Joint Schedule 2 (Variation Form)

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Joint Schedule 2 (Variation Form)
This form is to be used in order to change a contract in accordance with Clause 24 (Changing the Contract)

Contract Details			
This Variation is between:	The National Health Service Commissioning Board Authority, known as 'NHS England' (on behalf of NHSX) ("the Buyer")		
	And		
	Kainos Software Limited ("the Supplier")		
Contract name:	Management Consultancy Framework Three (MCF3) (RM6187) for the provision of NHS Digital Transformation of Screening Programme – Phase 1, Phase 2, and Phase 3 ("the Contract")		
Contract reference number:	Atamis_C67476 / Supplier reference: PID120662		
Details of Proposed Variation			
Variation initiated by:	Supplier		
Variation number:	CCN004 / Supplier reference: PID124295		
Date Variation is raised:	16 th June 2022		
Proposed Variation	Variation to confirm the scope, charges and anticipated completion dates of the Call-Off Deliverables for Phase 2, comprising Work Packages 4 and 5.		
Reason for the Variation:	The scope of the initial Order Form comprised Phase 1 (Work packages 1-3) with an expectation that a contract Variation would be raised for Phase 2.		
An Impact Assessment shall be provided within:	5 days		
Impact of Variation			
Likely impact of the proposed Variation:	Phase 2 will be delivered between 20 th June 2022 and 30 th September 2022.		
	A more streamlined approach has been agreed for Work Package 4 (as described in the "Contract Variation" section below) to allow the work package to be delivered closer to the original budget for Phase 2 of £774,600 excluding VAT and pre-approved travel and expenses.		
	Phase 2 has a total price of £882,100 excluding VAT and pre-approved travel and expenses, subject to the assumptions and dependencies listed below. This total price includes the addition of an Architect and Business Analyst to the Work Package 4 team. These additional		

Framework Ref: RM6187

Model Version:

roles will be provided by the Supplier as these roles cannot be staffed by the Buyer.

Assumptions and dependencies:

- Since Lynch is not yet a live service, it is assumed that the architecture will be designed around the DToS products.
- Availability of business stakeholders can be secured by 20th June 2022 to allow WP4 to progress at pace.
- The pre-existing discovery outputs are complete and accurate and have captured all user needs and pain points. All documentation and inputs to be finalised at the end of week 1 of WP4.
- A streamlined governance and sign-off approach can be agreed in week 1 of Phase 2 and does not change.
- All reviews and sign-off are completed in the agreed timescales.
- The strategic approach remains to deliver Breast screening first with extendible technology.
- The sections of the PBC already written and approved do not require any significant updates.
- The existing IT system suppliers are available for detailed technical discussions with the architecture team during weeks 2 & 3 of Work Package 4.
- The business change, service design and technical review activity in Work Package 4 be described at PBC level of detail based on the discoveries and materials provided by NHSD&X.

Outcome of Variation

Contract Variation:

Work Package 4 (FY22/23) is amended as follows:

Work package 4 (20th June 2022 to 30th September 2022)

A more streamlined approach has been agreed for the technical and business activity required to assess alignment of Adult Screening Services (limited to Cervical, Bowel, AAA, Diabetic eye, Lung and Lynch)

compared to Breast Screening, that can deliver the clarity needed for the Programme Business Case (PBC) within the required timescales and available budget. The streamlined approach:

- Will be based on pre-existing discovery materials which are assumed to be accurate and complete, capturing all user needs and pain points.
- Will not include any new discovery activity.
- Will review and update the factors and weightings required by the NHSEI modelling team, to allow them to extend the model for other screening services.
- Will gather just enough detail to feed into the NHSEI models for the PBC.
- Would require further effort for FBC/OBC.

Activity

Alignment of Adult Screening Services (limited to Cervical, Bowel, AAA, Diabetic eye, Lung and Lynch) to Breast Screening will be determined by:

- Consolidating existing documentation relating to user journeys, channels, services, user needs and pain points across the Adult Screening Services.
- Reviewing the existing as-is service blueprints.
- Reviewing the existing architecture diagrams and documentation relating to the technical systems.
- Understanding the information flow between systems.
- Developing a high-level service blueprint for each Adult Screening Service to contain the toplevel user journey overlaid with the business capabilities and digital products identified in Phase 1.
- Comparing to the strategic architecture defined within the Breast OBC to determine alignment.

- Assessing the suitability of the modular approach for DToS for each Adult Screening Service.
- Reviewing the business change impact for Breast Screening with each of the Adult Screening Services to estimate the degree of change.
- Understanding which existing systems for each of the Adult Screening Services are used by devolved authorities.
- Reviewing and updating the factors and weightings to provide to the NHSEI modelling team, to allow them to extend the current model to the Adult Screening Services beyond Breast Screening.
- Reviewing the transition complexity for each Adult Screening Service, considering the number, distribution and variability of existing applications and systems.

Outputs and Deliverables

The Deliverables for Work Package 4 are as follows:

- Consolidated set of "As is" service blueprints for the Adult Screening Services.
- Consolidated user and participant pain points across the Adult Screening Services.
- Mapping of user needs for each of the Adult Screening Services to the DToS digital products.
- Summary of the existing systems for each of the Adult Screening Services used by devolved authorities.
- Business capability map for each Adult Screening Service.
- Consolidated high level business requirements where these have been previously documented.
- High level non-functional requirements e.g. SLAs, volume & performance, cyber etc., where

existing system metrics have been previously documented.

- Consolidated as-is architecture diagram for each Adult Screening Service.
- High level to-be technical architecture mapped and documented for each Adult Screening Service, covering specific application components and services.
- Diagram of information flows between systems, detailing transactional and bulk data transfer across systems.
- Factors and weightings to provide to the NHSEI modelling team, to allow them to extend the model for Adult Screening Services beyond Breast screening.
- Summary of the high-level business change requirements and transition complexity of each Adult Screening Service to DToS.
- View of digital product reuse across all screening programmes as described in the Breast OBC.

Acceptance Criteria (WP4)

Outputs signed off in writing by the SRO of Screening.

Work Package 5 (FY22/23) is amended as follows:

Work Package 5 (20th June 2022 to 30th September 2022)

Building on Work Package 3 which will be a key input (and all other artefacts produced), inline with HMT Green Book produce the fully completed PBC for National Digital Screening Services.

Outputs and Deliverables

A PBC for National Digital Screening Services for Bowel, Cervical, AAA, Diabetic Eye, Lung, Lynch and ANNB comprising:

Strategic Case

- 0. Context
- Case for change including existing arrangements, business need, scope, benefits and risks
- 2. Review based on Technical & Business validation A and that completed in Work Package 4.

Economic case

- 0. Appraisal of short-list
- 1. Preferred option
- 2. Risk, benefit and sensitivity analyses
- 3. Review based on Technical & Business validation A and that completed in Work Package 4.

• Commercial case

- 0. Procurement strategy
- 1. Service requirements
- 2. Risks

• Financial case

- 0. Capital and revenue requirements
- 1. Balance sheet and I&E impact
- 2. Affordability

Management case

- 0. Governance
- 1. Benefits realisation
- 2. Risk management

Acceptance Criteria (WP5)

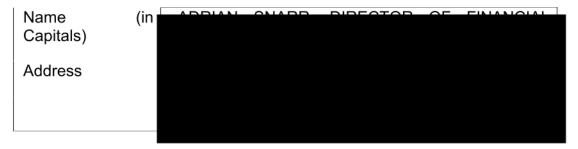
PBC to be signed off in writing by the SRO of Screening. HMT approval is not required as part of

	the milestone acceptant	ce criteria.
	Payment Milestones (\	WP4)
	,	WP4 value): expected billing 2022 upon sign-off of the es:
		set of "As is" service the services set out above.
	Consolidated points across	user and participant pain the services.
		WP4 value): expected billing 2022 upon sign-off of the verables.
		of WP5 value): expected eptember 2022 upon sign-off bles.
Financial Variation:	Total Cost of Phase 1 (including previous contract variations CCN001, CCN002 and CCN003):	
	Cost of Phase 2 due to this Variation (CCN004):	
	Total cost to date of Phase 1 and Phase 2:	£2,720,905.00

- 1. This Variation must be agreed and signed by both Parties to the Contract and shall only be effective from the date it is signed by the Buyer.
- 2. Words and expressions in this Variation shall have the meanings given to them in the Contract.
- 3. The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

Signed by an authorised signatory for and on behalf of the Buyer

Signature	
Date	



Signed by an authorised signatory to sign for and Title Brief of life Supplier control

