

## Invitation to Tender (ITT)

### Statement of Requirements

<b>Name of Contracting Authority</b>	The National Health Service Commissioning Board (NHS England)
<b>Tender for</b>	What Good Looks Like Digital Maturity Assessments
<b>Contract reference</b>	C95405
<b>Return Deadline</b>	22 August 2022 by 12noon

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# 1. Background to the requirements

## 1.1. Current Arrangements / Context

- 1.1.1. NHS England requires a supplier to assess the digital maturity of all Integrated Care Boards (ICB) / Integrated Care Systems (ICS) and the Trusts they commission.
- 1.1.2. The What Good Looks Like Digital Maturity Assessment (DMA) programme will focus on ensuring an assessment is launched that combines a supplier's well-matured assessment with the 7 domains of the What Good Looks Like framework. This enhanced assessment will be well used and present meaningful results and insights to a variety of stakeholders.
- 1.1.3. The programme will be an enabler to national programmes that deliver the NHS Long Term Plan commitment for all NHS secondary care providers to reach a core level of digitisation by 2024, as well as the Secretary of State's stated target for at least 90% of providers to have Electronic Patient Records (EPRs) in place by December 2023. This is emphasised in the 'A plan for digital health and social care policy paper.
- 1.1.4. For example, the Frontline Digitisation Programme estimates that 86% of NHS secondary care providers have made progress towards digitisation, with 23% highly digitally matured, however, 14% continue to rely heavily on paper. So, DMA results and insights will support Frontline Digitisation planning and support the allocation of investment.
- 1.1.5. DMA's will be a valuable planning tool for investment planning locally, regionally, and national, especially the resultant delivery plans initiated following the resultant assessments, combined with the start-up of ICSs and the more allocative investment distribution. As a result, we expect uptake of the tool to be high as there are both internal and investment-based benefits for organisations to participate.
- 1.1.6. The initial round of assessments should be made available in October 2022 and enhanced using the What Good Looks Like Framework (factoring in several parts developed surveys to reduce burden).
- 1.1.7. It is envisaged that because of the differing operating purpose of ICSs that their assessment will differ in scope from the NHS Trust assessments.
- 1.1.8. The DMA's will be developed and tested to complement the supplier's intellectual property with the What Good Looks Like framework which will be owed by NHS England.
- 1.1.9. Another major part of the problem with previous assessments (e.g., The last NHS England DMA) was that they mainly focussed on Acute NHS Trusts. In this iteration, we need the DMA to cover multiple care settings; Acute, Mental Health, Ambulance, Community NHS Trusts and Community Integrated Care Organisations. Some organisations fulfil more than one of these care settings.
- 1.1.10. The creation of a Social Care DMA is out of scope as this is being dealt with by another Project. Hosting of future social care assessments and user registration will be required, however.
- 1.1.11. The vision with this iteration of DMA is that there is an overall ambition to consolidate several returns reducing the number of times health and care organisations are asked for similar information and increasing the value of the data by improving its accessibility of it as an asset. This may include hosting other digital assessments as part of a platform in the future.
- 1.1.12. This iteration of DMA's will not be a league table system but will support digital transformation by helping Integrated Care Systems and local organisations to know where they are, what their next steps are to be mature and to help national programmes target investment in line with allocations.

- 1.1.13. The timing is right as ICSs are going live, DMA's fit in with the financial planning regime NHS England has set ICS covering Q3 and Q4 of 22/23. This will also support the Tech Transformation Portfolio programmes such as Frontline Digitisation which will use this dataset and will result in targeted support.
- 1.1.14. The DMA Programme plans to contract with a supplier to support the delivery of digital maturity assessments for Integrated Care Systems (ICS) and initially all Acute, Community and Mental Health and Ambulance Trusts.

## 2. Scope of the Procurement

### 2.1. Aims & Objective

- 2.1.1. The broad scope of the procurement will involve contracting with a supplier to deliver a baseline and an enhanced assessment to assess the 7 domains of What Good Looks Like.

### 2.2. Programme Deliverables

- 2.2.1. **Deliverable 1:** Deliver baseline assessments using an existing credible model to all NHS Trusts, Community Integrated Care organisations and ICSs.
- 2.2.2. **Deliverable 2:** Deliver an Enhanced DMA covering all aspects of the What Good Looks Like (WGLL) framework and the other areas that need to be factored in.
- 2.2.3. **Deliverable 3:** Establish a centralised data set on digital maturity that is accessible for other areas of work. (Within an NHS England-derived database.)
- 2.2.4. **Deliverable 4:** DMA dashboards and reports covering National, ICS and Provider/Place level assessment results

### 2.3. In-Scope for this Procurement

#### 2.3.1. Year 1

- 2.3.1.1. The launch of the supplier's baseline DMA, relevant to each care setting in October 2022, will include an ICS level peer support process to audit NHS Trust submissions. The supplier standard results
- 2.3.1.2. An Enhanced DMA, discovery, build, pilot (completed by January 2023) and launched by February/March 2023 - covering all aspects of the What Good Looks Like (WGLL) framework combined, baseline assessment and considering a variety of different models already in place – via the wide amount of stakeholder engagement. This will include enhanced results
- 2.3.1.3. Data captured to be stored centrally and a Results and Analysis Hub that is accessible within NHS England, regionally and locally. Enhanced assessment results will be broken down and presented in the hub by WGLL domain/sub-domain and will provide the audience with results and a gap analysis of areas to focus on
- 2.3.1.4. The initial release of Results and Analysis Hub covers National, ICS and Provider levels.

#### 2.3.2. Year 2

- 2.3.2.1. Iteration 2 of the enhanced assessment, with a similar delivery to the enhanced assessment project in year 1. This will also include:

- 2.3.2.1.1. Additions to the enhanced DMA factoring in the current climate and changes to the WGLL framework.
- 2.3.2.1.2. Analysis of other NHS England-derived digital assessments to incorporate them into the enhanced DMA (Factoring in the ease of use) or hosting them alongside the DMA. This may require onboarding support but likely on a smaller scale than year 1.
- 2.3.2.2. Year 1 audit report and participation in an audit carried out by NHS England (or a third party).
- 2.3.2.3. Collation of results via the Results and Analysis Hub and ongoing user support.
- 2.3.2.4. Additional requirements built and incorporated into the assessment

### **2.3.3. Year 3 (if taken)**

- 2.3.3.1. A repeat of year 2.
- 2.3.3.2. A transition and offboarding project, which will include knowledge transfer, to prepare for the next stage of the DMA Programme, if required.
- 2.3.3.3. An assessment of Social Care organisations is currently out of scope, along with primary care organisations

## **2.4. Constraints and Dependencies**

- 2.4.1. It is envisaged that the Supplier's assessment platform will be used to register, capture, complete and present the results of DMA's. The supplier will provide a copy of all the data to an NHS England database in a prescribed format to be confirmed by the DMA's Reporting and Insights Project.
- 2.4.2. During our market engagement held in April 2022, it was estimated that it will take each organisation up to 8 weeks to complete the assessment with dedicated effort, although the majority will take significantly less time to complete their assessment.
- 2.4.3. The platform must be able to handle multiple concurrent users and remain available to avoid reputational issues to the programme, there should be an expectation that a larger than anticipated volume of traffic and new user registrations will happen at the launch of the service.
- 2.4.4. The What Good Looks Like Programme Team will manage the contract from the Authority's perspective during the life of the contract.
- 2.4.5. Alongside the Baseline and Enhanced assessment projects, there will also be a Data and Reporting project. The purpose of this project is to develop and run products that analyse DMA data in a structured way to suggest insights, find the linkages between digital and the quality of clinical care, and support informed decision-making.
- 2.4.6. All data must remain within England and the UK for data security and information management purposes.
- 2.4.7. The first DMA's must be available to the organisations in scope by October 2022 as a minimum. The Enhanced assessment must be available from February 2023.
- 2.4.8. NHS England will be required to have assessment platform access to track the progress of assessments.

## 3. Requirements

### 3.1. Mandatory and Minimum Requirements

3.1.1. Interested suppliers will need to:

#### 3.1.1.1. A Recognised Framework

- 3.1.1.1.1. Describe how they will supply access/rights to a DMA framework within England, and the UK and what your framework is.
- 3.1.1.1.2. Show and explain how the results and scoring methodology works.
- 3.1.1.1.3. Supply a benchmarkable assessment, allowing for the comparison of healthcare providers and their digital maturity. Specify who and/or what this will be benchmarked with, e.g., locally, nationally, internationally [Comparisons of digital maturity across all ICS, acute trusts, mental health, ambulance, and community care trusts].
- 3.1.1.1.4. Provide a DMA tool that has been used successfully by a range of health and care organisations in the UK and can be adapted to cover the WGLL domains and tested with our requirements at the earliest stage of engagement.
- 3.1.1.1.5. Define benchmarking and how the DMA model is recognised.

### 3.2. Previous Experience:

- 3.2.1. Provide examples of significant experience working with health and care organisations (Including digital maturity assessments) and the outcomes/benefits to date. Where you have an established DMA that you have used, you should draw on these examples.
- 3.2.2. Provide 3 short case studies and references which demonstrate previous relevant experience in Healthcare DMA delivery, and how they will apply the learnings and experience from them to this project.

### 3.3. Partnership Agreements

- 3.3.1. Provide details of partnership agreements (i.e., Subcontractors), if any; and which party will be responsible for each part of the delivery plan. (e.g., especially when performing analysis, engagement, delivery of assessments and support).

### 3.4. Project Planning

- 3.4.1. The supplier must show a plausible delivery plan during the initial and subsequent timescales we have set out. The supplier needs to be ready to launch their baseline assessment quickly and not require significant amounts of time to deliver a baseline assessment work package.
- 3.4.2. Provide a detailed project plan supported by a requirements prioritisation matrix:
  - 3.4.2.1. Requirements for baseline
  - 3.4.2.2. Baseline results release – To end-user organisations and ICSs within SLA and an overall report
  - 3.4.2.3. Requirements for enhanced DMA project

- 3.4.3. In addition, the supplier should specify a plan for gap analysis, benchmarking methodology, pilots - size and scale, engagement, and elements of quality assurance.
- 3.4.4. Provide a stakeholder engagement approach and plan that leads to a full completion rate alongside NHS England stakeholder engagement, e.g., tell us what you expect from NHS England (including types and names of organisations, and how your relationship will help the project around the gap analysis, build and launch of such assessments)
- 3.4.5. It is anticipated that some of the recipient organisations will take up to 6-8 weeks to complete their DMA. (With the baseline assessment we must see the completion and results of all organisations by December 2022)
- 3.4.6. Detail any risk identified with the delivery of this contract, and what strategies will be implemented to mitigate said risk.

### **3.5. Gap Analysis and Refreshes**

- 3.5.1. Supply a comprehensive gap analysis exercise to find the gaps between the supplier's framework and WGLL, factoring in (details to be provided post contract award and NDA):
  - 3.5.1.1. Any upcoming or suggested new duties within the care act where they link to digital maturity.
  - 3.5.1.2. There is the expectation that the supplier will review the applicability and usability of historical DMA data held by NHS England
  - 3.5.1.3. The Smart Foundations Survey – An NHS E derived survey of smart foundations
  - 3.5.1.4. Minimum Digital Foundations – Minimum requirement for an Electronic Patient Record system
  - 3.5.1.5. Electronic Patient Record Usability Survey – User experience survey
  - 3.5.1.6. The previous DMA (circa 2017)
  - 3.5.1.7. 1-2 Lighthouse NHS organisations who have built their own DMA's (Discovery in the gap analysis phase)
- 3.5.2. Host stakeholder workshops (Min 7, covering the above factors) to ensure the gap analysis and assessment build are meeting required needs. Ensure a breakdown of this is within the cost model.
- 3.5.3. Perform user research interviews with end users in Acute, Mental health, Community, Ambulance, and Integrated Care Systems to ensure support of the build along with the go-to-market activity.
- 3.5.4. Lay out how they will iteratively update the DMA factoring in stakeholder feedback throughout the year to ensure the DMA service keeps up to date and more importantly incorporates new ideas to remain the relevant DMA for the NHS (keeping points 2.1.5.1 in mind).

### **3.6. Assessments**

- 3.6.1. This section describes the parameters of DMAs, what they will include as a minimum, and the dimensions of WGLL. This requirement also covers who the DMA's will be developed for and how many DMAs are expected to be completed.



- 3.6.2. Suppliers should have an assessment available for ICBs/ICSs and all Hospital Trusts in scope by October 2022 and make results available before the Christmas break in December 2022.
- 3.6.3. Perform a yearly online assessment with all ICBs/ICSs, all Hospitals Trusts (including those in Mental Health Trusts, Ambulance Trusts, and Community and finally, Community Integrated Care organisations) and provide results against the combined framework. Each NHS organisation will receive one assessment and set of results against said assessments.
- 3.6.4. Each Trust type operates in slightly different settings, the enhanced assessment must factor this into consideration by asking core questions as well as tailored questions covering each care setting.
- 3.6.5. The assessment should cover the WGLL framework, covering all ICS and NHS Trusts, ensuring it is signed off by NHS England with local and regional buy-in. This must be benchmarkable against the baseline and enhanced assessments.
- 3.6.6. Provide an online assessment portal for recipient organisations, NHS England to collate, save and access assessment results.
- 3.6.7. Provide examples of where surveys have benefited each in scope health care organisation and how you reduced the amount of burden they previously encouraged.
- 3.6.8. Evidence of how they will encourage and influence organisations to complete assessments within a 4–8-week window from start to finish.

### **3.7. Assessment Platform**

- 3.7.1. These are the conditions that must be applied to the assessment platform the supplier will provide:
  - 3.7.1.1. The fully tested assessment platform should be hosted with the supplier in year 1 and transitioned to an NHS England platform from year 2 onwards. (Note: The Authority reserves the right to host the DMA with the supplier for the duration of the contract.
  - 3.7.1.2. All hosting and data storage associated with the platform must be within England, UK.
  - 3.7.1.3. Send onboarding sign-up and reminder communications to prompt organisations to sign up and to get through the assessment process. Report back progress.
  - 3.7.1.4. Onboarding NHS organisations users onto the platform to access the assessment and user general user support
  - 3.7.1.5. Provide a level of authentication to ensure the right users can access the portal (Via a Roles Based Access Control (RBAC) system).
  - 3.7.1.6. Offboarding – as per requirement 3.1.7 A or because of a change or variation in contract, the supplier must detail a process that will enable data, user accounts, infrastructure, and project offboarding to move to a new provider, including transition arrangements. This must not be a supplementary cost
  - 3.7.1.7. Show evidence of previously printed web fascia and confirm WGLL NHS England style guide can be applied to the solution.
  - 3.7.1.8. Must meet the international WCAG 2.1 AA accessibility standard.

- 3.7.1.9. Provide functionality for end users to save drafts of their answers so they can complete assessments over a period. Also, multiple users should be able to work on the same assessment at the same time (Locking fields for editing as required)
- 3.7.1.10. Accessibility to multiple users from the same organisation to input their answers.
- 3.7.1.11. Publish an accessibility statement to users.

### **3.8. Assessment Launch**

- 3.8.1. The supplier must be a delivery partner showing a major presence in the launching of DMA's.
- 3.8.2. Provide a basic launch plan (Go to Market) and launch the product, evidence of working alongside communication teams. This must include a successful early adopter or pilot phase to include:
  - 3.8.2.1. Drafting formal communications to CEO/CIO's NHS Trusts for the Authority to issue
  - 3.8.2.2. Market engagements events.
- 3.8.3. Specify how your organisation will take a major role in the Go to Market activity drawing references to the previous experience of product launches within the health and care sector.
- 3.8.4. Pilot assessments with a user group and test its quality standard, providing details (including methodology and time points) of User Acceptance Testing as part of the project plan, and previous UAT examples in Digital Maturity Assessments.
- 3.8.5. Provide stakeholder engagement with NHS Trusts and ICSs within the delivery plan and show evidence of ability to do this.
- 3.8.6. Pre-populate demographics as much as possible from previous DMA or other known datasets the Authority has to speed up the DMA process.

### **3.9. Assessment Support**

- 3.9.1. These requirements specify what type of support the supplier will provide to ICS and NHS Trusts to complete the assessments.
- 3.9.2. Specify how local organisations and ICSs will be supported before, during and after assessment as well as throughout the cyclical nature of the assessment process. (For example, typical NHS engagement methods include, stakeholder webinars, workshops, face-to-face events, working groups, wrap around communications)
- 3.9.3. Work to stratify and target organisations for support by supplier resources to NHS England and ICS support/supervision to increase the rate and quality of returns.
- 3.9.4. Plan for full compliance from all in-scope organisations to complete their DMAs within 8 weeks from the point at which they start.
- 3.9.5. Provide help and guidance to local organisations and ICSs in the completion of assessments, including nudging and other encouraging/communication with Trusts to complete within 4-8 weeks and by reporting uptake of DMAs to the programme board.
- 3.9.6. Provide a range of support for organisations to gain support proactively and reactively whilst they complete their DMA, including regular reports back for escalation by the Authority.

- 3.9.7. Make clear how much of the assessment process will be a self-service model and what hands-on result breakdown the end user organisation will receive.
- 3.9.8. To encourage uptake the supplier must have an operational mechanism/resource to convert the data returns of a limited number of organisations who have completed other assessments of a similar nature into the baseline and/or enhanced assessments to partially fill them in and explain the delta to each organisation. (This excludes anything older than 12 months old and future iterations of DMA must factor in these other DMA assessments)
- 3.9.9. Where an ICS or NHS Trust has already performed a similar data return within the last 12 months, the supplier will map the NHS organisation's submission to the supplier's model, where applicable for future DMA adjustments.

### **3.10. Availability**

- 3.10.1. Digital Maturity assessments must be available to health and care organisations to use via a simple online registration process.
- 3.10.2. The assessment and reporting portals must be available to the anticipated number of users who are expected to use them. Each end user organisation will have over 10 users. Provide a solution that explains how availability will be maintained especially through peak periods.
- 3.10.3. The supplier will demonstrate stress testing capabilities and confirm in writing that the portal or service will have high-access availability and multiple/concurrent use capacity for the entirety of the service period.
- 3.10.4. The support team must be in place at adequate points of the annual cycle, and specify which parts of the support will be provided at specific points in the delivery plan. (e.g., Engagement, pre/post-delivery windows, mailbox/helpline availability etc)

### **3.11. Intellectual Property Rights (IPR)**

- 3.11.1. This requirement covers who will own what and under what agreement this will be managed and is in addition to any standard NHS contract obligations.
- 3.11.2. Agreement on the IPR of the assessments outside the supplier's maturity model and all the data collected is owned by NHS England - WGLL and may not be re-used, analysed out of scope, aggregated, published, shared, or sold, nor downloaded for secondary use. (This requirement also covers the use of the system/database and anonymised data on/or metadata and the changes made to the original assessment.)
- 3.11.3. The IPR agreement covers future additions to the assessment and portal, scoring approaches, e.g. So that a sustainable assessment can be operated by NHS England or another supplier in the case of contract completion or mid-agreement off-boarding.
- 3.11.4. The NHS standard Terms and Conditions for the provision of services (contract version) will apply.

### **3.12. Cyber Security and Information Management**

- 3.12.1. Information will be governed by the Authority and management under the general auspices of NHS England's Information management policy as the data controller.

The supplier must agree to a data processing schedule in the contract which will include how data will be processed.

- 3.12.2. Support the Authority to agree and put in place end-user agreements with completing organisations.
- 3.12.3. Provide the supplier's active Information Commissioner's Office (ICO) registration number. (Note to bidder: These details will be checked and verified against the Data Protection Public Register: <https://ico.org.uk/ESDWebPages/Search>)
- 3.12.4. Provide the name of the suppliers appointed Data Protection Officer (DPO) and provide a link to the organisation's Privacy Notice. If your organisation does not have an appointed DPO please explain why.
- 3.12.5. Provide the name and contact details of your organisation's Senior Information Risk Owner (SIRO).
- 3.12.6. Provide access to a secure assessment platform.
- 3.12.7. Provide appropriate policies and procedures which ensure ongoing compliance with current data protection legislation. (Note to bidder: Please be aware that we may ask to see copies of such documentation in further rounds of this tender.)
- 3.12.8. Present appropriate security assurances in place at an organisation level and confirm which will apply to this service (i.e., For cloud services - Cloud Providers, ISO 27017 and 27018, ISO27001:2013, Cyber Essentials Plus, Data Security and Protection Toolkit)
- 3.12.9. Agree to a data protection impact assessment that will be maintained to last for the life of the contract and beyond. This will cover how the data collated can be used in line with the contract.
- 3.12.10. Describe the records management arrangements that will be adopted for this service. (Note to bidder: Your response should include secure movement/transfer of the data; how you will store, manage, archive, retrieve and back-up data; management of any physical/paper records, relevant retention periods; utilisation and performance management of any external contractors in the organisation's administration of records.)
- 3.12.11. Confirm that you or any of your sub-contractors/3rd Parties who will process or store personal data, concerning the delivery of this service, will be within the EEA. If data is processed or stored outside of the EEA the supplier must demonstrate compliance with General Data Protection Regulations (GDPR).
- 3.12.12. Confirm that access to the data and the service by staff will be done in a secure environment.

### **3.13. Data Mapping and Usage**

- 3.13.1. The supplier must provide all data in a usable format, so that locally, regionally, and nationally we can understand onboarding, compilation, completion, and results.
- 3.13.2. The supplier must be able to integrate the WGLL framework and other surveys already in existence into the DMAs. The supplier will ensure the data is stored or backed up to an NHS derived database and may support its use in other areas.
  - 3.13.2.1. Provide a Results and Analysis Hub covering all aspects of viewing DMA results, developed, and enhanced over time.
  - 3.13.2.2. The supplier will be required to sync the data received with an NHS England database in the correct format.

- 3.13.2.3. Show statistical considerations and methodology to be applied to this service to be provided, including statistical representative sampling.
- 3.13.2.4. Provide a filterable reporting suite to support investment decision-making accessible to national, regional, and local organisations with their own view's points covering the enhanced assessment, also highlight what is covered in the current offering. Example report components (this list is not exhaustive):
  - 3.13.2.5. An overall Digital Maturity Assessment score.
  - 3.13.2.6. A detailed score breakdown.
  - 3.13.2.7. Comparisons with other organisations of a similar type and nature.
  - 3.13.2.8. Benchmarking.
  - 3.13.2.9. Impact analysis and recommendations on areas of focus, especially around electronic patient record system implementation and other core digitisation systems.
- 3.13.2.10. A clear indication of where capabilities or services are not in place and the breadth and depth of key implementations.
- 3.13.3. Displaying anonymised data/reports to allow organisations to compare themselves.
- 3.13.4. Provide a reporting suite to serve filterable and comparable results to Individual NHS England and Improvement (National view).
- 3.13.5. Show previous experience in performing data mapping of assessment type data. (E.g., presenting a sector-specific assessment at the front end but mapping and processing data at the back end to serve other services.
- 3.13.6. Demonstrate available APIs to conduct backend asynchronous communications with other databases.
- 3.13.7. Provide a data and system architecture solution/map, considering the datasets involved, based upon open standards and that is scalable.
- 3.13.8. The supplier will link demographic data to enhance results and must show prior experience with this.

## **3.14. Data Insight Support**

- 3.14.1. The supplier will support a data resource to collate insights into the data being received from the assessments. This will support things like providing different cuts of the information, insights and evidence for the various investment submission and approval processes.
  - 3.14.1.1. Provide data results, insights, observations, trends, and where possible forecasting reports showing what is happening with the transformation of groups of organisations. This will be backed up through engaging with the provider organisations (NHS Trusts and ICSs) groups as the data set builds up. This should be to filterable periods – i.e., monthly changes, yearly changes.
  - 3.14.1.2. Provide support with building a case study and other supporting material to support the communications campaign, e.g., quick wins, good news stories, how to improve, and how to complete assessments.
  - 3.14.1.3. Provide regular progress updates to the programme team. (e.g., project progress, post-launch sign-up rates, assessment progress and throughput)

- 3.14.1.4. Provide a dashboard and reporting suite accessible to internal (Central) and external user bases.
- 3.14.1.5. Show evidence of previous validation of assessment results.
- 3.14.1.6. Provide peer grouping and averaging of results so that organisations can compare themselves with others.
- 3.14.1.7. The supplier will show social care results with the insight work where it is available in the database.

### **3.15. Data Quality**

- 3.15.1. As part of evidence verification, there is a need for Peer support to assurance check assessment submissions. This will require a process for;
  - 3.15.1.1. ICBs/ICSs to review Trusts and sign off submissions.
  - 3.15.1.2. ICB/ICS to ICB/ICS peer reviews must take place
  - 3.15.1.3. There must be the capability for the Authority to also review each ICB/ICS submission
  - 3.15.1.4. The supplier will provide guidance on this process for end-user organisations and encourage a feedback loop.
- 3.15.2. As data is submitted, preferably via piloting, it is reviewed for data validation and form logic issues and corrective measures are put in place following Authority sign-off/approval.
- 3.15.3. Audit 10% of the dataset to ensure improvements are made to the way data is captured in future iterations (i.e., Top, and bottom organisations, biggest movers, data quality).
- 3.15.4. Assurance of the general quality standards e.g., ISO 9001 accreditation.

### **3.16. Resourcing**

- 3.16.1. The supplier will provide resources associated with the work of the programme identified below but not limited to:
  - 3.16.1.1. Resources to support the rollout and delivery of the delivery project(s)  
Resources to support the Go-market planning and communications delivery.
  - 3.16.1.2. Resources to support the uptake of assessments.
  - 3.16.1.3. Resources to support the review and scoring of assessments.
  - 3.16.1.4. Resources to support the data and insights to manage and update the Results and Analysis Hub
- 3.16.2. Ideally guarantees around the resources should be in place before work commences.
- 3.16.3. The supplier will perform audits of the data collected.

### **3.17. Additional Requirements**

- 3.17.1. Here is an outline of additional requirements and standards that appointed suppliers will need to have in place:
  - 3.17.1.1. Assessment evolution: The assessment framework should factor in research and innovation to match changes in technology, policy and stakeholder needs throughout the contract and in line with WGLL changes.



- 3.17.1.2. Project planning: The supplier will be expected to support outcome/benefit tracking, list the methods to be used to capture this. (E.g., In the Results and Analysis Hub, there could be a feature that simply uses the last submission, on an annual cycle, to compare the last submissions and the rate of digitisation improvements made within a set period.
- 3.17.1.3. Assessment frequency: The supplier will be able to provide multiple assessments per year, depending on the different types of organisations in scope. e.g., Quarterly Mental Health Trust DMA's run during Winter and annual Acute DMA's during Summer.

## 4. Timescales and Implementation

### 4.1. Deliverables

- 4.1.1. The supplier will be expected to deliver the following outputs:

Output	Deliverable	By when
1	A Baseline DMA launch	October 2022
3	DMA dashboards covering National, ICS and place/organisation levels	December 2023
2	An Enhanced DMA, discovery, build, pilot, and launch - covering all aspects of the What Good Looks Like (WGLL) framework combined and baseline assessment.	February 2023
4	Centralised data set on digital maturity that is accessible for other areas of work.	February 2023
5	Year on year: 1. Assessment refresh via gap analysis 2. Re-launch 3. Updates to the Results and Analysis Hub	TBC – Q2/Q3 - 2023
5a	Iteration 2 of the enhanced assessment with an audit of 10% of the dataset.	TBC – Q1 – 2023/24
5b	Additional requirements built and incorporated into assessment	TBC – Q2 – 2023/24
5c	Collation of results and ongoing user support	TBC – Q3 – 2023/24
5d	Iteration 3 of the enhanced assessment with an audit of 10% of the dataset.	TBC – Q1 – 2024/25
5e	Additional requirements built and incorporated into the assessment	TBC – Q2 – 2024/25
5f	Collation of results and ongoing user support	TBC – Q3 – 2024/25

### 4.2. Location

- 4.2.1. All DMA participant organisations are based in England, United Kingdom.

- 4.2.2. All services delivered must be delivered within England. Offshoring of support for example is not permitted.
- 4.2.3. The supplier should specify how they will store the data will be stored accessibly, by the end-user and is machine-readable, for example in a database.
- 4.2.4. The supplier can deliver this service in several ways ranging from:
  - 4.2.4.1. completely virtually.
  - 4.2.4.2. a physical presence on premise with NHS organisation, taking into consideration the post-pandemic changes to end-user working habits (Working from home culture flexibility).
  - 4.2.4.3. blended (A little of both).

### 4.3. Roles and Responsibilities

- 4.3.1. The NHS England, Transformation Directorate, CIO and What Good Looks Like Programme will be responsible for the delivery of the contract. The programme answers to the Digital Maturity Assessment programme board and the supplier will be expected to deliver and present progress reports regularly. There will also be a need for daily stand-ups where appropriate to ensure timescales are met.
- 4.3.2. The supplier will fulfil the following project roles:
  - 4.3.2.1. IPR owner providing permissions for the Authority to use their baseline assessment.
  - 4.3.2.2. Provider of assessments and scorer of results.
  - 4.3.2.3. Provider of an online platform to host such a service.
  - 4.3.2.4. A communicator with stakeholder organisations.
  - 4.3.2.5. A supporter of stakeholder organisations to aid completion.

### 4.4. Management Information & Governance

- 4.4.1. The WGLL DMA team must be proactive and kept appraised and informed about progress and results. Weekly checkpoints on progress in addition to workstream-based progress meetings must take place regularly.
- 4.4.2. The supplier will be expected to present to the DMA Programme board and serve supplementary information to other stakeholders such as the WGLL Assurance Board.
- 4.4.3. Weekly and monthly sitreps and reports will be provided by the Supplier to confirm progress in writing. In addition to presenting current progress, the supplier will be expected to present stage plans in the above meeting.
- 4.4.4. Due to the nature of the work, there may be information on under-performing NHS organisations. The supplier will liaise with the WGLL DMA team on such matters, especially where any perceived reputation risk is concerned. This means the supplier must have in place control mechanisms on reports along with the audience they are presenting to.

## 5. Performance and Measurement

### 5.1. Key Performance indicators

Key Performance	Metric	Measurement
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1. Project Governance	1.1 Timely and accurate highlight reports detailing status, progress against a timeline, dependencies, risks, issues and tracking against budget	1.1.1 Weekly/fortnightly (TBC) reports
	1.2 Maintenance of roadmap and detailed work plan	1.2.2 Weekly/fortnightly updated workplan
	1.3 Participation in regular stand-ups and update meetings with team leadership	1.3.1 Weekly / monthly attendance 1.3.2 Preparedness for meeting 1.3.3 Good input in updates/discussions
	1.4 Attendance and presenting at regular governance meetings, including preparing papers in advance	1.4.1 Attendance, as required 1.4.2 Preparedness for meeting 1.4.3 Quality of presentation materials
	1.5 Providing materials to aid senior decision-making	1.5.1 Availability for ad hoc requests 1.5.2 Quality of material
2. Stakeholder Management	2.1 Attendance and presenting at key stakeholder meetings, including preparing papers in advance.  NHS stakeholders include: NHSE/I, BSA, HEE and NHSD	2.1.1 Weekly / monthly attendance 2.1.2 Preparedness for meeting 2.1.3 Good input in updates/discussions 2.1.4 Quality of materials
	2.2 Developing and maintaining relationships with key suppliers and stakeholders	2.2.1 Feedback from key suppliers and stakeholders on the good relationship
3. Stakeholder Engagement	3.1 All organisations in scope are contacted to take part in the programme.	3.1.1 Engagement count
	3.2 Host engagement sessions to pull all organisations into two-way communication about the completion	3.2.1 Engagement session attendance count
4. Collaboration	4.1 Collaborative approach with suppliers and	4.1.1 Evidence of participation in the

	stakeholders to ensure co-design and sharing of expertise and knowledge	network, and input and feedback regarding specs
5. Effectiveness	5.1 Number of organisations and workforce system suppliers confirmed to participate in co-design and to operate to the defined interfaces	5.1.1 Number of organisations that provided input and feedback to the data and technical specs 5.1.2 Number of organisations confirmed to operate to the new specs 5.1.3 Number of completed test use cases 5.1.4 Through engagement targets and varying types of engagement
	5.2 Evidencing of interoperability	5.2.1 Hackathons and testing
	5.3 100% completion rate with all organisations in scope in the specified timeframe.	5.3.1 Check of organisations who have submitted

## 6. Contract Term

- 6.1. The proposed contract is for an initial term of 2 years, with the option to extend (at the Authority's ultimate discretion) for any period up to an additional 12 months.
- 6.2. The contract is for and on behalf of NHS England.

## 7. Budget

- 7.1. The budget cap for this project for the contract lifespan is £6.7m (excl VAT). This is broken down into yearly budget caps:

Year	Budget ceiling
Implementation and First Year Delivery Costs (taking account of contract start date)	£3,401,428
Second-year delivery costs	£1,649,286
Third-year delivery costs	£1,649,286

- 7.2. Engagement incentives which form part of the yearly payment amounts will be based upon a 'draw-down' approach, whereby the Authority will only be charged per assessment. The pricing model will reflect a basket of rates approach:

**7.2.1. NHS Trusts**

- 1 – 50 complete assessments
- 51 – 100 completed assessments
- 101 – 150 completed assessments
- 151 – All intended end-user organisations

**7.2.2. ICB's/ISC's**

- 1 – 20 complete assessments
- 21 – 30 completed assessments
- 31 – All intended end-user organisations

## **8. Social Value**

- 8.1. The programme is required to adhere to the social value and the Public Services (Social Value) Act 2012 and include social value questioning.
- 8.2. Please outline how your proposal will contribute to social value in the delivery of this work, in line with the NHS Social Value model and policy specifically Theme 5 (Wellbeing).

**End.**