**NHS England**

# NHS Federated Data Platform and Associated Services

## Document 1: Prospectus

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| **Name of Contracting Authority** | **NHS England** |
| **Procurement for** | **Federated Data Platform and Associated Services** |
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# Contents

# Foreword

Every day, NHS staff and clinicians are delivering care in new and innovative ways, achieving better outcomes for patients and driving efficiency. Scaling and sharing these innovations across the health and care system in England is a key challenge for the NHS.

That is why NHS England is investing in a data platform to support health and care organisations to make the most of the information they hold and to work together to understand patterns, solve problems and plan services for their local populations. Ultimately, the goal is to help the NHS transform the health and care of the people it serves.

A 'data platform' refers to software which will enable NHS organisations to bring together operational data - currently stored in separate systems - to support staff to access the information they need in one safe and secure environment.

 A 'federated' data platform means that every Hospital Trust and Integrated Care System (ICS) will have their own platform, which can connect and collaborate with other data platforms as a "federation" making it easier for health and care organisations to work together.

The goal is to give health and care providers the information they need at their fingertips, while maintaining the highest standards of confidentiality. A digitised, connected NHS can deliver services more effectively and efficiently, with people at the centre.

A federated data platform will also provide Trusts and ICSs with the capability to develop their own digital tools that address their most pressing operational challenges and enhance their ability to make informed and effective decisions.

Early evidence from pilot sites shows significant and measurable benefits being realised. The roll out of this technology across the NHS in England will support levelling up and embed the highest standards of data access and use – all while improving patient care and experience and reducing burden on frontline staff.

A digitised, connected NHS can deliver services more effectively and efficiently, with citizens at the centre, leading to better outcomes and experiences for people and a better experience for staff

## Better outcomes and experience for people

A more efficient NHS ultimately means a better service for patients, reduced waiting times and more timely treatment. The platform will provide ICSs the insights they need to understand the current and future needs of their populations so they can tailor early preventative interventions and target health and care support. Patients will have more flexibility and choice about how and where they access services and receive care, helping them to stay healthy for longer.

## Better Experience for Staff

NHS staff will be able to access the information they need in one secure place. This reduces the time they spend chasing referrals, scheduling appointments, and waiting for test results and allows them to work more flexibly to deliver high quality care for their patients.

The connectivity of the platforms is extremely important as it will enable us to rapidly scale and share tools and applications that have been developed at a local level - in a secure way – supporting levelling up and reducing variation across England.

Procuring a federated data platform will not only provide the cutting-edge software to Trusts and ICSs to continue to innovate but the connectivity will enable us to rapidly scale and share innovative solutions that directly addresses the challenges most pressing for the NHS. This will transform the way the NHS delivers its services enabling organisations to communicate and collaborate more effectively and provide better care for patients.

We want the NHS to be the best insight-driven health and care system in the world. The federated data platform will provide the foundation to improve the way that data is managed and used across the NHS in England to transform services and save lives.

Tim Ferris

*National Director of Transformation, NHS England*

Jacqui Rock

*Chief Commercial Officer, NHS England*

Ming Tang

*Chief Data and Analytics Officer, NHS England*

# 1   Introduction

## 1.1   Purpose of the Prospectus

This Prospectus is to provide Potential Participants with relevant information to inform their decision to participate in the Federated Data Platform and Associated Services (FDP-AS) procurement and complete NHS England's Selection Questionnaire (Stage 1). Participants that 'pass' the Selection Questionnaire will be invited to Stage 2: Invitation to Competitive Dialogue – Outline Solutions.

As such, the purpose of this Prospectus is to:

a) Provide detail on the scope of the requirements and the scale of the opportunity associated with FDP-AS.
b) Assist Potential Participants in assessing whether they have the technical and commercial capability to deliver FDP-AS.
c) Provide information on the Procurement and Evaluation Criteria.
d) Inform completion of the Selection Questionnaire and plan for the subsequent resource requirements if invited to Dialogue.

This Prospectus is Document 1 of the Authority's suite of Procurement Documents:

| Document 1 | Prospectus (and associated appendices) |
| --- | --- |
| Document 2 | Cyber Security and Information Governance |
| Document 3 | Selection Questionnaire (and associated appendices) |

*Table 1: Stage 1 Procurement Documentation*

Potential Participants should note:

a) This Prospectus is being made available on the condition that the information contained within is used solely in connection with the Procurement and for no other purpose.
b) The information contained in the Prospectus is presented in good faith and does not purport to be comprehensive, or to have been independently verified, nor will any warranty in respect of it, expressed or implied, be given.
c) This document is not a commitment by NHS England, to progress this Procurement beyond the SQ stage, or to award any Contract. NHS England reserves the right to change the basis of the Procurement, including (without limitation) the timetable for bidding and to reject any, or all Tenders submitted.
d) Potential Participants and any third parties that assist them will bear all costs, expenses, and other liabilities they incur in preparation of their response to the Procurement, which will be at their own risk.

## 2 The Federated Data Platform and Associated Services

### 2.1 Background to the Requirement

This section takes you through the technical requirements and sets out the conceptual architecture, which highlights the core services and details the functional capabilities required to deliver a federated data platform and associated services. The Successful Supplier will be required to have the capability to develop select business Use Cases, as defined and instructed by NHS England.

NHS England is undertaking a competitive procurement to replace the COVID-19 Datastore (provided by Palantir).

The platform will be a cloud-based Software as a Service (SaaS) solution, which will enable the use and sharing of data using a safe and secure environment.

The platform will be available to NHS Bodies consistently, with structure and functionality being common across users, and allowing data held within consistent structures to be findable across the platform, but (importantly) with data governance and ownership retained at organisational level (Trusts and ICBs/ICSs), with information governance matters controlled by the relevant organisation (as controller under UK GDPR).

NHS England are not mandating use of the platform. It will be of benefit for Trusts and ICSs to use the platform to support Use Cases (see section 2.3.4) they wish to adopt. Trusts and ICSs will have the autonomy to use the platform to address their own key challenges and priorities. De-identified data will only flow to central platforms for specific, necessary and pre-agreed planning purposes (such as national reporting on vaccine uptake, to increase supply chain efficiency or to create benchmarks of good practice that can inform national policy) and in compliance with information governance principles and data protection law.

NHS England have already piloted some modules on the COVID-19 Datastore. For example, at Chelsea & Westminster Hospital users of a waiting list management tool based on the platform are averaging 8% higher theatre utilisation and surgical pre-assessment have been able to increase theatre scheduling ranges from 3 weeks to 5 weeks giving more time for patients to plan for their appointments.

### 2.2 Key Features of the Requirement

The key features of this requirement are:

1. **Platform:** We are buying a platform that will be run as SaaS and with some key Requirements which will have to be met

2. **Service**: The Successful Supplier will need to meet our robust performance measures and governance standards.
3. **Customer base:** FDP-AS will be delivered to NHS England and other NHS Bodies. Providers of NHS funded care may also use the platform.
4. **Landscape**: FDP-AS will fit within the wider NHS England environment and constraints.
5. **Transition**: needs to be successfully implemented to support a safe transition from the Covid-19 Datastore.
6. **Implementation**: will be based around Use Cases, as instructed by NHS England.
7. **Behaviours**: We require the Successful Supplier to meet our ways of working.

## 2.3 Platform: We are buying a platform that will be run as SaaS and with some key requirements which will have to be met

### 2.3.1 Requirements

The multi-layered model of the Requirements shown below presents the main requirement groupings. Requirements include functional as well as non-functional Requirements.
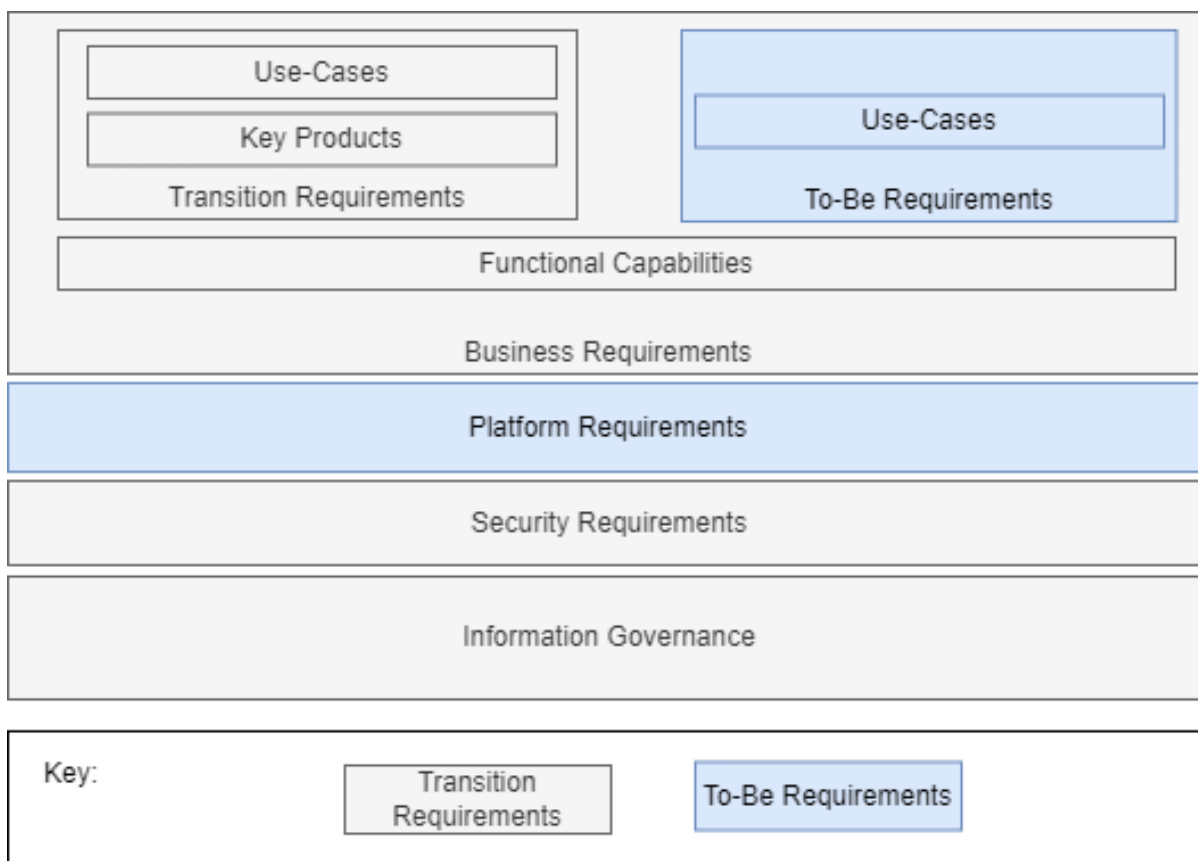
*Figure 1: Landscape of Requirements*

### 2.3.2  Platform Requirements

The platform must integrate, process and store data securely while also enabling the development and execution of analytical and operational solutions.

The platform Requirements can be summarised by the following key themes:

1. Security and Privacy by Design - Build robust data security from the ground up to ensure data risk, cyber risk and data privacy are integrated into the fabric of the platform and supporting service.

2. Scalable and Cost Effective - Right-sized architecture & embed cost efficiency to support existing workload and adoption size with embedded capability to scale effectively to meet future growth ambitions.

3. Relentless Focus on Automation – Apply intelligent automation to replace manual tasks across development, test, deployment and support processes.

4. Modular and Flexible Architecture - Design services for modularity and re-usability to support independence in components and services.

5. Lean Operations – Enable shared services that drive scale and operational efficiency without heavy reliance on a central team

6. Federated Multi-Tenant Architecture – Support multi-tenant deployment model that enables the federation of data services to support NHS England centrally, as well as NHS Bodies.

7. Frictionless Data and Code Sharing – Data and code sharing across tenants should be seamless and adhere to all security and privacy constructs.

8. Support Analytical and Operational Workloads – Enable the development and execution of both analytical and operational workloads.

9. Deliver at pace – Provide established frameworks and services to accelerate innovation and the agile development of products from ideation to productionised services

10. Comprehensive Integration Patterns – Provide a comprehensive suite of standardised integration patterns/services to allow the optimal integration mechanism to be selected for systems across the NHS landscape.

11. Intuitive and Accessible Platform Services – The Data Platform should support multiple technical and non-technical user personas by providing both code and low-code services. Platform service should also comply with accessibility standards.

12. Establish an Open Platform – Adopt industry standards to enable interoperability and minimise vendor lock-in. The Data Platform will be required to support use cases developed and delivered by other providers.

The following diagram presents the conceptual architecture for the FDP-AS solution, highlighting the core services and the scope of this Procurement (in blue).
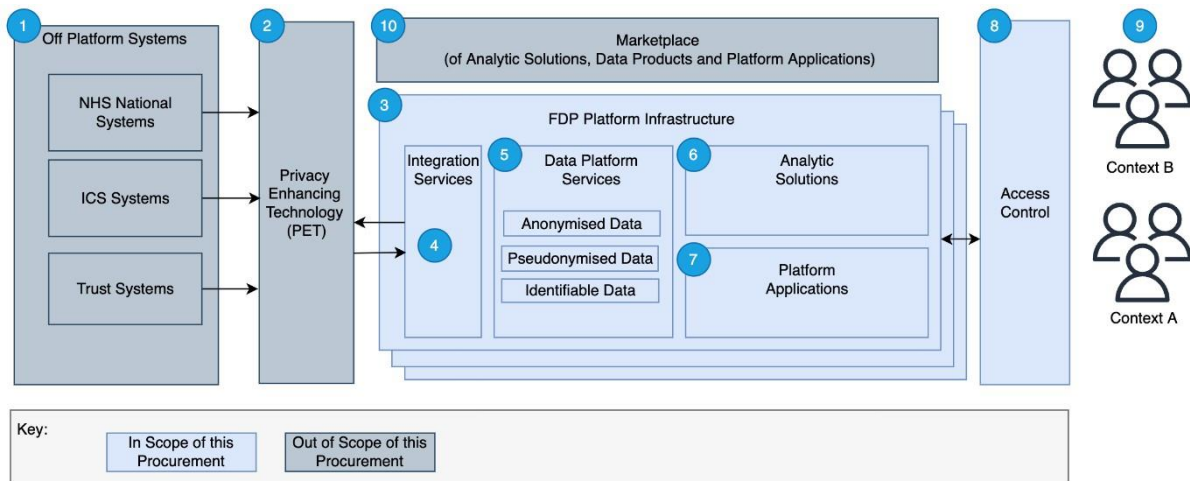
*Figure 2: Conceptual architecture for the FDP-AS solution*

| Ref No. | Key Component | Definition |
|---|---|---|
| 1 | Off Platform Systems | Existing and future software applications used by NHS Bodies to run their day-to-day healthcare operations. Unlike Platform Applications, Off Platform Systems are not, and won't be, hosted on the platform infrastructure. |
| 2 | Privacy Enhancing Technology (PET) – provided by a separate supplier to FDP-AS | PET will process data and apply privacy mechanisms such as pseudonymisation, anonymisation, and / or re-identification. It will treat ingress data in transit to ensure a high level of privacy as the data enters the platform and may also treat egress data as it moves to use cases which can function with higher levels of privacy. PET will implement the governance and privacy controls, including opt out, as agreed in advance of any use of data. PET will be a separate concern from the FDP-AS to enhance data governance. The interoperability between FDP-AS and PET are detailed in section 2.6.1 |
| 3 | Federated Platform Infrastructure | The modular and elastically scalable cloud-based infrastructure that hosts the suite of platform services, Analytical Solutions and Platform Applications |
| 4 | Integration Services | Components to support ingress and egress of data in a secure and adaptable way. The solution must support queue-based messaging services that support different policies according to the type of data to ensure appropriate processing and protect data from loss. The integration services must also interact with the PET service to ensure |

| | | data privacy treatments are implemented in line with agreed policies. |
|---|---|---|
| 5 | Data Platform Services | A comprehensive suite of platform services that enable the secure integration, processing, storage and cataloguing of data and metadata. A modular service that also provides core frameworks to support the development and hosting of both analytic solutions and platform applications. Built around a canonical data model that enables the sharing of data across a federated platform landscape |
| 6 | Analytics Solutions | Solutions built upon the platform to deliver analytics and reporting solutions using both low-code/no-code and code-first tooling options |
| 7 | Platform Applications | Solutions built upon the platform to deliver operational business applications using both low-code/no-code and code-first tooling options |
| 8 | Access Control | Provision of a single, consistent metamodel and metadata catalogue will deliver a central point of attribute and record level data governance and access control. |
| 9 | User Personas and context | The platform should be accessed through a "context", this is a mechanism to scope the outcome, reason and time for access together with the data that can be accessed. It also specifies the access controls needed by the user to perform the work and should be implemented using a Policy Based Access Control (PBAC) model. |
| 10 | Marketplace – provided by a separate supplier to FDP-AS | Marketplace will showcase Platform Applications. The objective is to enable easy identification and sharing of existing applications between NHS Bodies, promoting re-use, innovation and scaling with low incremental cost of adding new organisations. |

*Table 2: Core Solution components*

### 2.3.3 Functional Capabilities
The core solution components highlighted above are used to deliver the following set of functional capabilities.

| Ref | Functional Capability | Purpose |
|---|---|---|
| 1 | Distribution | Enabling platform services (Platform Applications) to be created by third parties and distributed to users |
| 2 | Citizens invite | Identify and communicate with patients/citizens eligible for clinical programmes such as vaccination and population health programmes |
| 3 | Cohorting | Ability to identify cohorts of participants from a flexible set of rules and pass these cohorts through to other applications |
| 4 | Load balancing | To manage demand and operational capacity across services to better utilise system resources and meet clinical and patient needs |
| 5 | Patient comms interface | Designed to help improve patient communication to be more efficient at each touch point of a patient journey |
| 6 | Pathway Management | Provide a single view of patients on a particular pathway and the tasks needed to move through the pathway |
| 7 | Remote monitoring interface | To provide a remote monitoring service whereby clinicians can view and monitor a patient's clinical need |
| 8 | Scheduling | System to support scheduling of patients into clinical capacity in areas such as operating theatres, diagnostic scanners, outpatient clinics, community clinics |
| 9 | Medicines and equipment ordering | To allow end-to-end order management system to centralise the ordering, stock check and release of nationally procured medicines, e.g., vaccines |
| 10 | Supply chain management | To standardise inventory, procurement and stock allocation. |
| 11 | Forecasting, monitoring & evaluation | Enrich existing datasets with additional data as it is acquired to analyse and inform decision making |

| | | across multiple services – with the aim to measure and assess patient outcomes and quality of care |
|----|------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 12 | Data Cleansing | Cleansing of data to ensure one version of the truth across the NHS |
| 13 | Data Enrichment | The ability to enrich existing datasets with additional data as it is acquired to analyse and inform decision making across multiple services |

*Table 3: Functional capability description*

### 2.3.4  Use Cases

The Successful Supplier must have the capability to develop and deliver Use Cases on behalf of NHS England. "Use Cases" are defined as high priority business challenges or policy directives that could benefit from and be supported by the platform. There are five initial Use Cases (see Figure 3) that NHS England intends to deliver at a national level, and it is anticipated that some of these will be delivered by FDP-AS.

It is an important element of NHS England's requirements that the platform enables creation and delivery of Use Cases by other suppliers (who may be commissioned by NHS England under separate procurement activity).

The sections below provide a high-level description of the initial Use Cases. The Use Cases are at varying levels of maturity, and it is anticipated that the detailed deliverables for each one will evolve as the Use Case programmes mature.

| Capability | Population Health Management | Care Coordination | | | | Elective Recovery | Vaccination & Immunisation | Supply Chain |
|---|---|---|---|---|---|---|---|---|
| | | Discharges | Anticipatory Care | Virtual Wards | Elective Hubs | | | |
| **Tenant Deployment Pattern*** | *System/National* | *System/Trust* | | | | *Trust* | *National* | *Trust/System/National* |
| **Capability** | | | | | | | | |
| Brokering | | ✔ | | | | | | |
| Citizens invite | ✔ | | ✔ | | | | ✔ | |
| Cohorting | ✔ | | ✔ | | | | ✔ | |
| Load balancing | | ✔ | | ✔ | ✔ | ✔ | | |
| Patient comms interface | | | | ✔ | ✔ | ✔ | | |
| Pathway Management | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | | |
| Remote monitoring interface | | | | ✔ | | | | |
| Scheduling | | | | | ✔ | ✔ | | |
| Medicines & equipment ordering | | | | | | | ✔ | ✔ |
| Supply chain management | | | | | | | ✔ | ✔ |
| Forecasting, monitoring & evaluation | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| Data Enrichment | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| Data Cleansing | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |

Better insights. Better decisions. Better health    ☐ Use case   ☐ Programme   ☐ Capability   ○ Cross cutting capability

* Tenant Deployment Pattern defines the Tenant(s) within the Tenant hierarchy where the use-case will be delivered.

*Figure 4: Mapping of use cases, programmes, and functional capabilities*

Each Use Case will only contain the minimum data required to support its specific purpose. Data or application access within a Tenant and the sharing of data between Tenancies will be explicitly stated within the Use Case definition. All Use Cases will then

be evaluated through a formal DPIA process with any additional privacy controls defined to ensure compliance with IG policies prior to any development. For example, the waiting list tool will have patient identifiable data to support care co-ordination within the Trust Tenancy, but only aggregate data will be shared with a national Tenant. In addition, access to the Use Case data and applications will then be tightly controlled using purpose-based access controls.

### 2.3.5 Security Requirements

The platform will contain confidential patient information. The system must be protected from external and internal threats to maintain public trust. The security Requirements aim to preserve the confidentiality, integrity, and availability of the platform.

The Successful Supplier will work closely with NHS England to build a robust security operating model covering personnel management, incident management, security operations management and supply chain security.

There are several frameworks, standards and guidelines that will provide fundamental assurance of the security posture of the solution. These tools will be used as a baseline for building the security Requirements for the platform. These frameworks, standards and guidelines are linked to and reinforce the information governance and cyber security Requirements (set out in Document 2).

### 2.3.6 Information Governance and Cyber Security Requirements

The information governance and cyber security requirement has been provided as part of Stage 1 Procurement Documents (Document 2).

### 2.3.7 How we will protect confidentiality

NHS England takes its responsibilities to process health and care data proportionately and ethically very seriously and is committed to keeping patient information safe. All uses of data within the Data Platform must be ethical, for the public good, and comply with all existing law.

Personal data for direct care to manage diagnosis, to schedule a treatment or appointment, to manage a patients discharge (to home or social care) are usually required to be held in identifiable form. This does not mean a user (such as a clinician, bed manager, discharge coordinator) can access a full health record using the Data Platform; each user will only see the data required to carry out a specific task relating to a patient's direct care. In this instance the controller would be the NHS body responsible for providing patient care (often a hospital operated by an NHS Trust). Any contracts between controllers and processors will also contain the clauses required by law governing processor activities and precluding unauthorised use of data.

### 2.3.8 Secondary Purpose Use Case

Where personal data is used for secondary purposes (this means that the use of the data is secondary to the purpose the data was originally collected), such as to plan and improve health and care services, de-identification techniques will be used to make it less identifiable. De-identification practices mean that personal identifiers are removed from datasets to protect patient confidentiality, but the data remains personal data.

In some cases, we may need to link data to understand what factors are driving poor outcomes in different population groups. This is often referred to as Population Health Management: a way of working to help local teams understand current health and care needs and predict what local people will need in the future. Health problems are complex, and, in many cases, a single health issue may be influenced by interrelated social, environmental, and economic factors. By linking data, local health and care services can then design new proactive models of care. In this instance the controller would be an ICS responsible for planning and commissioning services which meet the needs of their population.

For each Use Case, the purpose of any data sharing between NHS Bodies and the type of personal data required will be identified using a Data Protection Impact Assessment (DPIA). There will also be a Privacy Notice completed and published which will detail the types of data used for each use case. These Information Governance (IG) documents will be required to be approved by participating organisations before personal data can be used.

Data protection law will continue to apply. This means there must always be a valid lawful basis for the collection and processing of personal information within federated data platforms, as defined under data protection legislation.

## 2.4 Service: The Successful Supplier will need to meet our robust performance measures and governance standards

Securing the reliability and performance of FDP-AS is critical. Recognising this, the Contract will incorporate strict mechanisms and controls for managing performance through a series of Service Level Agreements (SLAs) and Key Performance Indicators (KPIs). This will be based on the approach set out in the Model Services Contract (MSC) and reflect the guidance contained within the Sourcing Playbook[1].

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[1]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/987353/The_Sourcing_Playbook.pdf

### 2.4.1 Service Level Agreements (SLAs)

The table below set out indicative SLAs that must be met by the Successful Supplier. These will be the subject of Dialogue (see Section 3 Procurement Approach for further detail on the Procurement).

**Platform metrics:** are for the underlying platform including compute, storage, infrastructure and platform services. Delivery of these metrics is the responsibility of the Successful Supplier.

| Category | No. | Title | Definition | Target threshold | Measurement period | Notes |
|---|---|---|---|---|---|---|
| Availability | PL-1 | In-month Availability | Number of instances when the platform and/or its services failed to meet the agreed SLA | TBA | Rolling 30 days | |
| | PL-2 | Core hours Availability | The percentage of time that the platform and its services are available during core hours (core hours: 08:00 to 18:00, Monday to Friday). Taken as a percentage of total core hours in the measurement period | 99.90% | Rolling 12 months | |
| | PL-3 | Out of hours Availability | The percentage of time that the platform and its services are available outside core hours (core hours: 08:00 to 18:00, Monday to Friday). Taken as a percentage of total out-of-core hours in the measurement period | 99.90% | Rolling 12 months | |
| | PL-4 | Planned Outages | The number of planned outages agreed with at least 2 weeks' notice | <= 2 | Rolling 12 months | |
| | PL-5 | Emergency Changes | The number of changes agreed with less than 2 weeks' notice | <= 2 | Rolling 12 months | |

| Category | No. | Title | Definition | Target threshold | Measurement period | Notes |
|---|---|---|---|---|---|---|
| | PL-6 | Recovery Time | Time taken to restore the service following an incident or outage i.e. Recovery Time Objective (RTO) | < 1 hour | Per incident | |
| | PL-7 | Recovery Point | Data loss following an incident or outage i.e. Recovery Point Objective (RPO) | < 15 mins | Per incident | This excludes any data already persisted to the storage layer which should have no data loss (11 9s durability). It would, for example, include data that is in flight/transit, user/metadata, caches etc. |
| Incidents | PL-8 | Technical Quality of Release (P1 defects) | The number of defects causing P1 incidents or 'defect leakage'. | 0 | Rolling 30 days | Generally, security incidents are treated as P1 |
| | PL-9 | Technical Quality of Release (P2 defects) | The number of defects causing P2 incidents or 'defect leakage'. | < 10 | Rolling 30 days | |

| Category | No. | Title | Definition | Target threshold | Measurement period | Notes |
|---|---|---|---|---|---|---|
| | PL-10 | Number of incidents | Number of incidents found in Production that are attributed to the supplier failure to meet the NHS's Definition of Done. | 0 | Rolling 30 days | |
| | PL-11 | Major Incidents and Priority 1 Incidents | The percentage of Major Incidents and/or P1 Incidents relating to Services for which the Incident Resolution Time is within the agreed threshold | 98% in less than 2 hours | Rolling 30 days | |
| | PL-12 | Priority 2 Incident | The percentage of P2 Incidents for which the Incident Resolution Time is within the agreed threshold | 98% in less than 4 hours | Rolling 30 days | |
| | PL-13 | Priority 3 Incident | The percentage of P3 Incidents for which the Incident Resolution Time is within the agreed threshold | 98% in less than 12 hours | Rolling 30 days | |
| | PL-14 | Priority 4 Incident | The percentage of P4 Incidents for which the Incident Resolution Time is within the agreed threshold | 98% in less than 24 hours | Rolling 30 days | |

*Table 4: Data Platform SLAs*

## 2.5 Customer base: FDP-AS will be delivered to NHS England and other NHS bodies.

NHS England will be the contracting authority for FDP-AS and will enable access to the platform for NHS Bodies and, potentially, providers of NHS funded services in relation to the provision by them of such services. NHS England will be the controller (for information governance purposes) of data it commits to the platform, and each organisation using the platform will be a controller (independent from NHS England in information governance terms) of its data committed to the platform.

Potential Participants should understand that the customer base for FDP-AS is wider than just NHS England. NHS England will however hold the supplier relationship management role for FDP-AS and manage invoicing, payment, delivery and other FDP-AS performance matters.

As a SaaS solution, NHS England expects the use of FDP-AS to scale with user demand and for service charges to vary accordingly.

## 2.6 Landscape: This FDP-AS needs to fit within the wider NHS environment and constraints

FDP-AS must have the ability to share data structures (ontology) between all levels of the NHS. Every Trust and ICS could have its own independent instance of the platform, in addition to a national instance for NHS England. The platform will integrate with existing data / IT systems, providing a connectivity layer that will enable NHS staff to have a single version of the truth and the real time information they need to do their jobs and make informed decisions.

### 2.6.1 Privacy Enhancing Technology *[Not part of this Procurement]*

Privacy Enhancing Technology  will be a standalone service that discovers, protects, and supports the audit and governance of data uses.  PET will enable the sharing of data in alignment with the security and privacy constructs defined by information governance requirements.

While FDP-AS and PET will be procured and delivered separately the interoperability between the two is critical. The Data Platform must have the ability to allow the following interactions:

- To call PET to invoke a defined privacy treatment on specified data
- To receive treated data from PET
- To call PET to reidentify and reinsert sensitive data into treated data.

The FDP-AS integration services must support the secure transfer of data to and from the PET solution. These services must also support structured and semi-structured data in batch, micro batch, and streaming mode.

### 2.6.2 Adoption Patterns

The use of the FDP-AS will not be mandated. Some NHS Bodies already have their own data platforms, and as a result the FDP-AS must support the various adoption patterns that align with the digital maturity of different NHS Bodies. These are modelled by NHS England as set out in Figure 5.
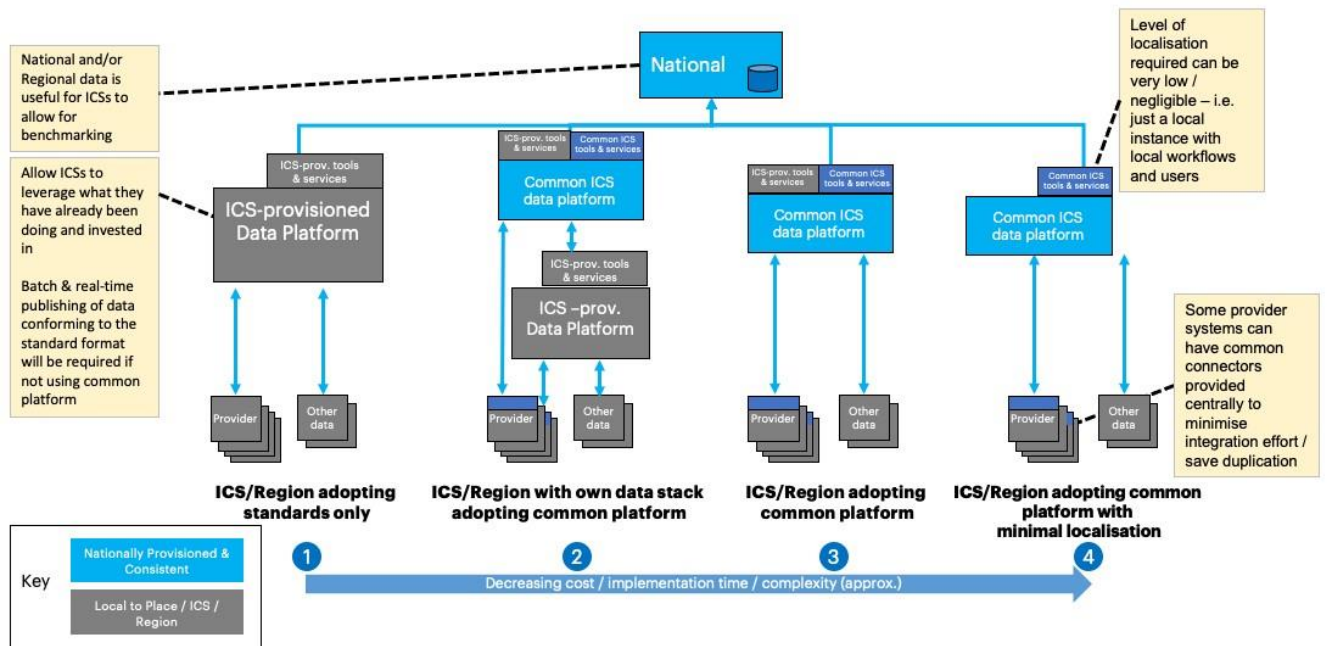


*Figure 5: Adoption patterns*

## 2.7 Transition: needs to be successfully implemented to support a safe transition from the current solution.

The transition requirements cover details relating to the various data products and services that have been delivered as part of the Covid-19 Datastore which could be transitioned to FDP-AS. For Potential Participants to estimate the transition effort an inventory of components is shown below. This inventory will be maintained throughout the Procurement with updates provided to Participants periodically.

| Component (*) | Total |
|---|---|
| No. of Products | 64 |
| No. of data assets | 1,227 |
| No. of pipelines | 1,155 |
| No. of input datasets | 59,328 |
| No. of Data Extracts | 1,037 |
| No. of output datasets | 8,471 |
| No. of Dashboard Pages | 163 |
| No. of Dashboard Widgets | 2,939 |
| No of Transforms | 21,764 |
| No. of Analytical Solutions | 1,702 |
| No. of Writeback Datasets | 538 |

*Table 5: Inventory of components*

*\*This inventory covers a single deployment and does not account for additional components required to support localisations across the ICS/Trust Landscape.*

### 2.7.1  Sample Products

A set of sample products are presented in the following table to demonstrate what is currently delivered by the Covid-19 Datastore in addition to the inventory set out in Table 5.

| Ref | Product Suite | Sub-product | Purpose |
|---|---|---|---|
| 1 | Early Warning System | | Provides a 3-week forward forecast of the impact of COVID-19 on hospital admissions |
| 2 | 111 Ambulance System | | Provides aggregated data updated every 15 minutes on key urgent and emergency care (UEC) metrics to a centralised dashboard. |
| 3 | NHS Performance Overview Dashboard (formerly the Executive Dashboard) | | Provides executive-level teams with up-to-date information on key metrics covering the Long-Term Plan, NHS Mandate and Planning Guidance. |
| 4 | Core Covid-19 Vaccination products | Supply chain: SupplyChain360, Supply planner, Ordering Platform, Site Stock Manager | Supports ordering, stock management and reporting on supply chain from across the COVID vaccination supply chain |
| | | Vaccine Equalities | Provides a view of vaccine uptake split by key drivers of inequality. |
| | | Vaccine Validated Events | Provides national, regional and local (ICS, TRUST) leaders with a clear and comprehensive view of how the vaccine rollout is performing over time |

| Ref | Product Suite | Sub-product | Purpose |
|---|---|---|---|
| | | Workforce Management Tool | Supports national and regional teams to manage the workforce available to understand if there is sufficient workforce to deliver the vaccination roll out plan. |
| 5 | Improving Elective Care Coordination for Patients | | Deployment of digital solutions within Trusts to support faster and more effective treatment of patients |
| 6 | Supply Chain (PPE) | PPE Stock Take | Allows a view of stocktake, allocations and comparison between Trusts, and a regional and national view for PPE Equipment |
| | | Region360 | A regional analytics and dashboard tool, which also allows users at a regional level to view, manage and order PPE stocks. |

*Table 6: Sample products from the Covid-19 Datastore*

## 2.8 Implementation: will be based around Use Cases, as instructed by NHS England.

### 2.8.1 Service Continuity

Service continuity, realised through transition and implementation, is critical to the success of the FDP Programme. The Successful Supplier will be required to define their implementation approach which demonstrates how service continuity is achieved including:

- *A phased approach* to implementation that stages the relevant activities to give confidence that work is progressing, gives clarity on the key outcomes, and enables a fair recovery of costs.
- *A payment regime*, that allows the Successful Supplier to be paid whilst incentivising delivery to time and quality standards and that enables smooth transition

### 2.8.2 Implementation Requirements

The implementation approach covers the period between Contract commencement and the achievement of the standard run and operation of FDP-AS. This section of the Prospectus will therefore provide a high-level overview of the key phases that form the implementation, and an indicative plan that outlines the current view of the high-level timelines.
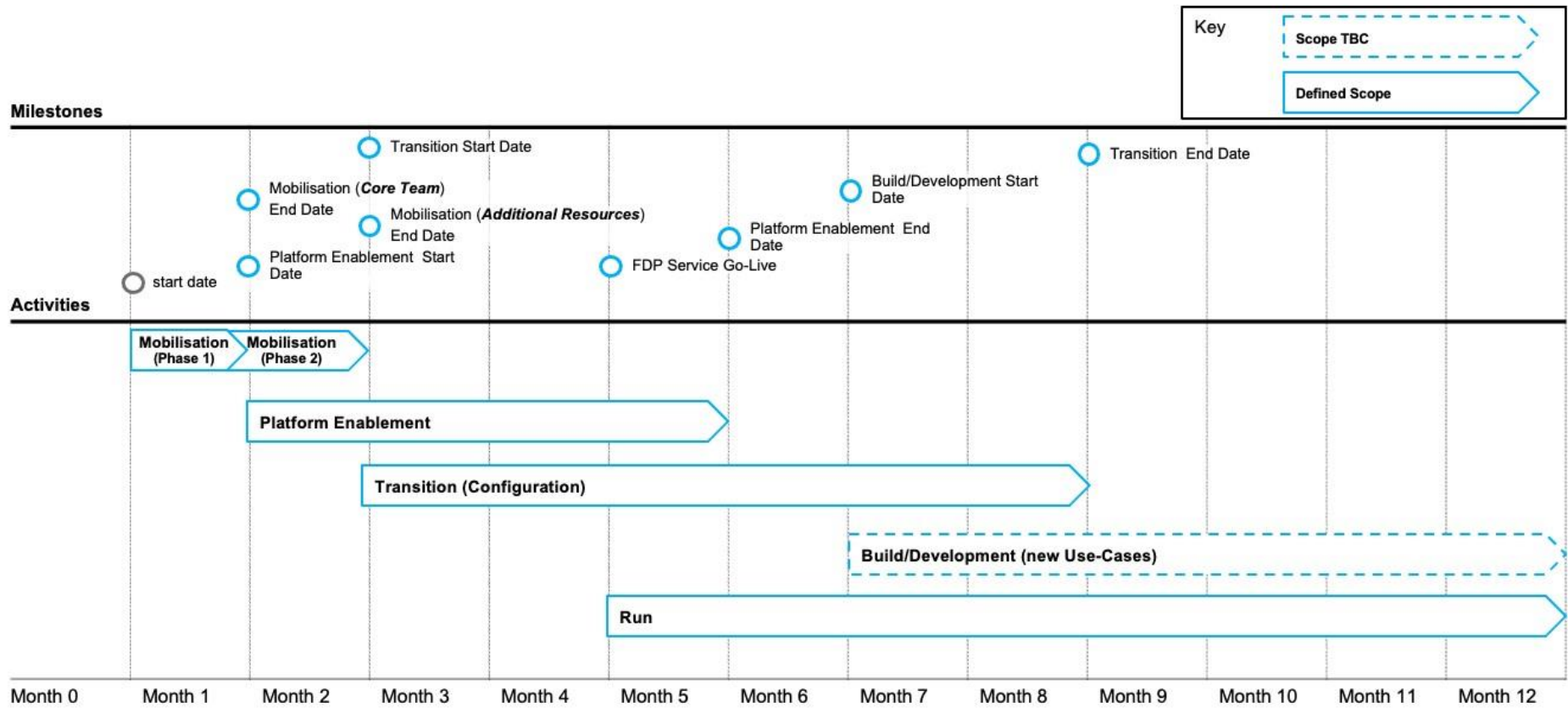
*Figure 6: Indicative High Level Implementation Plan*

The corresponding phases, outline at a high-level the indicative activities the Successful Supplier will need to carry out during implementation:

| Phase | Descriptions |
|---|---|
| **P1** Mobilisation | The initiation of the programme delivery activities. It encompasses all the foundational steps that must be completed to allow the various workstreams to proceed. Mobilisation phase has been split into 2 phases to cover core resources and additional resources required to scale the delivery |
| **P2** Platform Enablement | Stand-up the new FDP-AS, following an agreed rollout approach for each required Tenant, where an existing tenancy is in place |
| **P3** Transition (Configuration) | Refactoring of existing solutions and the associated data migration to the newly established FDP-AS |
| **P4** Build/Development (new Use Cases) | Development of new/future Use Cases (as instructed by NHS England) on the newly established FDP-AS, and extending to additional tenancies as needed |
| **P5** Run | The run and operation of FDP-AS |

*Table 7: Overview of indicative Implementation Phases*

## 2.9 Behaviours: We require the Successful Supplier to meet our ways of working

NHS England's aspirations over the course of the Contract are to develop a collaborative partnership approach with the Successful Supplier. Collaboration will also be required with other suppliers who will be part of delivering the FDP programme.

NHS England envisages the Successful Supplier to work with them to achieve high quality, high value, sustainable outcomes from the Contract in-line with the following principles:

1. Empowering the NHS through reduced reliance on the Successful Supplier, throughout the Contract with the NHS increasingly growing their in-house talent and knowledge.
2. Delivering against a long-term vision of reducing costs through increased efficiencies and automation.
3. Developing industry-led insights for continuous improvement and innovation to improve user experience for the NHS users.
4. Responding quickly to on-going and emerging demands on the NHS through flexible resourcing models.

5. Of particular importance is the approach to a blended 'squad' model of delivery, with the Successful Supplier staff working alongside NHS staff in flexible teams to deliver against set goals.

# 3   Procurement Approach

## 3.1   Wider Programme Procurement Strategy

As outlined previously within this document the FDP programme is anticipated to consist of four procurements

- The Federated Data Platform and Associated Services (FDP-AS)

- Privacy Enhancing Technology (PET)

- Marketplace

- Training and Deployment Support.

## 3.2. Separation of concerns

NHS England has set out the conceptual architecture for the FDP programme solution as described in Figure 1 having regard to the principle of separation of concerns. We apply this principle in relation to the data governance principles applying to components within the programme architecture, such that:

a) Each component has a defined data governance role
b) Each data governance role is only performed by one component
c) Data governance activities are defined by, and limited to, a role.

This principle has implications for our procurement strategy as NHS England has decided that the principle requires that the FDP-AS solution provider should not be concerned with the roles of either the Marketplace provider or the PET provider.

Accordingly, the basis for award of a Contract for FDP-AS will be that the Successful Supplier will not be eligible for an award of a contract in relation to PET or Marketplace. Contract terms for all procurements will also reflect and support this principle. The principle will also apply to supply chain and consortium members where their scope is concerned with data processing.

## 3.3. Consortiums

NHS England welcomes the preparation of bid responses by Consortiums and the terms on which these may be considered are set out in the SQ. Small to Medium-sized Enterprises (SME) are a vital part of our supply chain to deliver our objectives, giving us access to specialist skills and experience. NHS England remains committed to

encouraging and supporting SMEs to work with NHS England as a lead supplier and/or sub-contractor.

## 3.4. Current Landscape

### 3.4.1 Current Solution

The Covid-19 Datastore, which includes some capability within scope of the FDP-AS Requirements, is used by NHS England and around 30 Trusts for data analytics and data platform-enabled end user functionality, including some functionality representing early iterations of the five initial Use Cases described at Figure 2. It is provided by Palantir Technologies, UK Limited under a call-off contract from the CCS G-Cloud 11 framework. Services under that call-off contract are contracted for through to June 2023.

### 3.4.2 Improving Elective Care Coordination for Patients (IECCP)

Background information on the IECCP has been provided to give Potential Participants further detail on the current landscape.

### 3.4.3 Optica

Background information on Optica has been provided to give Potential Participants further detail on the current landscape.

## 3.5. Supporting Materials

### 3.5.1 Supporting Materials

NHS England has undertaken a series of pre-market engagement events in support of the Procurement.

## 3.6. Ethical Walls Agreements

Participants should note it is a mandatory requirement that all Potential Participants complete and sign an Ethical Walls Agreement (EWA), to participate in the Procurement.

## 3.7. Competitive Dialogue Process

### 3.7.1 Procurement Process

The Authority is undertaking the Procurement in accordance with the Regulations and will use the Competitive Dialogue procedure in accordance with Regulation 30 of the Regulations. Potential Participants should familiarise themselves with this Regulation.

## Stage 1 - Selection Questionnaire

The Selection Questionnaire (SQ) requires every Potential Participant to complete and return a completed SQ within the Atamis Portal by 9th February 2023 12 pm. Potential Participants should refer to the SQ Instructions. SQ Response are assessed by NHS England and successful Potential Participants invited to the next stage.

## Stage 2 – Invitation to Competitive Dialogue (ITCD) – Outline Solutions

Participants will receive the "Invitation to Competitive Dialogue" document. This document contains further instructions regarding the submission of Outline Solutions, final specification and the Draft Contract and other information regarding the Procurement. Participants shall submit Outline Solutions in accordance with the ITCD. Outline Solutions will include a written response to a scenario-based question (the Scenario Response). Outline Solutions shall then be evaluated in accordance with the criteria set out and a shortlist of three Participants will be invited to a further detailed Dialogue (Stage 3 Dialogue).

The objective of Stage 2 ITCD is to enable NHS England to gain a better understanding as to the range, nature and scope of Participants' Outline Solutions to meet the Requirements.

Participants will have the opportunity to engage with NHS England via the Atamis Portal to raise any clarifications in advance of submitting their Outline Solutions.

The shortlisted Participants must be prepared to enter Stage 3 Dialogue as soon as the Stage 2 ITCD evaluation completes. Further information can be found on Stage 3 below and the procurement timeline is set out at table 10.

## Stage 3 – Invitation to Participate in Dialogue (ITPD) – Dialogue and demonstration of Scenario Response

During Stage 3 Participants will be participating in Dialogue with NHS England including in relation to the scenario-based criterion. As part of such Dialogue, Participants will be expected to develop technical functionality demonstrating elements of the Scenario Response, and such technical functionality will be evaluated along with the written Scenario Response as part of Final Tender evaluation.

Dialogue will provide Participants the opportunity to discuss select areas of their Outline Solutions. To note, not all elements of the Draft Contract will be subject to Dialogue.

Stage 3 Dialogue is expected to be a 6-week period and will require Participant resource to consider and develop the technical functionality described above, using

environments and synthetic data provided by NHS England. NHS England estimates that 3 or 4 resources will be required from Participants to develop the technical functionality demonstrating the Scenario Response (the Scenario Validation). This will inevitably vary, and Participants should conduct their own analysis on the number of people required to deliver the requirements of Scenario Validation once the detailed ITPD documents are released in Stage 3.

The Scenario Validation will 'test' each Participant's Scenario Response against a range of capabilities, across Data Platform, Analytical Solutions and Platform Applications, to deliver a joined-up end-to-end Public Health Management (PHM) campaign.

The scenario describes a PHM campaign to be implemented across two Integrated Care Systems, each ICS delivering the campaign for their population, with analytics performed by a centralised regional business intelligence function.

Participants will be provided with a synthetic health dataset for a population for two Integrated Care Systems to complete Scenario Validation demonstrating how their solution will process data to generate the outputs enabling an integrated data driven approach. Further information confirming the scope of the Dialogue, a detailed Dialogue plan and the Rules of Engagement will be provided in the ITCD.

NHS England will consider any points raised and may (at its discretion) elect to have further meetings to discuss these with the Participants.

## Stage 4 - Invitation to Submit Final Tenders (ISFT)

Stage 3 Dialogue will be for a 6 week period with the selected Participants or until the Authority is satisfied that one or more of the proposals received will meet its requirements and include all elements required and necessary for the performance of the Contract, or until the Authority concludes that it does not wish to continue Dialogue. At the end of these Dialogue sessions, the Authority will formally declare that Dialogue has concluded and request Final Tenders. The Authority's decision on this matter will be final.

Following the submission of Final Tenders, NHS England will evaluate Final Tenders to identify the Successful Supplier who provides the most economically advantageous Tender, to whom NHS England is minded awarding the Contract.

NHS England will notify the Successful Supplier and the other Participants of the outcome. This does not constitute the award of a Contract or a promise or decision to award a Contract.

## Stage 5 - Finalising Terms & Contract Documents

Following selection of the Successful Supplier based on the Evaluation Criteria and subject to Authority approvals, there may be further negotiations, where necessary and non-material, between NHS England and the Successful Supplier to finalise the Contract.

## Standstill Period

Once NHS England has reached a decision in respect of Contract award it will notify all Participants of that decision and a standstill period will be entered into according to the Regulations before entering into any contract with the Successful Supplier.

## Approvals

The award of Contract is subject to the formal approval processes of NHS England. This will include the provision and validation of all evidence requested as part of the Selection Questionnaire and SQ Response. Until all necessary approvals are obtained, and the standstill period (referred to above) has elapsed, no Contract will be entered into. The Contract will form when signed by both parties.

### 3.7.2 Evaluation Criteria

Participants that are invited to Stage 2: Invitation to Competitive Dialogue will be required to complete and submit NHS England's Quality and Commercial envelopes.

These will be evaluated against the indicative headline criteria detailed in Table 8 below.

| Criteria | | Weightings |
|---|---|---|
| **Quality (Technical)** | | **60%** |
| 1. Platform | 1a) Requirements | No weighting or scoring |
| | 1b) Data Platform Functionality | 6% |
| | 1c) Data Processing | 4% |
| | 1d) Analytical Solutions | 4% |
| | 1e) Platform Scenario | 5% |
| 2. Service | 2a) Service Management | 3% |
| | 2b) Third-party Integration, Development, and Publication | 5% |
| 3. Customer Base | 3a) Customer management | 3% |
| 4. Landscape | 4a) Integration | 5% |

| | 4b) Security and Information Governance | 5% |
|---|---|---|
| 5. Implementation | 5a) Delivery at Pace | 5% |
| | 5b) Business Change | 5% |
| 6. Behaviours | 6a) Ways of Working | 5% |
| | 6b) Innovation | 3% |
| | 6c) Continuous improvement | 2% |
| **Quality (Social Value)** | | **10%** |
| 7. Social Value | 7a) Fighting climate change | 5% |
| | 7b) Equal opportunity | 5% |
| **Commercial** | | **30%** |
| 8. Price | 8a) Rate Card | 5% |
| | 8b) Implementation (transition) | 2.5% |
| | 8c) Use Case Development | 5% |
| | 8d) Run | 17.5% |

*Table 8: Evaluation Criteria and Weightings*

### 3.7.3 Quality Evaluation

Participants will respond to the ITCD with their Outline Solutions. An Evaluation Panel established by NHS England will assess Participants' responses in accordance with the scoring methodology, as detailed in Table 9.

Evaluators will evaluate each Tender independently and provide a score. Following the independent evaluation, a consensus meeting will occur where evaluators agree a final score by consensus for each of the quality questions. This meeting will be chaired by a member of the Commercial team. Consensus scores will be the final quality score for Stage 2 for each Participant.

Quality Envelope Scoring Methodology (Technical & Social Value)

| Score | Description |
|-------|-------------|
| 100 | The Participant's response provides an excellent level of confidence in the Participant's ability to deliver the relevant Requirements.<br><br>The Participant's response comprehensively and clearly addresses all the Requirements of the Guidance to an excellent standard and where relevant includes value add elements of benefit to the Authority. |
| 80 | The Participant's response provides a good level of confidence in the Participant's ability to deliver the relevant Requirements.<br><br>The Participant's response addresses all of the requirements of the Guidance with sufficient evidence, detail and clarity, but is not as comprehensive or clear as a response scoring 100. |
| 50 | The Participant's response provides a satisfactory level of confidence in the Participant's ability to deliver the relevant Requirements.<br><br>The Participant's response addresses some but not all of the Requirements of the Guidance and/or lacks relevant evidence, detail or clarity. |
| 35 | The Participant's response gives rise to material concerns in the Participant's ability to deliver the relevant Requirements. |
| 0 | No response and/or the Participant's response does not enable an assessment of the Participant's ability to deliver the relevant Requirements. |

*Table 9: Quality Envelope (Technical and Social Value) Marking Scheme*

### 3.7.4   Commercial Evaluation

The sub-criteria for the Commercial Envelope element of the Evaluation Criteria are set out in Table 8. The specific sub-weighting percentages are anticipated to be as set out in Table 8 but will be confirmed in the ITCD.

### 3.7.5   Contract

A modified version of the Government Legal Department Model Services Contract will be used to contract for the FDP-AS. A draft version of this Contract will be provided with the ITCD. Please note, not all aspects of the Contract will be discussed during the Dialogue: aspects within scope of Dialogue will be set out in the ITCD.

### 3.7.6  Indicative Procurement Timeline

| Activity | Indicative Dates |
|---|---|
| Issue of Stage 1: Selection Questionnaire (SQ) | 10 January 2023 |
| Deadline for submission of SQ response | 9 February 2023 |
| Completion of SQ Evaluation Assessment and Due Diligence | 16 February 2023 |
| Stage 2: Issue of *Stage 2:* Invitation to Competitive Dialogue (ITCD) – Outline Solutions | 21 February 2023 |
| Deadline for return of Outline Solutions | 3 April 2023 |
| Completion of Outline Solutions Evaluation | 12 May 2023 |
| Stage 3: Issue of Stage 3: Invitation to Participate in Dialogue (ITPD) | 15 May 2023 |
| Issue of Stage 4: Invitation to Submit Final Tenders (ISFT) | 26 June 2023 |
| Receipt of Final Tenders | 17 July 2023 |
| Completion of Final Tenders Evaluations | 16 August 2023 |
| Recommendation for award and completion of Approvals Governance | 27 September 2023 |
| Contract Award | 28 September 2023 |

*Table 10: Procurement Timeline*

# Annex A: FDP Vision, Mission Statement and Objectives

## 1.1. Our Vision: Connecting the NHS to transform care and improve outcomes for patients.

1) **Innovation:** To provide a data platform that provides a consistent framework and an operating model to enable local and national teams to innovate and collaborate using a consistent data model (ontology), standards for accreditation of new apps, data exploration e.g., through APIs, and a code repository for development.
2) **Operational Improvement:** To provide operational tools to support decision making that require bringing together disparate data flows to enable operational teams to act, with use of workflows to aid co-ordination across different teams and provide a closed loop system from insight to action.
3) **Connectivity:** To connect the NHS across national, ICS and local Trusts, so we have a consistent and secure platform to share data between and within systems. By doing so, we will enable a consistent version of the truth for critical information in support of our strategic programmes with respect to population, place, performance, activity, and unwarranted variation.
4) **Supporting Collaboration:** To encourage and enable collaboration at scale - providing the capability for NHS England to establish a marketplace for suppliers and NHS organisations to publish their applications for others to subscribe and use.
5) **Building Flexibility:** Having a data platform that is agile and flexible to be configured to support the next business problem we face.

## 1.2. What this means in practice

a) Provide frontline staff the information they need to provide the best possible care for patients
b) Secure insights to put patients, citizens, and population health at the centre of service design
c) Enable ICSs to effectively coordinate care
d) Provide the right people with the right access to information for strategic and operational planning in a timely and efficient manner
e) Increase transparency and patient understanding of how data is used positively as well as providing the necessary assurances of how data is not used negatively and/or without consent.

## 1.3. Our Mission Statement

*'Better Insights, Better Decisions, Better Health'*

## 1.4 Programme Objectives

| ① Driving operational efficiency and effectiveness by providing access for decision-makers to accurate, real-time information to undertake strategic and operational planning. Reducing the industry of local data manipulation and duplication of effort. | ② Federating data so it is available to all users for appropriate use cases for an operating picture that is consistent, accurate and verifiable at the most appropriate level of granularity for decision making. For example, frontline staff have the information they need to provide the best possible care for patients. This will be delivered by creating the infrastructure to separate data from applications. | ③ Moving to 'on demand' data and reporting products, reducing data latency so that up-to-date data provides insights for operational decision-making, with the most appropriate (cadence, detail and quality) data available when it is wanted. | ④ Providing the connectivity within the platform to enable local systems to better understand their capacity and operational service impacts, so they can respond to external changes and optimise health and care services for their population. It will also enable ICSs to effectively coordinate care. |
|---|---|---|---|
| ⑤ Providing the operational flexibility for national regional and ICS teams to develop tools for optimising allocation and investments based on a common operating picture of health and care services. This will enable population health management to put patients and citizens at the centre of service design. | ⑥ Maximising investment and realising the benefits early by working with suppliers & stakeholders to deliver the vision and utilising Agile best practice to deliver an MVP rapidly. | ⑦ Coordinating operational care and research with evidence-based processes and initiatives that grow the reputation, collaboration and knowledge base of the NHS and wider health and care system. | ⑧ Supporting IG assurance for data flows in the system in order that ICSs, stakeholders and patients have confidence in the use and management of patient data and understand how it contributes to population health objectives. |

*Table 11: FDP Programme Objectives*

# Annex B: Glossary of terms

The following terms are specific to the scope of the Programme, and are referenced both within this document, the concurrent Procurement materials, and in future artefacts. References to statutory sources are to those sources as in force and amended from time to time.

| Word | Known as | Definition |
|---|---|---|
| **Analytical Solutions** | | Solutions built upon the Data Platform to deliver analytics and reporting solutions using both low-code/no-code and code-first tooling options |
| **Authority** | | NHS England , a non-departmental public body of the Department of Health and Social Care |
| **Competitive Dialogue** | CD | A procurement procedure conducted in accordance with Regulation 30 of the Regulations. Further information can be found here: Competitive Dialogue and Competitive Procedure with Negotiation (publishing.service.gov.uk) |
| **Confidential Information** | | Confidential Information means all information which is supplied by the Authority as part of the Procurement to a Potential Participant / Participant whether in writing, orally or in any other form, directly or indirectly from or pursuant to discussions with such Potential Participant / Participant or which is designated by the Authority as confidential or which is otherwise of a confidential nature. |
| **Consortium** | | An arrangement between two or more economic operators to cooperate in bidding and to rely on each other's financial and or technical experience to submit the SQ and/or a Tender and whether or not the ultimate intended contractual structure is a corporate JV or a prime/ Sub-contractor model. |
| **Contract Notice** | | NHS England's notice (FTS-005795) in relation to the Services advertised on Find a Tender and the contract finder website, inclusive of any addendums. |
| **Contract** | | The contract that NHS England intends to conclude with the Successful Supplier to deliver the FDP-AS |
| **Contracting Authority** | | NHS England, a non-departmental public body of the Department of Health and Social Care. |
| **Cyber Essentials Plus** | | Cyber Essentials Plus is an effective, Government backed scheme that helps organisations to protect themselves against a whole range of the most common cyber-attacks. A hands-on technical verification is carried out for this certification. |

| | | (https://www.ncsc.gov.uk/cyberessentials/overview) |
|---|---|---|
| **Contracts Finder** | | The National Portal created by Government for Public Sector Authorities to publish Contract opportunities in line with their transparency commitments. |
| **Controllers** | | As defined in UK GDPR |
| **Covid-19 Datastore** | | The Authority's existing data platform solution provided by Palantir Technologies, UK Limited created during the Covid-19 pandemic to support public health, healthcare administration and the NHS pandemic response but now also used to support NHS recovery initiatives and some direct patient care |
| **Data Platform** | FDP-AS | The data platform processing patient and other data on behalf of NHS England and NHS Bodies and other users, meeting the Requirements that the Authority intends to procure under the Procurement |
| **Data Saves Lives Strategy** | | A UK Government strategy setting out how data can bring benefits to all parts of health and social care – from patients and care users to staff on the frontline and pioneers driving cutting-edge research. Further information can be found here: <u>Data saves lives: reshaping health and social care with data - GOV.UK (www.gov.uk)</u> |
| **Data Protection Impact Assessment** | DPIA | A Data Protection Impact Assessment describes a process designed to identify risks arising out of the processing of personal data and to minimise these risks as far and as early as possible. |
| **Data Security and Protection Toolkit** | DSPT | The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. https://www.dsptoolkit.nhs.uk/ |
| **Deadline** | | The Deadline for submission of the SQ, ITCD and ISFT. Please see Table 10 of the Prospectus for procurement timelines |
| **Dialogue** | | Refers to the CD to be conducted in relation to the Procurement |
| **Evaluation Criteria** | | The evaluation criteria applicable to the Procurement as described in section 3 |
| **Financial Viability Risk Assessment Tool** | FRVA | This is part of the SQ and must be completed by Potential Participants. The Financial Viability Risk Assessment Tool assesses the minimum level of economic and financial standing for this procurement. |

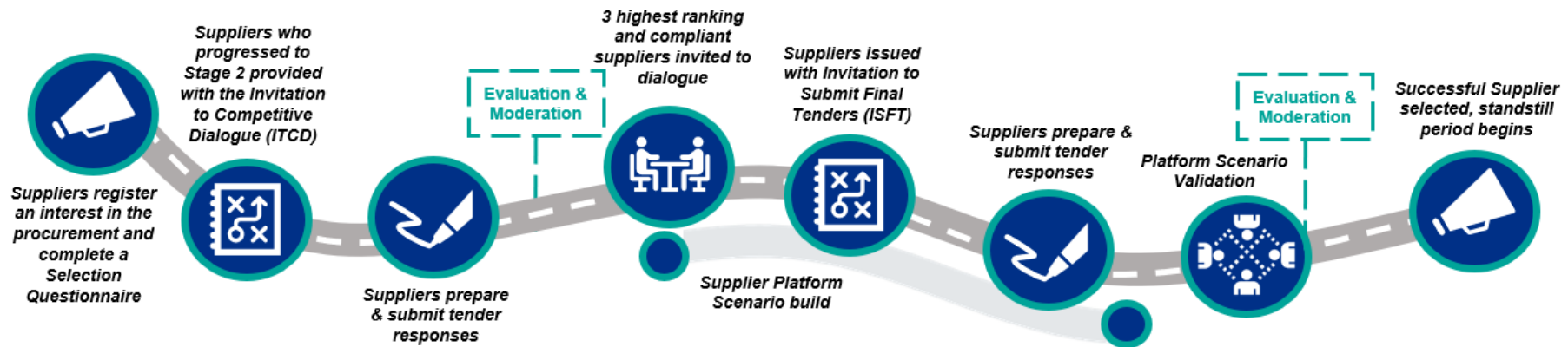| Guidance | | Refers to the description and guidance associated with the Evaluation Criteria for the relevant question issued by the Authority |
|---|---|---|
| **Information Governance** | IG | The overall assurance framework for the management of data security and protection for data within an organisation. |
| **Integrated Care System** | ICS | Partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Further information can be found here: NHS England » What are integrated care systems? |
| **Invitation to Competitive Dialogue** | ITCD | This is stage 2 of the Procurement, the Invitation to Competitive Dialogue. Participants that have passed Stage 1, Selection Questionnaire will be invited to Stage 2. |
| **Invitation to Participate in Dialogue** | ITPD | Invitation to Participate in Dialogue for a maximum of three Participants following completion of Stage 2 |
| **Invitation to Submit Final Tenders** | ISFT | Stage 4 of the Procurement where Participants will be invited to submit their final bids following Stage 3. |
| **ISO27001** | | ISO27001 is a standard for information security management systems and their requirements. It enables organizations of all sectors and sizes to manage the security of assets such as financial information, intellectual property, employee data and information entrusted by third parties. |
| **ISO27017** | | ISO/IEC 27017:2015 gives guidelines for information security controls applicable to the provision and use of cloud services. |
| **Marketplace** | | The Marketplace potential functionality within the FDP ecosystem could be to enable the development of new and novel, previously unfeasible, data driven solutions – e.g., Apps – that can be made available to end users. The aim of the functionality would be to close the virtuous circle between innovation and usage. |
| **Model Services Contract** | MSC | The Model Services Contract is a contract intended for the complex and high-risk requirements where the scope might include business transformation, operational services, outsourcing and technology development services. https://assets.publishing.service.gov.uk/governm ent/uploads/system/uploads/attachment_data/file /1079116/MSC_Guidance_v2.0__1_.pdf |
| **NHS Bodies** | | An entity described as an NHS body in the National Health Service Act 2006 |

| | | |
|---|---|---|
| **Off Platform Systems** | | Existing and future software applications used by NHS Bodies to run their day-to-day healthcare operations. |
| **Outline Solution** | | An outline solution to the Authority's requirements in the form and as described in the ITCD |
| **Platform Applications** | | Solutions built upon the Data Platform to deliver operational business applications using both low-code/no-code and code-first tooling options |
| **Portal** | | An electronic Tendering system known as Atamis used to manage this Procurement and communicate to Potential Participants |
| **Potential Participant** | | An economic operator as defined by the Regulations which submits an SQ Response |
| **Participant** | | A participant in the Dialogue |
| **Privacy Enhancing Technology** | PET | PET will process data and apply privacy mechanisms such as pseudonymisation, anonymisation, and / or re-identification. It will treat ingress data in transit to ensure a high level of privacy as the data enters the Data Platform, and may also treat egress data as it moves to use cases which can function with higher levels of privacy. PET will implement the governance and privacy controls, including opt out, as agreed in advance of any use of data. PET will be a separate concern from the Data Platform to enhance data governance. The interoperability between the Data Platform and PET are detailed in section 2.6.1 |
| **Privacy Notice** | | A privacy notice is aimed at data subjects and should identify who the data controller is, with contact details for its Data Protection Officer. It should also explain the purposes for which personal data are collected and used, how the data are used and disclosed, how long it is kept, and the controller's legal basis for processing. |
| **Processor** | | As defined in UK GDPR |
| **Procurement** | | The procurement commenced under FTS Contract Notice (FTS-005795) of 10 January 2023. |
| **Procurement Documents** | | The documents referred to in this Prospectus and all associated or referenced Appendices, Annexes or other documents. |
| **Prospectus** | | This Procurement Document providing a summary of the Evaluation Criteria, the Procurement as well as the Procurement timeline. |

| Regulations | | The Public Contracts Regulations 2015 (SI 2015/102). |
|---|---|---|
| Requirements | | The Authority's requirements the subject of the Procurement. |
| Scenario Response | | A written response to a scenario-based question |
| Secure Data Environments | | Secure data environments are data storage and access platforms, which uphold the highest standards of privacy and security of NHS health and social care data when used for research and analysis. They allow only approved users to access and analyse data without the data leaving the environment. |
| Selection Criteria | | The criteria set out in the Selection Questionnaire that the Authority uses to assess the suitability of a Potential Participant (including Consortium members and sub-contractors) to deliver the Contract. |
| Selection Questionnaire | SQ | The Selection Questionnaire contained in Appendix 1 of the SQ Instructions document. |
| SQ Instructions | | The instructions in relation to the SQ at Document 3 |
| SQ Clarification Deadline | | The date that all clarification questions must be submitted to the Authority. |
| SQ Response | | A response to the SQ provided in accordance with the SQ Instructions |
| SQ Response Deadline | | The date that the completed SQ must be returned to the Authority. |
| Software as a Service | SaaS | Software as a Service is a software licensing and delivery model in which software is licensed on a subscription basis and is centrally hosted. SaaS is also known as "on-demand software" and Web-based/Web-hosted software. |
| Sourcing Playbook | | The Sourcing Playbook is a UK Government guidance aimed at commercial, finance, project delivery, policy and any professionals across the public sector who are responsible for the planning and delivery of insourcing and outsourcing services. Further information can be found here: The Sourcing Playbook – May 2021 (publishing.service.gov.uk) |
| Sub-Contractor | | Means a sub-contractor that the Potential Participant is relying on in order to meet the Authority's Selection Criteria |
| Successful Supplier | | the Participant the subject of an award of Contract following the outcome of the Procurement. |
| Tenant | | In this Prospectus, a 'Tenant' is an independent platform instance i.e. a hospital trust. The ambition is that every trust and ICS will have their |

| | | |
|---|---|---|
| | | own 'Tenant' for which they are the data controller. |
| **Tenant Hierarchy** | | Tenancy Hierarchy refers to the high-level organisational hierarchy of Tenants as Trust, System (ICS) and national. |
| **Timetable** | | Timetable for the Procurement as set out in section 4 of this Prospectus, as amended from time to time at NHS England's discretion. |
| **Trust** | | In this Prospectus, an NHS Trust or an NHS Foundation Trust. Further information can be found here: NHS Trust (datadictionary.nhs.uk) |
| **Use Cases** | | Use cases are defined as high priority business challenges or policy directives that could benefit from and be supported by the Data Platform, as further set out in section 2.3.4. |
| **UK GDPR** | | as defined and read in accordance with the Data Protection Act 2018 |

*Table 12: Glossary*

# FDP-AS Procurement Process

**NHS**

Suppliers who progressed to Stage 2 provided with the Invitation to Competitive Dialogue (ITCD)

3 highest ranking and compliant suppliers invited to dialogue

Suppliers issued with Invitation to Submit Final Tenders (ISFT)

Successful Supplier selected, standstill period begins

Evaluation & Moderation

Evaluation & Moderation

Suppliers register an interest in the procurement and complete a Selection Questionnaire

Suppliers prepare & submit tender responses

Suppliers prepare & submit tender responses

Platform Scenario Validation

Supplier Platform Scenario build

## Stage 1: Selection Questionnaire

- **Contract notice** launches the procurement.

- **Prospectus:** overview of FDP-AS and the procurement process

- **Selection Questionnaire:** asked suppliers to self-declare their status against the exclusion grounds and selection questions.

## Stage 2: ITCD

- **ITCD** issued to Participants in the procurement.

- **ITCD:** Full requirement, Instructions to Participants (detailing the procurement process) and the evaluation criteria shared

- Participants will provide a **written response** which will be evaluated

## Stage 3: Dialogue

- **Dialogue:** NHS England will be dialoging with the three highest ranking and compliant Participants who progress from Stage 2 over a 6-week period.

## Stage 4: ISFT & Platform Scenario

- **Platform Scenario Validation** will be undertaken

- **Post dialogue** the ISFT will be issued to Participants in the procurement

- Participants will provide a final **written response** which will be evaluated