to be relevant to the assignment. AM's can do this by:

holding regular assignment team briefings to discuss the ASP with your assignment team and invite comment/collaboration on resolving any issues

engaging with the client to ensure that they continue to be comfortable with the security arrangements in the ASP

completing an annual document review of the ASP, or reviewing the ASP when the assignment changes significantly

periodically auditing the assignment team to check they are complying with the ASP

update the ASP if there are any relevant changes to the master service agreements or the framework agreement

asking Operational Risk for help if additional guidance is needed.

Keeping the ASP updated ensures that PA and client information is protected and enables us to deliver against our objectives.

## ASSIGNMENT SECURITY PLAN

#### Assignment Synopsis

- This assignment requires PA members of staff to liase and work closely with people from different companies across a Consortium and with multiple. PA will be working with multiple organisations to enhance place based partnerships and use of population health management.
- 2. To enable the appropriate support to be provided, PA may need access to data from across local areas systems which may require additional security measures and may require a DPIA. The need for this may be limited by working on local systems. At this stage of the design it is not a risk but will be an issue to address during programme design. Therefore this Assignment Security Plan will be further updated to reflect the programme requirements by 1 November 2021

#### Assessment of Risk

ISO27001 recommends that a risk assessment is completed to identify and help protect key assets associated with the assignment.

Asset Details	Consortia - background Intellectual Property supporting the project
What do you need to protect? (e.g. data, intellectual property)	
Owner	PiC
Who is legally responsible for the asset above? (e.g. PiC, Client, Client's supplier)	Partner companies in Consortium
Value	Company Intellectual Property
What value does the asset have (e.g. a monetary value, or is it company intellectual property?)	
Impact	Medium: May temporarily lose good relationship with
What would the consequences be for PA/the client if the asset were lost, stolen or disclosed to unauthorised individuals? E.g.:	major client, but damage recoverable
High: Critical reputational/financial impact: Would potentially stop PA doing business in an entire sector	
Medium: May temporarily lose good relationship with major client, but damage recoverable	
Low: May cause PA minor embarrassment	

Vulnerabilities What properties does the asset have which could mean it is vulnerable (e.g. the data is not encrypted, there are no backup copies of the information, the information could be shared with people who do not have permission to see it, the asset is physically fragile etc)?	The information could be downloaded by partner companies and shared with someone who does not have permission	
Threat Rating Think about your answer to the 'Impact' section earlier in this form. How severe is the above vulnerability (e.g. High, Medium or Low)?	Low	
Range / Environment How far reaching are the consequences of the asset being compromised? (e.g. Local, National, Global)	Only relevant to similar projects, but could be on a national level	
Threats Considering the vulnerability listed above, are there any ways someone might exploit this to gain access/harm the asset (e.g. hacking, theft, acts of god, terrorism, unauthorised disclosure, breach of law)?	The PA team will carefully store material that they add to this shared site as there are partners who can access, so the threat is low	
Likelihood How likely is the above to happen?	Not likely	
Mitigation How will PA work on the assignment to mitigate the risks above, or minimise them?	The PA team will have an internal teams site to keep all sensitive material and documents and then only put what is necessary on the team with the Partner companies	

Risk	Very Low risk		
If the above mitigations are observed, what is the risk of the above scenarios happening			
Further mitigation Are there any additional	Mark all materials with Confidential and PDF documents where possible		
actions that PA can complete to minimise risk to this asset?			

Finally, include anything that you feel is relevant to the assignment but not covered above. Operational Risk is always happy to provide advice and guidance with your ASP.

## AGREEMENT

Assignment Security Plans and H&S assessments **when required** should be shared \*\* between the Partner in Charge and the Client. This ensures that all parties have a firm understanding of the obligations and capabilities and agree to adopt the appropriate behaviours.

The measures highlighted in this security plan aim to mitigate the specific security risks identified in the assignment and are agreed between:

- PA Consulting Group, 10 Bressenden Place, London SW1E 5DN; and
- 2. NHS England and NHS Improvement

For the purposes of this agreement, it is agreed that the following roles and responsibilities will be adopted:

#### **Roles and Responsibilities**

8	9 Signature	10 Contact Number
PA Partner in Charge	Gareth Fitzgerald	07785444142
Assignment Manager	Tim Pope	07905608476
Client Point of Contact	Phil Walker	
Date Approved: 22 October 2021		

Once completed, please save a copy in the Teams site in Office 365 / approved system jobsite / commercial file and email a copy of this ASP to <u>operationalrisk@paconsulting.com</u>. Operational risk may require changes to content for the purposes of clarity.

## **Supplier Solution**

## **Processing of Personal Data**

[As referenced in Schedule 18 of the Call-Off Terms and Conditions]

## BOARD REPRESENTATIONS AND STRUCTURES

## Service Management Board Representation and Structure

Authority Members of Service Management Board	
Supplier Members of Service Management Board	Hilary Thomas Gareth Fitzgerald Georgina Cox
Start Date for Service Management Board meetings	21 <sup>st</sup> October 2021
Frequency of Service Management Board meetings	Fortnightly
Location of Service Management Board meetings	Virtual

## Annex 9

## **Notified Sub-Contractors**

Notified Sub-contractors *IBM* 

Collaborate

Unique Health Solutions

Sollis

National Association of Primary Care

The Nuffield Trust

NHS Arden & Greater Manchester Commissioning Support Unit

NHS Transformation Unit

LGA

Optum