Document 3 – Appendix 2 - Terms and Conditions

Crown Commercial Service

Call-Off Order Form for RM6187 Management Consultancy Framework Three (MCF3)

Framework Schedule 6 (Order Form and Call-Off Schedules)

Order Form

Call-off reference:	C98544
The buyer: Buyer address:	**NHS England** **Quarry House, Quarry Hill, Leeds, LS2 7UE**
The supplier: Supplier address:	**The Boston Consulting Group UK LLP** **80 Charlotte Street** **London** **W1T 4DF**
Registration number: DUNS number: Sid4gov id:	**OC359103** **216961173**

Assignee (for purposes of invoicing and payment):
Imperial College Healthcare Trust (operating as NHS elect)
The Bays
South Wharf Road
St Mary's Hospital
London W2 1NY
020 3311 3311

Applicable framework contract

This Order Form is for the provision of the Call-Off Deliverables and dated the date it is e-signed but effective as of the Call-off start date.

It is issued under the Framework Contract with the reference number RM6187 for the provision of management consultancy services.

Call-off lot:

Lot 7: Health, Social Care & Community

Call-off incorporated terms

The following documents are incorporated into this Call-Off Contract.
Where schedules are missing, those schedules are not part of the agreement and can not be used. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation) RM6187
3. The following Schedules in equal order of precedence:

Joint Schedules for RM6187 Management Consultancy Framework Three

- Joint Schedule 1 (Definitions)
- Joint Schedule 2 (Variation Form)
- Joint Schedule 3 (Insurance Requirements)
- Joint Schedule 4 (Commercially Sensitive Information)
- Joint Schedule 6 (Key Subcontractors)
- Joint Schedule 10 (Rectification Plan)

Call-Off Schedules

- Call-Off Schedule 4 (Call-off Tender)
- Call-Off Schedule 5 (Pricing details)
- Call-Off Schedule 7 (Key Supplier Staff)
- Call-Off Schedule 9 (Security) (Short from will apply)
- Call-Off Schedule 20 (Call-Off Specification)

4. CCS Core Terms (version 3.0.10)
5. Joint Schedule 5 (Corporate Social Responsibility)

6. Call-Off Schedule 4 (Call-Off Tender) as long as any parts of the Call-Off Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above**.**

Supplier terms are not part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

Call-off special terms

Upon completion of the contract the supplier will ensure destruction of any data shared in line with NHSE data destruction policy and processes

None

Call-off start date: 21st November 2022

Call-off expiry date: 21st March 2023 with option of 2-month extension

Call-off initial period: 4 months

Call-off deliverables:

Option A:

Deliverables
An Imaging demand & capacity tool with capability to receive prioritised areas of demand input data

Workforce tool allowing users to analyse workforce data using modelling assumptions to support workforce planning

Documentation supporting the capacity and demand and workforce tool for Imaging, describing data sources and model structure.

Handover plans and user guides

Delivery Dates

21st March 2023 completion of deliverables with option of 2-month extension

Maximum liability

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

The Estimated Year 1 Charges used to calculate liability in the first contract year are:

£230,000

Call-off charges

Option B: See details in Call-Off Schedule 5 (Pricing Details)

All changes to the Charges must use procedures that are equivalent to those in Paragraphs 4, 5 and 6 (if used) in Framework Schedule 3 (Framework Prices)

The Charges will not be impacted by any change to the Framework Prices. The Charges can only be changed by agreement in writing between the Buyer and the Supplier because of:

- Specific Change in Law
- Benchmarking using Call-Off Schedule 16 (Benchmarking)

Reimbursable expenses

Recoverable as stated in Framework Schedule 3 (Framework Prices) paragraph 4.

Payment method

NHS Elect (Imperial College Healthcare NHS Trust) will pay correctly addressed and undisputed invoices within 30 days in accordance with the requirements of the Contract. Suppliers to NHS England must ensure comparable payment provisions apply to the

payment of their sub-contractors and the sub-contractors of their sub-contractors.

During the onboarding process we will send guidance information to the supplier on how the invoice should be addressed and where invoices and queries should be sent to.

Buyer's invoice address

[redacted]

Buyer's authorised representative

[redacted]

Buyer's security policy

Information Security Policy Version number: v2.0 Available online here: information-security-policy-v4.0.pdf (england.nhs.uk)

Supplier's authorised representative

[redacted]

Supplier's contract manager

[redacted]

Progress report frequency

Bi-Weekly with dates to be agreed

Progress meeting frequency

Weekly with dates to be agreed

Key staff

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Buyer's environmental and social value policy

Supplier CoC docx

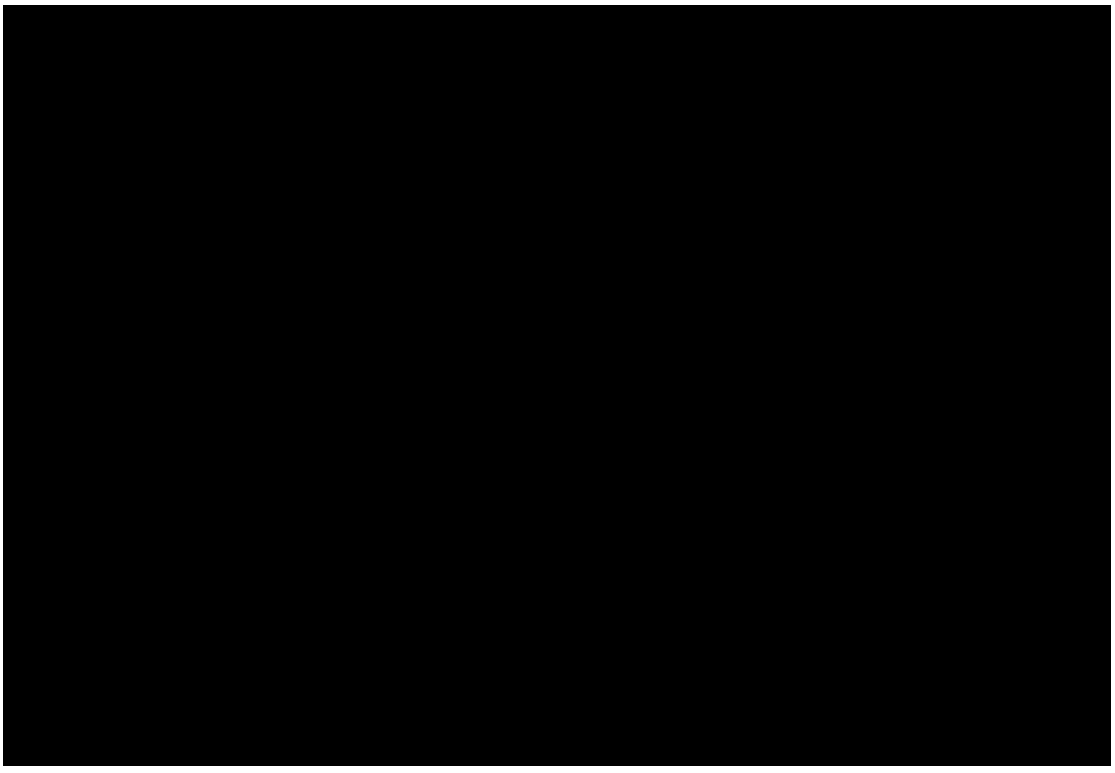
Social value commitment

The Supplier agrees, in providing the Deliverables and performing its obligations under the Call-Off Contract, that it will comply with the social value commitments in Call-Off Schedule 4 (Call-Off Tender).

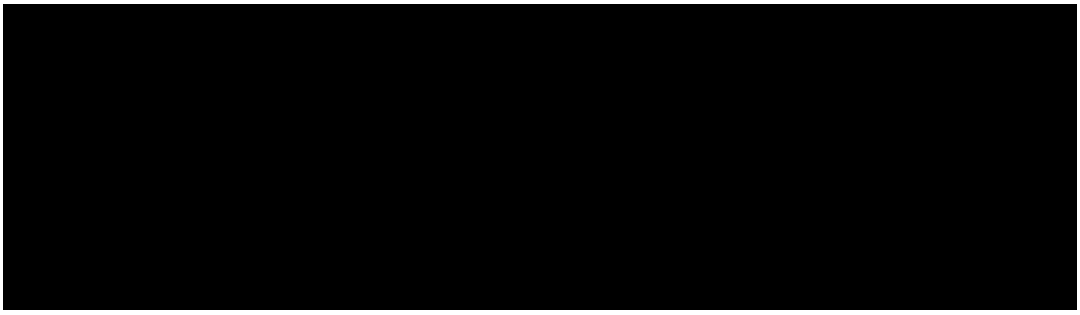
Formation of call off contract

By signing and returning this Call-Off Order Form the Supplier agrees to enter a Call-Off Contract with the Buyer to provide the Services in accordance with the Call-Off Order Form and the Call-Off Terms.

The Parties hereby acknowledge and agree that they have read the Call-Off Order Form and the Call-Off Terms and by signing below agree to be bound by this Call-Off Contract.



Call-Off Schedule 4 (Call Off Tender)



[redacted]

INSTRUCTIONS FOR COMPLETION

Suppliers are required to populate all the cells highlighted in Yellow within this sheet.

Suppliers should complete the tables below for SECTION 1 and SECTION 2. Both of these SECTIONS will form part of the Commercial Bid.

SECTION 1:
- This section is worth 20% of the overall Commercial Score.
- Day Rates should be submitted in line with the rates under Lot MCF3.7 - Health, Social Care & Community and Discounts provided for this procurement.
- An Estimate weigting has been provided in column E based on possible skills mix that will be utilised through the delivery of the contract. This is an estimate only and is applied for evaluation purposes only. The actual contract will be costed on a Time and Materials basis only with the Discounted Rates submitted under column D of Section 1 being valid for the life of the contract including any extensions.
- The total SUM in cell F15 will be used for the evaluation of SECTION 1 and the following formula will be applied = Lowest Total Sum Bid x 20 / Supplier Bidding Total Sum i.e. the lowest total cost will score the highest marks. (See worked example on Tab 2 of this sheet)

SECTION 2:
- This section is worth 20% of the overall Commercial Score.
- Suppliers are asked to provide a number of pro bono days i.e. days that will be provided free of charge against any roles.
- A number of points have been allocated to each role and this will be multiplied by the number of days offered for each role.
- The total points scored across all roles in Cell F27 will then be used for evaluation of Section 2 and the following formula will be applied = Supplier Bidding Total Points *10 / Highest Total Points i.e. the Higest total points will score the highest points. (See worked example on Tab 3 of this sheet)

SECTION 1: Commercial Evaluation - Rate Card (20% of total Commercial Score)				
[redacted]				
		Total Sum (To be used as the Figure for Evaluation Purposes Only)		

[redacted]

Call-Off Schedule 20 (Call-Off Specification)

This Schedule sets out the characteristics of the Deliverables that the Supplier will be required to make to the Buyers under this Call-Off Contract

SPECIFICATION OF REQUIREMENTS

DIAGNOSTIC TRANSFORMATION TO SUPPORT NHS RECOVERY

TABLE OF CONTENTS

Specification of Requirements

1. Background to the requirements

1.1. Current Arrangements / Context

1.1.1. **The Diagnostic Transformation Programme is a central commitment within the NHS Long Term plan (Imaging Networks) and supports a wide range of the NHS Long Term plan commitments to improving clinical outcomes and changing models of care.**

1.1.2. **The Richards' Review of diagnostic capacity, a commitment in the LTP, recommended significant change in diagnostic services. Underpinning all these changes will be a requirement to have a strong grip on demand and capacity of diagnostic services across the NHS in England. This project builds upon the work already started by the pre pandemic in development of a high-level diagnostic capacity and demand modelling tool.**

1.1.3. **The supplier will be working closely with the Imaging Transformation Team to develop demand and capacity and workforce modelling that can be used at a National, Regional, System and Imaging Network level.**

1.1.4. **The development of the imaging networks' workforce is the top priority in the collaborative working between NHS England and NHS Improvement and Health Education England (HEE) Imaging workforce group.**

1.1.5. **Imaging networks have an essential role in supporting the growth and development of the imaging workforce, both in leveraging innovation at a larger scale and in bringing a more integrated approach across a wider geographical footprint.**

1.1.6. **The workforce is the most valuable and important asset, as well as the biggest challenge (both in terms of numbers and skills). Benchmarking data published via the Model Hospital shows chronic shortages across all professions: average vacancy rates for clinical support workers are 4.6%, diagnostic radiographers**

11%, sonographers 6.7% and medical physicists 9%. The Royal College of Radiologists reports a 10% vacancy rate for consultant radiologists. With a predicted year-on-year increase in activity, these chronic shortages increase expenditure on agency, overtime and outsourcing.

1.1.7. **The Richards Review, Diagnostics: recovery and renewal (2020), advised that an extra 4,000 diagnostic radiographers, 2,000 radiologists and 220 physicists, in addition to several other imaging workforce groups, are needed to keep up with demand and to enable the development of networks and community diagnostic centres (CDCs).**

1.1.8. **It will be essential to manage the workforce differently across Imaging. It is expected this change will be captured through skill mix initiatives and increasing training opportunities across all NHS trusts. Throughout the Covid-19 response, Imaging staff groups have been deployed with increased flexibility; this should now be harnessed and built on. There is now a unique opportunity to manage how we utilise the expansion of advanced clinical practice, apprenticeships, development of roles and new ways of working to redeploy our workforce to deliver the requirements of Imaging services. These initiatives should be based on a model of capability and skill mix rather than role definition.**

2. Scope of the Procurement

2.1. Aims & Objectives

2.1.1. **The aim of this procurement is to secure a supplier to provide workforce and capacity modelling support to the national Imaging Transformation Programme and develop workforce planning and capacity and demand tools.**

2.2. Scope

2.2.1. **A tool to aid understanding of current capacity gaps and impact of interventions against forecasted demand. The base line capacity will be available from pre-existing data from the National Imaging Data Collection (NIDC).**

2.2.2. **The capacity and demand tool will be a modality base approach considering imaging service requirement and the interdependencies between them, e.g., referral type, opening hours.**

2.2.3. **The capacity and demand tool will allow different scenarios to be inputted for national/regional/system/network planning to quantify any imaging demand gaps, and timeline projection to close the gap. Outputs from the tool will illustrate this in different forms, including waterfalls.**

2.2.4. **A workforce tool to aid understanding of current workforce gaps, skill-mix and planning in imaging. The base line data will be from pre-existing data from the National Imaging Data Collection (NIDC).**

2.2.5. **The workforce tool will be a modality base approach considering imaging service requirement and the interdependencies between them, e.g., referral type, opening hours. The tool will allow to input different staffing skill mix ratios to run scenarios to enable facilitated discussion on optimal skill mix. To establish the under/over provision of staffing levels.**

2.2.6. **Understanding workforce interventions and allowing planning of different workforce scenarios to quantify any imaging staffing gaps, and timeline projection to close the gap. Outputs from the tool will be required to illustrate this in different forms, including waterfall diagrams.**

2.2.7. **To establish student clinical placement capacity nationally.**

2.2.8. **Modalities in scope: CT, MRI, Ultrasound, General X-ray, Mammography (Breast screening and symptomatic), Nuclear Medicine, Interventional Radiology, Fluoroscopy.**

2.2.9. **Modalities out of scope: AAA screening, Dental, Cath lab/ interventional cardiology, PET CT, Other imaging (as defined in the NIDC).**

2.2.10. **The supplier will be working closely with the Imaging Transformation Team to develop the tools that can be used at a National, Regional, System and Imaging Network level.**

2.2.11. **Imaging Transformation team will provide Imaging subject matter expertise to support development.**

2.3. Constraints and Dependencies

2.3.1. **Suppliers would be able to work remotely with the main form of communication 'teams' video calls.**

2.3.2. **Depending on regulations, there may be a requirement for face-to-face meetings at NHSE London offices.**

2.3.3. **We would anticipate the tools to be developed and ready to use, with analysis and insights available to share before quarter 3 2022/23.**

2.3.4. **Ensure procedural approaches and datasets are understood and recognised by both the supplier and the NHSE/I Imaging transformation team.**

3. Requirements

Mandatory and Minimum Requirement

3.1.1. **An Imaging demand & capacity model (or structured set of models) with capability to receive prioritised areas of demand input data per region.**

3.1.2. **To deliver shared principles for demand and capacity modelling, ensuring procedural approaches and datasets are understood and recognised by both the supplier and the NHSE/I Imaging transformation team.**

3.1.3. **To develop a national capacity and demand model which can be reproduced to an approved and accepted method to deliver consistency across the NHS teams at a regional and network level.**

3.1.4. **Initial phase of work would include review of current Imaging workforce. Enabling analysis and insights of workforce to be capture and benefits realised to meet Imaging programme strategic objectives.**

3.1.5. **Development of Workforce tool allowing users to analyse workforce data using modelling assumptions to support workforce planning. With the ability to input current workforce data across different professions, activity in modalities across the service, against staffing ratios and to identify gaps in service**

3.1.6. **Tool must be able to present information in the following categories/levels: national, NHSEI regional, Integrated Case System (ICS) and Imaging Network.**

3.1.7. **Must be able to present information in the following categories: national, NHSEI regional, Integrated Case System (ICS) and Imaging Network.**

3.1.8. **Documentation supporting the capacity and demand and workforce modelling for Imaging, describing data sources and model structure.**

3.1.9. **A handover plan, describing how upskilling and transfer knowledge to the NHSE/I team will occur.**

3.1.10. **Deliver a user guide to enable staff training at a national, regional and network level including outlining the principles behind each modelling tool.**

3.1.11. **Engagement with and input from key stakeholders throughout the development and testing cycle: Imaging transformation team, Breast Screening, Health Education Imaging team, Lead regional radiographers, Society and College of Radiographers, Royal College of Radiologists, Workforce Productivity team.**

3.2. Desirable Requirements

3.2.1. **Gap analysis between the available data and the data that would be required to develop and populate these models for the 5 diagnostic workforce pillars: Physiological Measurement, Endoscopy, Pathology, Genomics**

3.3. Timescales & Implementation

3.3.1. **We would anticipate the workforce tool to be developed and ready to use, with analysis and insights available to share before quarter 3 2022/23.**

3.4. Location

3.4.1. **The supplier will be mainly expected to work virtually on this project, but will be required to visit agreed national sites i.e. London when required by the National Imaging team.**

3.4.1.1. **Access for this location will be coordinated by the national team.**

3.5. Roles and Responsibilities

3.5.1. **The supplier will ensure all staff are suitably qualified, adequately trained and capable of providing the services in respect of which they are engaged.**

3.5.2. **The supplier shall ensure that all staff delivering the services have the required level of skill, diligence and experience as are necessary for the proper delivery of this work.**

3.5.3. **The supplier shall ensure there is an adequate number of staff to provide the services required.**

3.5.4. **The supplier shall not assign, delegate the service provision to a sub supplier or in any other way dispose of the service or any part of it without previous written agreement from NHSE/I.**

3.5.5. **The supplier shall be responsible for the acts and omissions of their sub-Providers as though they are their own.**

3.6. Management Information & Governance

3.6.1. **Supplier will be expected to work closely with the imaging transformation team in the development of the tool with weekly progress updates circulated to the team and respond to ad-hoc requests for updates and clarification as required.**

3.6.2. **Supplier will be expected to present the models, tools, analysis and insights to internal and external stakeholders.**

3.7. Performance and Measurement

3.7.1.

KPI	Required compliance
Weekly progress reports shared with the national team	100%
Methodology of Capacity & Demand modelling in place within 10 weeks of the project go-live date	Within 10 weeks of go-live
Draft capacity & demand modelling in place by week 15 of project go-live	Within 15 weeks of go-live
Methodology for modelling staffing ratios in place within 10 weeks of the project go-live date	Within 10 weeks of go-live
Review of current workforce modelling completed within 10 weeks of project go-live	Within 10 weeks of go-live
Draft model to be in place by week 16 from project go-live	Within 16 weeks of go-live

*Go-live date to be agreed between NHS England and Supplier. NHS England reserve the right to withhold payment until all activity has been completed satisfactorily as above and agreed with NHS England.

3.8. Contract Term

3.8.1. **4-month term with option of 2 months extension**

3.9. Budget

3.9.1. **Estimated value £180,000 - £230,000 Exc VAT for full term including extension period, capped at £234,000. Payment to be made monthly based on time & materials used.**

3.10.Sustainable Development Requirements

3.10.1. **Remote working as default, would only expect travel requirements occasionally for in person major meetings or events.**

4. Flexibility and additional services or transformation

4.1. The provider will work flexibly and adapt to reasonable requests for change.

5. Appendices

5.1. Nil appendices for Capacity and Demand.

5.2. Draft workforce modelling outline approach set out below:

5.2.1. **Capture the potential planned impact of workforce interventions on diagnostic workforce and activity in a structured model.**

5.2.2. **Ensure consistency of approach and structure in documenting the diagnostic assumptions on workforce across different clinical workstreams.**

5.2.3. **Provide an overview of the baseline diagnostic workforce for each modality utilising national imaging data collection information, available at national, regional, system and imaging network level.**

5.2.4. **Inputs - Model using following input data:**

5.2.4.1. **Modality.**

5.2.4.2. **National Imaging Data collection (pre-existing data).**

5.2.4.3. **Input different service requirements – opening times, type of examinations, demand and capacity.**

5.2.4.4. **Staff roles within the modality.**

5.2.4.5. **Different skill mix ratios.**

5.2.4.6. **Interventions to decrease the gap.**

5.2.4.7. **Input students' numbers.**

5.2.5. **Outputs :**

5.2.5.1. **Testing of different staffing skill mix ratios for different modalities and patient referral type.**

5.2.5.2. **Optimal staffing requirements per modalities and imaging as a whole nationally.**

5.2.5.3. **The under/ over provision of staff.**

5.2.5.4. **Graphic and numerical results- for example, waterfall charts for staffing per modality and as imaging as a whole nationally.**

5.2.5.5. **Projection of when the optimal skill mix is achievable with the interventions proposed.**

5.2.5.6. **Student training placement capacity within imaging.**

5.2.6. **Enable an understanding of workforce requirements at both a national and regional level – where required making necessary assumptions about how workforce may be efficiently utilised across diagnostic networks**

5.2.7. **Translate demand forecasts into a set of additional capacity requirements and associated financial impact, in terms of capital funding, and workforce impact, in terms of additional fulltime equivalents**

5.2.8. **Allow for future efficiency assumptions and interventions to be inputted into the tool for planning purposes. E.g. due to technology advances (for example development of AI) to be captured as a percentage impact for a given diagnostic modality – this will enable future scenario planning and sensitivity analysis.**