

**St Richards Hospital**

Spitalfield Lane

Chichester

West Sussex

PO19 6SE

Tel: 01243 788122 ext. 2433

[www.westernsussexhospitals.nhs.uk](http://www.westernsussexhospitals.nhs.uk)

15th September 2016

Dear Sir or Madam:

**Re: Invitation to offer for the provision of an Occupational Health and Well Being Service for Western Sussex Hospitals NHS Foundation Trust. Offer reference number: T/1165/ZOE**

**Period of contract**: 1st April 2017 to 31st March 2020 with the option to extend by up to 24 months.

Offers are invited subject to the terms of this letter and also to the Terms of Offer (document no.2) for the supply, in accordance with the NHS Terms and Conditions for Provision of Services (Contract Version) (document no.3), of the services detailed in the Specification (document no.4).

**Western Sussex Hospitals NHS Foundation Trust** (the Authority) does not bind itself to accept the lowest or any offer and reserves the right to accept an offer either in whole or in part, each item being for this purpose treated as offered separately. The Authority reserves the right to award contracts for the supply of the services described above and arising out of this procurement process to more than one supplier.

This Invitation to Offer package comprises the following documents (if any of these documents are missing please contact the undersigned immediately):

Document no.1 This covering letter

Document no.2 Terms of Offer

Document no.3 NHS Terms and Conditions for Provision of Services (Contract Version)

Document no.4 Specification

 Appendix 1 Working methods, KPI and performance metrics

 Appendix 2 TUPE Information

 Appendix 3 Occupational Health Activity information

Document no.5 Offer Schedule

Document no.6 Form of Offer

I would like to draw your attention to the following important points when completing and submitting your offer:

1. All offers must be written in English and, where applicable, in ink.
2. All offers must be submitted in a sealed envelope bearing the address label attached in accordance with the documentation provided. It must arrive at that address **no later than** **12:00 on 25th October 2016 (***please also refer to item 5.7 in Document 2 regarding soft copies***)**

I must also draw your attention to the enclosed Form of Offer where all the requirements for completing and submitting an offer can be found. Failure to comply with these instructions may result in your offer being rejected.

You are advised to confirm receipt of this document by email to Andrew.Boxall@wsht.nhs.uk confirming your contact details so that we can ensure you receive any updates / changes to the documentation.

I hope that this is clear but if you have any queries or if there is anything you wish to discuss please contact me.

Yours faithfully

Andrew Boxall

**Head of Procurement**

**Document No. 2**

**NHS contract for the provision of an Occupational Health and Well Being Service for Western Sussex Hospitals NHS Foundation Trust. Offer reference number: T/1165/ZOE**

**Terms of Offer**

**1. Information and confidentiality**

**1.1** Information that is supplied to offerors as part of the procurement exercise is supplied in good faith. However, offerors must satisfy themselves as to the accuracy of such information and no responsibility is accepted for any loss or damage of whatever kind or howsoever caused arising from the use by the offerors of such information, unless such information has been supplied fraudulently by the Authority.

**1.2** All information supplied to offerors by the Authority in connection with this procurement exercise shall be regarded as confidential. By submitting an offer the offeror agrees to be bound by the obligation to preserve the confidentiality of all such information.

**1.3** This invitation and its accompanying documents shall remain the property of the Authority and must be returned on demand.

**2. Freedom of Information Act 2000**

**2.1** The Freedom of Information Act 2000 (FOIA) applies to Western Sussex Hospitals NHS Trust.

**2.2** Offerors should be aware of the Authorityobligations and responsibilities under the FOIA to disclose, on request, recorded information held by the Authority. Information provided by offerors in connection with this procurement exercise, or with any Contract that may be awarded as a result of this exercise, may therefore have to be disclosed by the Authority in response to such a request, unless the Authority decides that one of the statutory exemptions under the FOIA applies. The Authority may also include certain information in the publication scheme which it maintains under the FOIA.

**2.3** In certain circumstances, and in accordance with the Code of Practice issued under section 45 of the FOIA or the Environmental Information Regulations 2004, the Authority may consider it appropriate to ask offerors for their views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under the FOIA, the Authority must comply with a strict timetable and the Authority would, therefore, expect a timely response to any such consultation within five working days.

**2.4** If offerors provide any information to the Authority in connection with this procurement exercise, or with any Contract that may be awarded as a result of this exercise, which is confidential in nature and which an offeror wishes to be held in confidence, then offerors must clearly identify in their offer documentation the information to which offerors consider a duty of confidentiality applies. Offerors must give a clear indication which material is to be considered confidential and why you consider it to be so, along with the time period for which it will remain confidential in nature. The use of blanket protective markings such as “commercial in confidence” will no longer be appropriate. In addition, marking any material as “confidential” or equivalent should not be taken to mean that the Authorityaccepts any duty of confidentiality by virtue of such marking. Please note that even where an offeror has indicated that information is confidential,the Authority may be required to disclose it under the FOIA if a request is received.

**2.5** The Authority cannot accept that trivial information or information which by its very nature cannot be regarded as confidential should be subject to any obligation of confidence.

**2.6** In certain circumstances where information has not been provided in confidence, the Authority may still wish to consult with offerors about the application of any other exemption such as that relating to disclosure that will prejudice the commercial interests of any party.

**2.7** The decision as to which information will be disclosed is reserved to the Authority, notwithstanding any consultation with you.

**3. Samples**

**3.1** Not applicable

**4. Prices**

**4.1** Prices must be stated in the Offer Schedule (document no.5) and must remain open for acceptance until 120 (one hundred and twenty) days from the closing date for the receipt of offers.

**4.2** Prices must be firm (i.e. not subject to variation) for the period of the contract subject only to any variation provisions contained in the contract documents.

**5. Offer documentation and submission**

**5.1** Offers may be submitted for all goods and/or services or for selected items.

**5.2** The goods and/or services offered should be strictly in accordance with the Specification (document no.4). Alternative goods and/or services may be offered but all differences between such items and the Specification must be indicated in detail in the Offer Schedule.

**5.3** **Offers must comprise**:

* The Offer Schedule (document no.5)
* the Form of Offer (document no.6)
* responses / evidence identified as a minimum in document number 2, section 6, Evaluation Criteria
* a statement of prompt settlement discounts, if available (document no.5)

**5.4** The Form of Offer must be signed by an authorised signatory: in the case of a partnership, by a partner for and on behalf of the firm; in the case of a limited company, by an officer duly authorised, the designation of the officer being stated.

**5.5** The Form of Offer and accompanying documents must be completed in full. Any offer may be rejected which:

* contains gaps, omissions or obvious errors; or
* contains amendments which have not been initialled by the authorised
* signatory; or
* is received after the closing time.

**5.6** For help in completing the Form of Offer and commercial queries please contact Andrew Boxall, Head of Procurement 01243 788122 ext. 2433, Andrew.boxall@wsht.nhs.uk, for technical queries about the service please contact Jo Fanning Head of Employee Relations, Jo.Fanning@wsht.nhs.uk

**5.7** Please submit **three** **hard copies** of your offer **no later than** **12:00 on 25th October 2016.** Offers must be written in English and submitted in a plain sealed envelope bearing the address label enclosed herewith and arrive at that address**.** The package must not exhibit any information that would allow the Authority to identify the Supplier prior to opening. In addition, **a soft copy** must be provided via e-mail to Andrew Boxall to be delivered **no sooner than 24 hours and no later than 48 hours AFTER the official close date** for hard copies.

**6. Contract award criteria**

The contract will be awarded on the basis of the most economically advantageous offer established through the application of the following evaluation criteria and weightings methodology.

**Scored evaluation**

Will comprise a scored evaluation of the offer documentation submitted to the Authority considering the Key Success Criteria set out in the table below, using the following scoring methodology.

**Scoring**

The non - financial criteria responses will be scored on a 0 – 5 scale

5 Excellent, addresses all issues and is of a quality and level of detail and understanding that provides certainty of delivery

4 High degree of confidence in the suppliers ability to deliver through a thorough understanding of what is being requested demonstrating that the bidder can do what they say they will

3 Good understanding of the issues, good level of detail, and demonstration that proposals are feasible so that there is a good level of confidence that the Bidder will deliver

2 Some evidence that the bidder understands the issues and addresses them appropriately with sufficient information, but lacking reliable substance.

1 Some misunderstandings and a generally low level of information and detail. Bidder fails to meet expectations in many ways and provides insufficient confidence to the evaluator

0 No information or barely understood by the Bidder and / or missing information. Provides no confidence that the requirements will be met

Where applicable, and as set out in the following **Non-Financial Evaluation Criteria**, certain sub-criteria are considered to warrant a higher range of scores than 0-5 and as such a factor has been applied to a number of the sub-criteria such that it will create, for that sub-criteria a scoring range of 0-10 but with increments of 2, i.e. 0,2,4,6,8,10.

An overall moderated composite score based on an average of the scores provided by the evaluation panel will be used to establish the score awarded to each bid.

Information has also been provided against each sub-criterion, providing an indication of the topics that will be taken into consideration by the evaluation panel when scoring bids.

Also, a number of sub-criteria have been highlighted green. These sub-criteria will be scored as stated above but will also form part of the presentation element of the tendering process. For these criteria, they will be subject to a moderation process as a result of the presentation, i.e. the presentation is being used to provide additional assurance for the written submission received.

**Presentation**

A presentation day will be held on 14th November with Trust site and final topic confirmed in due course.

All suppliers submitting a valid bid will be invited to present.

**Non-Financial Evaluation Criteria**



**Financial Criteria**

The Financial criteria will be utilised as follows to determine the scores for each bid:

Cost of bid over Non-Financial Evaluation Score = cost per ‘benefit point’ (CPBP)

For example, a bid scores 110 out of 150 and has a financial cost of £150,000, another bid has the same score but a cost of £200,000.

In example 1, the bid would receive a CPBP of £1363.64

In example 2, the bid would receive a CPBP of £1818.18

In this example, the first bid with a CPBP of £1363.64 would be the best scoring bid.

This contract therefore will be awarded on a lowest CPBP basis

**7. Contract monitoring**

The Authority is committed to helping improve the efficiency of contracted suppliers through sharing information on performance measurement. The criteria for measuring performance shall be agreed with the supplier/s and formally documented. It is possible that measurement criteria will develop during the term of the contract - this will also be documented following agreement with the supplier/s.

**8. Rebates/commissions**

**8.1** In any application of rebates and commissions, offerors will be treated fairly and equitably within their markets. Furthermore, agreement will be reached between both parties on the process for relating payments to contractual activity.

**9. Bribery Act 2010**

**9.1** Your attention is drawn to the Bribery Act 2010 that requires organisations, their employees and agents to take necessary and reasonable steps to act in accordance with the legislation, in particular the sections relating to offences of bribing another person (section 1), being bribed (section 2) and Corporate liability.

**10. Primary Period**

The contract will commence on 1st April 2017 for a period of three years with an option to extend for up to twenty four months.

Document No. 3

**NHS contract for the provision of an Occupational Health and Well Being Service for Western Sussex Hospitals NHS Foundation Trust. Offer reference number: T/1165/ZOE**

**Terms and Conditions of Contract**

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**Specification Document No. 4**

**NHS contract for the provision of an Occupational Health and Well Being Service for Western Sussex Hospitals NHS Foundation Trust. Offer reference number: T/1165/ZOE**

**Introduction**

Western Sussex Hospitals NHS Foundation Trust serves a population of around 450,000 people across a catchment area covering most of West Sussex. The Trust runs three hospitals: St Richard’s Hospital in Chichester, Southlands Hospital in Shoreham-by-Sea, and Worthing Hospital in the centre of Worthing. St Richard’s and Worthing hospitals provide 24-hour A&E, acute medical care, maternity and children’s services, while Southlands specialises in daycase procedures and diagnostic and outpatient appointments. In addition to our three hospitals, we provide a range of services in other community settings, including Bognor War Memorial Hospital, Crawley Hospital, health centres, GP surgeries, and sexual health clinics. The organisation was created in 2009 by a merger of the Royal West Sussex and Worthing and Southlands Hospitals NHS Trusts, and has been an NHS Foundation Trust since 2013.

We were inspected by the Care Quality Commission, the independent regulator of health and social care in England, during December 2015, and awarded the highest possible rating, Outstanding. Our ambition now is to build further on this achievement and continue to improve the quality of care we can offer our community.

Our Vision: We Care

**…about our patients** Treating everyone with kindness and respect

**…about quality** Giving our patients the best possible care

**…about safety** Keeping our patients as safe as we possibly can

**…about the future** Building a sustainable organisation that thrives within a strong local health economy

**…about serving local peopl**e Giving West Sussex residents a comprehensive local service they can rely on

**…about improvement** Always seeking to make our services better

**…about being stronger together** Working across the Trust and with others to support patients at every stage of their care

**Our values**

We put the [patient first](http://nww.westernsussexhospitals.nhs.uk/performance/patient-first/) and foremost.

We value kindness, respectfulness, professionalism, teamwork, friendliness, compassion.

**Our strategy**

Our [Five-Year Strategic Plan](http://nww.westernsussexhospitals.nhs.uk/resources/strategic-plan-2014-19/) describes a service transformation programme. This has been developed into our [Patient First](http://nww.westernsussexhospitals.nhs.uk/performance/patient-first/) programme, which is represented by the Patient First triangle.



The Patient, first and foremost, is at the apex of the triangle, to make explicit the commitment that everything we do, no matter how large or small, should always contribute to improving outcomes and experiences for the people we care for in our hospitals. This is the ‘True North’ of our organisation – the one constant towards which we must always set our direction of travel in order to achieve our vision.

The middle tier of the triangle identifies the four strategic themes on which we need to focus to create the organisation our patients want us to become:

• Sustainability

• People

• Quality improvement

• Systems and partnerships

Finally, the base of the triangle is comprised of the five pillars that will support the strategic themes and help us achieve the targets we have set under each:

• Strategy deployment

• Kaizen Office

• Capability building

• Patient First Improvement System (PFIS)

• Improvement Initiatives

The Patient First Improvement Programme uses the methodologies of the Lean and Six Sigma improvement framework, which has been proven throughout the world as a highly-successful system for enabling sustained progress towards strategic goals.

1. **Purpose of the Specification**

The purpose of this specification is to establish the provision of an Occupational Health and wellbeing service for the Authority’s 6947 employees and associated workforce. The current workforce, as at 31st August 2016 is outlined below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Group** | **SRH** | **Worthing** | **Southlands** | **Other** | **Cross site** | **Total** |
| Medical and Dental | 357 | 357 | 27 | 12 | 28 | 781 |
| Registered Nurses and Midwives | 872 | 982 | 39 | 11 | 57 | 1961 |
| Additional Clinical Services | 656 | 656 | 23 | 6 | 8 | 1349 |
| Healthcare Scientists | 66 | 40 |  |  | 1 | 107 |
| Allied Health Professionals | 178 | 227 | 18 |  | 7 | 430 |
| Additional Professional Scientific and Technical | 87 | 171 | 21 | 2 | 13 | 294 |
| Admin and Clerical | 537 | 633 | 84 | 8 | 98 | 1360 |
| Estates and Ancillary | 327 | 333 | 3 |  | 2 | 665 |
|   | **3080** | **3399** | **215** | **39** | **214** | **6947** |

The Trust operates its own Staff Bank for nursing, admin and facilities with 1086 active workers. The Trust is supported by approximately 860 volunteers.

Staff turnover was 8.7% in 2015/16. Whilst no guarantee can be provided, the Trust is not expecting any material changes to staff numbers during the life of the contract.

The delivery of the OH service is underpinned by the following principles:

* Strong focus on a high quality, clinically-led, evidence based service
* An equitable and accessible service
* Impartial, approachable and receptive to both clients and employer
* Contribute to improved organisational productivity
* Work in partnership with all NHS organisations and within the community
* Underpinned by innovation
* Offer diversity and depth of specialisation and training opportunities
1. **Accreditation**

The supplier will be fully SEQOHS accredited (the national accreditation scheme for OH providers) against the six (A-F) national standards for Occupational Health plus the NHS standards (G).

|  |  |
| --- | --- |
| 1. Business probity
 | Business integrity and financial propriety |
| 1. Information governance
 | Adequacy and confidentiality of records |
| 1. People
 | Competency and supervision of Occupational Health staff |
| 1. Facilities and Equipment
 | Safe, accessible and appropriate |
| 1. Relationships with purchasers
 | Fair dealing and customer focus |
| 1. Relationships with workers
 | Fair treatment, respect and involvement |
| 1. NHS standards
 | Core NHS services, audit, business and clinical delivery standards |

1. **Minimum service standards**

The supplier will also make services available that meet a minimum specification based on the following six core services (Domain G 1.1):

|  |  |
| --- | --- |
| Prevention | The prevention of ill health caused or exacerbated by work |
| Timely intervention | Early treatment of the main causes of absence in the NHS |
| Rehabilitation | A process to help staff stay in or return to work after illness |
| Health assessments for work | Supporting organisations to manage attendance and retirement |
| Promotion of health and wellbeing | Using the workplace to promote improved health and wellbeing |
| Teaching and training | Promoting the health and wellbeing approach amongst all staff and ensuring the availability of future Occupational Health staff |

1. **Key Objectives**

The Authority wishes to provide the best possible Occupational Health service that promotes and supports the health and wellbeing of staff. The service should support staff in remaining at work and returning safely after periods of sickness absence. To deliver this, the Authority requires a Supplier who will integrate with the normal operations of the Authority so that, to the recipients of the Occupational Health service, the Supplier is seen as part of the Authority and not a separate organisation. In order to achieve this, the Supplier must be aligned to the Authority’s Vision and Values.

The Supplier of the Occupational Health service will:

* Work proactively with the Authority to promote a culture of employee health and wellbeing
* Work collaboratively with the Authority’s managers in supporting staff to achieve healthy outcomes for themselves
* Using the Supplier’s expertise, provide impartial, objective and meaningful advice to the Authority about the health and wellbeing of staff
* Provide early and effective interventions that enable staff to return to work quickly and sustain improved attendance
* Provide a range of services, including health surveillance programmes, designed to ensure adequate risk protection relating to employee health and wellbeing
* Ensure the Authority’s compliance with statutory requirements in connection with Occupational Health policies, procedures and services
* Contribute to audit, research and training of a sustainable occupational health workforce
* Measure performance and provide regular reports to senior managers and the Board and make the case for innovation and investment in health
* Engage in assessing health needs and design services to support them
* Provide an excellent clinical service, with consistent and reliable support
1. **Current Service Provision**

The Current Occupational Health service is contracted to Portsmouth Hospitals NHS Trust. The current supplier considers TUPE applies to this service (details are included within the staffing information in **Appendix 2**).

The Supplier’s OH service shall be co-located at St Richards Hospital and Worthing Hospital. The Supplier will also deliver services from clinic rooms at different locations as agreed with the Authority from time to time (e.g. seasonal flu vaccinations).

Summary of “As Is” Service principle details:

- Service elements, response rates, services etc as stated in the specification

- Hours of operation 08:30 to 17:00 Monday to Friday

- Staff numbers and split across sites as per specification

- Vaccination costs borne by the OH service

- Costs for microbiology services supporting the OH service, e.g. blood tests etc. borne by the Authority

- Counselling and Physiotherapy services are outside of the scope

1. **Service Provision**

The contract will commence on 1st April 2017 and will be a 3 (three) year contract with an option to extend for up to 24 months, working to enhance Occupational Health and wellbeing provision, achieving key performance indicators and demonstrating a year on year improvement. It is anticipated that the contract will be awarded in December 2016, giving approximately a three month implementation period.

In addition to providing a service that is compliant with the full range of SEQOHS standards the Authority also requires the following specific features:

* 1. **Availability**

The service must operate from 8.30am to 5.00pm, Mondays to Fridays as a minimum. At least one member of appropriate qualified staff (OH Physician or OH Advisor) must be available on site every working day (Monday to Friday, excluding bank holidays) of the year.

The Supplier shall ensure the service is delivered effectively on both the Worthing Hospital and St Richards Hospital sites minimising inter-site travel for staff. It is envisaged a broadly equal split of services will be provided at both of these sites but the Supplier must have flexibility to respond to meet the demands of the service.

* 1. **Work Health Assessments**

The Supplier will provide work health assessments for all new starters in post including volunteers and students on placement. These checks will be undertaken prior to commencement in post. The Supplier will work with the Authority to ensure these checks are compliant with the needs of the Trust.

Work health assessments will include screening for communicable diseases among the relevant Staff Groups as set out by Department of Health guidance. Some screening may occur predominantly at the commencement of employment but is also ongoing for some staff. OH should advise relevant staff groups and their manager of their responsibility to be rescreened following potential exposures to infection.

Where appropriate work health assessments may include a telephone or face to face assessment by an Occupational Health Advisor or Physician, any necessary testing and further investigation, and as required the acquisition of specialist reports (costs of reports to be met by the Supplier).

The Supplier will provide the Authority with a recommendation regarding whether the applicant:

* Can commence in post
* Will require adjustments to commence in post (with details to allow for a full risk assessment by the Authority)
* Will require vaccinations during their induction period and any ongoing requirement for vaccinations
* Have obtained specific health clearance for the post and any ongoing requirement for regular review (e.g. Exposure Prone Procedures, Drivers, Food Handlers)

Response times required for work health assessments are outlined in the quality standards in Annex 1.

The Supplier is required to offer an enhanced level of service for work health assessments for a specific number of recruitment activities during this year. This will usually include attendance at a recruitment day or induction, with plans in place to enable clearances on the same or following day. This will apply to 5 junior doctors induction days during a year and xx recruitment open days.

* 1. **Referrals**

When a manager has a concern about a member of staff’s health and wellbeing they will make a referral to the Supplier. This may be related to absence from work or an ongoing or new health condition. The Supplier will provide an opinion to the Authority on the support that should be offered to the member of staff, including adjustments required. The Supplier will advise on an individual employee’s fitness to undertake the duties of their post. This can include recommendations on fitness to return and reasonable adjustments.

Self-referrals will be offered to staff and the Supplier will have appropriate systems in place to ensure the appropriate information can be provided to the Authority to ensure any recommendations can be taken forward.

In complex cases the Supplier will ensure there is access to case conferences. This may include the manager, Human Resources, OH Clinician, other support services, the employee and staff representative as appropriate.

Response times required for referrals are included the quality standards in Annex 1.

* 1. **Missed appointments/DNA’s**

Where the Supplier has to cancel an appointment due to unforeseen circumstances a replacement appointment must be given at the time of cancellation. Reports should be provided on the number of occasions the Supplier cancels appointments.

The Supplier will work collaboratively with the Authority to reduce the current levels of DNA’s by employees, developing appropriate systems and processes for alerting employees and managers. The Supplier will provide reports to the Authority to monitor the level of DNA and the impact of any interventions.

* 1. **Immunisations/Vaccinations**

All new staff should have their immunisation history properly established and recorded in the Supplier records. Further testing should be undertaken to establish history/immunity where appropriate. Vaccinations should then be offered in accordance with Department of Health Guidance.

The Supplier will work with the Authority to identify a system to ensure that all new staff receive the correct vaccinations. The Supplier will be expected to work proactively with the Authority to address any gaps in current vaccination levels.

The Supplier will provide advice to individuals and managers regarding risk assessment if vaccination is unsuccessful, contra-indicated, refused or unavailable. All vaccination and testing must be in line with Department of Health recommendations. Immunisation programmes will include but will not be limited to:

* Hepatitis B
* Varicella
* Measles
* Influenza
* BCG
* Typhoid
* Rubella
* Hepatitis A
* Diptheria/Polio/Tetanus
* Mumps
	1. **Flu Vaccination Programme**

In 2015-16 the uptake for Flu vaccinations in the Trust was 36%. The Supplier will work proactively with the Authority to increase uptake of the seasonal flu vaccination. This may include but will not be limited to:

- contributing to the development of the annual flu plan

-participating in awareness raising and communications programmes

- providing drop in sessions and attending Authority meetings/training to increase accessibility to the flu vaccine

- providing accurate, timely data to ensure the flu vaccinations can be targeted at those areas with low uptake levels

* 1. **Advisory service for blood or body fluids exposure incidents, including needlestick injuries**

The Supplier will ensure that during normal office hours:

* Appropriately trained staff are available to respond to reports of sharps or bodily fluids exposure incidents
* Initial risk assessments will be undertaken within one hour of report and then proceed in accordance with Authority protocols.

The Supplier will provide the relevant information for accessing assessment/advice/treatment for sharps injuries when the Supplier is not open. The Supplier will work with the Authority to ensure Authority policies and processes are aligned between departments and staff are not placed at unnecessary risks outside of office hours. Follow up is necessary by the Supplier the first time they are open post incident.

* 1. **Health surveillance**

The Supplier will provide a programme of health surveillance of a level sufficient to comply with relevant H&S legislation and NHSLA standards detailed below. The programme will be agreed with the Authority at the commencement of the contract but will be amended in light of any new legislation, standards or areas of concern.

* 1. **Outbreaks – communicable diseases**

The provider will provide advice and support to the Authority in the event of an actual or suspected communicable disease outbreak or high risk incident (e.g. asbestos exposure). This may include, but will not be limited to, verification of individuals immunisation status and risk factors, additional screening programmes, vaccinations and advice letters to GP’s and members of staff.

* 1. **Workplace assessments/inspection/visits**

The Supplier will carry out workplace assessments, inspections or visits following the identification of risk areas either by the Authority or the Supplier. These visits will generate a report.

The Supplier will collaborate with other Risk Management services, as required by the Authority, in the provision of a comprehensive workplace inspection and reporting service.

* 1. **Risk Management**

The Supplier will be required to report through the appropriate channels any areas of risk identified through the provision of their service. They will be required to provide advice and recommendations on the reduction of risk and work collaboratively with the Authority to ensure health risks for staff are minimised or eliminated.

* 1. **Training and Education**

The Supplier will participate as necessary in training and education programmes on health and wellbeing. Such participation may include the attendance at, and support in, the delivery of programmes. Such programmes will include, but are not limited to, Authority Induction and Health and Wellbeing programmes for managers.

The Supplier may also be required to design and deliver specific Occupational Health training (e.g. How to complete a management referral) at the request of the Authority or in response to an identified requirement by the Supplier.

* 1. **Health and Wellbeing**

The Supplier will be required to appropriately signpost staff to the Authority’s Health and Wellbeing services (e.g. staff Physiotherapy, staff Counselling, Emotional Resilience programmes). The Supplier will also be required to provide input to health and wellbeing initiatives and events on an ad hoc basis in line with the Authority’s Health and Wellbeing Plan.

The Supplier will also be required to provide reports and advice of themes and trends of health and wellbeing issues to help inform the Authority’s health and wellbeing plans.

1. **Clinical governance**

The Supplier will work towards a comprehensive system being in place for clinical governance and will participate in the national clinical governance and benchmarking tool for Occupational Health (known as MoHaWK) and will collate the necessary information to comply with this system. This is a major tool in the benchmarking of service quality and improvement, along with SEQOHS and local/national audit.

Relevant evidence-based guidelines on health at work support includes those produced by NICE and NHS Health at Work. The current guidance of relevance to the NHS workforce is listed in the table below:

|  |  |  |
| --- | --- | --- |
| NICE workplace guidance | PH22 Promoting mental wellbeing at work | CG43 Obesity |
| Chronic fatigue syndrome | Physical/shift work in pregnancy | CG38 Low back pain |
| Latex allergy | Varicella zoster virus | Dermatitis |
| Infected food handlers | NHS Health at Work guidelines | PH5 Smoking cessation |
| NG13 Workplace health | PH13 Promoting physical activity | Upper limb disorders |
| CG117 Tuberculosis | PH19 Management of long term sickness |  |

1. **Audit and research**

The Supplier will provide an annual audit plan and provide periodic reports demonstrating the actions that have been taken as a result of audit. The Supplier will participate in national audits of Occupational Health.

The Supplier will contribute to research and development, as agreed with the Authority.

1. **Staffing**

The staff compliment set out in Annex 2 reflects the current service provision and the Trust recognises that this may not be the appropriate compliment for the service in the future. The Supplier will therefore ensure they have the appropriate compliment of staff, including mix of capabilities, to meet the full range of Occupational Health needs of NHS staff.

The Supplier will ensure that specialist practitioners meet the recommendations for continuing professional development (CPD).

The Supplier will meet the SEQOHS Domain C stipulating the availability of the relevant qualified staff and skills required for the delivery of a full Occupational Health service for the Authority.

1. **Service continuity**

The Supplier will have business continuity plans in place for their own service and will also support the Authority in maintaining business continuity and responding in a timely and appropriate manner in the event of a Major Incident or relevant Business Continuity Incident. This will include but is not limited to, providing appropriate advice to the Authority on health prevention and/or treatment of staff, administering medication and/or vaccination, screening, ongoing health surveillance related to the incident and post incident briefing.

The Supplier will provide extended access to OH service in situations the Authority deems necessary to maintain business continuity. Examples of such situations include Pandemic Flu, Heat wave and chemical, biological, radiological, nuclear and explosive incidents.

1. **Clinical Information Exchange**

The Supplier will have arrangements in place to share information with other Suppliers where the bi-directional ESR is in place. In particular this includes the exchange of information concerning the immunisation status of staff.

The Supplier will have arrangements to use the bi-directional information exchange system developed for ESR (the human resources database), as agreed with the Authority.

1. **Authority’s Responsibilities**

The Authority will provide on-site premises suitable to meet the requirements of SEQOHS Domain D. No accommodation charge will be levied by the Authority but a separate lease agreement will be drawn up that will cover the occupancy of Authority premises by the Contractor. All costs associated with the provision of an Occupational Health service such as but not limited to, providing suitable and adequate equipment, shall be borne by the Contractor

The Authority will cooperate with the Supplier in facilitating the maintenance of an accurate employee database, including the establishment of a bi-directional interface with the ESR system.

The Authority will work with the Supplier to ensure robust systems and processes to support the delivery of the Occupational Health service.

1. **Confidentiality and Record-Keeping**

The Supplier will maintain health records for all the Authority’s current and former employees. The Supplier will maintain confidentiality, and will adhere to all requirements of the Data Protection Act 1998, and Access to Medical Reports Act (1988) and Caldicott principles.

The Supplier, as an accredited OH service, shall have met the good practice and legislative requirements required for the purposes of information governance, including but not limited to those defined within the SEQOHS standards.

The Supplier will keep all records in the designated OH service in a locked and secure area until such a time that they can be scanned and destroyed.

The Supplier will ensure that all leavers’ files are marked and kept in a designated place within the department or other suitable and accessible place advised to the Authority. Where possible records will be archived and stored on disc.

Normally, employees give permission for reports to be sent to their employer at the same time they receive their copy. However, on occasions when this is not the case the Supplier will notify the Authority that the report will be delayed for this reason. Employees have x working days to comment on the factual content of the report only, but not to challenge the medical opinion contained therein.

In the event of the lapse of this SLA, the Supplier assures the Authority that the transfer of health records to the new OH Supplier will be conducted in accordance with the approved regulations and protocols, and in-line with SEQOHS standards.

1. **Organisational Governance**

The Supplier will work with the Authority as agreed to contribute to wider organisational governance and corporate objectives. Such arrangements will include, but not be limited to, attendance at and provision of reports for the following:

Trust Health & Safety Committee

Trust Staff Health and Wellbeing Steering Group

Trust Infection Control Committee

Corporate briefings and events, such as Trust Open Days and AGMs

1. **Performance Management and Metrics**

Included in Annex 1 are suggested performance and quality metrics, on which the Trust welcomes comment. The Authority and the Supplier will agree Key Performance Indicators (KPIs) and metrics within three months of the commencement of the contract. The Supplier will produce quarterly reports in relation to performance against (KPIs), and measure of service usage. An annual report will be completed including activity analysis for all services detailed in the contract. Performance will be discussed at formal meetings held between the Authority and Supplier held on a quarterly basis.

A formal contract review process will be undertaken 6 (six) months before the expiry of the original 3 year term to establish whether both parties wish to proceed with the optional extension.

1. **Queries and Complaints**

Queries and complaints will be dealt with as swiftly as possible.

The Supplier shall set out as part of their bid response, the proposed complaints procedure that will apply to this contract

If complaints are unresolved after 20 working days the complaint will be escalated and referred to the Authority’s responsible Director. At this stage both parties will consider independent arbitration if the complaint cannot be resolved.

Formal complaints will be anonymised, and reported and monitored via the quarterly review process.

1. **Future Developments**

HEALTH AND WELLBEING

The Authority currently provides a health and wellbeing programme including the following:

- Provision of Staff Physiotherapy Service

- Provision of Counselling Service

- Access to Emotional Resilience Courses

- Access to Debriefing sessions/Group supervision sessions

- Provision of Schwartz Rounds

- Access to exercise tasters

- Regular health and wellbeing events

- Access to Mindfulness tasters and courses

The current Occupational Health service participates in the events on an ad hoc basis but does not oversee the development or implementation of the health and wellbeing plan. The Authority is interested to receive offers that include a health and wellbeing option as an additional service. Any applicable variation in costs relating to such provision must be clearly set out in any offer.

1. **CURRENT EXTERNAL RECIPIENTS OF OCCUPATIONAL HEALTH SERVICES**

The current Occupational Health Service provides a service to the following external third party who has been advised of this contracting process and is likely to wish to continue receiving an Occupational Health service from the successful provider to the Trust.

**St Wilfrid’s Hospice, Grosvenor Road, Chichester West Sussex PO19 8FP**

**Service: full OH remit.**

Such provision is outside of the scope of this contract and this client should not be considered as third parties to the contract. Whilst not part of this contract nor part of any evaluation of bids received, the Trust would like to advise that it would consider favourably the ongoing provision of an Occupational Health service to these clients on the same or more favourable terms, including location and accessibility of service.

Should it prove beneficial for the Provider to extend the service to organisations outside the Trust beyond those mentioned below, the Trust’s agreement is required prior to such extensions as it would wish to discuss the risks and benefits that may arise. Such agreement though, will not be unreasonably withheld.

Accredited OH provider name & Trust logo

# Appendix 1

## Schedule of working methods, key performance indicators and metrics

1. Work Health Assessment
2. Employment Health Assessment
3. Management of Health Surveillance
4. Management of Occupational Health Records
5. Management of Expert Help and Advice on Policies and Procedures
6. Management of Referrals
7. Reports and Meetings

1. WORK HEALTH ASSESSMENTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Activity | Aim | Roles & Responsibilities | Key Performance Indicators for Service Delivery | Agreed Performance Standards | Measure of Service Usage/Metrics | Agreed Parameters |
| Work health assessments and standard health checks [new starters] | The service provided will comply with relevant statutory requirements and NHS guidance | Occupational Health will:Undertake paper based screening for all new startersWhere appropriate and necessary obtain further information from employeeRequest further information from GP if requiredArrange consultation with occupational health advisor or physician if required.Provide Health Assessment report for all new starters, including any recommendations for further actions, including immunisations and vaccinations. | Appt for OHA screenAppt for OHA/OHP screen | OHA professional screen within 2 working days of receipt of completed form[either as an average % of all cases, or an average waiting time in days across the agreed time period]Where consultation with OHA or OHP is required the appointment should be offered within 7 working days. Health Assessment report to be issued within 24 hours of completion of checks.  | No. of WHA’s screened. Including those that have missed deadline or need further informationNo. of GP reports per yearNo. of OHA appointments/telephone consultationsNo. of OHP appointments/telephone consultationsNo of HA reports issued |  |
| Exposure prone workers (EPP) | To give additional health clearance for blood-borne viruses for HCWs who will perform EPPs | To arrange additional tests as recommended in DH Guidance for all EPP workers | All EPP workers receive full BBV health assessment/check in line with DH guidance.All EPP workers to be seen *prior* to commencing workEPP workers not to undertake EPP work until EPPC has been issued | 100% | Number of health records |  |

## 2. ONGOING Employment Health Assessment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Activity | Aim | Roles & Responsibilities | Key Performance Indicators for Service Delivery | Agreed Performance Standards | Measure of Service Usage/ Metrics | Agreed Parameters |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Management of sharps & contamination incidents | All employees who sustain a high *risk* Sharps or Contamination injury to be seen within 1 hours of the incident to be offered HIV Post Exposure Prophylaxis (PEP) if necessary, in conjunction with other clinical professionals and departments where required. | Occupational Health to provide a sharps hotline for advice during normal office hours (8.30am to 5.00pm, Monday to Friday)All employees who report a sharps or body fluid risk injury to be followed up by OH | Minimum standard in accordance with DH standards  | Number of sharps incidents reported and followed up appropriately |  |  |
| Annual influenza campaign | To encourage vaccination of all employees of the Trust | Publicise the annual vaccination programmeOH will order/ purchase the vaccinations for the Trust |  | 75% of clinical front-line staff vaccinated | No of vaccinations givenBreakdown of staff group i.e. drs, nurses A&C etc. |  |

## 3. Management of Health Surveillance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Activity | Aim | Roles and Responsibilities | Key Performance Indicators for Service Delivery | Agreed Performance Standards | Measure of Service Usage/Metrics | Agreed Parameters |
| Health surveillance of employee who may work with or have exposure to known respiratory irritants or sensitisers | To monitor health effect of working with know respiratory irritants or sensitisers | OH will undertake health surveillance as required | 100% staff lists for agreed area | To identify work related health problems at an early stage | Numbers of staff on baseline and periodic health surveillance |  |
| Health surveillance of staff at special risk:COSHH assessmentVocational driversNight staffDSE workstation assessment (VDU users only)Latex/dermatology | To monitor health of staff at special risk | OH will undertake health surveillance as required | 100% staff lists for agreed area | Response to employer to confirm employee’s status in response to specific risk. To advise Purchaser’s management where occurrences may be RIDDOR reportable | Numbers of staff on baseline and periodic health surveillance |  |

## 4. Schedule for Occupational Health Records

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Activity | Aim | Roles and Responsibilities | Key Performance Indicators for Service Delivery | Agreed Performance Standards | Measure of Service Usage/Metrics | Agreed Parameters |
| Maintenance of OH records | To keep and maintain accurate OH records that are confidential to OH and the individualTo be able to access information required to assess fitness for work or in management of sickness or injury | To maintain health records for all staff either paper or on computer/discTo maintain confidentialityTo adhere to all requirements of the Data Protection Act 1998 and Access to Medical Reports and Caldicott principles | No breaches of confidentiality |  |  |  |
| Storage of occupational health records | As above | Records to be kept in the designated OH department in a locked and secure areaAny records transferred to other OH departments to have a tracer card | OH record available to clinician at the time of appointment | 100% of records available |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Access to occupational health records and confidentiality of information | As above | All information held in or pertaining to OH records is confidential to OH department staff on a need to know basis | No breaches of confidentiality | 100% of OH staff have signed a locally agreed Confidentiality form |  |  |
| Storage of leavers’ occupational health records | As above | All leavers’ files to be marked and kept in a designated place within OH department or other suitable and accessible placeWhere possible records will be archived and stored on disc | No breaches of confidentiality arising from insecure storage of OH records | 100% confidentiality |  |  |

## 5. Management of Expert Help and Advice on Policies and Procedures

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Activity | Aim | Roles and Responsibilities | Key Performance Indicators for Service Delivery | Agreed Performance Standards | Measure of Service Usage/Metrics | Agreed Parameters |
| Telephone help and advice | To answer queries from managers and employees | Members of OH available to take calls. If department closed answer phone in operation to take calls | To answer queries so that staff are able to attend work without risking harm to their patients or themselves or colleagues |  | Amount of use |  |
|  | To attend regular meetings with HR and line managers with regard to management of long term and short term sickness cases | Senior OHA to contact HR managers/line managers as appropriate to advise on cases | Monthly review between HR and OH of all long-term sickness absence cases. | OH input into all relevant policy updates and reviews. |  |  |
|  | To lead on developing strategies and policies primarily concerned with occupational health activity, including physiotherapy and mental health support | Policies and procedures to be reviewed on a regular basis in agreement with Trust policy, changes in legislation and /or in response to NHS annual governance standards | OH input into policy development as and when required.To advise on developing guidance and campaigns in line with NICE workplace health guidance. |  |  |  |

## 6. Management of Referrals

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Activity | Aim | Roles and Responsibilities | Key Performance Indicators for Service Delivery | Agreed Performance Standards | Measure of Service Usage/Metrics | Agreed Parameters |
| Referral by a manager | To assist managers in ensuring employees are fit for work | A manager can refer if there is a concern about an individual’s health and wellbeing  | OH will provide the manager with a clear indication of capability.OH to make use of any fast-tracking systems and options made available by the Purchaser. | OH nurse will make an appointment within 5 working days. The report will be completed within 2 working days of the appointment. Unless a referral is required to a consultant OH physician in which case an appointment will normally be made within 2weeks and the report will be completed within 2 working days | Number of appointments and timescales |  |
| Self referral |  | An individual can self-refer to OH if they have a concern that their work is impacting on their health |  | OH will contact individual within 2 working days, and the appointment will be within 5 working days of first contact. | Number of appointments and timescales |  |

## 7. Reports and Meetings

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Activity | Aim | Roles and Responsibilities | Key Performance Indicators for Service Delivery | Agreed Performance Standards | Measure of Service Usage/Metrics | Agreed Parameters |
| Quarterly activity reports | To provide accurate data to make any necessary adjustments, and to ensure that agreed performance standards are being met | OH to provide reports to employer as detailed on the management activity sheet to ensure that the service level agreement for the service is maintained | Quarterly report tabled. | OH provider to attend 4 meetings a year with the Trust and to update and discuss service usage as detailed in these agreed performance standards |  |  |
| Annual report | To provide accurate information regarding activity analysis for all services detailed in the contract | OH to provide reports on activity and DNA rates | Annual report required for the full financial year. | OH provider to attend and present at the annual contract review meeting. |  |  |

**Appendix 2 - STAFFING INFORMATION (INCLUDING TUPE DETAILS)**

|  |  |  |
| --- | --- | --- |
| **Current Staffing List** | WTE | **Comments** |
| Occupational Health Physician | 0.2  | TUPE does not apply  |
| Nurse Band 8a | 0.4  | TUPE does not apply |
| Nurse Band 7 |  1.0 | Vacant post  |
| Nurse Band 6 | 2.32  | 1 wte due to start on 7th November 2016, 0.2 wte reduction in hours agreed from Jan 2017  |
| Nurse Band 5 | 2.0  | 0.8 wte on FTC ending on 31/3/17  |
| Admin & Clerical Band 4 |  0.2 | TUPE does not apply  |
| Admin & Clerical Band 3 |  1.11 | TUPE does not apply to 0.2 wte  |
| Admin & Clerical Band 2 |  1.0 |   |

**TUPE Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Post** | **Band/pay rate** | **Inc date** | **Age** | **Start date in NHS** | **Contracted hours** | **Notice period** | **Pension** |
| Specialist Practitioner | Band 6 £33560 | 1/5 | 46 | 1/1/2012 | 27 | 4 weeks | Yes |
| Specialist Practitioner | Band 6 £35225 | N/A | 60 | 08/2013 | 15 | 12 weeks | Yes |
| Specialist Practitioner | Band 6 £35225 | N/A | 71 | 1/1/2013 | 8 | 12 weeks | No |
| Specialist Practitioner | Band 6 £31383 | 7/11/2017 | 27 | 7/11/2016 | 37.5 | 12 weeks | Yes |
| Staff Nurse | Band 5 £28462 | N/A | 59 | 17/3/2014 | 37.5 | 4 weeks | No |
| Staff Nurse | Band 5 £28462 | N/A | 53 | 15/6/2015 | 7.5 | 4 weeks | Yes |
| Administrator | Band 3 £19655 | N/A | 56 | 30/5/2000 | 34 | 4 weeks | Yes |
| Clerical Officer | Band 2 £17978 | N/A | 48 | 1/9/2014 | 37.5 | 4 weeks | Yes |

**Appendix 3**

|  |
| --- |
| **OH ACTIVITY INFORMATION FOR TENDER** |
| **ACTIVITY** | **2012** | **2013** | **2014** | **2015** | **2016(9 months)** |
|  |  |  |  |  |  |
| **No of WHA’s** | 1,806 | 2,208 | 2,319 | 2,564 | 2,016 |
| **WHA Appointments** |   |
| Advisor (Cat 1,2 & 3) | 85 | 90 | 129 | 195 | 107 |
| Physician | 13 | 15 | 22 | 17 | 7 |
| No of DNA’s for advisors and physicians | 24 | 23 | 42 | 58 | 26 |
| Percentage DNA rate | 24% | 22% | 28% | 27% | 23% |
| **Management Referral** | 1,257 | 1,207 | 1,353 | 1,206 | 876 |
| **Management Referral Appointments** |  |
| Advisor (Cat 1,2 & 3) | 1,207 | 1,295 | 1,425 | 1,268 | 871 |
| Physician | 211 | 261 | 320 | 296 | 189 |
| No of DNA’s for advisors and physicians | 223 | 240 | 323 | 327 | 204 |
| Percentage DNA rate | 16% | 15% | 19% | 21% | 19% |
| **DNA Overall** |  |
| Attended | 2,663 | 2,956 | 3,262 | 3,047 | 2,846 |
| DNA | 546 | 687 | 830 | 1,016 | 989 |
| **Attended Appointments by type** |  |
| Medicals and Health Surveillance | 38 | 29 | 12 | 26 | 30 |
| Immunisations & Blood Tests | 1,055 | 1,226 | 1,344 | 1,226 | 1,625 |
| Management Referral | 1,418 | 1,556 | 1,745 | 1,564 | 1,060 |
| Pregnancy Assessment | 6 | 4 | 4 | 12 | 5 |
| Self Referral | 31 | 33 | 6 | 7 | 12 |
| Work Health Assessment | 115 | 108 | 151 | 212 | 114 |
| **DNA Appointments by type** |  |
| Medicals and Health Surveillance | 13 | 10 | 6 | 8 | 18 |
| Immunisations & Blood Tests | 279 | 409 | 456 | 621 | 737 |
| Management Referral | 223 | 240 | 323 | 327 | 204 |
| Pregnancy Assessment | 0 | 1 | 3 | 2 | 1 |
| Self Referral | 6 | 4 | 0 | 0 | 3 |
| Work Health Assessment | 25 | 23 | 42 | 58 | 26 |

**Appendix 3 continued**

|  |
| --- |
| **OH ACTIVITY INFORMATION FOR TENDER** |
| **ACTIVITY** | **2012** | **2013** | **2014** | **2015** | **2016(9 months)** |
| **Vaccinations** |  |
| BCG Scar Check | 666 | 507 | 504 | 451 | 615 |
| BCG Vaccination | 11 | 18 | 3 | 8 | 12 |
| Blood for storage | 180 | 198 | 186 | 146 | 96 |
| Diphtheria Serology, Diphtheria, Tetanus, Polio Vaccination | 1 | 13 | 6 | 4 | 8 |
| Hepatitis A Vaccination | 11 | 26 | 27 | 12 | 17 |
| Hepatitis B 2nd DNA | 1 | 0 | 0 | 0 | 0 |
| Hepatitis B Serology | 556 | 458 | 462 | 450 | 346 |
| Hepatitis B Vaccination | 607 | 651 | 680 | 604 | 729 |
| Hepatitis C Serology | 213 | 205 | 219 | 193 | 151 |
| HIV Serology | 160 | 198 | 264 | 213 | 169 |
| IGRA Test | 0 | 1 | 0 | 10 | 81 |
| Mantoux Test | 13 | 36 | 8 | 26 | 23 |
| Measles Serology | 404 | 399 | 437 | 400 | 470 |
| Measles Vaccination | 0 | 0 | 0 | 0 | 1 |
| Meningococcal Vaccination | 0 | 0 | 0 | 5 | 32 |
| MMR Vaccination | 204 | 162 | 83 | 76 | 121 |
| Mumps Serology | 6 | 2 | 0 | 1 | 1 |
| Rubella Serology | 322 | 287 | 372 | 327 | 426 |
| Rubella Vaccination | 0 | 0 | 0 | 2 | 0 |
| Typhoid Vaccination | 8 | 13 | 16 | 6 | 3 |
| Urinalysis | 0 | 3 | 1 | 5 | 2 |
| Varicella Serology | 148 | 113 | 147 | 168 | 207 |
| Varicella Vaccination | 13 | 13 | 23 | 4 | 28 |
| **Sharps Incidents** | 233 | 222 | 241 | 199 | 142 |
| **Sharps Incidents by Division** |  |
| 279 2Bank & Volunteer Staff | 17 | 16 | 20 | 13 | 10 |
| 279 2Core Services Division | 16 | 12 | 11 | 17 | 11 |
| 279 2Corporate Division | 11 | 13 | 10 | 9 | 7 |
| 279 2Division of Medicine | 53 | 61 | 78 | 69 | 29 |
| 279 2Division of Surgery | 38 | 42 | 69 | 52 | 32 |
| 279 2Facilities & Estates | 7 | 8 | 9 | 6 | 9 |
| 279 2Women & Children Division | 23 | 22 | 29 | 22 | 7 |
| Not specified | 68 | 48 | 15 | 11 | 37 |
| **Activity**  |  |
| Dermatitis Assessment | 22 | 30 | 25 | 51 | 85 |
| Drivers Medical | 0 | 12 | 4 | 21 | 8 |
| DSE Assessment | 3 | 0 | 0 | 0 | 0 |
| Health Surveillance/Medical | 2 | 1 | 0 | 0 | 0 |
| Pregnancy Assessment | 72 | 73 | 68 | 76 | 45 |
| Skin Sensitiser Health Surveillance | 4 | 2 | 0 | 5 | 0 |
| Spirometry Health Surveillance | 0 | 0 | 0 | 2 | 0 |

Document No. 5

**NHS contract for the provision of an Occupational Health and Well Being Service for Western Sussex Hospitals NHS Foundation Trust. Offer reference number: T/1165/ZOE**

**OFFER SCHEDULE**

|  |
| --- |
| **Tender for Occupational Health & Well Being Services - T/1165/ZOE** |
|
| **Pay Expenditure** | WTE | Initialisation Costs £ | Annual Cost £ | **Commentary** |
| Occupational Health Physician |   |   |   |   |
| Nurse Band 8b |   |   |   |   |
| Nurse Band 8a |   |   |   |   |
| Nurse Band 7 |   |   |   |   |
| Nurse Band 6 |   |   |   |   |
| Nurse Band 5 |   |   |   |   |
| Admin & Clerical Band 4 |   |   |   |   |
| Admin & Clerical Band 3 |   |   |   |   |
| Admin & Clerical Band 2 |   |   |   |   |
| Allowance for staffing mgmt |   |   |   |   |
| Contingency pay costs |   |   |   |   |
| **Total Pay Costs** | **0.00** |  **£ -**  |  **£ -**  |  |
|   |   |   |   |   |
| **NON PAY EXPENDITURE** | Qty | Initialisation Costs £  | Annual Cost £  | **Commentary** |
| Occupational Health System and other software costs |   |   |   |   |
| Computer Hardware |   |   |   |   |
| IT Support |   |   |   |   |
| Professional Membership fees |   |   |   |   |
| Medical & Surgical consumable costs (wipes, plasters, needles etc.) |   |   |   |   |
| Drugs / Vaccines |   |   |   |   |
| Flu Vaccines |   |   |   |   |
| Office Equipment costs |   |   |   |   |
| Office Stationery costs |   |   |   |   |
| Travel costs |   |   |   |   |
| Management Fee for the service |   |   |   |   |
| Postage |   |   |   |   |
| Travel costs |   |   |   |   |
| Other costs (Insurance, etc.) |   |   |   |   |
| **Total Non Pay** | 0.00 |  £ -  |  £ -  |  |
|  |   |   |  |  |
| **Total Costs (Pay + Non-Pay)** |   |   |  |  |

**Document No. 6**

**NHS contract for the provision of an Occupational Health and Well Being Service for Western Sussex Hospitals NHS Foundation Trust. Offer reference number: T/1165/ZOE**

**FORM OF OFFER**

.………………………………........................................................................................(*the Offeror)*

of...............................................…………………….........................................................................

.......................................................................…………………………….………………(*Company Name and full postal address)*

**Agrees:**

**1.1** That this offer and any contracts arising from it shall be subject to the Terms of Offer, the NHS Terms and Conditions of Contract and Supplementary Conditions of Contract and all other terms (if any) issued with the Invitation to Offer; and

**1.2** to supply the goods and/or services in respect of which its offer is accepted (if any) to the exact quality, sort and price specified in the Offer Schedule in such quantities, to such extent and at such times and locations as ordered; and

**1.3** that this offer is made in good faith and that the Offeror has not fixed or adjusted the amount of the offer by or in accordance with any agreement or arrangement with any other person. The Offeror certifies that it has not and undertakes that it will not:

* communicate to any person other than the person inviting these offers the amount or approximate amount of the offer, except where the disclosure, in confidence, of the approximate amount of the offer was necessary to obtain quotations required for the preparation of the offer, for insurance purposes or for a contract guarantee bond
* enter into any arrangement or agreement with any other person that he or the other person(s) shall refrain from making an offer or as to the amount of any offer to be submitted.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(year)

Name (print): ………………………………………………………………………………………………………………………………………………….

Signature: ………………………………………………………………………………………………………………………………………………….

Title: …………………………………………………………………………………………………………………………………………………

The Form of Offer must be signed by an authorised signatory: in the case of a partnership, by a partner for and on behalf of the firm; in the case of a limited company, by an officer duly authorised, the designation of the officer being stated.