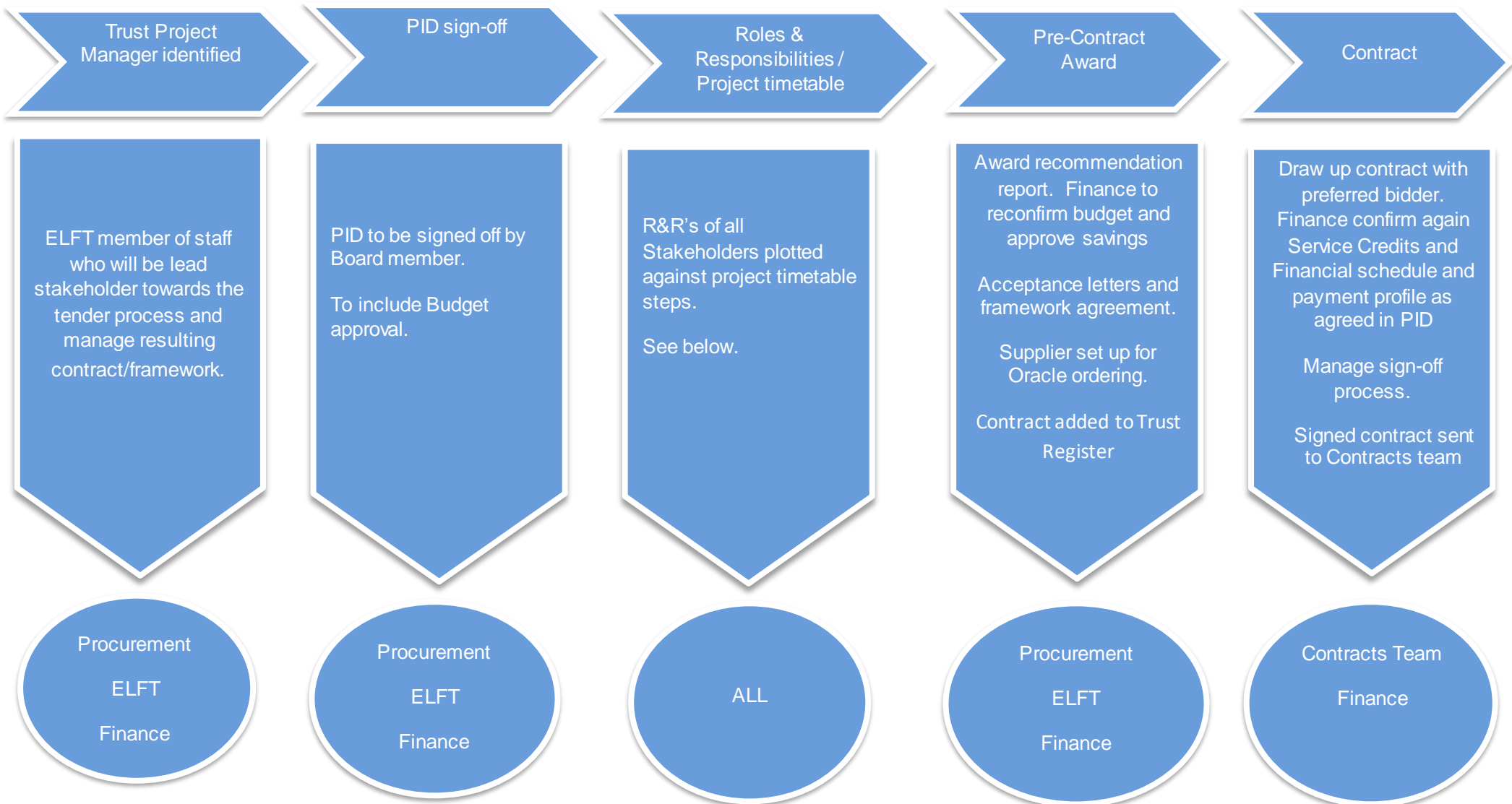


Support for Service Managers when planning to buy Goods and/or Services

The Trust uses other organisations to help deliver clinical and non-clinical goods and services. As a public body we are required to test the market or go through a procurement process when we spend money with other organisations. For each potential contract the process of testing the market is defined below

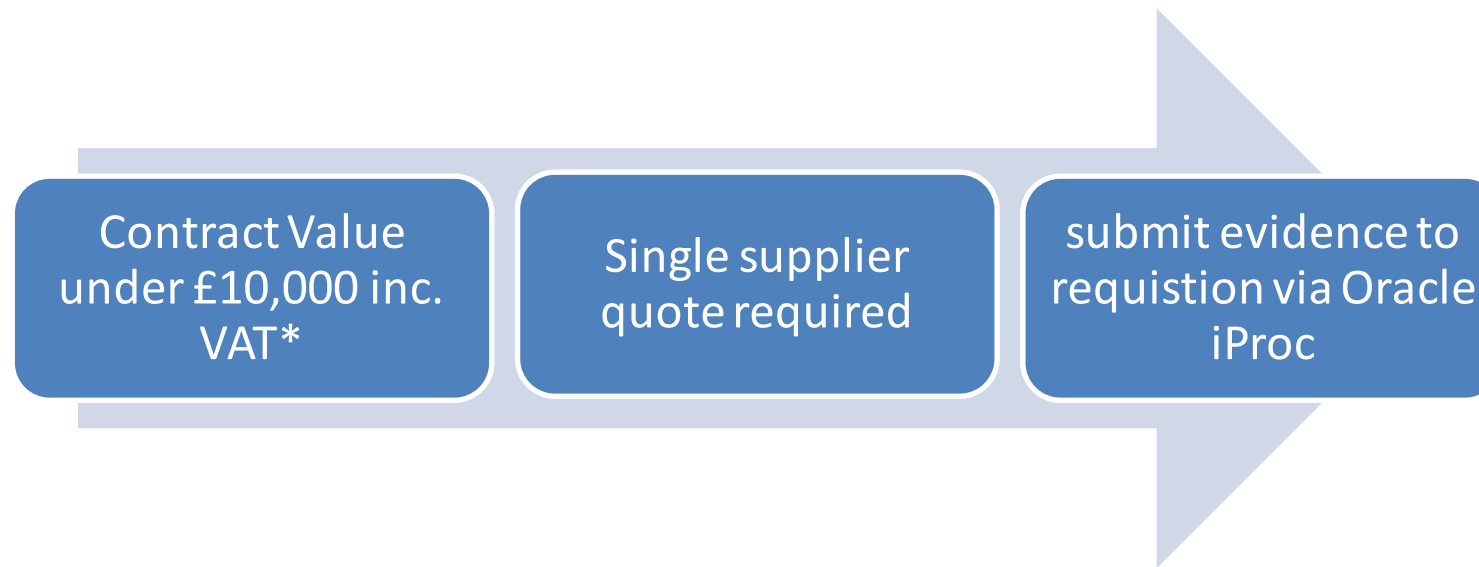


In accordance with the Trust's SFIs the process to award a contract to a supplier depends on the following the value of the contract including VAT;

Threshold (Inc. VAT)	Action	Process
Under £10,000	1 quote OR Framework	1
Under £50,000	3 quotes OR Framework	2
Over £50,001	Tender OR Framework	3
Over £181,302*	EU Tender OR Framework	4

***Contracts with a value over £181,302 over the life term of the contract must exclude VAT**

Process 1 – Purchases below £10,000 inc. VAT



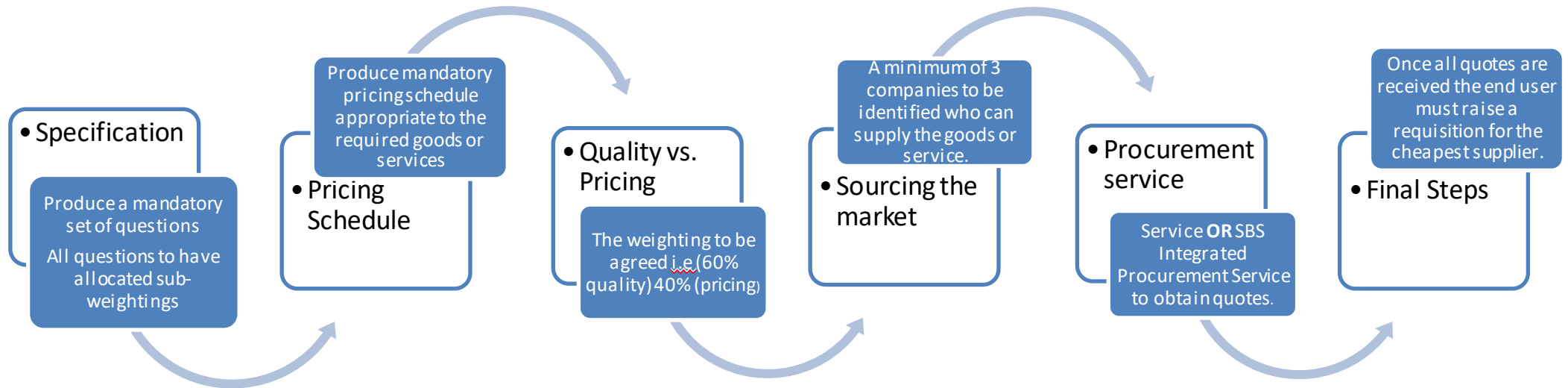
Notes:

- If the contract value is under £10,000 inc. VAT per annum a single quotation is required from the chosen supplier.
- This **MUST** accompany the requisition submitted via Oracle iProc.

***Please note:** The contract value must be under £10,000 including VAT for the full term of the contract.

Example: If IT goods are purchased in April 2019 for £3,000, again in September 2019 for £3,000 and again in January 2020, for £3,000, this would exceed the threshold (10,800 inc. VAT) and 3 quotes would need to be obtained. Go to Process 2.

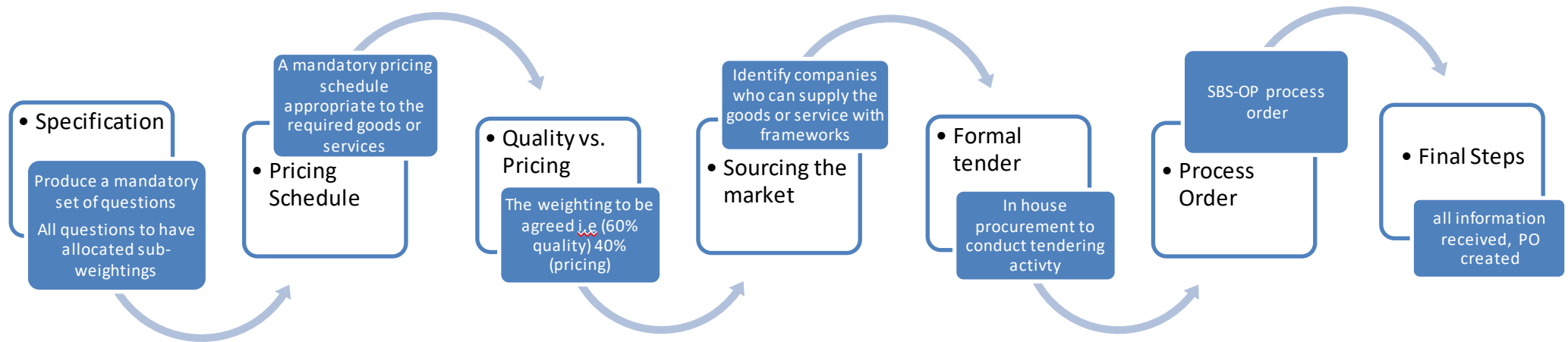
Process 2 – Purchases between £10,000 and £50,000



Notes:

- A specification **MUST** be produced for the goods or services required which includes what key performance indicators are required to monitor performance of the contract.
- Quality / Service vs. Price weighting to be agreed i.e. 60%/40%.
- Set of questions to be produced and a sub-weight allocated.
- Pricing schedule to be produced according to the goods or service.
- A minimum of 3 companies to be identified who can supply the goods or service.
- Service **OR** SBS Operational Procurement Service to obtain quotes.

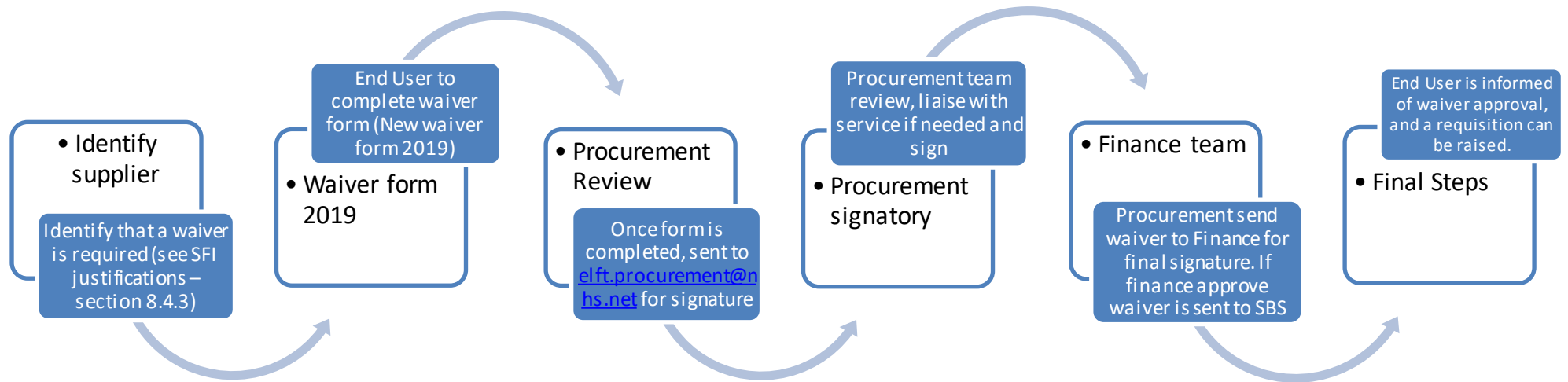
Process 3 and 4: Purchases over £50,000



Notes:

- A specification **MUST** be produced for the goods or services required, which includes what key performance indicators are required to monitor performance of the contract.
- Quality / Service vs. Price weighting to be agreed i.e. 60%/40%.
- Set of questions to be produced and a sub-weight allocated.
- Pricing schedule to be produced according to the goods or service.

Waiver process



Notes:

- Waiver needed due to:
 - Being the only supplier who can provide the service
 - Continue services already being undertaken by the supplier in order to disrupt the service being received.
 - Continuity with an earlier project.
- Waiver completed and submitted to elft.procurement@nhs.net
- Procurement review and liaise with Service if more information needed.
- Procurement sign.
- Finance are final sign-off (Deputy Director).
- Waiver sent to SBS Integrated Procurement Service to enable requisition to be processed order placed

Waiver Tips:

- If 3 Quotes CANNOT be obtained then a Waiver will still be required to process the requisition.
- A waiver must cover the current financial year it presides within.
- A Waiver is NOT required for goods or services less than £10,000 inc. VAT per Financial Year.

Framework Agreements

A Framework Agreement is list of approved organisations who deliver a range of products and services.

Frameworks are used for a wide range of goods and services commonly bought by the NHS, such as IT Products, Clinical Consumables and Facilities Management Services. Calling-off a Framework is an alternative to running a tender process.

The following organisations have a range of agreements we can access:

- LPP – London Procurement Partnership
- SBS – NHS Shared Business Services (51% DoH: 51% Sopra Steria)
- CCS – Crown Commercial Services

Frameworks can be accessed by the following methods:

- Direct call-off: Review the Framework offer (services offered and pricing) and select the most suitable supplier.
- Mini-competition: Run a formal process similar to that of a tender with the suppliers on the Framework Agreement

Signing the Contract

Procurement and the Service will provide the Contracts department with the following information

- Name of the supplier
 - Contact details of the contract lead at both ELFT and the Organisation
 - Confirmation of the prices from the company and sign off from ELFT finance department of the spend covering the length of the contract.
 - The duration of the contract and termination notice
 - A description of the service procured.(Please see how to write a service specification, KPIs etc)
 - Details on the pay schedule agreed for the service
 - Details of any data being transferred between to the supplier (as per GDPR guidelines)
1. Once the draft contract is complete it will be shared with the subcontractor for review and sign off.
 2. We will send over the Data Protection form for to be completed by the Trust DPO. It is the Service Manager's responsibility to respond to queries that are not relating to legal clauses - KPIs/Outcomes, Service Spec and Reporting requirements
 3. Once the contract has been signed by both parties the Service Manager will be required to raise a requisition and generate a PO Number and provide this to the supplier in order for them to invoice against **
 4. Once PO is generated the Service Manager will also routinely meet Finance to review invoices against the budget for timeliness, backing information quality and anticipated over/underspend

**Please see "How to set up a PO guide on the intranet" for more information

How to write a service specification

When commissioning or buying services from another organisation, the Trust needs to be clear what it will receive to ensure that it is meeting the Trusts aims and public expectation of Good Value for Money.

Things to include and consider in a service specification for a clinical service:

1. Why does the Trust need the service and what are the aims of the service. Use evidence if possible (e.g. Population of Newham vs national statistics with Autism means there is a need for an assessment service)
2. Who will use the service – staff/services users (e.g. Service users over the age of 18 registered with a Newham GP who have been assessed by the SPA)
3. What are the acceptance /exclusion criteria (e.g. service users with a diagnosis of PD)
4. How do we access the Service – referral process, access criteria, patient pathway, booking system (e.g. referrals will be received from GPs only)
5. How many staff and banding will be supplied (e.g. 2 Band 7 Physiotherapists)
6. What times will the service run at (e.g. 24 hour service or 9-5?)
7. What interventions will be used – NICE guidelines, staff qualifications, standards of practice
8. What is the expected benefit of the service – outcomes, timescales, (e.g The service will enable service users with mild to moderate depression to demonstrate recovery within 6-12 sessions of CBT)
9. What information will be gathered – biometric information, complexity scores, notes of progress, outcomes (e.g. Honos GAD7/PHQ9 scores)
10. What systems will be used? (e.g. data to be input on Rio)
11. What is the expected reporting, what is measurable – KPIs, outcomes, quality measures, monthly activity reporting (e.g. there will be a KPI reported on a monthly basis against the level of recovery achieved by services users who have completed more than 2 treatment sessions)

How to measure performance

For clinical services a measure of the quality of the service can be measured by looking at:

- Effectiveness
- Efficiency
- Equity
- Safety
- Timeliness
- Patient-centredness

To measure the performance of a subcontractor you can choose to either measure:

1. Activity – number of sessions, interventions provided over a period of time
2. KPIs – set of indicators that demonstrate the service is running well
3. Outcomes – A measurable consequence from receiving the service
4. Experience – Feedback from service users and/or staff

How to measure Activity

Measuring activity is a good way of assessing whether the subcontractor is delivering the set amount of sessions/interventions/ hours that the supplier agreed to within the contract. Regular contact with the supplier will allow the service to see if the supplier are meeting expectations throughout the year. A template can be used to record the information

Please see example below to help inform performance discussions

Subcontractor Performance 19-20							
	Annual	April	May	June	July	August	
Number of service users active	2000	160	100	125	180	105	Therefore the average per month should be 166
Number of appointments attended	12000	900	700	700	1000	1000	
Number of DNAs	-	56	87	48	66	71	Therefore the average is 1000 a month based on 6 sessions per service user

How to develop KPIs

As part of demonstrating value for money to the public, the Trust must demonstrate and evidence the performance of all subcontractors, for all contracts that the Trust manages there should be a range of indicators in place in order to critique the efficiency and effectiveness of the goods and services being delivered.

For clinical services KPIs are those that our commissioners measure the Trust against with the target being the same. For example IAPT services are required to demonstrate 50% recovery rate. The reason for this is that when a Service user is accepted into an ELFT service, they should expect the same quality of care whether they receive a service from another organisation sub contracted by ELFT or from ELFT employees themselves. This means that all subcontractors should be held to account by the same standards and targets that ELFT is.

Where there are not standard KPIs, ELFT Service Managers should use measures that are reasonable, measurable, include definitions and include consequences. These should be focused on what a good service would look like from a service user's perspective.

An example table is below:

KPI	Threshold	Frequency	Consequences of Breach
% young people referred to the service seen within one hour	>60%	Quarterly	Contract meeting with agreed remedial action plan
% young people referred to the service with an assessment and initial care plan completed within 4 hours	>60%	Quarterly	Contract meeting with agreed remediation plan
% of patient on a care pathway having time two outcome measure score including initial assessment	>95%	Quarterly	Contract meeting with agreed remediation plan
% of patients on a care pathway who have shown improvement as measured outcome measure	>85%	Quarterly	Contract meeting with agreed remediation plan
% of service users/family recommend the service (ESQ)	>85%	Quarterly	Contract meeting with agreed remediation plan

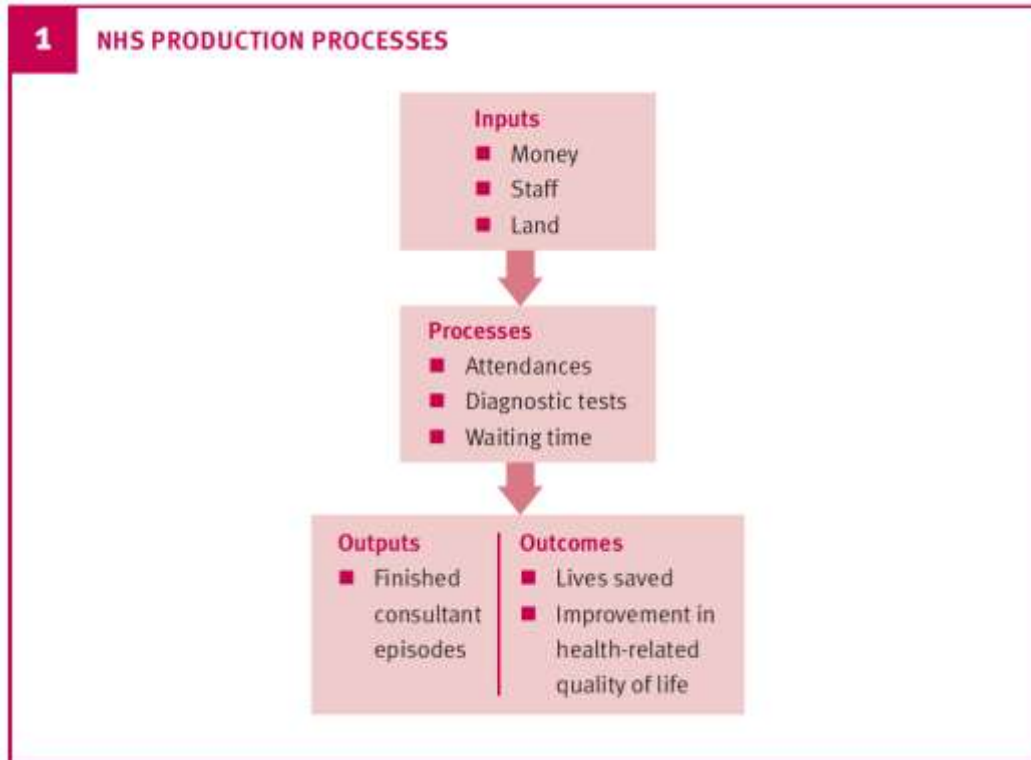
Where possible please include the definitions required to measure these indicators . An example is below

KPI/ Measure	Definitions
% of CYP seen within 1 hour from referral	<p>Time of referral: time when the crisis nurse receives a referral (i.e. from A&E, RAID other agencies). The referral can be made by phone, email.</p> <p>'Seen': time of first contact between the crisis nurse and the person, with the aim to conduct an assessment once all medical tasks have been completed, or to assess jointly with the medical professional.</p> <p>'Within 1 hour': time measured from when a referral to the crisis nurse is made (from A&E, RAID or other team' agency) to when the crisis nurse sees the person.</p>
% of CYP referred to and seen by CAMHS within 4 hours from initial assessment/ intervention	<p>% of CYP referred by the crisis nurse to CAMHS and seen by a CAMHS professional within 4 hours from initial assessment/ intervention by the crisis nurse.</p>
% of YP with a "Time 2" Outcome Measure	<p>Time 1: at assessment</p> <p>Time 2: 7 day follow up appointment</p> <p>Suggested measures: CGAS (CROM) and CORS (PROM)</p>
% of YP who showed an improvement in their "outcome measure"	<p>"Outcome measure" would be the questionnaire used at "Time 1" & "Time 2"</p> <p>The score from the Time 1 is compared to the score from "Time 2"</p>
% of YP/Family who would recommend the service	<p>YP: patient</p> <p>Family: carer/parent/guardian</p> <p>Use "Friends and Family Test" or question at 7 Day Follow Up.</p>

How to develop outcomes

Another way to measure performance is to contract based on the outcome of the intervention.

The primary task of the health service is to improve people's health. A fundamental goal within this is to improve patients' health-related quality of life. Brief generic questionnaires, such as the EQ-SD and the SF-36 cover key aspects of health such as emotional state and physical functioning, and take a few minutes to complete. Where appropriate these methods may be a way of measuring our subcontractor's performance.



Experience questionnaires

Service user questionnaires are a way to determine the quality of the service. The Trust uses tried and tested questionnaires and methods which we can also ask our subcontractors to use and expect a complete rate and satisfaction rate. Where there is not a questionnaire already in place, typical questions include how the user found the service provided, would they recommend it, and do they have any comments for improvement and praise.