

**HealthTrust Europe LLP: ITT to establish a framework agreement for consultancy solutions and advisory services Contract Notice (FTS) Ref: 2023-041574**

**Technical Response – C2\_Value for Money\_Ethical Healthcare Consulting**

C2: Please provide details on how your company will ensure value for money by having regard to the relevant consultancy market to ensure a competitive service is delivered. Your response should include:

• frequency of bench marking exercises;

• how cost saving exercises and results are communicated back to the Authority and Participating Authority and implemented into the call off contract; and

• examples of cost improvement plans

**EHC Response:**

**• frequency of bench marking exercises;**

EHC’s priority is to make a positive and meaningful social impact and as such we continuously review our pricing and benchmark against the market to ensure our clients receive the maximum value for their investment in our services. With each new project and tender response, we review our financial costing model. This typically means we are benchmarking our costs against the market on a quarterly basis.

**• how cost saving exercises and results are communicated back to the Authority and Participating Authority and implemented into the call off contract;**

EHC provide an entirely transparent approach to project delivery, ensuring that our clients are made aware of where we can reduce spend against budget with the optimum balance of skills and capability. Where the outcomes of a project can be more efficiently achieved, or where resources can be utilised to a more valuable end, EHC work with our clients to agree and reshape our delivery in line with this insight. The assigned SRO and Delivery Manager on our projects remains in constant contact with our client contacts and advises of where savings could be made, including supporting cost benefit analysis where appropriate, and ensuring lessons learned from these exercises are embedded into ongoing contracts. EHC’s delivery is optimised through standardisation and data-led continual quality improvement.

Projects typically kick off with a Sprint 0 with a small team (normally 2 people) to scope the project, deliverables and outcomes, review any previous work, speak to client teams currently working on an issue and assess readiness. This ensures that projects don’t kick off before clients are ready. As our approach is collaborative, it requires client time to make a success, and this is typically front loaded. Our experience is that this stops projects from incurring cost in the first few weeks as the team are onboarded and reduces the chance of project pauses happening if there are diary or priority clashes with a client.

EHC are unique in our approach of continually measuring our impact, value add and customer satisfaction, and regularly deliver under budget, refunding surplus funds to clients.

**• examples of cost improvement plans**

EHC has implemented numerous cost improvement plans for our client organisations, only ever charging for effort expended, and ensuring the appropriate level of skill and experience is fielded to enable a reduction in cost wherever possible, invariably seeking opportunities to knowledge transfer and upskill local resource to enable us to stand down more expensive consultancy resource at the earliest possible moment. This blended approach is deployed as part of an agile methodology which ensures we are partnering with our clients to agree its application and monitor its effectiveness.

EHC have impact at the core of our organisation. There are multiple examples where EHC declined engagements because the scope was not within our skillset and would not have represented value to the taxpayer. EHC have recently partnered with Newcastle University, engaging a full-time resource to help measure and optimise the value EHC add to the NHS. Value optimisation starts ahead of engagement commencement, in applying the most appropriate resources to the work. The team are profiled using the SFIA skills framework, along with knowledge of which individuals have a track record of successful co-working. This ensures that clients get the right people for the right job.

EHC never charge our clients for developing artifacts or tools which we have already created for other NHS clients, and so we consistently save our clients on these costs through sharing the benefit of the full breadth of the experience of our team. This includes standardised approaches, templates and tools. There are multiple demonstrable examples of refunding surplus funds to clients where EHC have delivered under budget. EHC have fully standardised delivery lifecycles and methodology with continual quality improvement based on our delivery data. Lessons learned workshops are held at the end of all our engagements. EHC monitor and improve impact and add value through monitoring data points, (e.g. CSAT). The social impact of EHC’s work is measured using Loop impact tracking software.

EHC have extensive experience in developing and writing NHS Business Cases as well as providing Business Case advisory services. EHC have a 100% track record of SOC, OBC & FBC approval.

Examples of EHC experience in developing NHS business cases:

Example 1: The Lancashire and South Cumbria EPR convergence SOC project involved an ICS-led electronic patient record (EPR) procurement across four Trusts, each with unique challenges, ranging from paper-based records to high-performing EPR systems at various stages of procurement and implementation.

EHC's Role and Outcomes:

* EHC provided comprehensive services in developing and writing the business case for the EPR convergence. EHC undertook CIA (Cost Impact Analysis) modelling and offered expert financial guidance, crucial for navigating the limited funding available from NHS England. EHC engaged stakeholders early in the process, ensuring their needs and perspectives were integrated into the project planning and execution.
* Working alongside the ICS, EHC helped establish a robust governance process, which included managing individual Trust Governance, essential for maintaining project alignment and accountability.
* EHC worked closely with Directors of Finance to develop a complex financial model, addressing the challenges of restricted funding. Our approach involved comprehensive requirements gathering across all stakeholder groups, including clinical, medical, administrative, managerial, data, and digital domains, ensuring a holistic view of needs.
* The Strategic Outline Case (SOC) for this project was approved, demonstrating the effectiveness of our comprehensive approach.

Example 2: Surrey and Borders Partnership NHS Foundation Trust (SABP) were a member of the Digital Aspirant Plus programme who aimed to transition from a single-organisation EPR to a multi-unit system. SABP aimed to enhance their EPR through using open data architecture for partnership collaboration and bespoke application development. They sought a controlled data layer for various applications to connect, improving data usage in patient pathways and interactions.

The existing EPR solution was set to become a data source for a new clinical platform within a modern health record infrastructure.

EHC's Role and Outcomes in developing the SOC and OBC:

* Provided a Business Case writer/advisor, along with technical, communications, and engagement resources.
* Undertook separate advisory roles for the strategic outline case (SOC) development and writing.
* Developed a controlled data layer as a proof of concept.
* Navigated reduced central funding and challenging communications with the incumbent supplier, impacting technical and business case workstreams.
* EHC involved specialist EPR staff to establish supplier connections.
* Collaborated with LPP and the Trust in formulating the procurement strategy.
* Executed an extensive communication and engagement process with all staff, ICS, third sector, and patients, including the production of a strategy.
* Undertook complex financial case development and CIA modelling.

Example 3: The West of England Imaging Network, encompassing 7 Trusts, faces a unique challenge as 2 Trusts are closely linked with other networks, preventing a unified PACS/RIS system. The primary focus is on an Image Sharing Solution, aiming for PACS/RIS convergence in a highly political and newly established network. There's a critical need to shift from individual trust mindsets to a cohesive, integrated approach.

The network is under significant financial constraints, with funding reductions from NHSE.

EHC's Role and Outcomes:

* Involved in both technical aspects and business case writing, including financial modelling, benefits management, and comprehensive communication and user engagement.
* Assisted in the development of Network Governance structures.
* RFI and ITT Support: Provided support for Request for Information (RFI) and Invitation to Tender (ITT).
* Developed and wrote the Strategic Outline Case (SOC), Outline Business Case (OBC), and Full Business Case (FBC).
* Formulated the Target Operating Model, Digital Roadmap, and Communications and Engagement Strategy.
* Led the appraisal process. Following OBC approval, two Trusts opted for a single PACS/RIS system, leading to a reassessment and impact analysis of this significant shift in strategy.

EHC’s approach to working alongside the Trust’s team to develop business cases is to effectively collaborate with the Trust's team in developing business cases, EHC will first organise an Engagement Meeting before the project starts. Project artifacts will be requested in advance to familiarise our team with the project's background. Our business case team, including the delivery/project manager, writer, finance lead, benefits lead, and technical lead, meets with the Trust's team to thoroughly understand project objectives, expected outcomes, political and strategic context, key stakeholders, risks, issues, and any previous lessons learned.

Shared document working using tools such as SharePoint and Teams will allow for real time collaboration and open working.

EHC will seek clarity on milestones, timescales, particularly those set by NHSE/DHSC, and understand the governance and approval processes, including external approvals. EHC will facilitate and establish clear roles and responsibilities for both the Trust and EHC teams, during pre-kick-off engagements. Finally, EHC will define how our teams will work together, ensuring shared understanding of workshare and ownership responsibilities across the teams.