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## Annex A - Occupational Health SLA's ( Service Level Agreement) and KPIS's

## ANNEX B- EAP(Employee Assistance Programme) SLA's ( Service Level Agreement) and KPIS's

### 1. INTRODUCTION

- 1.1 The Department of Health and Social Care (DHSC) (the Authority) enables everyone to live more independent, healthier lives for longer. The requirement of this tender is to procure for employee assistance and occupational health services for the Department of Health and Social Care and it's circa 3,600 staff.

### 2. PURPOSE

- 2.1 DHSC currently have the same provider for the Employee Assistance Programme (EAP) and Occupational Health Service (OH). This is Tender for the retendering of these services. This tender will separate both services under separate Lots. Lot (1) Employee Assistance Programme (EAP) and Lot (2) Occupational Health Service (OH) . These can be managed by separate providers. We plan to tender this under the of Occupational Health and/or Employee Assistance Programme service provisions under this RM6296 DPS Agreement

### 3. BACKGROUND TO THE AUTHORITY

- 3.1 DHSC supports the Government's Health and Social Care Ministers in leading the nation's health and care to enable everyone to live more independent lives for longer: supporting healthy behaviours; improving our health and care system; and creating healthy environments. To achieve our vision, we have four core roles:
- a) We provide world-class advice to ministers that is supported by expert research and analysis. We are accountable to Parliament and to the public and we strive to achieve the highest standards of good governance in everything we do.
  - b) We are at the heart of the health and care system. We set the strategy, shape policy, secure the funding and develop the legislation that supports it.
  - c) We play a major role in people's day-to-day lives and work with our agencies and partners to deliver health and care services to improve and protect everyone's health and wellbeing. We think ahead to ensure that services can respond to changing needs. We are there in the last resort to take the action necessary to safeguard the nation's health.
  - d) We work with other government departments, our agencies and partners locally, regionally, nationally and internationally to contribute to the government's wider health, economic and social goals
- 3.2 The Department is a ministerial department, supported by 15 arm's length bodies (ALBs) and a number of other agencies and public bodies. The department is structured by 7 groups each lead by a Director General reporting to the Permanent Secretary (these may be subject to change):
- a) 10 year health plan
  - b) Chief Medical Officer
  - c) Chief Scientific Advisor
  - d) Digital Policy Unit
  - e) Global and Public Health
  - f) Adult Social Care
  - g) Finance and Group Operations
- 3.3 As of March 2025, the Department employs 3,600 staff (including permanent employees, fixed term appointments and loan ins). Most staff are based across the department's dual sites in Central London and Leeds, with the remaining staff located at a small number of regional offices across England. The Department adopts a hybrid way of working with staff splitting their time home working and office-based working.
- 3.4 Governance is provided through DHSC boards and committees that are responsible for making sure that we carry out our work as efficiently as possible, meeting our legal and statutory obligations. And they make sure that we've identified risks that might affect our work and have plans in place to deal with these risks.

#### **Departmental Board**

- 3.5 The departmental board is the collective strategic and operational leadership of the department.

#### **Audit and Risk Committee**

- 3.6 Provides independent scrutiny and challenge to our risk management, corporate governance and assurance arrangements, including the DHSC Annual Report and Accounts (ARA) and Governance Statement.

#### **Executive Committee**

- 3.7 Provides day-to-day executive leadership and management of the Department. Makes decisions on and leads the strategy, finance, performance & corporate oversight of the Department and ministerial priorities

### **People Board**

- 3.8 Provides strategic oversight on the DHSC people priorities and channels all key people issues that have DHSC-wide implications.
- 3.9 Key Stakeholders include the DHSC HR Directorate plus our casework expert services, hosted by Ministry of Justice. The key users of the service include all DHSC (the Authority) personnel.

## **4. OVERVIEW OF REQUIREMENT**

- 4.1 The Authority expects the Supplier to fully understand DHSCs culture and structures and to work effectively in partnership with other services including HR, Commercial, Health & Safety and Information Systems teams.
- 4.2 DHSC has a set of values which act as guiding principles for how we interact with each other and work together to achieve the department's vision.
- a. We are inclusive: we develop work which removes disparities and ensures there is equity in all that we do; we develop teams which are diverse in as many ways as possible and everyone feels included; we take active steps so people can bring their whole selves to work and achieve positive wellbeing; we stand up for others to ensure they are included, regardless of grade or background
  - b. We constantly improve: we acknowledge our skills gaps and prioritise time to develop them, supporting others in doing so too; we admit to mistakes and respond with a collective learning mindset; we reflect and learn from what's worked and what hasn't so we develop informed and innovative approaches; we regularly assess progress and make amendments where required to improve success
  - c. We challenge: we constructively challenge behaviours, processes and decisions so we can achieve DHSC's goals and have a great place to work; we are respectful in difficult conversations while telling the truth; we tackle poor behaviour through a variety of channels, irrespective of hierarchy and in a non-threatening way; we are outward facing, seek a wide range of views and consider them in developing our work
  - d. We are agile: we work collaboratively and at pace, regularly assessing whether our work is meeting our aims; we build flexibility into our plans so we can adapt as circumstances change; we speak up at the earliest opportunity if we think quality is being compromised so we can address issues quickly; we respond to changes promptly and empower people to make decisions at the right level
- 4.3 As the Department is responsible for the health & well-being of the population in England, DHSC aims to be at the forefront of good practice with regard to employee health and well-being. The EAP and OH provider will have a key role in supporting this and the OH service should be regarded by staff and managers as a service that is enabling.

## **5. SCOPE OF REQUIREMENT**

- 5.1 The Supplier will work in partnership with the Authority to support the delivery of its health and wellbeing strategic priorities and business needs. This will include the Supplier attending monthly meetings, the supply of clear and concise monthly reports capturing, performance against key performance indicators, usage and clinical assessment data.

- 5.2 The Supplier shall provide support to Users covering the full range of work related or personal matters that may impact on workplace performance or mental health and wellbeing and work to resolve, manage and prevent those issues recurring.
- 5.3 The Supplier will be expected to provide a comprehensive range of pro-active services to promote evidence-based employee health & well-being such as health promotion campaigns and well-being workshops.
- 5.4 The Supplier shall develop and maintain effective partnership working with other health & well-being providers; internal and external to promote services available to Users. This shall include, but is not limited to, the Charity for Civil Servants.
- 5.5 Current Service usage \*\* These are the approximate top services accessed in 24/25 for Occupational Health.

Service	Approx Annual Usage
Telephone/Video Consultation OH Advisor (normally nurse) 60 minutes	250
Telephone/Video Consultation OH Advisor (normally nurse) 90 minutes	60
Pre-employment checks Telephone Referral	45
Pre-employment questionnaires	40
Telephone/Video Consultation OH Physician 60 minutes	20

## 6. CORE REQUIREMENTS

### 6.1 Occupational Health

- 6.2 The Service shall enable DHSC to address particular health and attendance issues, meet their statutory obligations with regards to health surveillance, identify the preventative measures that can be taken to minimise the overall risk of sickness absence and to improve employee health and wellbeing in the workplace

- 6.3 The Supplier is required to be able to deliver the following core services:

- Telephone Support Services
- Online Portal
- Publicity and Promotion
- Referrals from Buyers;
- Attendance Management Advice and Assessments;
- Attendance Management Reports;
- Case Conferences;
- Pre-Appointment & Pre-Enrolment Checks;
- Surveillance Services, including support with disease / infection outbreak management;
- Fitness for Task and Safety Critical Work Services:
- Hearing Tests; and
- Baseline Hearing Tests;
- Immunisations, Vaccinations, Inoculations, Medications & Blood Tests;
- Mental Health Workplace Assessment;
- Workplace Needs Assessment;
- Learning Difficulty Diagnosis;

- Coping Strategy Coaching sessions;
- Specialist Support Services;
- Support Worker Assessment; and
- Occupational Therapy Assessment.
- Therapeutic Psychological Services
- Consultancy
- Ill Health Retirement
- Critical incident support
- Education and Awareness Programmes; and
- Service implementation

6.4 The Supplier shall be able to provide, on request, the optional requirements to the Authority which shall include, but not be limited to:

- Health Screening Services;
- Physiotherapy Services.
- Workplace Assessments and Diagnostics to support Buyers Personnel, which shall include but is not limited to;
  - Dyslexia Workplace Needs Assessments;
  - Autism Workplace Needs Assessment;
  - Dyspraxia Workplace Needs Assessment
  - ADHD Workplace Needs Assessment;
  - Ergonomic Assessment and Display Screen Equipment (DSE)Assessments;
- Assessments Relating to Workplace Adjustments for Hearing and Sight Impairment;

#### 6.5 **Employee Assistance Programmes**

6.6 This service shall allow the provision of Employee Assistance Programmes, providing confidential support for a range of work related or personal matters that may impact on workplace performance, mental health and wellbeing and seek to resolve, manage and prevent those issues where possible for DHSC including those working remotely, postings overseas and travelling overseas.

6.7 The Supplier is required to provide be able to deliver the following core services

- Online Portal
- Digital Services including Live Chat and a mobile phone application downloadable to personal devices
- Telephone, face to face and virtual Triage and Support Services which shall include, but not be limited to
- Advice and support;
- Management support Services;
- Counselling Services;
- Case Management;
- Trauma and critical incident support;
- Consultancy, and clinical supervision;
- Education, Support and Training;

- Promotion of the Employee Assistance Programme;
- Therapeutic Interventions;
- Bullying and harassment support;
- Whistleblowing Services;
- Mediation;
- Coaching Service
- Structured Professional Support;
- Senior Management Support; and
- Interactive health kiosks.
- Additional wellbeing services

6.8 The Supplier shall provide Users with access to obtain advice and support for, including but not limited to the following

- Addiction dependency / substance abuse
- Alcoholism
- Anxiety
- Bereavement;
- Bullying / harassment / intimidation / discrimination;
- Career / job related stress;
- Care problems related to childcare / eldercare / disability care;
- Debt advice, this must not include signposting or referrals to financial organisations who provide fee paid services;
- Depression;
- Domestic violence;
- Eating disorders;
- Family / relationship problems;
- Financial wellbeing
- Gambling;
- Gaming;
- Gender reassignment;
- Health problems, including terminal illness;
- Illness of a family member;
- Legal information;
- Lesbian, Gay, Bisexual and Transgender (LGBT) issues;
- Matrimonial / domestic settlement problems;
- Mental health related issues
- Performance related problems;
- Post-traumatic stress problems including those arising from an accident at work or work-related incidents
- Redeployment / relocation / redundancy
- Sexual assault and abuse;
- Stress;
- Support for all parties involved in a formal work-related investigation both during and following the investigation;
- Whistleblowing;
- Workplace restructuring / transformation programmes / departmental change; and
- Workplace trauma.

6.9 Trauma Related Support – The Supplier should provide the following Trauma related support

- tax advice;
- One-to-one appointments with a trauma trained counsellor
- group sessions facilitated a trauma trained counsellor
- trauma focused cognitive behavioural therapy
- Eye movement desensitization and reprocessing (EMDR)

6.10 Exclusions: The Supplier shall **not provide** DHSC Personnel with the access to

- tax advice;
- legal advice other than that which is provided to Users within the context of welfare counselling provided this is restricted to a signposting Service;
- financial advice on any matter other than debt problems;
- advice relating to leisure or recreation; and
- direct provision of medical treatment – Suppliers will instead advise or directly refer (in the case of emergency) to NHS Primary Care.

## 7. SERVICE DELIVERY

### 7.1 Occupational Health

7.2 The Service shall be available to all DHSC Personnel including those working remotely, both in the UK and in postings overseas and/or travelling overseas

7.3 5.1.2 The Supplier shall ensure that all Services, including the necessary Supplier Staff, be available as a minimum, fifty two (52) weeks a year, Monday to Friday between the hours of 08:00 hours to 18:00 hours, excluding Public and Bank Holidays.

7.4 Cooperation and partnership with suppliers of Services where there is a required hand off between Services, such as Employee Assistance Programmes and Workplace Adjustments Teams;

7.5 Flexibility to meet identified individual business needs, including the provision of a permanent on-site presence at DHSC's specified locations; and flexibility to meet changing internal and external policies and regulations.

7.6 Delivery of innovative Services and a structured programme of continuous evaluation and improvement; maximising e-enabled solutions and innovations.

7.7 Supplier Accreditation:

The Supplier shall be Safe Effective Quality Occupational Health Service (SEQOHS) accredited or be signed up to the SEQOHS accreditation pathway.

7.8 The Supplier shall act in compliance with Health and Safety Executive (HSE) guidance in the delivery of the Services

- Civil Service Health & Wellbeing Strategy
- NICE Workplace Guidance

- NICE Workplace Guidance
- NICE Mental Wellbeing at Work (2022)
- The NHS Long Term Plan (2019)
- Workplace Health: Applying All Our Health (PHE 2019); and
- HSE Guidance

7.9 The Supplier shall ensure that the delivery of Services remains current with all changes to published public health initiatives and will update DHSC how any changes will be applied to and/or impact the delivery of the Services.

7.10 The Supplier shall ensure that Supplier Staff delivering the Services shall have the following qualifications:

- Clinical staff shall be registered with the relevant regulatory Authority and shall have annual verification of GMC, NMC, HCPC certification;
- Consultant occupational health physicians shall be a Member or Fellow of the Faculty of Occupational Medicine (MFOM or FFOM), or can demonstrate they are in the process of accreditation;
- Occupational health physicians shall be an Associate of the Faculty of Occupational Medicine (AFOM) and shall hold as a minimum a Diploma in Occupational Medicine (DOccMed). Such Supplier Staff shall have access to consultant occupational health physicians in order to consult on complex or specialist cases;
- Occupational health advisors shall be a Registered Nurse (RN) with the Nursing Midwifery Council (NMC) and shall hold or can demonstrate they are working towards a degree or post-graduate diploma in Occupational Health with associated registration on Part 3 of the Register as a Specialist Community Public Health Nurse (OH) (SCPHN/OH);
- HAVS screening shall be carried out by Supplier Staff who are trained practitioners to the NHS Career framework Level 3 standard (OH Support Worker Level 2);
- All Supplier Staff who provide immunisation, screening, and/or surveillance Services shall be a Registered Nurse (RN) with the Nursing Midwifery Council (NMC) and shall hold evidence of having undertaken face to face immunisation training in the last 12 months including basic life support and anaphylaxis (NHS Career framework Level 2 (OH Support Worker Level 1));
- Supplier Staff who deliver health surveillance Services shall be competent in the management of Health and Safety at Work Regulations 1999 Section 7 and shall operate to clinical protocols;
- Occupational therapists shall hold a BSc (Hons) in Occupational Therapy or a Master's Degree or Advanced Postgraduate qualification in Occupational Therapy. They shall also be registered with the Health and Care Professions Council (HCPC) and shall hold membership of the British Association of Occupational Therapists; and
- Physiotherapists shall have a BSc in Physiotherapy and shall hold professional registration with the Health and Care Professions Council (HCPC).

7.11 The Supplier shall ensure all Supplier Staff who provide counselling Services shall:

- Have a Diploma in Counselling or equivalent;
- Comply with the BACP Ethical framework for good practice in Counselling and Psychotherapy 2012;
- Have experience of delivering short term counselling;



- Have 450 hours of counselling experience post qualification;
- Undertake regular supervision by a qualified counselling supervisor in line with BACP guidelines;
- Hold membership or accreditation with one or more of the registered bodies listed in section 3.20; and
- Ensure therapists delivering therapeutic Services meet the minimum level of relevant qualifications and experience required for membership of their appropriate professional bodies (The British Association for Behavioural and Cognitive Psychotherapies, EMDR UK & Ireland Association and the British Association for Counselling and Psychotherapy).

## 7.12 MANDATORY SERVICE REQUIREMENTS

### Telephone Support Services

- 7.13 The Supplier shall provide a telephone support service for the Users staffed by appropriately experienced, skilled and/or qualified Staff.
- 7.14 The Supplier shall ensure that Users have continuous access to occupational health physicians and occupational health advisors as part of the telephone advice and support Service.
- 7.15 The Supplier shall ensure that the Telephone and Support Service will be accessible to the Users, via a Freephone number or a dedicated non-premium rate and/or a 01, 02, 03 prefix, which must be accessible from UK landlines, mobile telephones and overseas, via a UK dialling code and shall be able to accept calls from outside the UK.
- 7.16 The Supplier shall ensure that all telephone messages from Users are responded to within twenty-four (24) hours of receipt.
- 7.17 The Supplier shall provide the following as a minimum via the Telephone Support Services: General Services advice;
- Generic advice on the impact of a condition or illness in the Workplace;
  - Body Fluid Exposure and Sharps injury Helpline;
  - Pre-referral advice for Referring Managers;
  - Clarification on the referral process;
  - Advice on progression of the Users cases; and
  - Updates and amendments to the Users cases.
- 7.18 The Supplier shall also provide access to qualified Supplier Staff via the telephone Services who shall provide:
- Generic occupational health advice to managers on any health issue affecting the Users in the Workplace, whether this be office or home base;
  - Information and guidance on how best to construct the referral for an occupational health assessment;
  - Overseas travel health advice for the Users, including vaccination advice;
  - Management support that includes direct and rapid access to qualified medical advice and consultancy on occupational health and health and safety issues;
  - Access to past referrals and clarification on current and past reports; and
  - Advice on individual User cases before making a formal management referral, and to ensure where cases are complicated or sensitive, that the referral is progressed in the most effective manner.

- 7.19 The Supplier shall provide and maintain an online portal to support the Service. The Supplier shall ensure that the successful operation of the Portal shall not be dependent on the Authority providing employee hierarchy information in advance of the portal going live. The Supplier shall ensure that the portal shall provide as a minimum, but not limited to:
- Web based access; Secure log-in by the Users;
  - General information on the Services;
  - Input and transfer of the Users referrals;
  - Case management and tracking;
  - Health screening and surveillance referrals and monitoring;
  - Access to all Supplier standard training materials which they include as part of their standard service offering; and
  - Management Information in a downloadable format.
- 7.20 **Pre- Appointment and Pre – Enrolment Check**
- 7.21 The Supplier shall provide pre-appointment and pre-enrolment checks on behalf of the Authority
- 7.22 The Supplier shall work with the the Authority to determine the type and level of medical assessment the Authority to determine the type and level of medical assessment
- 7.23 The Supplier: .
- Provide an online assessment Service that will automatically return clearance where the potential employee responses conclude medical fitness;
  - Assess fitness in relation to specific job requirements, and where necessary, identify health surveillance requirements including a baseline of the potential employee's health status against which to measure future health surveillance tests;
  - Where practicable and where requested by the Authority, the health surveillance assessment and fitness for task test shall be conducted at the same time;
  - Provide mandatory pre-employment substance misuse testing for drugs and alcohol, under the security clearance process required by the Authority;
  - Advise on Workplace adjustments including the provision of specialist equipment, which may be required in order to support the employee or potential employee's with a pre-existing condition to carry out a role or participate in an interview;
  - Provide automatic escalation of the case where required;
  - Highlight if the employee is likely to be covered by the Equality Act 2010 and provide clear advice and guidance on any adjustments to the work/interview environment, required under the Equality Act 2010, taking account of the job specification/interview format;
  - Provide a report to the Authority following online screening within twenty-four (24) hours of screening;
  - Provide an occupational health adviser written opinion following online assessment to the Authority within two (2) working days of assessment;
  - Provide the employee with a face-to-face assessment within five (5) working days of request; and

- Provide the Authority with a written opinion following telephone and face-to-face assessment within two (2) working days of the assessment.
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#### **7.24 Employee Assistance Programme.**

- 7.25 The Supplier shall ensure that the Services, including the necessary Supplier Staff, are available to all Users twenty four (24) hours a day, seven (7) days a week and three hundred and sixty five (365) days a year/ three hundred and sixty six (366) days a year for the 2028 'leap year', unless agreed otherwise in advance by Buyers
- 7.26 Service requires counselling, therapeutic interventions and other forms of assistance to meet recognised clinical standards.
- 7.27 The Supplier shall underpin the Services with robust clinical governance.
- 7.28 All DHSC Personnel are eligible to access the Service;
- 7.29 The Supplier shall also make the Services available to the following groups:
- Volunteers as defined and identified by the Authority as being eligible;
  - Past Users with more than two (2) years' service and/or are past personnel who are instructed to support government inquiries, who have: been made redundant; retired through severance, age related, medical or early retirement; completed a fixed term-contract have authorised access to the Service for three months following their last day of service;
  - the User's family members impacted by the employee's work related issues, dependencies or abuse (e.g. gambling, alcohol, drugs and debt) as long as the employee is present when the counselling takes place; and
  - the User's next of kin / partner in cases of bereavement with prior agreement of the Authority;
  - Trainees and/or Students working in the Authority's organisation but may or may not be directly employed.
- 7.30 The Supplier shall ensure that all Users of the Services and Supplier Staff are aware of the scope and limitations of patient and client confidentiality, in particular where there is a responsibility to breach patient confidentiality where there are issues of child protection, a threat to health and safety, a risk of harm to self or others, or prevention of a crime or terrorist act.
- 7.31 The Supplier shall provide access to a range of experts and qualified mental health professionals.
- 7.32 The Supplier shall provide Services which support a strategy of continuous improvement and innovation which reflect the evolving nature of health and wellbeing.
- 7.33 The Supplier shall have a documented case management process in place for counselling and therapeutic intervention Services. If Users receive Services following an initial triage the Supplier shall create a case record to track that all Services provided to Users are appropriately delivered and managed in accordance with the case management process.
- 7.34 The Supplier shall ensure Services comply with all discrimination legislation, including the Equality Act 2010.

- 7.35 The Supplier shall be responsible for ensuring DHSC's satisfaction is maintained for the duration of the Call Off Contract and work collaboratively with DHSC to resolve issues, which may affect satisfaction.
- 7.36 The Supplier shall have in place robust and auditable procedures for logging, investigating, managing, escalating and resolving complaints or problems initiated by DHSC and their employees. The procedure shall allow for the identification and tracking of individual complaints from initiation to resolution
- 7.37 Supplier Accreditation:
- 7.38 The Supplier shall be accredited by the British Association for Counselling and Psychotherapy (BACP).
- 7.39 In addition to BACP accreditation, Supplier organisations and Supplier Staff shall hold accreditation from one or more of the following recognised bodies
- British Psychological Society;
  - British Confederation of Psychotherapists;
  - British Association for Behavioural and Cognitive Therapies (BABCP);
  - UK Council for Psychotherapy (UKCP);
  - Health and Care Professionals Council (HCPC);
  - Nursing and Midwifery Council (NMC);
  - General Medical Council (GMC); and
  - COSCA (Counselling & Psychotherapy in Scotland).

**7.40 Mandatory Service Requirements**

**7.41 Online Portal**

- 7.42 The Supplier shall provide an online portal to support the Services, available to all Users twenty-four (24) hours a day, seven (7) days a week and three hundred and sixty five (365) days a year/ three hundred and sixty six (366) days a year for the 2024 'leap year', unless agreed otherwise in advance by the Authority.
- 7.43 The Supplier shall brand the online portal as required by the Authority. Access to the portal shall be through all Internet browsers.
- 7.44 The Supplier shall provide a portal which supports User led registration. The Authority will not provide employee data to the Supplier in advance or after the portal going live. The Supplier's ability to deliver the Service shall not be dependent upon receiving the Authority's data.
- 7.45 The Supplier shall ensure the portal is a secure system and include a process to ensure that employees registering as Users of the system are employees of the Authority. The Supplier shall ensure that the Portal and its content is appropriate for a wide range of Users, within the Authority's organisation.
- 7.46 The online portal shall be an interactive web-based resource that supports Users health and wellbeing and shall contain, as a minimum:
- 7.47 Details of how to access the Services, including brief descriptions of such Services;
- 7.48 Details of Services which are freely available to Users and which would be signposted by the Supplier in any case, for example, whistleblowing, Charity for Civil Servants, Citizens Advice Bureau; MIND and Samaritans;

- Information relating to any planned training or seminars to be delivered by the Supplier on behalf of the Authority;
- Self-help podcasts, videos, webinars, guides, fact sheets and leaflets in fully downloadable format on subjects such as at a minimum:
  - Stress and pressure;
  - Personal resilience;
  - Work/life balance including technology wellbeing / burnout;
  - Work related trauma;
  - Financial wellbeing;
  - Suicide and self-harm;
  - Bereavement;
  - Cancer support;;
  - Supporting those with caring responsibilities
  - Physical activity;
  - Menopause
  - Nutrition;
  - Smoking;
  - Alcohol;
  - Sleep;
  - Hybrid working;
- Advice and guidance on musculoskeletal, mental health and healthy lifestyles, including financial wellbeing;
- Computerised CBT;
- Live Chat function;
- An interactive tool, allowing staff to log and track progress, to include but not be limited to, weight, diet, alcohol, exercise, sleep, finance, water intake and smoking;
- Health-check questionnaires, which Users will be able to complete online. On submission of the questionnaire, Users shall be provided with immediate results, feedback and guidance as to lifestyle options and/or sources of further support and guidance, including a lifestyle behaviour change programme. Users shall also receive an online and/or e-mail version of the completed report and recommendations;
  - An online newsletter, which reflects current topics including publicity on national and local campaigns. The Supplier shall include in such newsletters specific messages that the Authority wishes to make available to Users;
  - Access to all training material which has been developed for the Authority;
  - Access to all Supplier standard training materials, which they include as part of their standard Service offering.

7.49 The Supplier shall ensure that all Users who access the online portal shall be requested to complete a confidential questionnaire which targets feedback on the online portal in relation to its effectiveness, accessibility and relevance. Such results will be anonymised and provided to the Authority as part of the monthly management information.

7.50 The Supplier shall ensure that their online portal is fully accessible to Users located overseas.

7.51 The Supplier will ensure the online portal is accessible to all Users in accordance with the government's accessibility standards.

7.52 The Supplier shall update the online portal and app at regular intervals with all relevant material to support the Services and health and wellbeing of Users

### 7.53 Maintenance and Upgrades

7.54 The Supplier shall ensure that notification of scheduled maintenance and/or system upgrades is provided to all the Authority led contacts, which will be provided at Call-Off Stage. A message shall be placed on the online portal at least 2 (two) weeks in advance of the action taking place, which will remain visible on the portal throughout the 2 (two) week period to Users.

### 7.55 Digital services, including Live Chat and Mobile Applications

7.56 The Supplier shall provide alternative delivery of the online portal Services in the form of a mobile IOS and Android application downloadable at least to mobile phones. The Supplier shall ensure that, where this mode of delivery is selected by the Authority, the application is available 24/7, 365 days per year (366 days in the 2028 leap year).

7.57 The mobile application should serve as a mobile version of the online portal therefore all materials that are accessible by Users who use the portal should equally be accessible by User who use the mobile application. The Supplier is not expected to provide additional services via the mobile application to those which are available via the online portal.

7.58 The Authority will not provide employee data to the Supplier in advance of the Application going live or thereafter.

7.59 The Supplier shall allow User registration which may include:

- User name;
- User email address;
- User's employing department name; and
- Users' business unit.

7.60 The Authority will inform Suppliers at Call-Off Stage whether they want the mobile application to be available for its Users and whether this will be available to Users on work devices, personal devices or both.

7.61 The Supplier shall provide a Live Chat function on their online portal, which shall be available 08:00 to 18:00 with the facility to email the Supplier outside of these hours.

### 7.62 Telephone Services, Triage and Support Services

7.63 The Supplier shall provide the Authority with a Freephone number. The Supplier's telephone service shall provide a dedicated non premium rate and/or a 01, 02, 03 prefix telephone number which must be accessible from UK landlines, mobile telephones and overseas, via a UK dialling code and be able to accept calls from outside the UK.

7.64 The Supplier's Freephone telephone advice line(s) shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty five (365) days a year/ three hundred and sixty six (366) days a year for the 2028 'leap year'.

7.65 The Supplier shall provide a telephone support Service for Users staffed by either:

7.66 Supplier Staff who are qualified professionals in a range of counselling services;

7.67 Supplier Staff who are not qualified professionals in counselling Services, but who are appropriately trained in the Services.

7.68 The Supplier shall route Users who are identified as being at risk ('red flag') to a fully qualified counsellor for immediate support (e.g. at risk of taking their own life, self-harm or medical emergencies) and/or forward Users immediately to emergency NHS Primary Care/A&E.

- 7.69 The Supplier shall provide the following triage services including, but not be limited to:
- 7.70 Recording Users details and open a case file where all details of the advice; guidance and any further Services provided shall be maintained;
- 7.71 Recording details of the Users request and provide advice and guidance pertinent to the request made;
- 7.72 A clinical assessment process using clinical qualitative questioning and structured clinical measurement tools to inform the assessment, determine the most appropriate interventions, support and measure improvements. These may include but not be limited to:
- Patient Health Questionnaire (PHQ – 9)
  - General Anxiety Order 7 (GAD 7)
  - Work and Social Adjustment scale (WSAS)
  - Routing Users as appropriate to short-term, focussed counselling Services where a clinical need is identified as further described in this Schedule;
  - Signposting Users as appropriate to specialised agencies such as Relate, Alcoholics Anonymous, Citizens Advice Bureaux and Cruise;
  - Signposting and referring Users to organisations and networks linked to the Authority, such as Mental Health First Aiders / Mental Health Advocates, Wellbeing Advocates, Fair treatment Ambassadors, the Charity for Civil Servants, Civil Service Sports Council, the Civil Service Retirement Fellowship and other such organisations and networks;
  - Routing Users to specialised support as appropriate, including but not limited to short-term solution focussed one-to-one counselling, Cognitive Behaviour Therapy and other therapeutic interventions, or where a clinical need is identified and as further described in this Schedule;
  - Face-to-face counselling and therapeutic interventions are to be made available as default to all Users indicating a preference following initial triage or via self-referral;
  - Providing a facilitated referral into the NHS with the Users consent (either to the Users GP with a letter outlining the assessment and recommendations), or fast tracked without the need to visit a GP to local IAPT (Improving Access to Psychological Therapies) services. The Authority shall not meet the costs resulting from these referrals;
  - Providing structured 'bridging wellbeing support' to Users who are not clinically suitable for short-term focused counselling, e.g scheduled telephone calls to the User, whilst the User awaits treatment through the NHS/IAPT;
  - Providing advocacy support where a User is too distressed or is unable to effectively manage the interface with the Authority and/or external organisations;
  - Providing advice and support services specifically for managers as further described in this Schedule;
  - The Supplier will provide interactive health and wellbeing kiosks. The kiosks shall enable Users to test, at a minimum, blood pressure, body mass index (BMI), weight and heart rate.
  -
- 7.73 The Supplier shall have arrangements in place for the telephone support services to enable Users with neuro-diverse conditions, hearing or speech difficulties and/or Users whose first language is not English and who request or require language support to effectively use the Services.

- 7.74 The Supplier shall brand the services in accordance with the Authority's requirements so that Users using the services shall reach a helpline that can be identified by their organisation name and/or specific Services.
- 7.75 The Supplier shall allow Users to self-refer to use the services and the Supplier shall also allow referrals from managers, HR, and suppliers of Occupational Health Services provided to the Authority or any other network/support service as authorised by the Authority where the User grants prior consent.
- 7.76
- 7.77 The Supplier shall provide information to Users about the Charity for Civil Servants and shall assist Users with the completion of application forms to the fund.
- 7.78 The Supplier shall support as required any Users who require assistance in preparing a case or a supporting statement to the Charity for Civil Servants or other such organisation. The Authority shall provide the Supplier with relevant information and policy guidance.
- 7.79 The Supplier shall ensure that all Users requiring a telephone call back following triage shall receive one within two (2) hours of triage taking place.
- 7.80 The Supplier shall ensure that all Users queries, which do not require counselling Services are completed within twenty-four (24) hours.
- 7.81 The Supplier will provide a pro-active check in triage service for the User who, by virtue of their job role, are exposed to potentially traumatic material. The User who is triaged as needing further support will be referred to the supplier's range of face-to-face counselling and other therapeutic interventions (not limited to Cognitive Behavioural Therapy). The details of this service will be agreed between the Supplier and the Authority on a case by case basis.

## **8. THIRD PARTY SUPPLIERS**

- 8.1 Please refer to Joint Schedule 6 in the DPS– Key Subcontractors v.3.1.docx and Joint Schedule 12 – Supply Chain Visibility v.1.0.docx for third party supplier requirements.

## **9. KEY MILESTONES**

- 9.1 The Supplier must be able to commence EAP and OH Service(s) immediately from the start of the contract date (01 October 2025).
- 9.2 The Supplier shall, for the Call-Off Contract, appoint a suitably skilled and experienced implementation team with a named implementation manager. The Supplier shall provide the name of the implementation manager to the Authority within 5 working days of the award of the Call-Off Contract. The implementation manager shall work with the Authority on a daily basis to agree and deliver an implementation plan.

## **10. CONTRACT MANAGEMENT**

- 10.1 The Contractor must appoint a Contract Manager to oversee the work of the panel and liaise with the DHSC Mental Health Act Approvals Manager. The manager will be the primary point of contact between the Contractor and the Authority and shall be responsible for managing the relationship with the Authority which shall include:



- Contract administration
- Provision of management information
- Attending contract review meetings
- Resolution of complaints and queries
- Service planning, monitoring and continuous improvement.
- Escalating any issues that cannot be resolved between the Supplier and the Authority.

10.2 Monthly reviews: The Supplier contract management contacts, DHSC designated policy personnel and commercial directorate, where required, will meet monthly (17. Meetings) . Monthly contract management will focus to formally performance review KPIs, report, payments, risks and any other ad hoc issues raised by the parties.

## 11. REPORTING REQUIREMENTS

11.1 **The Supplier shall provide the following monthly management information to the Authority and shall include a demographic breakdown of Service usage by gender, ethnicity, age, disability and nationality, where available. Section 149 of the Equality Act 2010 imposes a legal duty, known as the Public Sector Duty (Equality Duty), on all public bodies, to consider the impact on equalities in all policy and decision making.**

- General
- Monthly and cumulative Contract Year to date Charges for the Services, including any pass through or additionally agreed Charges;
- Consolidated User's complaints report;
- Performance against agreed Service Level Performance Measures;
- Results of User satisfaction surveys; and
- Identification of any risks identified with the delivery of the Services including mitigating actions to manage the risks going forward.
- Helpdesks
- Numbers of telephone enquiries received;
- Numbers of email enquiries received; and
- Numbers of calls to helplines, categorised by type e.g. Manager, Nursing.
- Pre-employment checks
- Number of online assessments completed; and
- Number of occupational health adviser assessments completed.
- Attendance Management
- Total number of User referrals;
- Referral by type – telephone, electronic, face to face, paper based;
- Referral by category of illness / condition / medical category / service. The categories shall be standardised in agreement with the Supplier, but shall include musculoskeletal, mental health, work related stress, surveillance and pre-employment at a minimum;
- Management referral activity by clinical disease codes (ICD10);
- Number of occupational health visits undertaken, categorised by type such as Workplace and home;
- A breakdown of referrals categorised by new referrals (including time from referral to first appointment), closed referrals (including how long the referral lasted), in progress referrals categorised by time slots of ten days and type (standard, complex, further medical evidence required etc.) number of referrals not yet processed (including the age of such referrals by the number of days;
- Number of occupational health advisor and occupational health physician appointments;

- Number of appointments cancelled by the Supplier;
- Number of the appointments cancelled by Users ;
- Number of Users referred on Day 1 of absence;
- Number of Users referred with absence of less than 14 days;
- Number of Users referred with absence of more than 14 days;
- Number of in-work referrals and further information requests;
- Number of cases related to equality legislation;
- Number of re-referrals and further information requests;
- Number of reports returned to the Supplier for revision and amendments including time taken to produce the amended report;
- Type of recommendation and/or outcome for referrals i.e. return to work, Workplace adjustment, medical retirement, medical termination;
- Number of further medical evidence requests and by type; and
- Analysis of the Users who did not attend appointments.
- Case Conferences
- Number of case conferences held between the Supplier and the Authority.
- Surveillance
- Number and type of surveillance referrals;
- Number of RIDDOR reportable occupational diseases reported; and
- Number of questionnaires sent and received categorised by type e.g. health assessment questionnaires (HAQs) etc.
- Immunisations, Vaccinations, Inoculations, Medications & Blood Tests
- Numbers and types of each treatment given for inoculations, vaccinations, medications and blood tests.
- Assessments for the User
- Numbers of assessments relating to hearing loss;
- Number of assessments relating to sight loss;
- Number of dyslexia assessments;
- Number of autism Workplace needs assessments;
- Number of dyspraxia Workplace needs assessments;
- Number of ADHD Workplace needs assessments;
- Number of ergonomic and DSE assessments;
- Number of mental health Workplace needs assessments;
- Number of Workplace needs assessments where the User do have a diagnosis;
- Number of learning difficulty diagnosis carried out;
- Number of coping coaching strategy sessions delivered;
- Number of support worker assessments; and
- Number of occupational therapy assessments.
- Other Services
- PHQ9 and GAD7 scores before and after counselling;
- Number of psychological counselling sessions delivered;
- Number of health screenings delivered;
- Health screening results by demographic;
- Number of face-to-face physiotherapy sessions; and
- Number of telephone-based physiotherapy sessions.

11.2 Contract management review meetings will be held monthly, with additional ad-hoc meetings as needed. Attendees will include the Supplier contractor's nominee(s), DHSC Project Lead, and DHSC Contract Manager.) These will be scheduled approx. 7 working days after the end of the previous month (for example Month end 31<sup>st</sup> October. Meeting will be scheduled 11<sup>th</sup> November 2025)

- 11.3 The Supplier shall have the flexibility to produce for DHSC any requested tailored / non-standard MI reports free of charge on a number of different levels
- 11.4 The Supplier shall provide at request DHSC with analysis of market intelligence including but not limited to, emerging and future patterns of demand, geographical spread, trends and potential gaps on an annual basis.
- 11.5 DHSC may request data and reports on an ad hoc basis to assist with Freedom of Information (FOI) requests, Parliamentary Questions (PQs) or other committee requests.
- 11.6 The Supplier shall within 1 (one) working day of request by DHSC provide the required data or information unless separately agreed by email.
- 11.7 DHSC may undertake ad hoc checks at their discretion to check the requirements such as 'right to work' checks are being undertaken appropriately.
- 1.1 The Supplier shall conduct an annual Service review in respect of each Contract Year. The Service review shall be supported by a report that provides details of the methodology applied to complete the review, the sampling techniques applied, details of any issues identified and remedial action to be taken
- 1.2 The Supplier shall make the results available to DHSC and CCS.
- 1.3 The Supplier shall include the following in the review;
- Supplier Staff levels are being maintained and monitored to cope with Service demands and that a Supplier Staff resource planning process is regularly reviewed and maintained;
  - All clinical policies and procedures are being monitored and followed;
  - The maintenance and secure storage of medical records;
  - Supplier Staff are professionally accredited in order to provide the Services;
  - The Supplier is compliant with SEQOHS standards;
  - Supplier Staff professional qualification accreditation is monitored and maintained at organisational level; and
  - The complaints process is effectively monitored and maintained by sampling 10% of complaints and reviewing that all processes are followed and appropriate records maintained.

The Supplier shall work with DHSC track and report on any remedial actions identified and the Parties agree that they shall bear their own respective costs and expenses incurred in respect thereof.

## **12. CONTRACT PERIOD**

- 12.1 The Contract will commence on the 30th September 2025 and will run for a period of 1.5 years (18 months) until 30 April 2027 . The Contract can be extended for x two (2) up to 12 months periods (until 30 April 2029).

## **13. KPI's/SLA's/ Service Credits**

13.1 The Supplier's performance will be measured against the KPI's and SLA's as set out in Annex A ANNEX A- Occupational Health SLA's ( Service Level Agreement) and ANNEX B- EAP(Employee Assistance Programme) SLA's ( Service Level Agreement)

## 14. PAYMENTS

14.1 We pay by invoices in a monthly basis. In arrears and subject to the successful delivery of monthly report and detailed invoice.

## 15. BUDGET/PRICING

**Please note these Budgets are currently draft and are subject to additional internal sign offs and agreements that will be signed off at the point of Tender**

### Lot 1 Occupational Health

Budget	
Year 1	£96,000 ex VAT
Year 2 (half year)	£48,000 ex VAT
Year 3 (Extension Period)	£96,000.00 ex VAT
Year 4 (Extension Period)	£96,000.00 ex VAT
Total	£336,000.00 ex VAT

\*60% of our current spend is utilised by Telephone consultations.

### Lot 2 Employee Assistance Programme

Budget	
Year 1	£36,000.00 ex VAT
Year 2 (half year)	£18,000.00 ex VAT
Year 3 (Extension Period)	£36,000.00 ex VAT
Year 4 (Extension Period)	£36,000.00 ex VAT
Total	£126,000.00 ex VAT

15.1 Prices should be inclusive of expenses and exclusive of VAT.

## 16. REPRESENTATIVES AND CONTACT POINTS

16.1 To be confirmed

## 17. DATA SECURITY

17.1 Please refer to from the DPS Joint Schedule 11 Processing Data v.4.1.docx for details of the required Data Processing requirements.

17.2 Please refer to from the DPS Call-Off Schedule 9 – Security v3.4.docx for details of the required Security requirements

- 17.3 The Supplier shall ensure that all Users of the Services and Supplier Staff are aware of the scope and limitations of patient and client confidentiality, in particular where there is a legal responsibility to breach patient confidentiality where there are issues of child protection, a threat to health and safety, a risk of harm to self or others, or prevention of a crime or terrorist act
- 17.4 The Supplier shall maintain, at its own expense, all relevant medical records relating to the Services and shall store these in accordance with applicable law.
- 17.5 The Supplier shall deliver the service in accordance with the HMG Security Policy Framework.  
<https://www.gov.uk/government/publications/security-policy-framework>
- 17.6 The Supplier shall have a Cyber Essentials Scheme Basic Certificate or equivalent at the commencement date of the Framework. Cyber Essential Scheme requirements can be located at: <https://www.ncsc.gov.uk/cyberessentials/overview>
- 17.7 The Supplier shall ensure that Buyers' information and Data is secured in a manner that complies with the Government Security Classification Policy rating of OFFICIAL-SENSITIVE. The Supplier shall ensure that the Government Security Classification Policy rating is also applied when information and Data is transmitted across all applicable networks and/or in line with the Buyers' requirements.
- 17.8 The Supplier shall, where required, have the capability to employ encryption to information / Data which shall be sent across a network or extracted by electronic means. The Supplier shall ensure that the level of encryption complies in full with the Government Security Classification Policy rating of OFFICIAL-SENSITIVE in line with DHSC requirements.
- 17.9 The Supplier shall ensure that any suspected or actual security breaches are reported to DHSC representative immediately and depending on the impact of the breach, shall be included in monthly performance reporting to the Authority.
- 17.10 The Supplier shall comply with all relevant legislation, organisational and cross Government policy and guidelines in relation to Data and asset security.
- 17.11 DHSC require the Supplier to undertake Check Assurance with a National Cyber Security Centre (NCSC) approved provider. Further information on NCSC penetration testing can be found at: <https://www.ncsc.gov.uk/information/using-check-provider>  
<https://www.ncsc.gov.uk/guidance/penetration-testing>
- 17.12 The Supplier shall not charge a premium to Buyers for any additional standards and/or security compliance applicable to a Call Off contract, unless otherwise agreed in advance by Buyers.
- 17.13 Supplier Staff shall be subject to pre-employment checks in accordance with HMG Baseline Personnel Security Standard (BPSS) Further details and the full requirements of the BPSS can be found at the Gov.UK website  
<https://www.gov.uk/government/publications/security-policy-framework>.
- 17.14 The Supplier shall ensure that all Supplier Staff, have been security vetted and approved to Disclosure and Barring Service (DBS) relevant standards and/or Disclosure Scotland

relevant standards where appropriate. The Supplier shall ensure this is completed prior to the involvement of Supplier Staff in the delivery of the Services under this DPS.

## 18. LOCATION

18.1 The Supplier must be able to deliver this service to any location within the UK.

### ANNEX A- Occupational Health SLA's ( Service Level Agreement) and KPIS's

Service Level Performance Criterion	Description	Service Level– Fail	Service Level – Warning	Service Level – Pass
		RED	AMBER	GREEN
Online Portal	Online Portal to be available fifty two (52) weeks a year, Monday to Friday 08:00 to 18:00, excluding Public and Bank Holidays, except for agreed downtime and maintenance which will be agreed with the Contracting Authorities at least seventy two (72) hours in advance of such work being carried out.	<98%	>= 98% and < 100%	100%
Telephone Support Services	All telephone support line Services to be available Monday to Friday 08:00 to 18:00, fifty-two (52) weeks a year (or as defined by the Contracting Authorities) excluding public and bank holidays.	< 98%	>= 98% and < 100%	100%
	Occupational Health Physicians and Occupational Health Advisors to be available Monday to Friday 08:00 to 18:00, fifty two (52) weeks a year (or as defined by the Contracting Authorities) excluding public and bank holidays	< 98%	>= 98% and < 100%	100%
	All calls to be answered within five (5) rings	< 97%	>= 97% and < 98%	>= 98%
	All telephone messages and emails to be responded to within 24 hours	<97%	>= 98% and < 98%	>= 98%
Case Management	Occupational Health Advisor or Occupational Health Physician face to face consultation to be held and report to be provided within 15 working days of Contracting Authorities Personnel referral (including confirmation of appointment to the employee and line manager)	<95%	>= 90% and < 95%	>= 95%
	Occupational Health Advisor telephone consultation to be held and report to be delivered within four (4) working days of Contracting Authorities Personnel referral	<95%	>= 90% and < 95%	95%
	Occupational Health Physician telephone consultation to be held and report to be delivered within seven (7) working days of Contracting Authorities Personnel referral	<90%	>= 90% and < 95%	95%
	All written case reports to be right first time (with correct level of information and details)	<95%	>= 95% and < 100%	100%

	Notification to the Contracting Authorities of an employee failing to attend appointment within one (1) working day of appointment being missed.	<100%		100%
	File opinion to be delivered to the Contracting Authorities within five (5) working days on receipt of request.	<95%	>= 95% and < 100%	100%
	Single case conferences to take place within 5 working days of request of Contracting Authorities	<90%	>= 90% and < 100%	100%
	Multiple case conference (including collation of referrals) to take place within ten (10) working days of request	<90%	>= 90% and < 100%	100%
<b>Further Medical Evidence</b>	Further Medical Evidence report requested from a specialist or General Practitioner within two (2) days of the need having been identified by the Supplier	< 100%		100%
<b>Ill Health retirements</b>	Medical opinion to support ill health retirement applications to be delivered within ten (10) working days of request	<90%	>= 90% and < 100%	100%
<b>Pre-Appointment and Pre-Enrolment Checks</b>	Delivery of report to Contracting Authorities following online screening within twenty four (24) hours	<95%	>= 95% and < 99%	>= 99%
	Occupational Health Adviser written opinion following online assessment to be delivered to the Contracting Authorities within two (2) working days	<95%	>= 95% and < 100%	100%
	Telephone assessment of Contracting Authorities Personnel within three (3) working days of request.	<95%	>= 95% and < 99%	>=99%
	Face to face Contracting Authorities Personnel assessment within five (5) working days of request.	<90%	>= 90% and < 99%	>=99%
	Written opinion following telephone and face-to-face assessment to be received by Contracting Authorities within two (2) working days of the assessment.	<90%	>= 90% and < 99%	>=99%
<b>Assessments</b>	For all Contracting Authorities Personnel assessments listed below : fifteen (15) working days from referral to delivery of report: - Workplace / Workstation Assessments - Occupational Therapy - Specialist Assessment for sight and hearing - Dyslexia Assessment - Specialist Assessments for disabled employees - Support Worker Assessment	< 95%	> = 95% and < 99%	> = 99%
<b>Complaints</b>	All customer Complaints to be acknowledged within one (1) Working Day of receipt	< 97%	> = 97% and < 99%	> = 99%
	Customer complaints to be resolved within ten (10) working days	< 97%	> = 97% and < 99%	> = 99%
<b>Customer Satisfaction</b>	All customer satisfaction surveys to meet agreed target measures	< 90%	> = 90% and < 95%	> = 95%
<b>Contract Management</b>	All invoices right first time, provided with supporting Data and received at the agreed times	< 97%	> = 97% and < 99%	> = 99%

	Account management support available Monday to Friday 8am -6pm with responses to queries from the Contracting Authorities within one (1) Working Day	< 97%	> = 97% and < 99%	> = 99%
<b>Management Information</b>	Management Information delivered to Contracting Authority within seven working days of the month elapsing	<100%		100%
	All ad hoc and urgent MI in relation to Freedom of Information requests, Minister's questions and Parliamentary Questions will be provided within the timelines outlined for each request by the Contracting Authorities	<100%		100%

**The contracting authority will apply service credits to the most critical SLAs which will be determined after Market engagement**

**ANNEX B- EAP(Employee Assistance Programme) SLA's ( Service Level Agreement) and KPIS's**

Measure Number	Category	Performance Criteria	Measure
1	<b>Counselling Services</b>	Counselling Services to be available 24 hours a day, 7 days a week, 365 days a year.	24 hours failure per month Target: Target: 100%
2	<b>Counselling Services</b>	Urgent or red flag cases will have first face to face counselling session offered within 24 hours of first contact (if determined)	Pass:>99.7% Warning:99%to99.7% Fail: <99%
3	<b>Counselling Services</b>	Where the need for a fast track referral to counselling has been identified by the supplier, the appointment shall be booked within 2 days of referral	Pass: 100% Warning: 98% to 99% Fail: <98%
4	<b>Trauma and Critical Incident Support</b>	Where critical incident procedures have been invoked, all employees (including those overseas) must have access to designated telephone support within 2 hours of notification	Target: 100%
5	<b>Trauma and Critical Incident Support</b>	A workplace site presence with the appropriate number of skilled supplier personnel available within 48 hours	Target: 100%
6	<b>Telephone Support Services</b>	All telephone support line services to be available 24 hours a day, 7 days a week, 365 days a year	Pass:100% Warning: 98% to 99% Fail: <98%
7	<b>Telephone Support Services</b>	Urgent or red flag cases will be matched immediately for telephone support	Target: 100%
8	<b>Telephone Support Services</b>	All calls to be answered within 5 rings	Pass:>97% Warning: 97% Fail: <97%
9	<b>Telephone Support Services</b>	Call abandonment rate to be less than 2%	Pass:>98% Warning: 97% to 98% Fail: <97%
10	<b>Telephone Support Services</b>	Initial call back to DHSC personnel following triage to take place within 2 hours	Pass:100% Warning: 98% to 99% Fail: <98%
11	<b>Telephone Support Services</b>	All queries not requiring counselling services to be completed within 2 working days of the request	Pass:>97% Warning: 97% Fail: <97%



<b>12</b>	<b>Online Portal / Website / Mobile Application</b>	Online portal to be available 24 hours a day, 7 days a week, 365 days a year except for agreed downtime and maintenance which will be agreed with DHSC at least 72 hours in advance of such work being carried out	Pass:>98% Warning: 97% to 98% Fail: <97%
<b>13</b>	<b>General</b>	All counselling appointments (telephone, e-counselling or face to face) to be arranged within 48 hours of first contact	Pass:100% Warning: 98% to 99% Fail: <98%
<b>14</b>	<b>General</b>	Initial counselling session offered to take place within 5 days of first contact	Pass:>98% Warning: 97% to 98% Fail: <97%
<b>15</b>	<b>General</b>	Face to face counselling appointments to be offered within 1 hour's travelling time by public transport of DHSC personnel home office location	Pass:>98% Warning: 97% to 98% Fail: <97%
<b>16</b>	<b>General</b>	All complaints to be acknowledged within 1 working day of receipt	Pass:>98% Warning: 97% to 98% Fail: <97%