

SPECIFICATION FOR THE PROVISION OF MANAGEMENT CONSULTANCY - INTERIM MEASURES PROJECT (DRAFT)

Introduction

West Hertfordshire Hospitals NHS Trust faces immense financial pressures which are beginning to impede the organisation's ability to deliver high quality health care. In response to this the Trust has begun to develop a Turnaround Plan.

The Trust recognises that the scale of the financial position is such that radical action is necessary. As a result, the feasibility of centralising all acute services on one of the Trust's four sites has been explored at a high level. This project is known as Interim Measures.

Before endorsing the implementation of Interim Measures, the Trust Board and Clinical staff are keen to test the impact of the proposal on the emergency care service. This service is under significant pressure that has been exacerbated by a number of financially driven bed closures.

In parallel with validating the impact on the emergency care service model, the Trust is keen to test the efficiency of its clinical practice. This is to ensure that the clinical models are as efficient as possible so as to minimise the level of investment necessary to accommodate the services as they transfer sites.

To this end the Trust is seeking to appoint a suitably qualified management consultant/consultancy to carry out two separate pieces of consultancy:

1. To validate the emergency care service model outlined in the interim measures proposal, refining the service model where necessary.
2. To review current clinical practice against best practice and to work with speciality management teams to implement best practice. This work would be carried out on a speciality-by-speciality basis beginning with Trauma and Orthopaedics.

The two pieces of consultancy work will dovetail into an activity, capacity and financial modelling exercise that will influence both the Interim measures project and the Trust's business plan moving forward.

This invitation to tender (ITT) provides background information on Interim Measures Project and details the assignments to be undertaken along with the condition of employment.

Tender submissions must be made in strict accordance with this ITT and the attached Form of Offer. Any submission not complying with these mandatory requirements will be excluded from the tender evaluation process.

Background

The Trust was formed in 2000 and comprises of four hospitals: Watford General; Hemel Hempstead General Hospital, St Albans City Hospital and Mount Vernon (Burns and Plastics). The Trust had an opening deficit of £13.8million which if not resolved will increase giving a closing deficit in the region of £30million. Therefore, it is vital for the Trust to fundamentally alter the manner in which services are provided in order to close the gap.

The multi-site operation of the Trust is often considered to be a significant factor for the financial position. This has led the Trust to explore whether centralising acute services on the Watford site, in advance of the new hospital being available, is feasible and whether significant savings can be achieved.

All the Trust's sites are challenged in terms of the land available and the suitability of the infrastructure therefore, it is essential that all clinical services work as efficiently as possible ensuring that all facilities are maximized.

Watford General Hospital (WGH) is the most favoured site on which to centralise services as this is in line with the health economy's strategic plan, Investing in Your Health (IiYH). Last year the Health Secretary approved over a billion pounds of funding to support whole system change in the NHS in Hertfordshire and Bedfordshire. Details are available from the website www.investinginyourhealth.com

Specification for assignment

Emergency Service Model Validation Exercise

1. Working closely with the Director of Operations, Divisional Director of Medicine and the Medical Division, to validate the high-level service model proposed for emergency care service under Interim Measures.
2. Where necessary to propose refinements to the proposed service model in order to improve the quality of care provided and to mitigate the impact of centralisation.
3. To report back to the Interim Measures Project Board the viability of centralising acute services at WGH service model perspective.

Clinical Efficiency Review

1. On a speciality-by-speciality basis, working closely with service management teams, to review clinical practice and identify areas where scope exists to change practice to match best practice in order to improve service efficiency and cost base.
2. To contribute findings to the activity and finance workstream so that the implications of the changes to practice on capacity, facilities and cost base and income under payment by results can be modelled.
3. Having identified the areas where practice can be changed, to work with the clinical teams in order to agree action plans identifying how the actual changes can be implemented.

It is proposed that specialities are tackled sequentially, with Trauma and Orthopaedics, being undertaken first. Organisations should provide a cost for this on a speciality basis along with a cost for undertaking a full programme of up to 10 specialities.

Outcomes

The proposed service model will have been validated independently. If the outcome of the validation exercise is that the proposal is robust the clinical body and Trust Board can sign up to the Interim Measures proposal allowing the Trust Executive to progress implementation of the proposals without delay. The Clinical body believe that if the centralisation can be made to work successfully for emergency care it is extremely likely that other proposals within Interim Measures are equally deliverable.

The Trust as a whole will have a thorough assessment of its clinical efficiency against accepted best practice indicators.

Each clinical team will have an action plan detailing how practice will be changed in order to work towards accepted best practice set in the West Hertfordshire context.

The Interim Measures Team will have a clear view of the type and quantity of facilities required at WGH to facilitate the centralisation of acute services that will result in a robust view of the capital costs and revenue consequences of Interim Measures.

Process

Mid Jan 2006	Invitations to tender sent out
31 st Jan 2006	Applications deadline
First week in Feb 2006	Selection Process
Second week in Feb 2006	Liaison with Clinical Teams
Second week in March	Report back to Interim Measures Team

Conditions of Appointment

1. WHHT does not commit to appointing any Consultancy.
2. The Consultancy may not assign or sub-contract any of the work required under this ITT or instructed to undertake by the WHHT without the express permission of the WHHT.
3. The WHHT may terminate the appointment of a consultancy at anytime during the procurement process if, in the opinion of the WHHT, the appointee has failed to fulfil the requirements defined in the ITT, is not performing to the standards required by the WHHT or where the WHHT's best interests would be served by the appointment of an alternative advisor the consultancy is not to perform or undertake any tasks or instructions other than those defined in the ITT and for

which the WHHT has issued instructions, unless specifically instructed by the WHHT in writing.

4. Additional works will be commissioned by the WHHT for an agreed fee or paid at an hourly rate depending on the nature and certainty of the work.
5. Consultancies must hold and maintain professional indemnity insurance. The level of cover must be declared in the response to the ITT.
6. The consultancy is to appoint an individual as the main point of contact for the WHHT and the other advisors.
7. The consultancy must inform the WHHT of any change in the personnel undertaking the work from those detailed as the team members in the response to this ITT. Any new personnel appointed must hold equivalent qualifications and be experienced at a similar level to those they are replacing. The WHHT reserves the right to instruct the advisor to change a member of the team if it considers such a change necessary in the best interests of the project.
8. An audit trail of all instructions, investigations, documentation, decisions and related matters is to be maintained and made available for inspection by the Trust or other party, including the WHHT's auditors.
9. Documents and information produced by the Technical Advisors are to be provided in both printed and digital format. The latter should comply with or be easily convertible to the following standards: MSWord 97 for text documents; document exchange format for design drawing files.
10. The WHHT will retain the right to edit, change and amend the documents produced and provided by the consultancy, reproduce them in any form, publish them and use them as they see fit for this and any associated projects the WHHT may undertake.
11. Consultancy may not publish information or data obtained or produced in relation to the project without the express permission of the WHHT.
12. All general conditions of appointment not covered in this ITT will be in accordance with the general conditions of appointment will be in accordance with NHS Supplies Conditions of contract for Consultancy (May 1997) appended to this ITT.
13. Tenders are to be priced in GB pounds and all payments made under the contract will be paid in GB pounds.

Tender Requirements

1. The Form of Offer is attached to this ITT, and must be submitted with the prospective facilitators tender. The specific pricing requirements are:
 - a. A fixed price covering all the Specific Requirements Approval for the appointment sort by the advisor as defined in the ITT, including expenses

and disbursements. (Note, percentage fee quotations will not be accepted.) Please note the comment above regarding the Speciality reviews.

- b. Hourly or daily rates for each of the grades of staff who will be employed on the project .
2. Prospective consultancies are required to complete the Tender Checklist to ensure all tender requirements have been fulfilled. In particular prospective advisors must provide:
- A completed Form of Offer.
 - Copies of the CVs of the persons who will be undertaking work are to be provided.
 - The name of the project lead.
 - Confirmation that the advisor has the resources available to commit to the project for its full duration and meet the proposed timetable.
 - The advisors invoicing arrangements.
 - Details of the advisors quality assurance processes and/or appropriate registration.
 - Details of the advisors professional indemnity insurance.
 - Any qualifications or exclusions from the tender.

Tender Return

The tender documents, one full copy, are to be returned to the Trust at the Address below before the 31st January 2006 to:

Sarah Shaw
Director of Planning

West Hertfordshire Hospitals NHS Trust
Hillfield Rd
Hemel Hempstead
Hertfordshire
HP2 4AD