DPS FRAMEWORK SCHEDULE 4: LETTER OF APPOINTMENT AND CONTRACT TERMS

Part 1: Letter of Appointment

Dear Sirs

Letter of Appointment

This letter of Appointment dated 23rd August 2021 is issued in accordance with the provisions of the DPS Agreement (RM6018) between CCS and the Supplier. Capitalised terms and expressions used in this letter have the same meanings as in the Contract Terms unless the context otherwise requires.

Order Number:	C36699
From:	National Health Service Commissioning Board (Operating as NHS England) ("Customer")
To:	Institute of Employment Studies ("Supplier")

Effective Date:	23rd August 2021
Expiry Date:	End date of Initial Period 31st March 2022 End date of Maximum Extension Period 31st March 2023 Minimum written notice to Supplier in respect of extension:3 months

Services required:	Set out in Section 2, Part B (Specification) of the DPS Agreement and refined by: · the Customer's Project Specification attached at Annex A and the Supplier's Proposal attached at Annex B; and

Key Individuals:	[redacted]
Guarantor(s)	N/A

[redacted]

5) [redacted]

6) Total	£9,650.00
Grand Total	£195,849.00

[redacted]

	Additional insurance not required.
Liability Requirements	**Suppliers limitation of Liability** (Clause **Error! Reference source not found.** of the Contract Terms);
Customer billing address for invoicing:	All invoices should be submitted electronically via Tradeshift. Tradeshift is a free to use service for suppliers, registration is completed directly by the supplier and is integrated with ISFE (Finance system). Full guidance for suppliers is available at: Welcome to NHS SBS's Tradeshift Network. Once registered suppliers will submit invoices directly to this platform. Note that any invoice submitted without a Purchase Order it will be rejected.

GDPR	N/A
Alternative and/or additional provisions (including Schedule 8(Additional clauses)):	N/A

FORMATION OF CONTRACT

BY SIGNING AND RETURNING THIS LETTER OF APPOINTMENT (which may be done by electronic means) the Supplier agrees to enter a Contract with the Customer to provide the Services in accordance with the terms of this letter and the Contract Terms.

The Parties hereby acknowledge and agree that they have read this letter and the Contract Terms.

The Parties hereby acknowledge and agree that this Contract shall be formed when the Customer acknowledges (which may be done by electronic means) the receipt of the signed copy of this letter from the Supplier within two (2) Working Days from such receipt

For and on behalf of the Supplier: **For and on behalf of the Customer:**

ANNEX A

Customer Project Specification

Service specification: Independent evaluation of enhanced health and wellbeing pilots

Background

As part of NHS England and NHS Improvement's (NHS E&I) ongoing work to support the health and wellbeing of all NHS colleagues through evidence based models, the national Health and Wellbeing team at NHS England and NHS Improvement have been allocated some non-recurrent funding in 2021/22 to share across a number of Integrated Care Systems (ICSs).

These two funding allocations (programmes) available this year are:

1. Enhanced health and wellbeing in systems - Invitations to apply for this funding was shared with ICS leads on 6 May, inviting colleagues to work collaboratively across their ICS to identify where support is needed, and how they would deliver a health and wellbeing offer for all colleagues working across their ICS (including hospital colleagues and community trusts etc).
2. Enhanced health and wellbeing in primary care - Invitations to apply for this funding was shared with ICS and primary care stakeholders on 6 May, inviting colleagues across the primary care landscape to work collaboratively to develop an offer that specifically supports the health and wellbeing of colleagues working across primary care (general practice, dentistry, optometry and pharmacy).

All ICSs wishing to bid for funding have been asked to submit their proposal to a panel (consisting of national and regional colleagues) for review by 7 June. The panel will review the bids over the month of June and confirm approved projects on 8 July. Funding will be allocated to a nominated CCG for each approved bid in Month 4 (July).

Aims and Objectives

NHS England and NHS Improvement have agreed to nationally support ICSs to evaluate the success of their projects by commissioning one or two independent evaluators to work in partnership with the national team and with named leads for each project to evaluate their support offers and monitor progress over the year, drawing conclusions and noting results.

The evaluation partner/s will be asked to deliver the following for each programme:

Lot 1

Enhanced health and wellbeing in systems: one interim national evaluation (due November 2021), one final national evaluation (due 31 March 2022), plus one individual evaluation per ICS project (due 31 March 2022)

Lot 2

Enhanced health and wellbeing in primary care: one interim national evaluation (due November 2021), one final national evaluation (due 31 March 2022), plus one individual evaluation per project (due 31 March 2022).

Evaluation Partner Requirements (In Scope)

The evaluation partner/s will need to share evidence that they:

1. Have extensive knowledge, expertise and experience within their team of data collection and evaluation on a large-scale basis.

2. Are able to build and maintain relationships and work collaboratively with a range of stakeholders, in this instance the national Health and Wellbeing team, regional colleagues and nominated leads for each project. The national team will co-ordinate the introductions between the project leads and evaluation partner.

3. Are able to agree a process with the national team and project leads for receiving and reviewing data on a regular basis, as well as identifying where there might be gaps in data (and how these gaps could be addressed).

4. Are able to co-ordinate staff feedback during the programme i.e. sending out staff satisfaction surveys at the start and again at the end, noting any impact.

5. Commit to attend regular meetings with the national team to present progress and findings.

6. Commit to delivering the evaluations on time, and therefore have sufficient capacity to provide the timely reports to set time scales (see “Timescales”).

7. Are able to use innovative methods to ensure that each report will:
    - Measure the success of the overall programme and each individual project
    - Evidence value for money
    - Identify any impacts (both negative and positive)
    - Provide an evidence base of what works well
    - Identify where lessons have been learnt
    - Consider how specific elements of best practise can be shared and spread through a collaborative approach

Timescales

NHS England and NHS Improvement are keen to have appointed a supplier/s by 16th July. The contract term for the supplier/s will be from 16th July (depending on procurement timescales) until 31 March 2022.

NHS England and NHS Improvement will facilitate introductions between the evaluation supplier/s and individual project leads.

Deadlines for the reports (for both programmes) are as follows:

- One interim national evaluation (due November 2021)
- One final national evaluation (due 31 March 2022)
- One individual evaluation per pilot (due 31 March 2022)

For programme one, there will be a minimum of 7 and maximum of 14 system-level projects to evaluate. For programme two, there will likely be a minimum of 14 system-level projects to evaluate.

Evaluation Budget

Programme one (Lot 1) - Enhanced health and wellbeing in systems: £140k – £160k Exc VAT

Programme two (Lot 2) - Enhanced health and wellbeing in primary care: £180k – £200k Exc VAT

This is only an estimate, bidders will be expected to submit a competitive bid.

The funding allocation percentages for both programmes are as follows:

- One interim national evaluation (due November 2021) – 30%
- One final national evaluation (due 31 March 2022) – 30%
- One individual evaluation per pilot (due 31 March 2022) – 40%

The evaluation supplier will invoice NHS England and NHS Improvement for the allocated funding percentage once each report has been submitted, reviewed and agreed.

ANNEX B

Supplier Proposal

Table 1 Evaluation Framework

		Evaluation activities						
Objectives	Examples of areas of enquiry	Collab. working with national /regional H&WB colleagues	Pilot familiarisation and document review	Short questionnaire for pilot leads	Qualitative ' deep dive' approach with pilot leads, delivery teams, and staff (service users)	Collection/analysis of satisfaction /VfM data	Consultancy and co-production activities with pilot teams	Reporting and dissemination
Measure the success of the overall programme / each individual project	What services are individual pilots delivering and how do they differ?	✓	✓	✓	✓		✓	✓
	What MI/ data is being recorded/collected by each pilot team?	✓	✓	✓	✓	✓	✓	✓
	What will success look like from the perspective of stakeholders?	✓	✓	✓	✓		✓	✓
	What wellbeing impacts can be determined?					✓		✓
Evidence of value for money	What is the planned spend for each pilot and what is the relationship between cost and impact?		✓	✓		✓		✓
Identify any impacts (- and +)	How do satisfaction metrics/other indicators change over time?					✓		✓
	What are stakeholders' subjective reflections on impact?				✓			✓
Provide an evidence base of what works well	How has the set-up process gone, what early lessons are emerging?			✓	✓		✓	✓
	What activities are being used to secure engagement, ie reach the workforce?		✓	✓	✓		✓	✓
	What methods have worked best from the perspective of delivery teams?				✓		✓	✓
	What has been effective /less effective from the perspective of staff?				✓			✓
	How can delivery teams evaluate their own progress?						✓	
Identify where lessons have been learnt	What could have been done better with the benefit of hindsight?				✓			✓
	What approach(es) work best for whom, where and how?				✓	✓		✓
Consider how best practise can be	What insights can stakeholders offer around how to share learning so other organisations can benefit?	✓			✓			✓

		Evaluation activities						
Objectives	Examples of areas of enquiry	Collab. working with national /regional H&WB colleagues	Pilot familiarisation and document review	Short questionnaire for pilot leads	Qualitative ' deep dive' approach with pilot leads, delivery teams, and staff (service users)	Collection/analysis of satisfaction /VfM data	Consultancy and co-production activities with pilot teams	Reporting and dissemination
shared /spread via collab approach	How should findings be presented/disseminated in order to reach others effectively?	✓			✓			✓

Overall approach:

The above framework sets out how we will cover the aims set out in the SOR. Each column shows specific research/consultancy activities we have costed for, each of which will be led by a suitably experienced team member. We have carefully considered how these activities will collectively provide sufficient data to inform a comprehensive process and impact evaluation, whilst simultaneously facilitating collaborative working between IES and local and national teams. To contextualise the framework our overall approach and rationale is set out below.

Set up and mobilisation

We suggest an early set up meeting would allow us to explore where you feel most learning is needed from the evaluation, eg, what lessons are well established from earlier programmes/initiatives, what contextual factors are important (eg impact of Covid-19 /vaccination programme on demands on staff/wellbeing of staff/delivery of wellbeing services to staff).

We want to gain familiarity with relevant governance and delivery documents, understand the type of management information (MI) being collected and the reporting requirements on each pilot delivery team. We will also request proposals/plans submitted by all pilot applicants (or at least those elements that can be shared with us) so that we can fully understand issues such as budget allocation, delivery plans, staffing etc.

Short questionnaire for all pilot leads

Early on we propose circulating a questionnaire in spreadsheet format for each lead to complete. This will serve several important purposes, for example

- Providing early or 'snapshot' insights from all organisations about what they feel to be working well, current challenges and early lessons learned.
- Informing a 'typology' of pilots; this will help us group and categorise pilots in a meaningful way when undertaking impact and value for money analysis
- Providing a dataset which the interim report can draw from
- Informing areas we want to explore further in the case studies.

Although we want to minimise overall data burden on pilot delivery leads, we think this step is important in undertaking the remainder of the evaluation strategically. We will encourage short responses and also aim to minimise any duplication with existing MI requirements.

Case studies

We have allocated available resource and time for the evaluation sufficient to allow in depth-investigation of 6 initiatives. For context, we hope that the national team can share proposals submitted by each pilot. Detailed timetable information about roll-out of each, will be important so we can schedule fieldwork at appropriate points in programme delivery, with evaluation milestones in mind.

Interviews with pilot delivery teams will provide a means of understanding the nature of intervention(s) and local context. We have budgeted for up to three semi-structured telephone/video interviews per pilot, with the aim of talking to the lead (an extended interview), and two delivery staff (to understand service delivery on the ground and engagement primary care staff users. The intention of staff interviews will be to understand methods of reaching individuals and what has worked to engage them and, most importantly, meet their wellbeing needs. The questions will be open-ended to prompt reflection on issues participants consider relevant and important.

Interviews with staff (ie staff using the wellbeing interventions) will be essential to consider in any evaluation of this type. We have budgeted for up to 6 interviews representing key staff groups, ie general practice, dentistry, optometry and pharmacy. We would work with pilot leads to identify individuals suitable and willing to be interviewed. Interviews would be conducted by telephone and would be relatively short and informal. As detailed in our track record, our researchers have extensive experience of working with beneficiaries of wellbeing interventions and asking questions which do not prompt disclosure of

Support for self-evaluation and co-production at individual pilot level

It will be helpful if the pilot sites perceive the evaluation process as one that delivers something of value to them directly. Our approach is to offer a **series of virtual sessions for pilot leads** on the general theme of evaluation. A slot in an existing meeting that would be ideal to maximise attendance. Alternatively, IES would be happy to host bespoke virtual workshops. Following input from IES expert, we will facilitate 'pause and reflect' sessions among site leads to enable them to challenge and support each other as a creative network on evaluation as well as on implementation. We have also budgeted for some direct expert advice for supporting up to 14 pilot sites to improve their own evaluation capability alongside participating in the national evaluation. This will complement the other elements by raising the availability and reliability of relevant local data which the national evaluation will also benefit from.

Impact data collection and analysis

The **staff satisfaction survey is central to understanding impact.** Our approach to this is described in Q4. A priority will be to establish how to ensure that the data obtained from this survey, together with relevant management information (at local and national level) will be sufficient to inform a comprehensive assessment of impact and value for money.

Interim and final reporting

We anticipate our interim report will draw upon our document review, questionnaires sent out to pilot delivery leads and (depending on timing) some emerging messages from early case study work.

The final report will present full synthesis of all findings in a narrative form that explicitly addresses all of the main research questions and also 'what works, for whom, in what circumstances and why?' identifying where lessons have been learned and the implications of these for future service commissioning of this type. Pilot-level reporting will focus primarily on available impact data with individualised user-friendly tabular information.

IES has a commitment to disseminating our findings and will work with you to find the most effective means of ensuring that elements of best practise can be shared and spread through a collaborative approach.

About IES

Institute for Employment Studies (IES) is an independent, apolitical, international centre of research and consultancy in public employment policy and HR issues. It works closely with employers in all sectors, government departments, agencies, professional bodies and associations. IES is a focus of knowledge and practical experience in work, workers and workplaces.

IES is a not-for-profit organisation.

An evaluation team of six IES employees is proposed. Together they have 72 yrs. organisation research and evaluation experience and, as the senior members of the #LookingAfterYouToo evaluation team, four are fully aware of the specific, changeable workload and wellbeing challenges faced by front-line staff delivering primary care services through the pandemic.

Relevant IES experience and track record

IES' knowledge of programme evaluation methodologies is extensive and core to our organisational DNA. Our evaluations and impact assessments regularly use innovative techniques and a wide range of evaluation methodologies. IES has a long and successful track record of evaluating staff wellbeing interventions within health contexts. We also have extensive research and consultancy experience within the public sector and in the context of changing working practices. One of our specialisms is the analysis of large-scale data using state-of-the-art econometric

and benchmarking methods. Many of our reports and infographics are published on our website. Project examples include:

- Support to the rail industry in providing mental health training for line managers. The first of its kind worldwide, the evaluation compared the effects of face-to-face training and e-learning with no training. Learning about embedding highlighted the need for solutions to be sustainable and accompanied by 'wraparound' support.
- Process and impact evaluation of NHS England's #LookingAfterYouToo individual coaching support service for primary care staff. Includes tracking staff feedback over time.
- Evaluation of Mind's mental health and resilience training for new 'Blue Light' recruits. Included training observations and a census-type survey.
- Randomised Controlled Trial (RCT) comparing the impact of individual mindfulness training interventions with collective mindfulness interventions, for a UK Government Department.
- Evaluation of large-scale pilot of a Health Coaching training intervention for HEE (East of England). Included organisational case studies and data analysis to explore RoI.
- IES leads the consortium delivering the large-scale health-led employment trial evaluation for DWP. Is assessing impact and cost effectiveness, as well as the causal pathway to eventual impacts amongst participants.
- Evaluations of the Aspiring NHS Chief Executive Programme and the flagship Nye Bevan Programme, both for NHS Leadership Academy, NHS Improvement and NHS Providers.
- IES led large-scale evaluation of Carers in Employment Pilot for the Social Care Institute for Excellence. Involved analysis of MI and impact data as well interviews. Sally Wilson appeared in front of the House of Commons Select Committee to answer MP's questions on findings.
- Process evaluation of the National Apprenticeship Trailblazers for BEIS.
- Impact evaluation of the NHS Innovation Accelerator Programme on innovators and the uptake of their innovations. Involved using Qualitative Comparative Analysis (QCA).

Staffing structure and pen portraits of proposed evaluation team

Project [redacted] will be senior person responsible for this evaluation project and will quality assure evaluation research processes and outputs. [redacted] is a member of IES' Leadership Team and has extensive track record on workforce health and the impact of chronic illness on productivity. His recent work includes How the pandemic changed work for people with health conditions; GP burnout; Working from Home under Covid-19 Lockdown, and Obesity Stigma at Work. [redacted] is a reviewer for The Lancet and an adviser to the government's Mental Health and Employment Review.

Project Manager – [redacted]
Sally Wilson, BSc, PhD, FRSA will lead the evaluation team and have day to day contact with NHSE, pilot sites and other stakeholders, attend client meetings and ensure the evaluation keeps on track. [redacted] is IES lead on health and wellbeing at work. Her specialisms include occupational health and safety, stress and mental health. Her recent work is on workplace mental wellbeing, including interventions to manage workplace stressors, as well as measures to help people return and re-enter work. [redacted] background is in behavioural and health sciences having completed a PhD in neuropsychology in Cambridge. Her clients include MOD, HSE, Mind, Macmillan, HEE and EU-OSHA .

The Deputy Project Manager is [redacted] and Research Officer is [redacted]. Sally will be assisted by three sub-lead evaluators: [redacted] on data collection and analysis of rich interview data to generative a compelling narrative; [redacted] on collecting and analysing feedback from surveys to track progress over time of staff accessing the interventions at pilot sites; and [redacted] will facilitate collaborative virtual events to capture and share lessons as they are learnt. [redacted] will all contribute to interim and final report writing.

Sub-team leaders – [redacted]
Beth Mason BSc, MSc has significant expertise in researching health and wellbeing interventions across primary care, construction and defence sectors, utilising a range of evaluation methods. She was sub-team lead utilising multiple online surveys to determine impact of NHS England's #LookingAfterYouToo coaching service and was project manager on embedding organizational values research to identify impacts (both negative and positive) and generate evidence of what works well. Beth will lead the survey and MI data elements and contribute to report writing.

[redacted] BA, MSc, PhD led a rapid evidence review of health and wellbeing interventions in healthcare and in-depth case studies evaluating the #LookingAfterYouToo coaching intervention in Primary Care and a review of workplace counselling and its implications for employee wellbeing and organisational outcomes. Zofia has a keen interest in the role of the line manager in the workplace and their implications for wellbeing. Her current research is on GP burnout and reviews of organisational weight-based interventions, Psychological Capital interventions and the impact of a health improvement programme. She co-authored a book on the future of workplace practices.

[redacted] DBA, MBA, BA (Hons), FCIPD is currently NHS England's partner evaluating the impact of its #LookingAfterYouToo individual coaching support service for primary care staff and co-directs the evaluation of the National Leadership Centre for the Cabinet Office. Previously she led an RCT comparing mindfulness training interventions and the evaluation of the paramedic pre-degree pilot sites for HEE. [redacted] has particular skills in multi-stakeholder collaborative research methods and supporting pilot sites to improve their own evaluation capability alongside

participating in national evaluations e.g., surfacing lessons learned across ICS in Glouc. as they spread health coaching.

Inclusivity, accessibility and diversity

The Institute for Employment Studies recognises and understands the importance of ensuring that our research is inclusive, accessible and recognises the diverse demographic of the NHS workforce. This will be shown in both the research process and research design that we use. It is suggested that in this project we could co-ordinate a diversity and inclusion advisory panel, through which a research design, any research materials, data collection, analysis and the dissemination of research outputs could be consulted on to ensure that diversity and inclusion is considered and made relevant to the NHS workforce. Using such expertise would help us to develop the research design and focus, to best answer the research questions. IES already have a working group in which matters related to EDI are discussed which could be used as a sounding board for this project, unless a more NHS focussed expert is required.

Sampling

Diversity and Inclusion can be considered within the sampling that is used in the study. For example, it will be important that we ensure the sites which we use throughout the evaluation have an adequate mix of the four staffing primary care groups (general practitioners, dentists, optometrist and pharmacists) to understand both the similarities and differences in health and wellbeing needs within these primary care staffing groups. It will also be important to consider issues such as rural/urban locations as this could have an impact on the demographics of staff.

Research Design

IES will ensure that all research materials (consent forms, surveys, interview topic guides) use inclusive language and do not directly or indirectly discriminate against any staff groups. All research participants will be asked for their informed consent to participate and will be aware of what participation will include. Research materials will be checked by the advisory panel to make sure we are capturing the correct data we will need for considering diversity and inclusion in our evaluation and doing so in a non-stigmatising way.

Data Analysis and Reporting

When analysing the data this will be guided by the research questions and which may have identified any particular subgroups of interest. All findings will be reported using inclusive language.

Dissemination

To increase accessibility and reach of our research findings, IES can use a range of dissemination outputs. This can include a traditional research report, infographics, blogs, journal articles, conference presentations (amongst others). IES are aware of the use people first language when discussing some long-term chronic conditions (e.g. people living with obesity), to avoid stigmatising or discriminatory language, and when images are being used to ensure they are diverse and inclusive.

Project team details, including a summary of relevant skills and experience

Name	Project role and responsibilities
[redacted]	**Project Director**: with overall responsibility for quality assurance of the evaluation research processes and outputs. [redacted] is a member of IES' Leadership Team and has extensive track record on workforce health and the impact of chronic illness on productivity. [redacted] is an adviser to a number of UK government departments and has advised employers and policymakers in Europe, Asia-Pacific, Australasia and North America. He has received a special award from GAMIAN-Europe for his contribution to the field of mental health and employment and is a reviewer for several academic journals, including The Lancet.
[redacted] Senior Research Fellow	**Project Manager and Lead client contact point** for the evaluation, overall day-to-day responsibility for project; research design; and analysis; authorship of national report. [redacted] has a 20 year track record in occupational health and wellbeing research and has led numerous national and local evaluations in this policy area. He clients include Mind, the Social Care Institute for Excellence, EU-OSHA Macmillan Cancer Research and European Cancer Patient Coalition. Her PhD research was conducted in a clinical rehabilitation setting at Addenbrookes Hospital, Cambridge.
[redacted]	**Lead on collaborative virtual events** which will capture and share lessons as they are learnt. [redacted] has extensive experience in multi-stakeholder collaborative research methods and supporting pilot sites to improve their own evaluation capability alongside participating in national evaluations. She is currently NHS England's partner evaluating the impact of its #LookingAfterYouToo individual coaching support service for primary care staff and co-directs the evaluation of the National Leadership Centre for

	the Cabinet Office. Previously she led an RCT comparing mindfulness training interventions and the evaluation of the paramedic pre-degree pilot sites for HEE.
[redacted]	**Lead on qualitative interview analysis.** [redacted] has a wide-ranging track record in workplace health and wellbeing research including a mixed-method study to understand the role of employee engagement in the NHS for staff and patient outcomes and contributed to a number of policy papers providing recommendations to improve the health and wellbeing of the workforce. [redacted] completed a PhD in management studies at King's College London, focusing on the management of temporary staff in the accident and emergency department, and the impact this can have on patient safety and service quality.
[redacted]	**Lead on impact analysis** and **Deputy Project Manager:** Beth brings significant expertise in researching health and wellbeing interventions across primary care, construction and defence sectors, utilising a range of evaluation methods. She was sub-team lead utilising multiple online surveys to determine impact of NHS England's #LookingAfterYouToo coaching service.
[redacted]	Data collection and analysis responsibilities IES projects Joe has worked on include an evaluation of a student mental health survey, a literature review exploring the topic of Psychological Capital in the workplace, and a project evaluating the delivery of a digital training programme across the country.

Delivering the project and working with the national team

Our approach to project management and quality assurance (QA) is underpinned by the IES Quality Management System (ISO9001 accredited and compliant with ISO27001). We follow the Market Research Society and Social Research Association codes of conduct and guidelines and have stringent procedures in place to comply with the GDPR. A copy of our full QA procedures is available on request.

Project staffing has been designed to protect quality and enable efficient project management, ensuring the project runs to time, to budget and to the highest standards. Staff members have been carefully selected to ensure that we provide the requisite balance of skills, as well as in-depth knowledge and experience of health and wellbeing and behaviour change. Each member of staff has a clearly designated role and responsibilities and an agreed time allocation.

At project start-up we will develop a **detailed project plan and risk register**, with risks regularly reviewed as part of our management of the project and mitigations discussed with NHSEI leads as required. A priority will be looking at **risks to timescales**: mitigating measures we suggest include early introduction to pilot sites, participants and local stakeholders to inform them of the evaluation and its various requirements on them in advance so that they can plan in sufficient time for data collection, data transfer and potential participation in case studies.

In relation to **scope** our **detailed research framework** (set out in the table in Q1) will help ensure that collectively, all research activities directly address the research objectives efficiently strategically and effectively, and within scope.

There are also **specific issues in relation to scope that we would wish to clarify early on**, eg whether to administer the satisfaction survey (the main impact measurement instrument) to the whole target staff audience for the various wellbeing pilot interventions or to focus solely on those who make use of them. A potential constraint will be pilot teams' access to/ability to share contact details. Another practical research issue is whether IES take overall responsibility for contacting staff users (survey participants) or whether the pilot teams themselves can do this. These are practical issues we are keen to work collaboratively with you to resolve.

We also want to understand fully understand the **context** to the pilots early on, where possible having sight of relevant governance and delivery documents, so we can understand the type of management information (MI) being collected and the reporting requirements on each pilot delivery team. We will also request proposals/plans submitted by all pilot applicants (or at least those elements that can be shared with us) so that we can fully understand issues such as budget allocation, delivery plans, staffing etc.

On **research delivery**, before conducting interviews and conducting observations all research staff will receive a detailed briefing from the Project Manager covering project aims and objectives, research methods and the research tools. We will agree all research tools with the NHSEI leads in advance. Once the research materials have been signed off, interviews will be conducted by a senior member of the team in IES to ensure that the tools work as planned and to provide the opportunity for them to be reviewed as necessary. The analysis frameworks and plans can be shared on request, and final analytical outputs will be QA'd at Project Director level.

Effective project communications are vital to ensuring the project can be delivered as set out in the timetable, to the required quality standards, and meeting the research aims. We want to work collaboratively with the NHSEI with open and clear communications. We would propose regular (fortnightly) project catch ups by phone where these can be organised around key research milestones and bimonthly progress updates. These updates will ensure that the NHSEI leads are informed and updated on research progress, and that there is two-way communication and discussion. We will actively seek comments and feedback throughout the project and

have structured the activities to include regular opportunities to monitor and review progress.

We strive to be thoughtful and pragmatic evaluation partners, we are aware of the realities of conducting research in an applied context where stakeholder time can be limited and will work to offer flexibility where this is possible. Our approach to communication reflects that pragmatic approach and we see the relationships that we build and maintain with our clients and wider stakeholders as underpinning effective communication.

Project Inception

At the inception meeting we want to gain an understanding of the contractual obligations on the various pilots regarding data collection activities and early thoughts about where data gaps are likely to occur. A priority will be to establish the role IES would take in administering and collating data from the satisfaction survey referred to in the Statement of Requirements (SoR), the anticipated format of this survey and the scope to create/tailor items in it to provide meaningful impact metrics. Processes for receiving and reviewing data will need to be in place as early as possible as well as the timing of these, ie fleshing out the timescales outlined in the service specification.

Document review

An important source of contextual data will be the relevant governance and pilot planning documents. We will need to understand the type of management information (MI) being collected and progress reporting requirements on each project delivery team. The national team may also wish to share evaluations and reports produced prior to commissioning the pilots if considered relevant so we can review these. We will also request proposals/plans submitted by all 14 project applicants (or at least those elements that can be shared with us) so and determine budget allocation, delivery plans, staffing etc. Alongside the questionnaire data it will be used to select case studies and help interpret our process and impact findings.

Short questionnaire for all project leads (quantitative information)

In anticipation that the array of pilots we need to understand will be numerous and diverse, we propose circulating a 'questionnaire' in spreadsheet format for each lead to complete so that we can fully understand each pilot's infrastructure. It will serve several important purposes, for example.

Capturing early 'snapshot' responses from all organisations about what they feel to be working well, current challenges and early lessons learned.
Informing a 'typology' of project types; this will help us group and categorise projects in a meaningful way when undertaking impact and value for money analysis
Providing a dataset which the interim report can draw from
Informing areas we want to explore further in the case studies.

Although we want to minimise overall data burden on project delivery leads, we think this step is important in undertaking the remainder of the evaluation strategically. We will encourage short responses and also aim to minimise any duplication with existing MI requirements.

Case studies

In Q1 we describe the aims of the case studies, the main one being to obtain 'deep dive detail on a representative sample of pilots to inform the process aspect of the evaluation and ensure views are represented from a diverse range of individuals involved in both delivering and receiving the various wellbeing services. This data will be collected via video/phone interview. A fully informed consent process will be developed showing participants how data will be used and reported. Qualitative analysis will be undertaken to identify common themes, topics, and patterns of meaning that arise repeatedly. We will use a bespoke template to code (analyse) the data, using an approach that is both deductive, (using predetermined themes) and inductive (themes that emerge within the data).

A two-dimensional matrix will be used as coding framework with provision for researchers to flag queries and pertinent 'outlier' findings. Where available, supporting quotes will be identified for each theme.

Impact data collection and analysis

Satisfaction survey

We will wish to discuss whether the satisfaction survey follows an existing NHS survey format or diverges from this and contains bespoke items specific to this evaluation and the metrics required. A key decision to make in collaboration with you will be whether administration of the staff satisfaction survey is confined to staff users only or all *potential* staff users (ie the more general audience for the pilot, for example to explore reach of marketing/reasons for not using the service). Either way a 'census' approach is suggested where all applicable individuals whose contact details are available receive a survey request.

We will agree on a mechanism for sharing the survey with staff users. We suggest SNAP survey format which is supported by a full range of platforms include smartphones, supplemented where necessary with administration via other media to ensure inclusiveness and maximise response rates. Early on we will need to agree GDPR compliant processes to allow pilots to share email addresses/other contact details with IES. Our costs include an analysis plan (to be agreed with you in advance) cleaning the data from the satisfaction surveys and preparing it for analysis, conducting the analysis in SPSS and producing outputs in a suitable format for reporting. Analysis will take place at two levels:

Individual pilot level – eg to determine whether individual projects have been successful in their own terms

Across all pilots: merging *all* comparable data sets will allow the most powerful statistical tests to be applied and enable conclusions to be drawn about which pilots have been most impactful and in what circumstances.

Analysis of the data will be undertaken using frequencies, cross-tabulations, measures of association and statistical significance. We will develop a set of key break-variables to explore differences and similarities across projects and staff user populations.

Value for money and other metrics

Value for money will be determined at pilot level by comparing pilot spend with its overall impact. We will require costs for each pilot, eg anticipated and actual spend on staffing. MI information which indicates impact such as numbers of staff treated, successfully managed returns to work/retention of jobs will be sought where available.

Depending on data availability at site level here may be some limited scope to compare historical and current data ('pre' and 'post') that could indicating cost savings (for example reduced referral rates to alternative occupational health providers, overall spend on wellbeing within each trust). However Covid-19 may present a barrier to meaningful comparison with previous years' data and we would wish to explore any thoughts/assumptions around this with you.

Reporting

In reporting our findings at national level we will directly address the suitability and effectiveness of the pilots for the NHS workforces they serve and draw out lessons for future, similar initiatives. We will agree a template with you in advance and discuss your requirements regarding the format and length of outputs. IES are routinely required to produce actionable recommendations in our reports for health providers and government bodies (our senior team members' CVs attest to this) and our research approach is designed with this overarching aim in mind. We will produce our report in Plain English and will work with you to ensure that accessibility requirements are met.

IES overall approach to stakeholder engagement

An inability to engage staff/participants and stakeholders would be a risk to the evaluation and therefore the evaluation team will need to work with the national team to mitigate or eliminate the risk. In our experience of successful multi-stakeholder evaluations, we suggest the following activities in combination:

Enlist support of NHS England and NHS Improvement to engage national and regional stakeholders so the evaluation benefits from their knowledge of the system and specific challenges and what wellbeing problem(s) it is expected each pilot might solve (in whole or in part)

Early introduction to pilot sites, participants and local stakeholders to inform them of the evaluation, allow sufficient time for data collection and offer flexibility.

Information sheet to explain evaluation purpose and process to allay concerns.

Ability of evaluation team to be flexible in terms of virtual workshop and interview dates and times to maximise participation and choice of platform (e.g., Teams, FaceTime, Zoom etc.,)

Deliver something useful as part of the evaluation process e.g., seminars on evaluation methods to raise capability of pilot representatives or collaborative.

Working with NHSEI

IES values its client relationships, and a key part of the project managers job is to ensure regular and productive engagement with NHSEI leads. The evaluation team has an experienced project manager and project director and a sufficiently large team to ensure other team members can cover for each other if required. If the project manager is unavailable, the deputy project manager will be available to assist NHSEI. IES has low turnover, but other team members will take the place of any leaver. In the event of long-term illness or staff departures, IES will bring in additional staff from its pool of 30+ other researchers. IES conducts client satisfaction exercise following every project and learning from feedback from clients about what we do and how we engage with clients is regularly discussed by the Institute Leadership Team.

We will agree the most appropriate data collection methods with NHSEI prior to commencement to ensure we take account of contextual issues.

National/regional stakeholder discussions

Early discussions with a range of key stakeholders will be crucial in helping us create the structure for the evaluation impact framework (which will be populated as the evaluation progresses). This approach ensures the views and support of key stakeholders are integrated into the process from the outset and enable us to design the most appropriate research tools for the different stakeholder groups. In turn this means our data collection requests are focussed and not unnecessarily burdensome on pilot site personnel.

Feedback from previous clients indicates that engaging with IES researchers is an opportunity to get some independent feedback on how things have gone whilst there is still time to make changes before future funding bids happen. IES researchers can also offer advice on improving data sources to help stakeholders prior to commissioning evaluation partners for other programmes in future. Many clients find us thoughtful but pragmatic evaluation partners, we are not ivory tower academics: at IES we understand introducing and evaluating interventions in organisations can be tricky:.ie ilt is not like a lab-based experiments.

Reaching out to multiple local stakeholders

Within the deep dive case study approach, we propose to reach out to multiple local stakeholders (not just the pilot leads and staff/participants actually accessing the interventions) and use a mix of in-depth methods to gather rich data on both design/implementation of the interventions as well as the detail of actual and expected outcomes. This approach has the benefit of enabling evaluation from a multi-stakeholder perspective within each pilot site i.e.: for participants, for employers and wellbeing providers locally and in terms of costs. To foster support for the evaluation, tailored evaluation information sheets will be produced which will outline the purpose, content of the interviews, how data and findings will be used, and terms and conditions of involvement.

Consultancy and collaborative activities with project leads

It will be helpful if the pilot sites perceive the evaluation process as one that delivers something of value to them directly and not just as a data giving burden that some will just go through the motions to do because participation in an evaluation was a condition of pilot site funding.

Our suggestion is to offer a series of virtual sessions for pilot leads on the general theme of evaluation. Our assumption is that pilot leads will be experts in introducing wellbeing initiatives and may in all probability have professional and masters-level degrees under their belt. However, we do not expect that they will be full time evaluators and may find it interesting to receive some challenge to their thinking and usual practice on the subject. If it was possible to get a slot in an existing meeting that would be ideal to maximise attendance. Alternatively, IES would be happy to host bespoke virtual workshops. Following input from IES evaluators, we will facilitate 'pause and reflect' sessions among site leads to enable them to challenge and support each other as a creative network on evaluation as well as on implementation.

Our usual recommendation is in addition to offer one or two days of expert advice on local evaluation for pilot sites to promote bespoke evaluation approaches specifically in order to meet any unique health and wellbeing challenges. Effectively they get to choose where they most need help. For some it might help them get to first base but more often we find it prompts pilot sites to take the time to put in place the evaluation they already 'know' is important, but they failed to do so in the perpetual rush to get their interventions up and running. It might be consultancy to help/challenge local thinking about which (ideally existing) metrics might best need local needs and/or might be an offer for IES researcher to cast an eye over their own data and do some additional analysis which they might not have the capacity or capability to take on.

We propose to discuss and agree with NHSEI what might be most appropriate given the context and available resources. We have costed assuming a maximum of ten pilots might take up the consultancy offer: however, if NHSEI prefers that cost can be reallocated to increase the number of deep dive case studies.

Part 2: Contract Terms

Contract Terms v6.0