

**EAST OF ENGLAND AMBULANCE
SERVICE NHS TRUST**

INVITATION TO TENDER

For

Contract Title:

Provision of a Computer Aided Dispatch (CAD)
system and on-going maintenance and support

Contract Reference Number:

15-T01

Version 1 20/04/2015

**Completed tenders and any accompanying information should be
RETURNED using the address label template supplied at Annex 10, by
13:00 hours on 1st June 2015**

For further information please contact:

Contact Name: Rebecca Brumpton

Telephone number: 01234 243125

Email: tenders@eastamb.nhs.uk

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Glossary

Authority	In this ITT the terms “Authority” and “Trust” are used interchangeably to refer to the contracting authority named on the front page of this ITT.
Commercial Schedule	The Commercial Schedule included within Annex 3 (Specification and Tender Response Document)
Contract	The contract which the successful Tenderer will enter into with the Authority for the supply of the goods and performance of the services, as set out at Annex 5 (Contract Document)
Deadline	The deadline for submission of Tenders as set out within section 3.4 of this ITT.
Evaluation Methodology	The methodology to be used by the Authority to assess the Tenderers’ Tenders as set out in Annex 4.
Invitation to Tender / ITT	This document inviting Tenders in relation to the Requirements.
Process	The procurement process being followed for this Project, as described in Annex 1 (Procurement Process).
Procurement Timetable	The outline timetable for the remainder of the Process as set out at Annex 2 (Procurement Timetable)
Project	The project referred to on the front page of this ITT.
Regulations	The Public Contracts Regulations 2006.
Relevant Organisation	Any person or organisation connected with a Tender (including, without limitation, the Tenderer).
Requirements	The Authority’s requirements, as set out within Annexes 3 and 8 to this ITT.
Restricted Procedure	The Restricted Procedure as prescribed in regulation 16 of the Regulations.
Specification	The Authority’s Specification set out within Annex 3 to this ITT.
Tender	A tender to meet the Requirements and which complies with the provisions set out in this ITT and any other provisions notified to

	the Tenderer by the Authority in writing as part of the Process.
Tenderer	In this ITT the terms “Tenderer(s)” and “Candidate(s)” are used interchangeably to refer to any potential supplier taking part in this procurement process with the view that it will submit a Tender.
Tender Process Manager	The Authority’s contact person for this Process as set out at paragraph 1.4 of this ITT.
Tender Response Document	The tender response document set out as part of Annex 3 of this ITT.

1 Introduction and background

- 1.1 On 20th February 2015, the Authority published an advert in the Official Journal of the European Union in respect of the Provision of a Computer Aided Dispatch (CAD) system and on-going maintenance (Ref: 2015/S 024-040001).
- 1.2 The Authority received completed Pre-Qualification Questionnaires (“PQQs”) from potential providers and has evaluated these PQQs in accordance with the evaluation criteria set out in the PQQ. All those potential providers who were shortlisted following the evaluation of the PQQs have been issued with a version of this ITT.
- 1.3 The Authority is inviting Tenders for the supply of services and goods to meet the Requirements.
- 1.4 For any queries regarding this procurement, please contact: Rebecca Brumpton, Tender Process Manager; Tel: 01234 243125; E-mail: tenders@eastamb.nhs.uk

2 Purpose and scope of this ITT document

- 2.1 The purpose and scope of this ITT and supporting documents is to:
 - 2.1.1 explain to Tenderers the Procurement Timetable and Process;
 - 2.1.2 set out the Requirements;
 - 2.1.3 provide Tenderers with sufficient information to enable them to submit a Tender; and
 - 2.1.4 set out the evaluation methodology (“**Evaluation Methodology**”) that will be used to evaluate the final Tenders submitted in accordance with the Procurement Timetable as specified in Annex 2.

3 This procurement

- 3.1 This procurement is being conducted under the Regulations. The Authority is following the Restricted Procedure that is provided for under that legislation. This ITT process is also subject to the conditions of tender set out at paragraph 4 of this ITT.
- 3.2 The contract duration will be three (3) years with the Authority having an option to extend for two (2) further periods of twelve (12) months. The Trust intends for the commencement of the term of the contract to be calculated from the date that the live service commences (at Milestone 6 of the Commercial Schedule).

3.3 The key dates for the remainder of the Process are set out in the Procurement Timetable (although the Authority reserves the right to vary the Procurement Timetable and/or timescales for this Process and/or Project generally at its sole discretion).

Responding to the ITT

3.4 You must submit your Tender by 13:00 hours on 1st June 2015 (“**Deadline**”). The Authority may, at its own absolute discretion, extend the Deadline. Any extension granted will apply to all Tenderers. The Authority reserves the right to reject any Tender which is not received in full by the Deadline. Each Tenderer must provide:

- The Specification document and any relevant supporting evidence (located within Annex 3);
- A completed Commercial Schedule (located within Annex 3);
- Table of Information by the Tenderer as Confidential and/or Commercially Sensitive (located within Annex 3);
- Contract documents to be incorporated into the Contract (located at Annex5)
- A completed Form of Offer (located at Annex 6);
- A complete list of annexed documents (located at Annex 7) and

3.5 **The Authority reserves the right, in accordance with paragraphs 3.9 and 3.17 below, to disqualify any Tenderer that does not complete all parts of its Tender in full and/or return all parts of the Tender as required by paragraph 3.4, above and/or does not complete their Tender in accordance with the instructions provided in this ITT.**

3.6 You must provide **one (1) electronic copy** of your Tender on **a disk or memory stick** in **PDF electronic format** and **three (3) completed hard and bound copies** of the Tender submission by the Deadline. Tenders will not be accepted by any other means. It is the sole responsibility of the Tenderer to ensure their offer is received in due time and date.

3.7 All Tenders must be submitted in a plain sealed package bearing the address label attached at Annex 10. The package must not identify the name of the sender and should not bear any external label, mark or symbol that would enable the Authority to identify the Tenderer. The package containing your Tender must be returned to the address on the address label, by no later than the Deadline.

3.8 All Tenders must be submitted in accordance with the provisions of this ITT. **TENDERS MUST BE SUBMITTED ON OUR DOCUMENTATION ONLY. THE TENDER RESPONSE**

DOCUMENT AT ANNEX 3 MUST BE COMPLETED IN ALL RELEVANT AREAS AND RETURNED TO US INTACT. DO NOT ADD OR REMOVE ANY PAGES. Tenderers must be concise, but the boxes in the Tender Response Document may be enlarged to fit the Tenderer's responses subject to any word limits given for any sections of the completed Tender Response Document.

- 3.9 The Authority reserves the right to disqualify any Tenderer that changes the Tender Response Document template or provides a Tender Response Document that does not use the boxes provided.
- 3.10 Additional information and supporting documentation should only be supplied as annexes to the Tender Response Document. Unless the information in such annexes has been expressly requested by the Authority, such annexes will only be considered to the extent they are directly relevant to the particular response and are clearly marked with the details of the question/ criteria to which they relate and are cross-referred to, and their relevance explained, in the main body of the relevant response contained within the Tender Response Document (and have not been expressly prohibited). The inclusion of an executive summary, general marketing and company literature or any separate statement of reasons for selection is not required and will not be considered in the evaluation of this ITT.
- 3.11 Where documents are embedded within other documents, Tenderers must provide separate electronic copies of each of the embedded documents.
- 3.12 Clearly state, together with reasons, if any part of a section of the Tender Response Document is not applicable to you. The terms "not known", "not available" or "not applicable" should be used. If the Tenderer is unclear as to whether or not a question is applicable to it, then this should be clarified with the Authority in accordance with paragraphs 4.8 to 4.12, below.
- 3.13 The Authority may ask you to clarify any aspect of your Tender.
- 3.14 Tender Responses should be submitted in English (or a translation of the full Response to English should be provided at no cost to the Authority). Tenders should be concise and relevant.
- 3.15 After the expiry of the Deadline set out at paragraph 3.4 of this ITT, the Authority will perform its evaluation of Tenders in accordance with the Regulations and the Evaluation Methodology set out at Annex 4 of this ITT.
- 3.16 The Authority reserves the right to use third parties to assist with the evaluation of the procurement.

- 3.17 The Authority shall have the right to disqualify you at any stage in the Process if it becomes aware of any omission or misrepresentation in your response to any element of the ITT or in the event that there are material changes to the position/information set out in any aspect of your Tender (please see paragraphs 3.19 and 3.21 below). For the avoidance of doubt, as part of the contract award stage of this Process, the Authority may check that there have not been any material changes to the information provided or the positions outlined by a Tenderer as part of this ITT stage and, in the event of any such material change(s), may disqualify a Tenderer at that stage in accordance with this paragraph 3.17.
- 3.18 Tenderers must identify whether and to what extent subcontracting or consortium arrangements apply in the case of their bid. All sub-contractors and consortium members must be identified. The identity of the proposed contracting party must be identified.
- 3.19 Each Tenderer is subject to an on-going obligation throughout this Process to notify the Authority of any material changes to the information included in its Tender, including but not limited to changes to the identity of any Relevant Organisation or the ownership or standing thereof. Changes should be notified as soon as they become apparent. Failure to notify the Authority of any material changes in accordance with this paragraph 3.19 may lead to the Tenderer being disqualified.
- 3.20 The Authority reserves the right to refuse to allow such a change and to disqualify any Tenderer from further participation in the procurement process. The Authority may (without limitation) take into account whether such change is material to the delivery of the contract and/or the legal identity of the Tenderer.
- 3.21 Following any notification in accordance with paragraph 3.19, the Authority reserves the right in its absolute discretion to refuse any change, substitution or introduction of information. In exercising its absolute discretion to either refuse or allow such a change, the Authority may take into account whether the change is material.
- 3.22 In completing their response to this ITT, Tenderers should not assume that the Authority has any prior knowledge of the Tenderer, its practice or reputation or its involvement in existing services, projects or procurements. In evaluating Tender submissions, the Authority will only consider information provided in response to this ITT.
- 3.23 As set out in the Procurement Timetable, the Authority will conduct a standstill period.
- 3.24 The engagement of the successful Tenderer is subject to the formal approval processes of the Authority. Until all necessary approvals are obtained and the standstill period is completed, the Contract will not be entered into.

3.25 The Authority intends to award the Contract to the Tenderer(s) who submit(s) the most economically advantageous bid(s) as determined by applying the evaluation criteria set out in this ITT. However, the Authority reserves the right not to award all or any of the business to the most economically advantageous bid(s) or to any Tenderer(s).

Acceptance of Bids

3.26 The Authority does not bind itself to accept the lowest or any offer.

3.27 Tenderers are advised to read this Invitation to Tender and all supporting documentation very carefully to ensure they are familiar with both how to submit a bid and the nature and extent of the obligations to be accepted by them if their Tender is successful

4 Conditions of Tender

Application of these Tender Conditions

4.1 In participating in this Process and/or by submitting a Tender it will be implied that you accept and will be bound by all the provisions of this ITT including (without limitation) the conditions set out in each sub-paragraph of this paragraph 4 and the particular conditions as set out in Annex 1 (Procurement Process).

4.2 The goods and/or services offered should be on the basis of and strictly in accordance with this ITT (including, without limitation, the Specification, these Tender Conditions and the proposed conditions of contract in the form issued with this ITT) and all other documents and any clarifications issued by the Authority as part of this Process.

4.3 Your Tender is submitted on the basis that you consent to:

- the Authority carrying out all necessary actions to verify the information that you have provided;
- the analysis of your Tender Response Document being undertaken by one or more third parties commissioned by the Authority for such purposes; and
- the Authority requesting further information from you as part of this verification process or to clarify any elements of your Tender Response Document.

4.4 The Authority reserves the right to:

- 4.4.1 cancel this procurement, including the selection and evaluation process, at any time;

4.4.2 require a Tenderer to clarify its submission in writing and/or provide additional information (a failure to respond adequately may lead to a Tenderer being disqualified);

4.4.3 amend the terms and conditions of this Process; and/or

4.4.4 restructure this Process

and in each case, the Authority will have no liability for any losses whatsoever caused to or suffered by you as a result of such termination, failure to clarify, amendment or variation.

Disclaimer

4.5 Neither the Authority nor any of its advisers accept any responsibility or liability in relation to the accuracy or completeness of this ITT or any other information which has been, or which is subsequently, made available to any Tenderer and/or any Relevant Organisation, any other organisation forming part of a Tender submission, any bidder guarantors, their financiers or any of their advisers, orally or in writing or in whatever media.

Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant, but are not entitled to rely on any statement or representation made by the Authority, or any of its advisers.

4.6 Nothing in this ITT is, nor shall be relied upon as, a promise or representation as to any decision by the Authority in relation to this Process. No person has been authorised by the Authority, or its advisers or consultants, to give any information or make any representation not contained in the PQQ or this ITT and, if given or made, any such information or representation may not be relied upon as having been so authorised.

Nothing in the PQQ or this ITT or any other pre-contractual documentation shall constitute the basis of an express or implied contract that may be concluded in relation to this Process (or the procurement exercise generally), nor shall such documentation/information be used in construing any such contract. Each Tenderer must rely on the terms and conditions contained in any contract when, and if, finally executed, subject to such limitations and restrictions that may be specified in such contract. No such contract will contain any representation or warranty in respect of the PQQ or this ITT or other pre-contract documentation.

The Authority accepts no liability for any loss, liability, cost or expense (including without limitation legal expenses) incurred by any Tenderer in preparing for or participating in this Process, howsoever arising (whether under contract, tort or under any statutory provision or otherwise) including under any implied contract between the Authority and any Tenderer

arising by virtue of this Process. Submission of an ITT response by a Tenderer shall be deemed acceptance of the exclusion of liability set out in this paragraph 4.

In this paragraph 4, references to the PQQ and the ITT include all information contained in these documents and any other information (whether written, oral or in machine-readable form) or opinions made available by or on behalf of the Authority or any of its advisers or consultants in connection with this ITT or any other pre-contract document.

The Authority reserves the right to change the basis of, or the procedures (including without limitation the timetable) relating to, this Process, to reject any, or all, of the ITT responses, not to invite a Tenderer to proceed further, not to furnish a Tenderer with additional information nor otherwise to negotiate with a Tenderer in respect of this Process.

- 4.7 The Authority shall not be obliged to appoint any of the Tenderers and reserves the right not to proceed with the Process, or any part thereof, at any time.

Clarification Requests from Tenderers

- 4.8 All clarification requests relating to this Process must be received by the Authority by the Tenderer clarification deadline set out in the Procurement Timetable. Please submit such requests by e-mail to the Tender Process Manager at tenders@eastamb.nhs.uk. The Authority is under no obligation to respond to clarification requests received after the deadline. However, the Authority reserves the right to respond to any clarification requests received after this deadline at its absolute discretion. Any clarification requests should clearly reference the appropriate paragraph in this documentation and, to the extent possible, should be aggregated rather than sent individually. As far as is reasonably possible, the Authority will respond to all reasonable requests for clarification of any aspect of this ITT and supporting documents, if made before the deadline set out in the Procurement Timetable. The Authority will aim to provide its response to requests by 25th May 2015.
- 4.9 Clarification questions received by any method other than that set out in paragraph 4.8 above may constitute canvassing as defined in this ITT. Organisations participating in a bid submission are therefore strongly advised to ensure that any communication with the Authority about or related to this Process is submitted by email to the above address only, as failure to do so may result in their bid submission being disqualified.
- 4.10 The Authority reserves the right to issue any clarification request raised by you and the Authority's response to all Tenderers in an anonymous form in order to treat all Tenderers fairly. Tenderers may request clarification in confidence, but in responding to such requests the Authority will reserve the right to act in what it considers a fair manner and in the best interests of the Process, and that may include circulating the response to all Tenderers. If the Authority considers the contents of the request should be circulated to all Tenderers in

accordance with this paragraph 4.10, it will inform you and you will have the opportunity to withdraw the clarification request prior to the Authority responding to all Tenderers.

- 4.11 Tenderers are advised not to rely on communications from the Authority in respect of any aspect of the ITT unless such communications are made in accordance with these instructions.
- 4.12 The Authority is not responsible for contacting any Tenderer through any route other than the nominated point of contact stated in Annex 6 of your Tender Response Document. Each Candidate must therefore undertake to notify the Authority of any changes relating to their contact promptly.

Clarification Requests from the Authority

- 4.13 The Authority may at any time request further information from Tenderers to verify or clarify any aspects of their Tender or other information they may have provided in the Process. Should you not provide supplementary information or clarifications to the Authority by any deadline notified to you, you may be disqualified.
- 4.14 The Authority may contact (or may require the Tenderer to contact on its behalf) any of the Tenderer's customers, sub-contractors and/or consortium members to whom information relates in the Tenderer's submitted Tender to ask that such customers, sub-contractors and/or consortium members confirm and verify in writing that the relevant information referred to is accurate and true. If any references sought reveal that the information supplied is untrue and/or inaccurate, the Authority reserves the right to exclude the Tenderer from the Process.
- 4.15 The Authority reserves the right to seek third party independent advice or assistance to validate information submitted by a Tenderer and/or to assist in the bid evaluation process.

Information provided to Tenderers

- 4.16 You are responsible for analysing and reviewing all information provided as part of this Process and for forming your own opinions and seeking advice on the proposed goods to be supplied and/or services to be provided including the Requirements. You should notify the Authority promptly of any perceived ambiguity, inconsistency or omission in this ITT and/or any of its associated documents and/or any information provided to you as part of the Process.
- 4.17 Information that is supplied to Tenderers as part of the Process is supplied in good faith. The information contained in the ITT and the supporting documents and in any related written or oral communication is believed to be correct at the time of issue but does not purport to be

comprehensive or independently verified. The Authority will not accept any liability for its accuracy, adequacy or completeness and no warranty is given as such. This exclusion does not extend to any fraudulent misrepresentation made by or on behalf of the Authority.

Prices

- 4.18 Prices must be stated in the Commercial Schedule and must remain open for acceptance until 120 days from the closing date for the receipt of Tenders.
- 4.19 The Commercial Schedule must not be altered or amended by any Tenderer.
- 4.20 Prices must be firm (i.e. not subject to variation) for the period of the Contract (subject only to any variation provisions contained in this ITT and/or the contract documents).

Confidentiality

4.21 All information supplied to you by the Authority, including this ITT and all other documents relating to this Process, either in writing or orally, is intended for the exclusive use of the Tenderer and is provided on the express understanding that it will be regarded and treated as strictly confidential. This ITT and all related materials may not be reproduced in whole or in part nor furnished to any persons other than the Tenderer, save for the purpose of:

- taking legal or other advice in connection with completing an ITT response; and/or
- obtaining input from Relevant Organisations relevant to the Tenderer's response to the this ITT; and/or
- obtaining input from any other parties who the Tenderer demonstrates will provide information relevant to the ITT response but subject always to the prior written consent of the Authority to such disclosure (which it may withhold in its absolute discretion).

In each of the above cases, the Tenderer must obtain confidentiality undertakings from any such parties prior to disclosure of at least equivalent strength to those set out above.

Upon written request from the Authority, the Tenderer shall promptly provide evidence to the Authority that such undertakings have been provided to the Tenderer.

The Tenderer must ensure that, to the best of its knowledge and belief, the information contained in its completed ITT response is accurate and contains no material misrepresentation.

4.22 All information supplied to you by the Authority, either in writing or orally, must not be used for any purpose other than for the purpose of submitting the Tender.

4.23 This ITT and its accompanying documents shall remain the property of the Authority and must be returned on demand.

Tender Information

4.24 Tenderers are under a duty to notify the Authority promptly should any information contained in their PQQ response or their response to this ITT ceases to be accurate. If a Tenderer fails to do so, this will entitle the Authority to disqualify that Tenderer from the process, or where the Tenderer has been awarded a contract as a result of this procurement process, the Authority shall be entitled to terminate that contract.

4.25 If the Authority is notified, or otherwise becomes aware, that information supplied by a Tenderer in either its PQQ or its ITT response is incorrect, it may re-evaluate that Tenderer against its short-listing criteria and/ or the Tenderer's ITT response against its evaluation criteria and may, as a result of such re-evaluation, remove the Tenderer from the procurement process (where the Tenderer no longer meets the short-listing criteria) and/or remark the Tenderer's bid and adjust that bid's ranking against the other bids received.

4.26 Tenderers should note that the Authority reserves the right in the event of a bid being successful in this Process to incorporate all or any assertions, promises, capabilities and/or commitments made or claimed in a bid as contractual terms in the contract awarded.

Amendments to the ITT

4.27 At any time prior to the Deadline, the Authority may amend the ITT. Any such amendment shall be issued to all Tenderers, and if appropriate to ensure Tenderers have reasonable time in which to take such amendment into account, the Deadline shall, at the sole discretion of the Authority, be extended.

Offer documentation and submission

4.28 The goods and/or services offered in the submitted Tender should be on the basis of and strictly in accordance with the Specification, any documents forming part of this ITT and any clarifications or updates issued by the Authority. Tenders for part or parts of the goods and/or services or for different standards or frequencies of goods and/or services or made subject to alternative terms or conditions may be rejected.

4.29 The Form of Offer issued with this ITT (see Annex 6) must be signed by an authorised signatory: in the case of a partnership, by a partner for and on behalf of the firm; in the case of a limited company, by an officer duly authorised, the designation of the officer being stated; and in the case of a consortium, by the lead authorised representative of the

consortium, which organisation shall be responsible for the performance of the contract. Any signature included in the Tender will be deemed to be from an authorised person.

- 4.30 You may modify your Tender prior to the Deadline by giving written notice to the Authority. Any modification should be clear and submitted as a complete new submission document in accordance with Annex 3 (Specification and Tender Response Document) and section 3.4-3.7 above.
- 4.31 Any documents requested by the Authority must be completed in full. It is therefore important that you read the ITT carefully before completing your Tender. A Tender or any other document requested by the Authority which:
- 4.31.1 contains gaps, omissions, misrepresentations, errors, uncompleted sections, or changes to the format of the Tender documentation provided;
 - 4.31.2 contains hand written amendments which have not been initialled by the authorised signatory;
 - 4.31.3 does not reflect and confirm full and unconditional compliance with all of the documents issued by the Authority forming part of the ITT;
 - 4.31.4 contains any caveats or any other statements or assumptions qualifying the Tender that are not capable of evaluation in accordance with the evaluation model or requiring changes to any documents issued by the Authority in any way;
 - 4.31.5 is not submitted in a manner consistent with the provisions set out in this ITT;
 - 4.31.6 fails to meet any “mandatory requirement”, as set out in the Specification and Tender Response Document (Annex 3); or
 - 4.31.7 is received after the Deadline,
- may be rejected by the Authority.

TUPE

- 4.32 The attention of Tenderers is drawn to the provisions of the European Acquired Rights Directive EC77/187 and TUPE (Transfer of Undertakings Protection of Employment Regulations). TUPE may apply to the transfer of the Contract from the present supplier(s) to the new one, giving the present supplier’s staff (and possibly also staff employed by any present sub-contractors) the right to transfer to the employment of the successful Tenderer on the same terms and conditions. The above does not apply to the self-employed.

- 4.33 Tenderers are advised to form their own view on whether TUPE applies, obtaining their own legal advice as necessary.
- 4.34 To assist in this process the Authority is seeking workforce details from the present supplier(s). The Authority provides no warranty as to the accuracy of any such information supplied and accepts no liability for any inaccuracies that are contained within it or for any omissions from such information. Tenderers must form their own view and make their own enquiries as to whether TUPE will apply and as to the workforce implications if it does.
- 4.35 This information will be supplied to Tenderers on request on the basis that it is treated as strictly confidential; that it is not disclosed except to such people within the Tenderer's organisation, and to such extent as is strictly necessary for the preparation of the Tender; and that it is not used for any other purpose. By requesting this information from the Authority a Tenderer will be deemed to have agreed to abide by these obligations of confidentiality.
- 4.36 The successful supplier will be required to indemnify the Authority against all possible claims under TUPE.
- 4.37 It is a further requirement that the successful supplier will pass on all details of their own workforce towards the end of the Contract period so that this information can be passed to other bona fide suppliers to enable them to assess their obligations under TUPE in the event of a subsequent transfer occasioned by a future tender process.

Canvassing and collusive behaviour

- 4.38 Any attempt by you or your appointed advisers to inappropriately influence the outcome of any stage of this Process in any way will result in your Tender submission being disqualified. Any direct or indirect canvassing, price fixing or collusion by you or your appointed advisers or representatives in relation to this Process or any attempt to obtain information from any of the employees or agents of the Authority otherwise than in accordance with the provisions of this ITT may result in your disqualification at the absolute discretion of the Authority.
- 4.39 Any organisation forming part of a Tender submission must neither disclose to, nor discuss with any other Tenderer (whether directly or indirectly), any aspect of any response to any of the procurement documents (including the PQQ and ITT). Without limitation to the generality of the above obligation, any organisation that:
- fixes or adjusts the price included in its response to the ITT by or in accordance with any agreement or arrangement with any other Tenderer; or
 - communicates to any person other than the Authority the price or approximate price to be included in its response to the ITT or information that would enable the price

or approximate price to be calculated (except where such disclosure is made in confidence in order to obtain quotations necessary for the preparation of the response to the ITT or for the purposes of obtaining insurance or for the purposes of obtaining any necessary security); or

- enters into any agreement or arrangement with any other Tenderer that has the effect of prohibiting or excluding that Tenderer from submitting a response to the ITT or as to the price to be included in any response to be submitted; or
- offers or agrees to pay or give or does pay or give any sum of money, inducement or valuable consideration directly or indirectly to any person for doing or having done or causing or having caused to be done any act or omission in relation to any other response to the ITT or proposed response to the ITT;

may be disqualified from this Process by the Authority at its absolute discretion. Where any organisation forming part of a Tender submission is disqualified the entire bid submission shall be disqualified.

4.40 Each organisation forming part of a Tender submission must not canvass, solicit or offer any gift or consideration whatsoever as an inducement or reward to any officer (or their partner) or employee (or their partner) of the Authority, or to a person (or their partner) acting as an adviser to the Authority or in connection with the selection of Tenderers in relation to this Process. Without limitation to the generality of the above obligation, any organisation that:

- directly or indirectly attempts to obtain information from any member, employee, agent or contractor of the Authority concerning the process leading to the award of the Contract (save as expressly provided for in the PQQ or ITT); or
- directly or indirectly attempts to contact any member, employee, agent or contractor of the Authority concerning the process leading to the award of the Contract (save as expressly provided for in the PQQ or ITT); or
- directly or indirectly attempts to influence any member, employee, agent or contractor of the Authority concerning the conduct of the process leading to the award of the Contract, or the structure of the procurement process, or the structure of the contractual opportunity, save where this occurs in a manner provided for in the PQQ or ITT; or
- directly or indirectly canvasses any member, employee, agent or contractor of the Authority concerning the process leading to the award of the Contract (save as expressly provided for in the PQQ or ITT);

may be disqualified from this Process by the Authority in its absolute discretion. Where any organisation forming part of a Tender submission is disqualified the entire bid submission shall be disqualified

Guarantees

- 4.41 If the successful Tenderer passed any element of the PQQ stage of this Process by virtue of it offering to provide the Authority with a guarantee substantially in the form of the document contained within Annex 4 of the PQQ, the Authority will require that Tenderer to provide the Authority with such a guarantee at or before the point of contract signature.
- 4.42 If the successful Tenderer is a subsidiary Company within the meaning of S1159 of the Companies Act 2006 (as amended), the Authority reserves the right to require that Tenderer to provide to Authority, within 28 days receipt of written acceptance of the Tender, a Guarantee by its holding Company (as defined by the Companies Act 2006) to secure the due performance by the successful Tenderer of its obligations to the Authority.

In the case of consortia, the Authority reserves the right to require the consortium to provide either a parent company guarantee from the lead consortium member (if applicable) or an equivalent level of security.

Conflicts of Interest

- 4.43 Each Tenderer must immediately notify the Authority where, either following the submission of a Conflicts of Interest Declaration at the PQQ stage or otherwise, any actual or potential conflict of interest comes to the attention of any Tenderer.
- 4.44 Where the Authority is notified, or otherwise becomes aware, of a conflict of interest between the Tenderer and the Authority or between a Tenderer and any third party relevant to this procurement process, it may disqualify that Tenderer from this Process.

Involvement with multiple submissions

- 4.45 If an organisation is connected with the submission of multiple Tenders for this contract opportunity, including (without limitation) where it submits a Tender in its own name and as a subcontractor and/or as member of a consortium in a separate Tender, then the Authority retains the right to make further enquiries regarding each Tender to satisfy itself that such involvement does not cause any potential or actual conflicts of interest, and/or restrictions or distortions in competition between Tenderers in this procurement exercise. The Authority may require any organisation to amend or withdraw all or part of a Tender in which it is involved if, in the Authority's reasonable opinion, any conflicts have arisen or may arise.

Tender validity

- 4.46 Your Tender must remain open for acceptance for a period of one hundred and twenty days from the Deadline for receipt of final Tenders.

Tender Costs

- 4.47 You are responsible for obtaining all information necessary for preparation of the Tender and for all costs and expenses (including without limitation legal costs and expenses) incurred throughout each stage of the Process. Subject to section 4.67, you accept by your participation in this procurement, including without limitation the submission of a Tender, that you will not be entitled to claim from the Authority any costs, expenses or liabilities that you may incur in this Process irrespective of whether or not your Tender is successful. The Authority will not be responsible for any costs and expenses (including without limitation legal costs and expenses) that result from any delay to this Process or from the abandonment of this Process (howsoever arising).

The Contract

- 4.48 Where a contract is awarded, this Process will result in the successful Tenderer being awarded a contract for the provision of a Computer Aided Dispatch (CAD) system and on-going maintenance. The contract awarded shall be substantially in the form of the contract set out at Annex 5.

Whilst the final signed contract shall be completed so as to include the contractual commitments contained in the bid of the successful Tenderer, the Authority shall entertain no material changes to the form of contract set out in Annex 5. Any Tenderer submitting a bid containing any such material change (or making the acceptance of their tender conditional on any such material change being made) may be excluded from the Process.

In submitting a bid in this Process a Tenderer is agreeing, should they be awarded the contract, to be bound by the terms of the Contract set out in Annex 5. Any queries or concerns about the form of contract should be raised as a clarification question during the period permitted for the raising of clarification questions under this Process.

The Authority intends to award a contract for three (3) years with the successful Tenderer. There is an option for the Authority to extend the contract for two (2) further periods of twelve (12) months. The anticipated service commencement date is 6th October 2015.

Rights to Cancel or Vary the Process

- 4.49 By issuing this ITT, entering into the clarifications with Tenderers or by having any other form of communication with Tenderers, the Authority is not bound in any way to enter into any contractual or other arrangement with you or any other Tenderer. It is intended that the

remainder of this procurement will take place in accordance with the provisions of this ITT but the Authority reserves the right, at its sole discretion, to terminate, amend or vary the Process by notice to all Tenderers in writing. Subject to section 4.67, the Authority will have no liability for any losses, costs or expenses caused to you as a result of such termination, amendment or variation.

Key Dates

4.50 Any dates notified as part of the Procurement Timetable or any other timescales relating to this Process can be varied by the Authority on notice to all Tenderers.

Information submitted by Tenderers: Freedom of Information Act 2000 (“FOIA”), the Environmental Information Regulations 2004 (“EIR”) , and the public transparency policies.

4.51 The Authority reserves the right to disclose all documents relating to this Process, including without limitation your Tender, to any employee or third party involved in the Process. The Authority further reserves the right to publish the Contract once awarded in accordance with disclosure requirements and/or as required by the public sector transparency policies (as referred to below).

4.52 The FOIA, EIR, and public sector transparency policies apply to the Authority (together the “**Disclosure Obligations**”).

4.53 You should be aware of the Authority’s obligations and responsibilities under the Disclosure Obligations to disclose information held by the Authority. Information provided by you in connection with this Process, or with any contract that may be awarded as a result of this exercise, may therefore have to be disclosed by the Authority under the Disclosure Obligations, unless the Authority decides that one of the statutory exemptions under the FOIA or the EIR applies.

4.54 The Authority may also decide to include certain information in its relevant publication scheme maintained under the FOIA. In making a submission, each Tenderer therefore acknowledges and accepts that the information contained therein may be disclosed in accordance with the Disclosure Obligations.

4.55 If you wish to designate information supplied as part of your Tender or otherwise in connection with this tender exercise as confidential, using the Table at the end of the Specification and Tender Response Document (Annex 3), you must provide clear and specific detail as to:-

4.55.1 the precise elements which are considered confidential and/or commercially sensitive;

4.55.2 why you consider an exemption under the FOIA or EIR would apply; and

4.55.3 the estimated length of time during which the exemption will apply.

4.56 The use of blanket protective markings of whole documents such as “commercial in confidence” will not be sufficient. By participating in this Process you agree that the Authority should not and will not be bound by any such markings.

4.57 In addition, marking any material as “confidential” or equivalent should not be taken to mean that the Authority accepts any duty of confidentiality by virtue of such marking. You accept that the decision as to which information will be disclosed is reserved to the Authority, notwithstanding any consultation with you or any designation of information as confidential you may have made. You agree, by participating further in this Process and/or submitting your Tender, that all information is provided to the Authority on the basis that it may be disclosed under the Disclosure Obligations if the Authority considers that it is required to do so and / or may be used by the Authority in accordance with the provisions of Annex 1. In making a submission in response to this ITT, each Tenderer also acknowledges that the Authority may be obliged under the FOIA to disclose any information provided to it:

- Without consulting the Tenderer; or
- Following consultation with the Tenderer and having taken its views into account.

4.58 The Authority reserves the right to disclose all documents relating to this Process for the purpose of seeking advice from third parties and/or where it is required to do so in accordance with the Government’s transparency agenda and policies.

Government Public Sector Transparency Requirements

4.59 Bidders acknowledge that the Authority may be subject to the Government’s public sector purchasing transparency requirements and that the Authority may be required to publish on a Government on line portal or otherwise details of this procurement process, including but not limited to the process documentation and the contract awarded.

Right to Reject/Disqualify

4.60 The Authority, without prejudice to any other right to disqualify a Tenderer from this Process (whether expressly set out in this ITT or otherwise), reserves the right to reject or disqualify a Tenderer where:

- the ITT is submitted late, is completed incorrectly, is incomplete or fails to meet the submission requirements which have been notified to Tenderers; or

- the Tenderer satisfies the mandatory or discretionary grounds for ineligibility to tender set out at Regulation 23 of The Public Contracts Regulations 2006 at any stage during the selection and evaluation process; or
- the Tenderer is guilty of misrepresentation in relation to its application (including but not limited to its PQQ submission and/or any bid submitted following issue of the ITT) and/or the Process; or
- there is a change in identity, control, financial standing or other factor impacting on the selection and/or evaluation process affecting the Tenderer; or
- there is a conflict of interest arising between the Authority and the Tenderer and/or any Relevant Organisation.

4.61 In the event that your Tender is rejected in accordance with section 4.32 above, or otherwise in accordance with the provisions of the ITT, you will be disqualified from this procurement process.

4.62 You may also be disqualified from the procurement process in the event that there are any errors, omissions or material adverse changes relating to any information supplied at any stage in this Process or otherwise in accordance with sections 4.39, 4.40 and 4.41.

4.63 Subject to section 4.66, by submitting a Tender, Tenderers accept that the Authority shall have no liability to a disqualified Tenderer in these circumstances.

Contract monitoring

4.64 The Authority is committed to helping improve the efficiency of contracted suppliers through sharing information on performance measurements. The criteria for measuring performance and the contract management processes are included in the Specification and the Contract.

4.65 The winning Tenderer accepts that its performance in relation to any Contract awarded in accordance with this Process may be shared with other Contracting Authorities (as defined in the Regulations).

Liability

4.66 Nothing in these Tender Conditions is intended to exclude or limit the liability of the Authority in relation to fraud or in other circumstances where the Authority's liability may not be limited under any applicable law.

English Language

4.67 All documents and all correspondence relating to this procurement must be written in English including without limitation any documents submitted as part of a Tender. Price and any financial data must be submitted in or converted into pounds sterling.

Publicity

4.68 No publicity regarding this Process or the award of any contract will be permitted unless and until the Authority has given express written consent to the relevant communication and has approved the detail of any such communication. Without prejudice to the generality of the foregoing, no statements shall be made to the media regarding the nature of any response to this ITT relating to this Process, its contents, any discussions between the Authority and any Tenderer or any proposals relating to it, without the prior written consent of the Authority.

Application of Tender terms and conditions

4.69 Unless indicated otherwise, and subject to the terms of the ITT, the Tender terms and conditions relating to the conduct of this Process, the rights of the Authority, and the obligations of the Tenderer, shall apply to each and every stage of this Process unless and until waived or varied in writing by the Authority.

4.70 It is your responsibility to ensure that any group company, consortium member, sub-contractor and professional adviser abides by these conditions.

IPR

4.71 All procurement documentation issued in connection with this Process shall remain the property of the Authority and shall be used by the Tenderer only for the purposes of this procurement.

Governing law and jurisdiction

4.72 Any dispute (including non-contractual disputes or claims) relating to this Process shall be governed by and construed in accordance with the laws of England.

The courts of England shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this Process (including non-contractual disputes or claims).

ANNEX 1

Procurement Process

Overview

This procurement is being conducted under the Restricted Procedure in accordance with the Regulations. This ITT is the Authority's invitation to Tenderers to submit Tenders. The Authority's requirements are set out at Annex 3 (Specification and Tender Response Document) and its contracting and commercial approach is set out at Annex 5 (Contract Document).

Restricted Procedure

In accordance with the Regulations, the Authority has adopted the following process:

1. The Specification against which Tenderers are invited to submit Tenders has been determined at the absolute discretion of the Authority and is as set out at Annex 3 of this ITT;
2. Once the Authority has issued this ITT, Tenderers have the opportunity to clarify any aspect of the ITT in accordance with sections 4.8 to 4.12 of the main body of this ITT. However, there will be no contract negotiations, as such negotiations are not permitted under the Restricted Procedure;
3. Following submission of Tenders, these will be evaluated in accordance with the evaluation methodology and process set out at Annex 4 (Evaluation Model) of this ITT;
4. No modifications to Tenders will be allowed following the Deadline for the submission of final Tenders. However, the Authority may clarify aspects of the winning Tender and confirm commitments as part of concluding the Contract with the winning Tenderer(s);
5. Following the evaluation of Tenders by the Authority and the completion of any necessary Authority approvals processes, all Tenderers will be notified of the outcome of the evaluation process;
6. At notification of an award under the ITT, there will follow a standstill period of 15 days before the contract is concluded with the winning Tenderer in accordance with section 3.10 of this ITT;

7. Until all necessary internal approvals are obtained by the Authority, the Contract will not be entered into and, as set out at section 4.50, the Authority is not bound in any way to enter into any contract with any Tenderer including, but not limited to, the winning Tenderer; and

8. The terms of this ITT describe the anticipated Process, however in accordance with section 4.50 of this ITT, the Authority reserves the right to terminate, amend or vary the procurement process by notice to all Tenderers in writing.

ANNEX 2

Procurement Timetable

Set out below is the proposed procurement timetable. This is intended as a guide and whilst the Authority does not intend to depart from the timetable it reserves the right to do so at its sole discretion. The Authority accepts no liability should dates change.

Table 1

Activity	Target Date
The Authority issues this ITT to Tenderers	20/04/2015
Deadline for receipt of requests for clarification from Tenderers regarding the ITT inviting Tenders	18/05/2015
Deadline for receipt of final Tenders	13:00 01/06/2015
Presentation	08/06/2015 & 09/06/2015
Date for completion of evaluation	10/06/2015
Project report of Authority with recommendations to board meeting.	30/06/2015
Letters issued regarding notification of award decision and preferred Tenderer	01/07/2015
Standstill Period ends	16/07/2015
Contracts concluded with preferred Tenderer	17/07/2015
Implementation Phase begins	17/07/2015

ANNEX 3

Specification and Tender Response Document

Background

East of England Ambulance Trust (EEAST) was formed in July 2006 following the merger of Bedfordshire and Hertfordshire Ambulance Service, East Anglian Ambulance Service and Essex Ambulance Service. There are currently 4,300 employed staff and 2,000 volunteers working for the Trust.

The Trust provides services to patients across the East of England (Norfolk, Suffolk, Cambridgeshire, Hertfordshire, Bedfordshire and Essex) who range from critically ill and injured people needing specialist emergency treatment, to people with minor health care needs who can be treated by trust staff in their homes or in the community. Trust staff and volunteers are trained and experienced in caring for patients in a variety of situations, ranging from life-threatening illness and injury to less serious situations such as falls in the home or patients with minor injuries.

The Trust also operates a Patient Transport Service (PTS) which provides planned, non-urgent transport for patients to get to and from hospital and clinic appointments, day centres and other health and social care facilities.

In addition, the Trust provides Primary Care services including GP Out of Hours care to Norfolk and 111 Services.

Further information about the Trust can be obtained from www.eastamb.nhs.uk

Technical and Quality Specification

Mandatory / Desirable Requirements (Weighting 60%)

There are 2 parts to this section and the marking is broken down into 2 parts.

The first part (mandatory requirements) is marked on a pass/fail basis and the second part (desirable requirements) is marked against a scoring model. Candidates must be able to meet all of the mandatory requirements, which are assessed on a pass/fail basis. If a Candidate's submission for any question within the mandatory requirement is assessed as a "fail", in accordance with the scoring model specified below, the relevant Tenderer will be disqualified and its submission will not be considered further.

In completing the mandatory/desirable requirements section, Candidates should clearly explain how they meet the requirement of each question, where asked to do so.

A Candidate's response to each question (in the provided response box for each question, where specified) should not exceed 250 words. (The Trust will only evaluate the first 250 words of any response that exceeds the stated word limit). Any Annexes that have been used to extend the written response will be excluded from the evaluation. The Trust will only evaluate supporting documents contained within the Annexes (and not additional submission text).

A Candidate's response should be self-contained and will be marked on this basis (i.e. the Authority will not cross-refer between responses to individual questions when evaluating ITT submissions).

Mandatory Requirements

The Candidate must be able to provide a system and associated services and/or features that meet all of the detailed requirements within the Mandatory Requirements section. The Tenderer must confirm that it is able to provide a solution that can currently meet all of these mandatory requirements, or which is capable of modification and development to meet all such requirements prior to site acceptance testing and implementation, which will commence on 10th August 2015.

Desirable Requirements

In this section, Tenderers are expected to demonstrate they have a solution that could add value to the mandatory requirements and therefore be beneficial to the Trust. Tenderers should illustrate and/or demonstrate and/or provide evidence as to the Tenderer's ability to meet the requirements specified in this section. Tenderer's submissions in relation to each of the desirable requirements will be scored in accordance with the scoring methodology specified at Annex 4. The weighting for each question is specified within the desirable requirements section of the Specification spread sheet embedded immediately below.

Tenderers should complete the below embedded Specification spread sheet and enclose copies of any supporting evidence, where appropriate, as annexes to the Tenderer's ITT response and record such information within Annex 7 of this ITT.

The spreadsheet contains 3 tabs:

- Section Headings

- Mandatory Section

- Desirable Section



Technical and Quality
Specification 1.xlsx

Tenderers are required to complete all elements of the Mandatory Section and all elements of the Desirable Section and return the completed spread sheet as part of their Tender response.

Commercial Schedule (Weighting 30%)

Please complete the below embedded Commercial Schedule ensuring that all yellow boxes are completed in full on the Supplier Costs tab. Failure to populate the Commercial Schedule will mean that the Trust is unable to understand the Supplier's proposed costs. Without a completed Commercial Schedule the Trust is likely to be unable to complete the Commercial Evaluation. The Trust will exclude a Supplier from the process if the Trust is not able to complete the commercial evaluation on the basis of the information provided by the Supplier.



Commercial
Schedule.xlsx

Completed pricing schedule submissions will be used to perform the commercial financial evaluation, as set out as part of Annex 4 of the ITT.

Presentation (Weighting 10%)

At the presentation stage, each Tenderer will be required to present to the Trust on each of the scenarios detailed below.

Each supplier will be offered a 2 hour presentation on either 8th or 9th June 2015 at the Trust HQ in Melbourn, Cambridgeshire, to present its solution to all of the scenarios outlined below. The supplier should allow a minimum of 5 minutes for questions at the end of each scenario. Bidders are to provide their own presentation and equipment, but a screen will be available. Ten minutes will be allowed prior to the presentation starting to set equipment up.

Each supplier is required to provide 10 hand-outs of the presentation and one electronic copy of the presentation. Each member of the Evaluation Panel will use a pro-forma document to record the marks that they allocated to each Suppliers response to each scenario within the presentation. The score for each supplier, for each scenario within its presentation will be the average of the scores allocated to that question by each member of the evaluation panel (i.e. the scores of each evaluator's will be added together for each scenario and will be divided by the number of evaluator assessing that scenario).

SCENARIOS

1. EOC – Incident Management

Describe and demonstrate the process for dispatch of a Red coded call taken in Bedford EOC for an address in Norfolk. This should specifically demonstrate the process and actions for:

- Taking the call (male patient aged 70 with chest pain)
- Presentation of the call to the dispatcher
- Identification, recommending and first allocation of the closest resource (ambulance vehicle)
- Identification and allocation of a community first responder
- Identification of a vehicle that becomes clear (available) closer to the incident than the first allocated resource
- How the system would handle the allocation of the ambulance resource already on scene to a second call for an unrelated patient with a different problem at the same address
- Closure of the call including an exception requiring correction

2. EOC – Resource Management

Describe and demonstrate how the system will assist/manage the following processes:

- System Status Plan (SSP) configuration and management (including ability to manage multiple plans with intelligent resource assignment across plans)

- Maximising resource availability including units out of service or completing actions such as Vehicle Daily Inspections (VDIs – 15 minutes protected period)
- Resource availability such as different responding levels for officers or capabilities of specialist units such as BASICS Doctors and HART?

3. EOC – End of Shift Management

One of the significant issues for crews and the organisation is late finishes (past end of shift time). Demonstrate how the system can assist the EOC in minimising the impact of late finishes whilst maintaining appropriate response to patients. This would include:

- How the dispatcher can visualise information to aid decision making
- Examples of dispatch management in the most common end of shift period (1800 to 1900)
- Limiting dispatch to certain codes (for example Red 1, 2, Green 1) in the last hour of a shift.
- This may also include intelligent dispatch functionality for example involving crews with an extended travel time back to their home station.

4. Health System - Capacity and Flow Management

The system is required to provide a web based hospital inbound screen and functionality for recording handover times. Demonstrate how this system would work including:

- PIN based submission of handover times
- Display of information to external and internal managers
- Information presented to the EOC to assist with resource management
- How the system ensures accurate data capture and reporting
- How the system will assist with management of ambulance flow to avoid delays handing over at hospital

5. Customer Engagement

The Trust is not merely looking to procure a single virtual CAD, it is seeking a relationship with the Provider to help us drive towards our strategic goals and are seeking a highly proactive approach to issues and future developments from its CAD supplier.

If you were the successful supplier, explain how you would interact and engage with The Trust's key stakeholders. In particular, the trust is keen to understand how bidders would engage with the Trust in the following circumstances

- How Supplier's will Approach and prioritise fault resolution and communication with the Trust about the fault
- How Supplier's will approach the prioritisation of critical developments

- How Supplier's will approach their engagement with Key stakeholder within the Trust
- How Supplier's will approach a fault being reported (critical and individual terminal)
- How Supplier's will approach in developing the system over the life of the contract (including your proposed development road map to key functionality)

6. Resilience

Our WAN provider has informed the Trust that they have just had a major outage on their network; this has resulted in the loss of connectivity between all Trust sites.

Please explain how the three 999 rooms across Norwich, Essex and Bedford will continue to function with minimal impact by this outage and also how the system will recover once connectivity is restored. Responses should include (but not necessarily be limited to):

- 1) Percentage of full system operability with sites running independently.
- 2) Details of impact to system performance, system features and functions.
- 3) Details of any impact to the system at the instant a WAN failure occurs (eg freezes, slowdowns or crashes)
- 4) Details of how the system will recover once the WAN has been restored:
 - Freezes, crashes or slowdowns
 - Details of how the system database will re-sync
- 5) Details of any other work required following this type of incident

Note: Please refer to the scoring methodology for the presentation stage, as set out as part of Annex 4 of the ITT.

Table of Information Designated by the Tenderer as Confidential and / or Commercially Sensitive

This table only needs to be completed if any information inserted above or in any accompanying documents is deemed by you to be confidential and/or commercially sensitive. Please note that paragraphs 4.52 to 4.59 of the Conditions of Tender apply to any information designated as confidential and/or commercially sensitive.

No	Section of Tender Response Document and Commercial Schedule which the Tenderer wishes to designate as confidential and / or commercially sensitive	Reasons as to why Tenderer considers this information confidential and/or commercially sensitive and why it should be exempt from disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004	Length of time during which Tenderer estimates such exemption should apply

Tender Response Confirmation

I confirm on behalf of the Tenderer submitting this document that to the best of our knowledge and belief, having applied all reasonable diligence and care in the preparation of our responses, that the information contained within our responses is accurate and truthful.

Date:

Name (print):

Signature:

Title:

Annex 4

Evaluation Model

Introduction

1. The Contract will be awarded on the basis of the most economically advantageous tender approach in accordance with the Regulations. The most economically advantageous tender will be judged on the basis of the criteria and evaluation model set out in this Annex.

The Authority will operate a staged evaluation. The stages are set out below. Reaching some of the stages is dependent on “passing” the proceeding stage in terms of meeting all of the stated requirements for that section as set out in this Annex. For those Tenders that proceed to the scored evaluation stages, a maximum overall score of 100% will be available for the Tender as a whole based on the following Award Criteria:

Award Criteria	Weighting
Technical and Quality	60%
Commercial	30%
Presentation	10%

The relevant sub-weightings relating to the different elements that are to be evaluated are set out below under each section.

Evaluation Panel

2. The scores for the scored evaluation of written bids shall be awarded by a Tender Evaluation Panel, which shall comprise:

Head of Information Systems & Technology
Regional Head of Emergency Operation Centres (EOC)
Acting Head of Finance

The Tender Evaluation Panel will meet on one or more occasions for the purposes of reviewing and evaluating the ITT Response Documents based on the application of the evaluation process set out in this Annex 4.

Compliance with Mandatory Requirements

3. Tenders will firstly be assessed on the basis of Tenderers' responses to the Mandatory Requirements section within the Specification. Tenders will be evaluated to confirm that a "Yes" response has been provided to each requirement referred to as a Mandatory Requirement. Any Tender failing to provide a "Yes" response to each and every Mandatory Requirement will automatically be disqualified and that Tenderer's Tender will not be considered further.

Scoring Model for Tender Response Document Method Statements – Mandatory	
Pass	Fail
The supplier can confirm that they have a solution that can provide all of these mandatory requirements, or which is capable of modification and development to meet all such requirements prior to system acceptance testing and implementation, which will commence on 10 th August 2015.	Supplier cannot confirm that they have a solution that can provide all of these mandatory requirements, or which is capable of modification and development to meet all such requirements prior to system acceptance testing and implementation, which will commence on 10 th August 2015.

Compliance with Desirable Requirements

4. All Tenders that confirm a "Yes" response to each of the Mandatory Requirements will then have their method statements for each individual Desirable Requirement evaluated on the following basis:

Each score awarded will be divided by the maximum number of marks available for that question and multiplied by the weighting factor. The weighting factor is calculated by 100 divided by the number of questions. An example of this approach is as follows

$$(A / B) \times \text{Weighting of the question stated in the Commercial Schedule}$$

A = Awarded score

B = Total score available

Scoring Model for Tender Response Document Method Statements – Desirable

15	10	5	0
<p>The illustration or explanation offered is immediately available and represents a wholly suitable solution to the technical requirement outlined</p>	<p>The illustration or explanation demonstrates that the relevant element of the Tenderer’s solution is either in need of further minor (such as basic field configurations for example that could be completed within a 1 day and either minimal user testing) development work (which would not adversely affect the implementation and training plan) and/or is only a partial solution to the relevant technical requirement.</p> <p>For the purposes of this scoring methodology a “partial solution” is a solution that meets at least half of the elements of the relevant technical requirement.</p>	<p>The illustration or explanation demonstrates that the relevant element of the Tenderer’s solution is either in need of substantial (a new requirement requiring developer time of more than 2-4 days and limited end user testing time development work (which would not adversely affect the implementation and training plan) and/or is only a limited solution to the relevant technical requirement.</p> <p>For the purposes of this scoring methodology a “limited solution” is a solution that meets less than half of the elements of the relevant technical requirement.</p>	<p>The illustration or explanation demonstrates that the relevant element of the Tenderer’s solution is either in need of substantial development work that in the opinion of the evaluation panel would adversely impact on the implementation and training plan and/or does not provide a solution to the relevant technical requirement and/or the Tenderer fails to answer the question for the relevant requirement.</p>

5. Where a Tenderer is not disqualified in accordance with the paragraph 3 of this section above, the final scores for the method statements in response to each requirement within the Specification will be added together to give a total score for the Technical and Quality element.

6. The weighting of the Technical and Quality scores will form 60% of the overall tender score as referred to at paragraph 1 above. Final scores in the Technical and Quality evaluation will be obtained by applying a 60% weighting factor, with each Desirable Requirement being weighted equally.

Presentation

7. All Tenders that confirm a “Yes” response to each of the Mandatory Requirement will be invited to attend a scenario based presentation stage. Final scores in the Presentation evaluation will be obtained by applying a 10% weighting factor, with each Presentation Scenario being weighted equally. Bidders that are not able to demonstrate the Desirable elements of the specification are unlikely to achieve a higher score in the Presentation due to the requirements of the stated scenarios. Bidders are therefore encouraged to demonstrate both mandatory and desirable requirements in their presentations, where appropriate.

The tenderer should note, in order to achieve a higher score the presentation should include elements from the desirable specification.

Each scenario within each Tenderer’s presentation will be individually evaluated, by each evaluator, for that scenario on the following basis

Each score awarded will be divided by the maximum number of marks available for that scenario and multiplied by the weighting factor. The weighting factor is calculated by 10 divided by the number of questions i.e.

$$(A / B) \times \text{Weighting } 1.66\%$$

A = Awarded score

B = Total score available

The Suppliers score for each scenario within each presentation will be calculated in accordance with in Annex 3 Presentations

Scoring Model for Presentation			
15	10	5	0
Where the software functionality demonstrates a fully effective, seamless end-to-end, process that (where appropriate) meets the objective in a timely way commensurate with the urgency and	Where the software functionality demonstrates a fully effective, end-to-end, solution that (where appropriate) meets the objective in a timely way commensurate with the urgency and importance of the	Where the software functionality demonstrates an effective solution but lacks some end-to-end functionality and/or (where appropriate) fails to meet the objective in a timely way commensurate with the urgency and importance of the scenario, but does not	Where the software functionality fails to demonstrate an effective solution to the scenario presented and (where appropriate) fails to meet the objective in a timely way commensurate with the urgency and importance of the scenario, but does

importance of the scenario, and offers some degree of innovation or creativity	scenario, but does not offer any additional innovation or creativity	offer any additional innovation or creativity	not offer any additional innovation or creativity
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Commercial Evaluation

8. A maximum commercial score of 100 (within the 30% weighting available for the overall award of this contract), will be awarded in accordance with the Finance Scoring table below set out below

Points will be rounded up or down to whole numbers (≥ 0.5 will be rounded up and < 0.5 will be rounded down).

Points category	Maximum Points Available		Points award criteria
A	50	Total cumulative cost over three years	The supplier with the lowest price in cell H21 of the "Whole life costs" tab will be awarded maximum points. Other bid prices are awarded points relative to the lowest price bid and converted into a score using the formula: $\frac{\text{Lowest price}}{\text{Supplier price}} \times \text{Maximum category} = \text{Supplier category points}$
B	15	Total cumulative cost over four years (3+1)	The supplier with the lowest price in cell I21 of the "Whole life costs" tab will be awarded maximum points. Other bid prices are awarded points relative to the lowest price bid and converted into a score using the formula: $\frac{\text{Lowest price}}{\text{Supplier price}} \times \text{Maximum category} = \text{Supplier category points}$
C	15	Total cumulative cost over five years (3+1+1)	The supplier with the lowest price in cell J21 of the "Whole life costs" tab will be awarded maximum points. Other bid prices are awarded points relative to the lowest price bid and converted into a score using the formula: $\frac{\text{Lowest price}}{\text{Supplier price}} \times \text{Maximum category} = \text{Supplier category points}$
D	10	Efficiency - utilisation of assets	A total cost of £0 in cell E79 of the "Supplier costs" tab will score maximum 10 marks, a cost of £1 to £10,000 will score 5 points, costs of more than £10,000 will score 0 points
E	5	Zero percentage indexation	Before completing cells L89-P89 of the Supplier Cost tab Suppliers should consider the points award criteria for both points category E (zero percentage indexation) and F (Reduction in annual payments by ≥ 5% per annum) as the scoring of these requirements is calculated by applying differing criteria to the same cells. For example, the Supplier that offers zero % indexation for a given year would achieve a point for that year when assessing points category E but would not receive a point for that year when assessing points category F (to achieve a score of one point for both points category E & F for a particular cell a supplier would need to offer a reduction in annual payments by ≥ 5% per annum and not just a zero percentage indexation). In Section E of the Supplier Cost tab there are 5 cells from L89-P89 which relate to the Supplier proposed % annual decrease/increase in charges for each contract year. For each one of these cells in which the Supplier confirms that it is offering 0% indexation the supplier will be awarded one point. For each cell in which a supplier indicates that a rate of indexation is greater than 0% will apply the Supplier will be given a score of zero points. For example, a Supplier that indicates that it will offer 0% indexation in cells L89, M89 and N89 but that it will offer 1% indexation O89 and P89 would receive an overall score of zero points for the entire section.
F	5	Reduction in annual payments by ≥ 5% per annum	Before completing cells L89-P89 of the Supplier Cost tab Suppliers should consider the points award criteria for both points category E (zero percentage indexation) and F (Reduction in annual payments by ≥ 5% per annum) as the scoring of these requirements is calculated by applying differing criteria to the same cells. For example, the Supplier that offers zero % indexation for a given year would achieve a point for that year when assessing points category E but would not receive a point for that year when assessing points category F (to achieve a score of one point for both points category E & F for a particular cell a supplier would need to offer a reduction in annual payments by ≥ 5% per annum and not just a zero percentage indexation). In Section E of the Supplier Cost tab there are 5 cells from L89-P89 which relate to the Supplier proposed % annual decrease/increase in charges for each contract year. For each one of these cells in which the supplier confirms that it is offering a reduction in annual payments ≥ 5% per annum the Supplier will be awarded one point. The Supplier will be given a score of zero points if the reduction offered is < 5% or no reduction is offered at all.
G	0	Award points for scenarios price predictability and value for money	This section will not be scored by the Trust. It is vital that the Trust understands the potential cost exposure of the scenarios detailed and for this reason has requested an estimate of these costs at this stage.
	100	Maximum number of marks available	

9. The Commercial evaluation will form 30% of the overall tender score as referred to at paragraph 1 above. Final Commercial scores in terms of a percentage of the overall Tender score will, therefore, be obtained by applying a 30% weighting factor.

The Winning Tender

10. The scores for the Technical and quality evaluation, presentation evaluation and the commercial evaluation will be amalgamated to give a percentage score out of 100.

11. The winning Tender shall be the Tender scoring the highest percentage score out of 100 when applying the above evaluation mechanism.

Annex 5

Contract Document

The Trust requires the Supplier to submit the documents listed as items 1-9 below. These documents will be incorporated into the Contract in the event that your Tender is successful. Failure to provide any of the documents listed below (1-9) may result in the Trust disqualifying your Tender

Documents required:

- 1) An Outline Implementation Plan
- 2) A Business Continuity and Disaster Recovery Plan
- 3) A Base Case Financial Model
- 4) Public Liability Insurance Certificate
- 5) Employers Liability Insurance Certificate
- 6) Professional Indemnity Insurance Certificate
- 7) Product Liability Insurance Certificate
- 8) Any other relevant Insurance Certificate detailed in the draft contract
- 9) Details of various brokers letters as per the draft contract

The Trust currently intends to despatch the draft contract to bidders before close of business on Wednesday 22nd April 2015.

Annex 6

Form of Offer

East of England Ambulance NHS Trust - 15-T01 Provision of a Computer Aided Dispatch (CAD) system and on-going maintenance and support

..... ('the Tenderer') of (address).....

.....
Agrees:

- 1.1. That this offer and any contracts arising from it shall be subject to the provisions of the ITT dated 20th April 2015
- 1.2. To supply the provision of a Computer Aided Dispatch (CAD) system and on-going maintenance and support to the exact quality and sort specified in the Specification (Annex 3 of the ITT);
- 1.3. That this offer is made in good faith and that the Tenderer has not fixed or adjusted the amount of the offer by or in accordance with any agreement or arrangement with any other person. The Tenderer certifies that it has not and undertakes that it will not:
 - 1.3.1. communicate to any person other than the person inviting these offers the amount or approximate amount of the offer, except where the disclosure, in confidence, of the amount or approximate amount of the offer was necessary to obtain professional advice and/or quotations required for the preparation of the offer, for insurance purposes or for a contract guarantee bond;
 - 1.3.2. enter into any arrangement or agreement with any other person that he or the other person(s) shall refrain from making an offer or as to the amount of any offer to be submitted.

The provisions of this paragraph 1.3 shall not prevent the Tenderer entering into arrangements or discussing the offer, to the extent necessary, with another party that forms part of a consortium bid or is a proposed subcontractor to the Tenderer
- 1.4. This offer remains open for acceptance by the Authority until 120 days from the Deadline for the receipt of offers.
- 1.5. That the prices and charges offered are firm for the period of the Contract (subject only to any indexation mechanism referred to in the ITT).
- 1.6. That the information contained in the PQQ Response remains correct and accurate and the Tenderer will inform the Authority forthwith if this position changes prior to an award of contract being made.

Dated this day of (Month / Year)

Name (print)

Signature

Title

The Form of Offer must be signed by an authorised signatory: in the case of a partnership, by a partner for and on behalf of the firm; in the case of a limited company, by an officer duly authorised, the designation of the officer being stated.

The checklist below must also be completed to confirm that all relevant documents have been submitted.

Point of Contact	
Tenderer's contact point for queries relating to this Response	
Name:	
Position:	
Telephone number:	
E-mail address:	
Address:	

Checklist of Documents to return	
	Tick Box
1. The Specification document and any relevant supporting evidence (located within Annex 3)	<input type="checkbox"/>
2. A completed Commercial Schedule (located within Annex 3)	<input type="checkbox"/>
3. Table of Information by the Tenderer as Confidential and/or Commercially Sensitive (located within Annex 3)	<input type="checkbox"/>
4. Contract Documents to be incorporated into the Contract (located at Annex 5)	<input type="checkbox"/>
4. A complete list of annexed documents (located at Annex 7)	<input type="checkbox"/>
5. This completed Form of Offer	<input type="checkbox"/>

Annex 7

List of Annexed Documents

[Candidate to provide a list of all annexed documents]

Annex / Section	Document Included

Annex 8

Memorandum of Information

1. General

The Trust is looking for an experienced CAD supplier with live deployments within the UK (for the reasons explained in Section 4 of the PQQ) to provide CAD software across multiple sites using a single virtual CAD using the Trust's existing infrastructure/hardware. The Trust wishes to use the acquisition to drive greater resilience and flexibility to meet the challenges in healthcare in the months and years ahead, and benefit from economies of scale.

Being within the public sector the Ambulance Service must be responsive and flexible, reacting to changes, for example, legislation, working practices and reporting.

Any solution and provider must be able to react to, support and match the organisation's ability to respond urgently. Because there is a need to rapidly respond to change, the Trust will require the chosen Provider to offer and provide proactive, innovative and best value solutions.

The CAD is required to enable the Trust's operational processes which include (but are not limited to): 1. Manage 999 incidents; 2. Manage patient events through to resolution; 3. Manage resources associated with the patient event, for example, ambulance and clinical response; 4. Interface with existing technology, which includes (but is not limited to): telephone and Mobile Data Terminals (MDTs); 5. Manage performance and report on current Ambulance Quality Indicators as defined by the Department of Health.

The one virtual system will allow geographically separated Emergency Operations Centres (EOC) to support each other if, for example, a significant spontaneous incident occurs within the Trust operating area, or if an EOC fails for any reason.

2. Service Provision Dimensions

The Trust is not merely looking to procure a single virtual CAD, it is seeking a relationship with the Provider to help us drive towards our strategic goals. The Trust wishes to enter a relationship with the chosen Provider based on the following as outlined in the PQQ:

Reliability and availability:

The Trust will be expecting a high level of reliability and availability conducive to operating within an emergency environment where delays can be life threatening. The Trust is looking for a productive and positive collaborative relationship to view these as minimum standards with the Provider constantly striving to exceed our agreed performance expectations.

Responsiveness:

The Ambulance Service is a highly reactive environment with ever changing challenges. Because the Trust needs to respond quickly to the needs of patients, commissioning groups and customers, it must be confident the Provider will respond at the pace required by the Trust.

Flexibility:

The Ambulance Service is subject to many different business drivers that are often unpredictable and changing (for example, Department of Health introducing/changing Ambulance Quality Indicators). The Provider shall support the Trust by bringing forward solutions and changes to meet needs of the Trust. The Trust will be looking for every opportunity to bring into operation at the earliest opportunity changes and new technologies that improve the Trusts clinical and operational performance, customer experience and reduce operating costs. The Trust expects the Provider to flex the solution and supporting services to enable the Trust to meet this need.

Price Predictability:

The coming years will be financially challenging to the Trust. The investment in the CAD and associated support agreement must be predictable over the life of the system. The Trust will need to understand the Provider's price drivers and price base to help determine the future costs during the life of the system. The Trust is looking for a Provider that understands that Trust services can be lost and won on the ability to deliver the correct quality of service at best value to the customer. It is essential that the Provider has an open relationship with the Trust.

Value for Money:

The Trust regularly benchmarks its services against the other Ambulance Services. Throughout the life of the system the Trust shall work with the Provider to ensure the services associated with the CAD are not outside the industry norms. The Trust would not only expect benefits to be realised at the beginning of the implementation, but throughout the life of the system. The Trust requires the Provider to proactively provide opportunities to improve value for money for its own system and service delivery, and to provide enablers to allow the Trust to improve and lean operational ways of working.

Customer Satisfaction:

Be this external to the Trust (for example, patients, commissioning groups) or internal customers (for example, EOC users, Trust Executives). The Trust will, with the collaborative continuous improvement relationship with the Provider, look to improve the customer experience during the life of the system. Customer satisfaction is a key indicator in which we will judge the effectiveness of the CAD product and Provider.

Proactive and Innovative:

To deliver improvement to services and reduce operating costs it is essential that the Provider is proactive in meeting current needs and setting their development roadmap by predicting future needs based on operational, technical and political trends within the emergency services (in particular, ambulance service). To allow the Trust to remain effective, providing services that are 'value for money' and growing we must rely on Providers offering innovative solutions to provide us with a competitive edge so we may retain current business and secure new business.

Cultural Fit and Understanding:

The Trust is relying on the Provider to have a full understanding of operating within an NHS Ambulance Service environment, and to understand the current issues and challenges we face. At present, the demands on our service are increasing whilst the financial environment is reflecting the current national economic challenges. As an ambulance service we are here to serve the community that pays for us and to that end, The Trust is proud of its staff who will work over and above what is required of them to

ensure the safety of the public. These are the values we wish our chosen Provider to share with us.

Capacity and Capability: The Trust needs to be assured that the chosen Provider has the capacity to implement and support a CAD for a large Ambulance Service Trust, and sufficient capability to support the CAD on a 24/7 basis. In terms of capacity, The Trust expects any request of the Provider to be expedited at appropriate speed based on the criticality of the request rather than dictated by the workload of the Provider. In terms of capability, the Trust understands it has a variety of technologies and software to interface with within a complex operating environment; however, the Trust expects the Provider to have sufficient experts for both the implementation and on-going support.

Clinical:

The Trust delivers high quality, patient-centred services. The Trust needs to meet and report on the targets set within the Ambulance Quality Indicators. The Trust and the CAD Provider shall work together to meet the targets to ensure the quality of service is maintained. The current Ambulance Quality Indicators are set nationally by the Department of Health, NHS. <http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

Security:

The Trust generates, manages, imports and exports patient information and retains sensitive information such as emergency plans. Both the Provider and the system must be capable of ensuring the Trust’s legal responsibilities are supported in terms of national information governance requirements.

3. Incident Management Refer to ‘Incident Lifecycle Diagram’ below:

Timestamp	Action	Triggered by
T0	Phone ring	CAD
T1	Call pick up	CAD
T2	Address verification	CAD
T3	Nature of CC	ProQA opened
T4	ProQA CC	Chief complaint selected in ProQA
T5	First MPDS code	1st determinant code sent in ProQA
T6	ProQA closure code	Last code before ProQA closed

The Trust currently operates the incident model as described above. Whilst the above shows the sequential process flow, in reality, The Solution should allow any subsequent stages within the process to commence in parallel to allow the incident management to be progressed in a timely manner.

For example, the dispatcher will already be identifying the closest and most appropriate resource from the call pick up point and particularly as soon as the problem nature is entered by the call taker and the address proceeds to be verified. EEAST identify the problem (and hence predicted Red 1 or Red 2 event) by asking the caller “Tell me exactly what's happened”. They then proceed to verify the address and confirm the coding following the incident being triaged by the call taker. Where appropriate, the dispatchers are looking reallocate the most appropriate resource as this process continues.

In the event of an incident being identified through triage, or by the Clinicians as not

requiring an immediate response (or no response required), the dispatcher will stand down any resource allocated.

Allowing various roles within the EOCs to perform tasks within a managed incident provides an opportunity to run activities in parallel which gives the opportunity to reduce the end to end incident lifecycle timeline.

Where a lower grading is determined for an incident the dispatcher ensures the target time is met. This, for example may be up to a 2 hour response. In the event this cannot be achieved due to operational pressures the patient is contacted by the call takers or clinicians who confirm patient's condition is stable and not worsening.

As call category is changed through the call cycle (through further information or triage) dispatchers are required to amend allocations in real time.

To support the dispatchers The Solution is to be able to auto allocate to the nearest, most appropriate resource. However, The Solution should allow dispatchers to override with the audit trail recording details of what resource was identified, the new resource allocated and the reason.

To support the dispatchers The Solution should provide auto stand down to when a resource is no longer required and thus releasing them for other incidents.

As resources become available or stood down which become the nearest and most appropriate resource for an on-going incident this should be flagged to the dispatcher to decide whether to re allocate the incident. The dispatcher should also be made aware if a resource allocated to a lower graded incident is the closest, most appropriate resource to a higher graded incident, allowing the dispatcher to decide if the higher graded incident takes priority.

Dispatchers proactively manage resources that are planned. The Trust is seeking innovative CAD solutions that provides proactive approach to maximising the available resources, be they crews, vehicles or specialist equipment across the entire Trust area, whilst incident management is being operated out of multiple EOCs.

4. Clinicians

Within the EOCs a clinician's role typically includes:

- Supporting call takers in determining the correct triage and disposition pathway through the use of PSIAM
- Taking over calls from call takers where the caller is outside of being a 'typical' caller, for example agitated callers, frequent callers, presenting with atypical symptoms;
- Talking to clinicians both inside and external to The Trust;
- Reviewing live incidents to ensure correct response level has been triaged;
- Supporting dispatchers where the nearest available resource will not reach the patient within the target time. In these cases the clinicians may wish to telephone the patients or prioritise sequence of waiting calls.

The Trust always places the patient needs first, and ensures the most appropriate response is provided. Where an incident requires attendance by ambulance, this will take place. The Trust is mindful of the alternative possible actions it can take. These are typically:

- Emergency response by clinical ambulance crews to preserve life where a

critical event is taking place, and then conveying to the most appropriate health care provider, be this the nearest A&E department or a specialised destination (for example determined by a pathway)

- Emergency response by a clinical crew that can manage the patient on scene, without having to convey to another healthcare provider, however, other healthcare providers may be alerted and requested to attend, for example General Practitioners, District Nurse. In these cases The Trust may send an alternative vehicle to an ambulance as the patient does not need conveying.
- 'Hear and treat' - in some cases patients can be advised in how to self-treat, or directed to a healthcare provider without any of The Trust crew response or arranging any additional Healthcare provider services.

To make a decision on response and guidance given to patients the clinicians will provide advanced triage capability over and above the disposition offered by the triage tool in use. Clinicians require access to other electronically available information, such as Toxbase and NICE guidelines. By having these electronically the clinician can 'cut & paste' the information they have used or passed onto others into the incident record for audit purposes.

Based on their clinical knowledge the clinicians can overrule the disposition provided by the triage tool, or choose to stop the triage by a call taker at any point. In these cases the reasons for deviating from the standard triage tool will need to be supplied by the clinician and held within the incident record in a manner to support non repudiation. To make decisions the clinicians will need to access information held on a patient.

The Trust is looking for a solution and relationship with a Bidding supplier that allows for a full spectrum of responses to be available to clinicians, to direct the most appropriate response to the patient whilst being cognisant of the need to relieve pressure on finite resources and healthcare provider capacity, especially A&E during high demand periods.

5. Resource Planning

Ambulance services are required to deliver consistent and sustainable performance through significant variations in demand. In the East of England we face seasonal pressures through summer tourism and general winter pressures.

In month, week, day demand also varies. In a context of increasing demand and difficult economy we are expected to optimise the deployment of our resources such that we closely address the shift in demand.

Year on year we have witnessed 3.5% activity increases across The Trust with sector fluctuations in a given month being as high as +/- 15%. We need to ensure that everything we do through the complete resource planning cycle ensures efficient and effective use of resources.

The Trust also relies on community responders, external and third party resources in the delivery of our services and as such resource planning of these community responders, external and third parties is vitally important.

The resource management of The Trust is instrumental in delivery of efficient and high quality patient care and therefore, effective systems to manage service resources are vitally important.

The Trust is looking to monitor the utilisation of resource, for example, crews or fleet. The

Trust wishes to establish standard resource utilisation profiles to identify any trends outside of this 'norm' and thus establish any issues with assumptions or data when forecasting resource requirements.

6. Real Time Resource Management

Having established rotas and resource plans (refer to section 8 'Resource Planning') a high level of resource management is required by operational management to effectively manage ambulance response, clinical quality and performance across all Ambulance Quality Indicators (AQIs).

Nationally and locally the ambulance service use REAP which defines the necessary response to conditions and performance with escalatory triggers determining the REAP level.

The Trust is also developing surge plans which operate on a similar fashion on a more real time basis.

On a daily basis The Trust is subject to short notice absence, for example, sickness or availability of resources, for example, vehicle breakdowns or technical failure.

The Trust area is subject to and significant levels of tourism throughout the year which differentiate our needs to those of other ambulance trusts in terms of our resource deployments and skill sets. On a regional basis The Trust has a slightly higher older population.

The Trust geography is highly rural with several urban locations; however, as demand increases there is a tendency for resources to be drawn to urban areas which The Trust has to balance with continued service delivery in the rural area.

Having established rotas and resource plans (refer to section Resource Planning') a high level of resource management is required by operational management to effectively manage ambulance response, clinical quality and performance across all Ambulance Quality Indicators (AQIs).

Nationally and locally the ambulance service use REAP which defines the necessary response to conditions and performance with escalatory triggers determining the REAP level.

The Trust also has demand management plans which operate on a similar fashion on a more real time basis.

On a daily basis The Trust is subject to short notice absence, for example, sickness or availability of resources, for example, vehicle breakdowns or technical failure.

The Trust area is subject to and significant levels of tourism throughout the year which differentiate our needs to those of other ambulance trusts in terms of our resource deployments and skill sets. On a regional basis The Trust has a slightly higher older population.

7. Geographic Information Systems (GIS) and Integration

Ambulance services rely heavily on GIS for many aspects of our delivery. Development of GIS services is an area which continues to evolve and improve our responsiveness to patients and the full lifecycle management of a range of resources.

The Trust has Terrafix Mobile Data Terminals (MDTs). The Terrafix system has mapping capability in-built. These are used to guide our ambulance crews to patients and other destinations, such as, Hospitals and MIUs. The destination information is required to be

supplied through the MDT unit from CAD to optimise vehicle response.
Please note: The Trust uses the OS PSMA (Public Sector Mapping Agreement).

8. Mobile Data Terminals / Automatic Vehicle Location System / Automatic Personal Location System / location tracking Interfaces

Currently The Trust operates 1 MDT type:

- Terrafix MDT

The Solution must interface with the Terrafix MDT allowing any vehicle to be dispatched from any EOC seamlessly.

The CAD requires current and historic details of all resources available to respond to patient incidents. These include ambulance vehicles with MDTs and fixed Airwave radios, paramedics, officers and others with Airwave radios, a range of responder including third parties with Airwave radio or smartphone technology. The solution requires accurate and timely processing, presentation and use of this information for all resource groups and device types.

The solution must be capable of interfacing, in the future, with any MDT and radio technology chosen by The Trust. Consideration must also be given to use of smartphone technologies in respect to structured and non-structured messaging and in-phone tracking capability.

9. Ambulance Electronic Patient Care Records (ePCR)

Through 2015/16 The Trust will updating its Electronic Patient Care Record system (ePCR) which will provide the necessary infrastructure and application to support our front line ambulance crews in recording their patient information needs, replacing the legacy paramedic patient report forms with an Electronic Patient Care Record (ePCR). The current supplier of ePCR is Medusa and the Trust will be reviewing the usage over the next 12 months.

This system is capable in respect to supporting patient side assessments and pathway decisions on scene. The Solution must fully integrate with the ePCR taking information gathered from the point of initial contact, by telephone or otherwise (for example 111 remote referral to 999) and passing the relevant details to ePCR such that the requirement of demographics capture, triage system information and other centrally gathered data is passed to the front line crew.

Ideally details of previous contacts with the wider health system would be 'pushed' from the CAD to ePCR where possible.

In summary the ePCR solution displays the following features when operating with CAD:

- On dispatch CAD pushes incident to tablet with the associated call sign which opens an ePCR on the tablet computer;
- Around 30 fields are pushed to ePCR on allocation, completion of incident, completion of triage and dynamically
- Bi directional ability;
- When a CAD incident is stacked it can be re-directed to an alternative call sign;
- Audit of successful and failed submissions.

The Trust is bound contractually to deliver certain agreed usage levels for ePCR with its commissioners and will be financially penalised if targets are not met.

10. Communication System Interfaces

Within day to day operational environment The Trust uses various telephony systems to communicate with managed resources, non-operational staff, volunteer 'first responders', health care providers, and other emergency services. The technology being used at present includes:

- Mobile Data Terminals;
- Airwave, both vehicle mounted terminals, and personal issue terminals;
- Mobile telephones, both voice and text;

ESMCP intends to replace the mobile communications of the three Emergency Services and other public safety users with the next generation mobile technology (4G LTE). This will be called the Emergency Services Network (ESN).

This programme of work includes a replacement to the end of life mobile data systems (currently Terrafix) provided under the ARP contract, including Wales. This will also replace all control rooms radio communication systems (ICCS) along with potentially working towards a single device for mobile users.

EEAST's migration to the new service is scheduled for 2017. The supplier will need to be engaged within the national programme to ensure that the CAD system is compatible. The Trust wishes to ensure the existing communications infrastructure is leveraged to ensure the managed resources obtain the information required to perform their role in the most appropriate format on the most appropriate communication platform.

11. Ambulance Arrivals

Ambulance arrival screens are required within major emergency departments and other healthcare destinations serving The Trust.

The arrival screen must be wall mountable and on a desktop PC display.

The ambulance arrival screens are required to serve a number of functions, including,

- Display of inbound patients and ambulances;
- Data capture from both ambulance crews and hospital clinicians relevant to patient hand over;
- The screens should clearly display;
- Number and types of vehicles en-route;
- Number of vehicles at hospital;
- Number of vehicles awaiting handover;
- Associated patient details;
- Average time at hospital and average clear-up (wrap-up) time;
- Call priority;
- Vehicle call-sign;
- Computer aided dispatch (CAD) generated event number;
- Brief description of the incident;
- Estimated time of arrival/at hospital time;
- Handover time.

The 'at hospital time' can optionally be captured automatically via the MDT which starts the handover clock, or by direct entry at terminal. The system shall support dual sign-off by

ambulance and hospital staff on completion of handover.

Currently the maximum time allowed for handover and wrap-up is 15 minutes. Financial penalties may be imposed on the Trust by its Commissioners if this time period is exceeded therefore it is essential that the handover process is performed at the correct time.

Periodically at high periods of demand A&E departments are unable to process ambulance conveyed patients within the allocated time frame which impacts The Trust resource levels and may lead to unwarranted financial penalties.

12. Health Systems

The NHS aspires to deliver a 'paperless and fully integrated electronic NHS' by 2018. The intent is to ensure we have the 'right information', in the 'right place', at the 'right time' to enable effective delivery and achieve the highest quality patient outcomes.

With the recent 'Emergency and Urgent care review' health system transformation is expected and it is a given that Ambulance Services will have a greater part to play in respect to delivering better patient outcomes, and sharing information with partner services such as GPs, hospitals, care homes and social services.

We also, in a challenging economic context, will need to explore the full potential of amalgamations and partnerships with the appropriate clinical governance to support us in the delivery of our core services.

There are established and evolving integration standards which are in greater use within health and social care to support patient pathways management. Our expectation is that the solution shall remain current with these integration standards.

The CAD must serve The Trust in the role of being our central information system which is fully integrated with the wider systems in place within The Trust both current and future.

13. Management Information

As a supplier of Ambulance Service CAD, you will have a clear understanding of requirement of The Trust to provide accurate and timely reports required for the Department of Health 'Ambulance Quality Indicators' (AQIs). In addition, you will also be aware that the AQIs requirements may be changed at any time by the Department of Health. For the purposes of this section these will be referred to as 'Legislated Reports'. For example AQIs. <http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

The Trust also reports on locally determined indicators, such as those related to "Green" call categories. The Trust reports have been designed so that they can be routinely run to generate information vital to maintaining operational effectiveness. These reports are available to users with direct access to the CAD system and users who do not have direct access to the CAD system. Some reports can be run by all users (those who have access to The Trust Intranet), and some reports are restricted to certain roles or individuals.

These reports may be used as 'dashboard' or for 'wallboards'. For the purposes of this section these will be referred to 'Standard Reports'.

Within the Trust, individuals will require bespoke reports to provide information to aid their activities. Whilst these may be promoted to become a 'Standard Report', for the purposes

of this section these one-off, 'what ifs', reports will be referred to 'Bespoke Reports'. Reporting is to be as close to real time as possible, and on any data/information within the system.

14. Call & Incident Audit

Within the Ambulance Service we need to review incidents from initial call to final outcome. The need for an audit maybe triggered by:

- Complaint, through Patient Experience;
- An adverse outcome by a patient;
- Routine quality audit / dip sample;
- Serious Incident;
- Coroners Courts;
- Civil/criminal/legal investigations.

In order for the various audit teams to perform their tasks, they need easy access to incidents directly via an incident reference or through search criteria. Where search criteria is used it is necessary to allow multiple incidents to be returned, for instance, when the audit team is reviewing a particular member of staff, a vehicle or other items.

The audit reviews may lead to action ranging from the implementation of a training plan for an individual, through to disciplinary or legal action. It is therefore necessary for all information accumulated during an incident is recorded in a manner which will avoid non-repudiation and inextricably link to the record. Ideally voice recordings remain attached to the incident records to aid easy access to auditors.

It is also expected that the audit process and actions leave an auditable footprint within the incident record. Audit level access will need to be secured by appropriate access levels.

15. System Access Controls

Access Control is any mechanism by which a system grants or revokes the right to access information, or perform some action.

16. User Context, System & Application Presentation, including Presentation of Information

The Trust operates specific roles that have specific functional and information needs when interacting with the CAD. The Trust expects, based on a person's role, when accessing your CAD solution to be only presented with:

- the screens they require;
- the functionality they need;
- the information they need.

The Trust believes there is additional benefit to users and supervisors to mandate and fix locations of 'windows' and icons within a Graphical User Interface (GUI).

The Trust sees this as essential in order that:

- Users have all they need to perform their role;
- Users cannot perform actions, for which they are not competent to perform;
- Users cannot view or change information which is inappropriate for them access to.

In addition to the role based access, The Trust requires controlled access to non-Trust staff. These include other healthcare providers, private ambulance services, volunteer responders.

Accessing the Solution will be from various locations, which include, within Trust property (including EOCs, Offices, Ambulance Stations), from home (to utilise home working to support such events pandemic situations), hospitals, healthcare provider locations (for example, GP surgeries), private ambulance services.

17. Demand Management

Whilst The Trust plans resource based on historical demand (as described in Section 8 Resource Planning) there will be situations where the calculated demand becomes greater than expected leading to all available resources becoming outstripped.

The nature of the EOC is for Dispatchers to focus on current calls within their area and manage the resources available (as described in section 9: Real Time Resource Management), however, they will be unaware that the current real demand maybe trending to above the estimated demand on which the resources have been calculated.

The Trust wishes to place countermeasures in place in the event where current demand is forecasted to outstrip resource at any given time, in real time. The Trust is looking towards The Solution to analyse in real time the current and projected demand in relation to the calculated demand on which resource planning has taken place. In the case demand is predicted to outstrip resource then an alert is to be provided to all users.

The Trust also wishes to review the 'predicted demand' versus 'actual demand' retrospectively and identify the impact of the resource shortfalls and the actions taken to alleviate the issues. This will allow adjustment of planning models to better manage the service.

18. Service Availability, Management & Service Levels

Any outage of the CAD system directly impacts on patients and The Trust performance. In worst case scenarios CAD System outage can lead to serious medical implications and even loss of life. Because of this The Trust requires a CAD Solution that maximises availability.

The Trust expects to implement a service penalty regime to manage the delivery of the CAD service. Under this regime a set of service levels will be established (for example, service availability, fix time). Performance bands will be set for each service level and service penalties will accrue for failure to achieve the required performance.

The Trust is looking for a contractor who will implement and maintain a performance monitoring system that allows the service to be continually monitored and reported.

The Trust requires the Bidder to have the following in place (including):

- a service strategy;
- a service design;
- a process for service transition from current CAD supplier(s)
- operational processes;
- a service desk;
- a continual service improvement strategy and plans.

The Trust also expects routine maintenance activities to be undertaken via the agreed

change control process, on a day and time convenient to The Trust. Typically The Trust will elect for days and times which have lower call demands, for example mid working week anywhere from midnight through to 06:00hrs.

The Trust seeks a service that can utilise the geographical locations of existing EOCs to allow close to, if not 100% availability, by rerouting any users of a EOC(s) outage (be this planned or a failure) to the remaining available EOC(s).

Whilst The Trust accepts 100% availability is seldom achievable, it requires the Bidder to design The Solution to be fault tolerant, allow changes to take place and be tested before migrating to the live environment, and utilise, maximise and exploit the geographical separation and redundancy in hardware architecture and information replication.

The Trust also expects routine maintenance activities to be undertaken via the agreed change control process, on a day and time convenient to The Trust. Typically The Trust will elect for days and times which have lower call demands, for example mid working week anywhere from midnight through to 06:00hrs.

19. Capacity Management

The Trust (The Authority) requires the chosen Contractor to ensure that the service capacity of the solution meets current and future operational needs in a cost-effective manner. Capacity management includes:

- Business capacity management;
- Service capacity management;
- Component capacity management.
- As the demand on The Trust (The Authority) evolves the proposed CAD solution will need to evolve. The Trust (The Authority) needs to continuously change and improve in relation to:
 - Improve patient outcomes;
 - Year on year increase of patients within The Trust operational area;
 - Operational effectiveness and efficiency.

Because of this The Solution will need to support and manage more incidents, information, functionality, reporting, interfacing, 'non-Trust' access and exporting of information.

The Trust therefore expects the Contractor:

- Monitor the performance and throughput or load on a server(s);
- Analyse performance of measurement data, including analysis of the impact of new releases on capacity;
- Optimise and tune performance of activities to ensure the most efficient use of existing infrastructure;
- Understand the demands on the service and future plans for workload growth (or shrinkage);
- Proactively ensure no degradation of service with increased demand for computing resources;
- Maintain Capacity planning – developing and maintaining a rolling 1, 3 & 5 year plan for the Service.

20. Resilience (Business Continuity and Disaster Recovery)

In the event of a system failure, or disaster, a regularly tested Disaster Recovery (DR)

activity will take place by both The Trust (The Authority) and the Contractor. During a period of CAD service non-availability the published Business Continuity Plan (BCP) will be invoked by The Trust (The Authority). The BCP will remain in place until The Trust (The Authority) authorises use of the main CAD service. This will be described in the 'Disaster Recovery and Business Continuity Plan' schedule of the Contract.

CAD system failure may lead to loss some or all functionality and/or information across one or many EOCs. In the event of a failure The Trust still has a duty to manage incidents from taking the initial call, through to appropriate conclusion. The Trust currently has a well-established BCP that reverts the EOCs back to a paper based systems requiring only the telephone system to be available (to receive emergency calls from the public) and Airwave (to manage mobile resources).

Invoking the BCP impacts the patient as The Trust is not operating efficiently as possible and the AQIs. Once the service is resumed having to manually enter all incident records retrospectively and reconcile from the paper system is time consuming and costly.

Within a proposed solution, The Trust desires the option for any failed EOC to Fail-over to any unaffected EOC. The Trust is also looking for innovative solutions that allow CAD functionality to be available in the event of the main CAD service being unavailable. This will ensure the service provided by The Trust remains high, and any information accumulated during this time can be reconciled electronically to the main CAD service when it returns.

Failure may also occur in the links between the EOCs and/or to interfaces which may allow the EOCs to remain active whilst visibility of other EOCs/services is lost. The solution is to identify to users if any part of the service is lost.

The Trust also expects the Contractor to have detailed and tested DR and BCPs in the event of an issue with their premises. The Trust expects full support to be available for our CAD service during any incident at the Contractor premises or locations.

The Trust still retains the need to revert to paper BCP in the event of a total technology failure or at any time when required by EOC managers.

21. Implementation

The Trust (The Authority) requires the Contractor to manage the full implementation of their The Solution with minimal operational disruption whilst maintaining a secure environment. Implementation approach will be agreed through this procurement process and documented in the 'Implementation Plan' contract schedule.

The Trust will need to review and approve the implementation approach and key deliverables. This includes:

- Overall Implementation plan, with agreed tolerances;
- Agreed deliverable set;
- Stage gates to act as 'go/no go' decision points;
- Progress reporting mechanism;
- Audit mechanism for The Trust to review of implementation progress and deliverable set;
- Configuration management and implementation change management plan;
- Testing strategy and plans;
- 'Go-Live', roll-back and disaster recovery plans.

The Provider will need to regularly provide The Trust appointed project manager with highlight reports, exception reports as evidence of progress against agreed plans. The Provider is to manage the Implementation of The Solution until such time as it has been made available to The Trust. However, the Provider is required have their support structure is in place prior to The Solution being made available to The Trust.

22. Integration

The emergency and care review, QIPP, and other wider health and social care system planned changes mean that the ambulance service will have an increasing part to play in a more integrated context.

The Trust currently operates its CAD system within a complex IT and information environment which is largely internal to the ambulance service. The Trust desires to move from a 'linked' IT and information environment to a more integrated environment that provides the richness of functionality and information delivering synergistic benefit across the health and social care system.

For example, there are major benefits available to the patients within The Trust area by utilising information from DoS and the NHS Spine to provide better incident resolutions. The Trust seeks to integrate with systems during the life of the contract where benefits are identified.

The Trust also wishes to better integrate with partner emergency services such as Police and Fire & Rescue. This is important, typically when managing a major incident where each service is required to provide high quality response to the public.

23. Migration

The Trust maintains information within the current CADs. The information includes:

- Dynamic: Patient details, Incident records;
- Static: Addresses, call signs, vehicle type;
- Configuration: colours in use, screen layout.

To stop transcription and transposition errors The Trust would look to an automated validated migration process of information into The Solution that allows the most current information being available at 'go live'.

24. Training

The training of staff to use The Solution is expected to be significant in terms of effort and provisions from the Provider. Training will be required for the following groups through implementation and on an on-going basis:

- EOC staff, including call taking, dispatch, clinical supervisor and management functions;
- Operational Management, including Gold/Silver/Bronze Officers;
- IM&T Technical staff, managers and administrators;
- Other system users including, clinical audit, governance and back office functions for their day to day roles;
- Other groups who may be called upon in situations of high demand or exceptional circumstances.

In support of the CAD implementation the Contractor is expected to provide initial comprehensive training to key staff, training products and services including a training plan, training governance methodology, associated training and training materials in advance of live operation. The training environment will be undertaken on the final solution and not before SAT testing is completed. These training products and services will be agreed with The Trust.

On-going The Trust will elect to use a 'Train the Trainer' approach, to then allow bespoke training modules to be developed either in collaboration with the Contractor or in isolation. There is an expectation that training materials will be made available to The Trust from the supplier with rights granted to The Trust for the unlimited adaptation and reproduction of the materials in electronic and printed format

This approach allows:

- The Provider to support the significant organisational change necessary to effect a successful implementation and influence on-going use of their system.
- Future tailoring and integration of wider Trust A&E training for different Trust roles;
- Adapting training and introducing organisational language to suit the trainee;
- Planning training courses to suit operational needs;
- Rapidly changing course content and material.

The Trust welcomes approaches for innovative support and any alternative solutions for approaches that allow effective training, with minimal costs and disruption to the service through the implementation and on-going use of the Virtual CAD.

Planning for training will be part of the overall implementation plan.

25. Frequent Callers

The Trust receives 999 calls from individual frequent callers. The Trust is cognisant that these patients, in the main, have medical problems being addressed by other healthcare professionals. The Trust is sympathetic to frequent caller needs, however, they require a significant amount of clinician time, to address the immediate and on-going issues.

In a large number of cases the callers do not require Ambulance Service attendance, even though some callers know the Triage tool questions and supply answers that lead to a disposition of a Red grading. It is for this reason clinicians need to further triage and determine if there is a genuine need to attend or not, and therefore, downgrade the call or allocate to an alternative healthcare provider.

This presents the individual and The Trust with a risk that a high graded call could be incorrectly downgraded. Whilst this risk can never be eradicated The Trust is looking for solutions that provide up to date, full and relevant information to allow clinicians to make fully informed decisions.

The Trust also wishes reporting functionality to allow it to work with other health care professionals and agencies to provide the most appropriate patient management to provide the best outcome for the patient and The Trust. Evidence shows that individuals who are well managed have their reliance on the 999 service reduced.

Annex 9

Glossary of Terms

AED	Automated External Defibrillator
API	Application Performance Interface
AVL	Automatic Vehicle Location
AVLS	Automatic Vehicle Location System
CAD	Computer Aided Dispatch
CBRN	Chemical Biological, Radiological Nuclear
CCG	Clinical Commissioning Group
CFR	Community First Responder
CLI	Call Line Identity
DoH or DH	Department of Health
DoS	Directory of Services
ECT	Enhanced Clinical Triage
EISEC	Enhanced Information Service for Emergency Calls
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ESMCP	Emergency Services Mobile Communications Programme
ESN	Emergency Services Network
ESR	Electronic Staff Record
GIS	Geographical Information Systems
GPS	Global Positioning Service
GRS	Global Rostering Services
GUI	Graphical User Interface
HCP	Health Care Practitioner
ICCS	Integrated Communications Control System
LDAP	Lightweight Directory Access Protocol
MDT	Mobile Data Terminal
MPDS	Medical Priority Dispatch System
NCRS	National Care Record Service
NSTS	National Strategic Data Service
ODBC	Open Database Connectivity
OOA	Out of Area Activities
OSCAR	Ordnance Survey Centre Line of Roads
PAS	Private Ambulance Service
PDA	Personal Digital Device
PDS	Patient Demographic Searches
PSMA	Public Sector Mapping Agreement
QA	Quality Assurance
REAP	Resourcing Escalatory Action Plan

RTC	Road Traffic Collision
RVP	Rendezvous Point
SDS	Short Data Service
SMS	Simple Message Service
SSM	System Status Management
SSP	System Status Plan
TRLI	Trunk Radio System Interface
TRSI	Trunk Radio Location Interface
UAG	Unified Access Gateway (Microsoft)
USAR	Urban Search and Rescue
VAS	Voluntary Ambulance Service
XML	Extensible Mark-up Language

Annex 10

Address Label Template

OFFICIAL ITT

ITT REF: 15-T01 (CAD)

DATE DUE BACK:

13:00 hours on 01/06/2015

**TENDER PROCESS MANAGER
EAST OF ENGLAND AMBULANCE NHS
TRUST
ELMS INDUSTRIAL ESTATE
HAMMOND ROAD
BEDFORD
MK41 0RG**