

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

**Technical Response – G2\_Contract Monitoring\_Ethical Healthcare Consulting**

G2: With regards to establishing a new client relationship, please explain how you approached the need to develop relations with your new client and understand its business, particularly where you may have displaced a long-standing incumbent bidder. The response should include:

• details of the onboarding process and liaising with any incumbent;

• details of tailored training and value-added services offered and how these were identified and delivered;

• how the customer’s key objectives, priorities and strategy was identified to ensure a collaborative approach at the start of the contract;

• the agreeing of any Service Level Agreements and Key Performance Indicators and how these were monitored; and

• key personnel responsible for the relationship development.

**EHC Response:**

In establishing new client relationships, EHC excels in developing a deep understanding of the client's business and forging strong, collaborative partnerships. Our approach, particularly when transitioning from a long-standing incumbent, is both strategic and client-centric, ensuring seamless integration and alignment with the client's objectives and priorities.

**• details of the onboarding process and liaising with any incumbent;**

EHC’s deployment team plays an important role in working with clients to define project scope and clearly communicating agreed objectives, deliverables, constraints, and assumptions to teams. This process is supported by a robust EHC onboarding programme, ensuring all team members are well-versed in our tools, practices, and delivery approach.

Team members undergo a detailed onboarding process to guarantee their alignment with project requirements. We typically allocate 1-2 weeks for this onboarding phase. We prioritise assembling the right team, acknowledging that initial productivity is slightly reduced, it significantly reduces risks of project delays or failures later.

We efficiently managed a complex pathology network project for a customer, deploying a single laboratory solution across six NHS Trusts. Successfully transitioning from the previous incumbent, within one week we assembled the right team, carefully selected for their understanding and experience for the project's scope and objectives. EHC are on target for a timely go live.

Taking over a project from an incumbent provider presents several challenges. EHC has mitigated these by engagement with both the new client and any incumbent to ensure a smooth approach to transition by:

* Conducting a comprehensive handover session with the incumbent, document all information, and engage in detailed discussions with the client to bridge knowledge transfer gaps.
* Integrating EHC's methodologies with the client's culture, communicate the benefits, and gradually introduce new processes to manage cultural and operational differences.
* Establishing open communication, be transparent, regularly update stakeholders, and seek their feedback to build trust.
* Critically assess and propose improvements to align with the client's long-term objectives and implement changes in phases for existing systems and processes.
* Setting clear goals, communicate realistic achievements and timeframes, and manage expectations through continuous dialogue.
* Reviewing and understand the existing contract in detail and clarify legal and contractual obligations to ensure compliance and avoid misunderstandings.

**• details of tailored training and value-added services offered and how these were identified and delivered;**

**Tailored training;**

EHC ensures delivery standards are upheld across both client and EHC when taking over or starting a project. Our training and onboarding approach aligns our EHC project team and acknowledges the importance of training for the client.

Tailored training is provided to clients to understand our delivery methodology, meeting purposes, and achieving project objectives. We set clear expectations and often conduct high-level training sessions on Agile methodology, including tools like Jira and Teams, and collaborative practices.

Training and alignment are integral parts of our kick-off meetings before project commencement and our PMO team provides additional support and explanations to clients when needed to ensure adherence to processes and project objectives.

In the Southern Counties Pathology network project, we supported the rollout of the LIMs network, offering Agile training and tool usage guidance to the wider client team. This collaborative platform included training sessions, documentation, and dedicated points of contact for queries.

Our approach ensured alignment between client and EHC teams, facilitating issue management and process tracking within the programme of work.

We identified the need that the teams would benefit from having a streamlined process in how to work collaboratively to implement the LIMs. One component of this tailored training was specifically Request for Change across the network. We designed the process of how the team would manage request for change where we delivered tailored training sessions to our colleagues from the core team to explain the ways we intended the process to work, the tool (Jira) to use and why, along with the information that we would need. In addition to the presentations and following discussions we updated the process maps along with relevant user guides to support the team.

**value-added services offered and how these were identified and delivered;**

EHC recognises that delivery of innovations can contribute significantly to benefits realised in a project. As an example, following EHC’s delivery of the national EPR usability survey with NHSE which benchmarked NHS organisations, EHC identified that organisations struggled to demonstrate achieving the return on investment (ROI) they had anticipated when making their initial purchase. It has been identified that a key reason for the ROI not being achieved was a lack of engagement with patients, healthcare professionals and staff to understand the behaviours which limit or promote the benefits being realised throughout the project.

*Case Study 1*

EHC has developed User-Centred Transformation (UCT) which offers a fresh approach to NHS organisational change by placing patients, healthcare professionals, and staff at the forefront of decision-making. By actively engaging these users, EHC gains invaluable insights into their needs, with problems solved leading to improved patient outcomes and user-experience as well as operational efficiencies.

EHC used UCT with Health Innovation Manchester who wanted to implement virtual wards to reduce the winter pressures on the NHS. EHC’s approach combined the expertise of experienced NHS communications practitioners with the unique insight of a behaviour change specialist to understand the challenges of adopting and scaling virtual wards in each area.

Using 10 weeks of discovery with more than 50 staff, the challenges of virtual ward implementation was addressed.



The impact of virtual wards on patients and their families was analysed. Key behaviours which needed to be changed were identified to ensure the adoption of virtual wards was maximised to enable the reduction of winter pressures.

Key communications with staff and patients were developed to address concerns and promote benefits of remote care through virtual wards. EHC recognise that by embedding a user-centred culture and championing continuous improvement, the NHS can drive meaningful, sustainable transformation that truly serves its stakeholders.

*Case Study 2*

EHC has significant expertise to ensure projects are streamlined from the earliest stage. For example, EHC is working with UH Dorset NHS FT with three hospitals at the early stage of an ICS-wide programme of widescale digital transformation. EHC has provided early support and advice on how best to mitigate significant clinical and operational risks and streamline future project delivery prior to the new systems implementation. EHC reviewed the overall programme approach and considered:

* Clinical risk: EHC provided clinical risk and leadership support in reviewing the clinical risk register and identifying new risks that needed resolution from a clinical process and policy and/or digital enabled solutions. Undertaking a review of clinical risk enabled EHC to make an informed judgement without being impacted by internal politics or taking a departmental view of the risks.
* Development of interim digital solutions: EHC utilised the combined skills of an architect, a subject matter expert and technical specialist to consider the significant risks inherent in existing solutions. EHC worked with clinical and operational staff from the ICS to propose and ‘test’ several short-medium term digital/technical solutions to reduce the risk ahead of new clinical systems being deployed.
* Culture, change and behaviour: There were considerable cultural challenges in working within the ICS - a culture of mistrust was core in these behaviours. EHC ran a ‘post-mortem’ workshop with the ICS CEOs and other key stakeholders to determine the root cause of the problems and present recommendations for resolutions. EHC provided a User Centred/Behavioural Design Expert who interviewed front-line staff and senior stakeholders, identifying themes and areas for improvement and associated recommendations.
* Programme leadership: The NHS Trust has appointed EHC’s as their Interim Programme Director to provide assurance of the governance, timeline, and resources for the EPR Programme and develop key recommendations for improvement.

**• how the customer’s key objectives, priorities and strategy was identified to ensure a collaborative approach at the start of the contract;**

To effectively collaborate with the Trust's team, 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 team, including the delivery/project manager, and roles (depending on the type of project) such as, 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 work with the customer to jointly define how our teams will work together, ensuring shared understanding of workshare and ownership responsibilities across the teams. A key element of shared understanding is to play-back the information to each other, our experiences have taught us to check understanding to really solidify alignment and enhance the collaborative experience.

**• the agreeing of any Service Level Agreements (SLA) and Key Performance Indicators (KPI) and how these were monitored;**

Agreement of KPI’s

* EHC initiates the contract by collaborating with the client to define specific SLAs and KPIs tailored to their unique project requirements.
* We work closely with the client to establish project outcomes, deliverables, timelines, milestones, and monitoring processes to ensure alignment with project scope and objectives.
* This alignment is reaffirmed during the project kick-off meeting, where scope and key requirements are reviewed and confirmed with the client, ensuring consistency with the contract.

Monitoring of SLAs and KPIs During the Project

* Throughout the project lifecycle, EHC actively monitors the SLA agreements and key performance indicators, which are reported as part of monthly performance monitoring activities.
* We conduct "show and tell" sessions at regular intervals, typically every two weeks, during which we present project progress and cross-check it against project objectives and client expectations.
* Stand-up meetings complement these "show and tells" to keep the project on track and in line with contractual SLAs and KPIs.
* Involvement of internal and external Stakeholders

Collaborative KPI Selection

* EHC will collaborate with the project team and relevant stakeholders to build on the KPIs outlined in the Call-off T&Cs for the Provision of Services (Schedule A).
* Stakeholders involved in the KPI selection process include project managers, team members, clients, customers, and other relevant parties.
* Input and perspectives from these stakeholders are sought to ensure that the selected KPIs align with everyone's expectations and project goals.

Prioritisation of Critical KPIs

* EHC's approach includes prioritising KPIs to focus on those indicators that have the most significant impact on achieving desired outcomes.

Reporting and Milestone Tracker

* EHC employs the Milestone Tracker to assess performance against targets and Key Performance Indicators.
* These reports are shared with stakeholders on a predetermined schedule, ensuring transparency and alignment with agreed-upon SLAs and KPIs.

**• key personnel responsible for the relationship development.**

EHC has a rigorous selection process to recruit experienced staff and associates. All client facing team members have experience in the NHS and/or consulting. References, eligibility and work history are sought for all new starters. All team members are expected to understand and adhere to the Quality Policy which outlines the roles and responsibilities for key roles on projects. All individuals have a statement of work prior to commencing work which outlines their time allocation and their ownership or contribution to deliverables.

The key roles tasked with building our clients relationship are as follows:

**Sales Lead**

Initiates project scope discussions and maintains continuous involvement throughout the project lifecycle, with a primary emphasis on facilitating contract extension or expansion.

**Client Principal (CP)**

The EHC Client Principal (CP) manages client relationships across portfolios of work. Their role involves working closely with our clients to ensure we build an in-depth understanding of their needs, values, and aspirations, so that we are able to establish shared goals and where necessary align our approach and methods to properly fulfil the brief. This involves building a close rapport with clients in order to build trust. Given the role of the client principal is to work across a portfolio of work involving multiple clients, we are in a unique position where, when appropriate, we are able to share best practice or align strategies and dependencies.

The frequency of meetings between the EHC Client Principal and the contracting authority is determined by the nature and complexity of work and client needs. However, at a minimum we would expect the EHC CP to meet the client on a monthly basis. Outcomes from these sessions will be formally documented and feedback is given to the SRO and project managers.

**Senior Responsible Officer (SRO)**

A EHC Senior Responsible Officer assigned to each project who provides client, risk, commercial and quality management. These are usually an Executive Director or a Domain Lead who have typically 20+ years of experience in their area. On a weekly basis each EHC project lead completes a lightweight RAG report which flags any commercial, delivery or team issues into the SRO and to the Director of Consulting for remediation. Should there be any issues with delivery or team members, the client will have an EHC Executive Board Member to whom they can escalate. The SRO has overall responsibility for the success of the project.

**Delivery Manager**

Provides regular project progress updates, reports and communication to the client and oversees budgetary control and expenditures.