

DPS Schedule 5 (Order Form Template)

This Order Form is issued under the BIS DPS Agreement with the reference number **Prj 3695** as part of a Call for Competition on 4th December 2019 for the provision of Maintenance and Review of existing NHS Digital standards and access to SME Advisory Body(s)

Buyer	
Organisation	NHS Digital
Representative	Redacted
Tel	Redacted
Email	Redacted
Agent (if applicable)	
Organisation	NHS Digital
Representative	Redacted
Tel	Redacted
Email	Redacted
Supplier	
Organisation	The Professional Records Standards Body
Representative	Redacted
Tel	
Email	Redacted

Title of Work	Maintenance and Review of existing NHS Digital standards and access to SME Advisory Body(s)
Call-Off Reference	
Proposed Start Date	On contract start date

Summary						
Scale of Standard (select as applicable)	New	x	Major Revision		Minor Revision	
Type of Standard (select as applicable)						
Professional	Direct Care		Indirect Care	x		
Semantic	Representation		Transformation		Modelling	
Technical	Architecture		Interface		Protocol	
Scope of Services (select one or more)						
Governance	x	Development	x	Assurance	x	Endorsement x
Publication	x	Promotion	x	Implementation		Evaluation x

Part A – Buyer Requirements

A1 - Objective

This work package describes the following services:

1a. Support and Maintenance to current standards, commissioned by NHS Digital, where clinical backing has previously been sought

Review of Maintenance of Information Standards, NHS Digital require the supplier to:

- Set and agree a schedule for review of existing assured and published information standards that are owned by NHS Digital
- Conduct a review and seek approval for changes/uplifts to a standard that have been identified as requiring a refresh
- Development, implementation support and review to published information standards
- Documentation management review and approval with the owner of the standard
- Ensure the standard remains current with the latest practice and terminology

1b. Provision of Subject Matter Experts Advisory body/ies advice

From time to time NHS Digital will need to seek specific or specialist clinical advice on a range of matters which may impact development of information, technical and/or semantic development of information standards.

Further, such advice may be sought for wider health and care policy decisions being developed by NHS Digital or one of its commissioning bodies.

The supplier will need to provide Ad-hoc access to an advisory board:

- Direct or facilitated access to clinical opinion and input on a range of subject matters
- Coordination of clinical advice in response to the query received
- Ability to commit/access between 1 and 3 days of appropriate clinical expertise which will include research of the topic, collation and agreement of clinical advice, delivery of advice on the subject matter back to the requestor at NHS Digital
- Where discussion or clarification is required to provide the clinical advice, facilitation of email and/or video conferencing facilities must be available
- If discussion is needed, the clinicians providing the advice must attend such discussion in order to ensure mutual understanding of the ask.

- The tender response will need to describe how this process will be managed including the structure and approach being taken to resource clinical advice

The work package will operate for a period up until 31st March 2020.

Scope and service, outcomes and measures

1. General Principle

- Provision of informed input and contribution to NHS Digital owner/developers of Information standards, associated assurance process and governance meetings (Data Coordination Sub Board (DCSB), Data Coordination Board (DCB), Enterprise Architecture Board (EAB), Data Design Authority (DDA), Financial Approvals Panel (FCaP), Information Representation Services (IReS) and others as agreed with the NHS Digital contract manager) to the satisfaction of the board chairs

The key services to be provided, along with their associated outcome and measures to monitor delivery are to provide added value to the health and care system through:

2. Advisory Board advice

Facilitate advice from the Subject Matter Experts advisory body/ies and members to support NHS Digital for the purposes of:

- Provision of at least 3 responses per month, subject to requirements of the customer.
- Acknowledgement of the advice request within 1 working day including any points of clarification
- Allocation of the request to the appropriate clinician(s)
- Coordination of a response
- Delivery of written advice within 3 working days
- Receive a Subject Matter Experts branded response facilitated through consensus from the key members to ad-hoc advice requests requiring no more than 1-3 days of effort to manage the consideration and input from Subject Matter Experts Advisory body/ies members and co-ordination of a response.
- Provide access to a forum of appropriate Subject Matter Experts for clinical and/or technical advice –. The purpose is for discussion on proposed standard developments and/or strategies (NHS Digital will provide discussion papers for Subject Matter Experts Advisory body/ies meetings when advice is being sought).
- Should the advice or feedback, exceed 1-3 days of effort, necessitate the development of pieces of work and/or standards or development

opportunities, this will need to be considered by NHS Digital. If a requirement is agreed, this will be subject to customer funding and issued through open competition within the requirements of the Building Information Standards DPS.

3. Support and Maintenance

- Provide a telephone and online support service for all NHS Digital sponsored standards. The service will be operated to a set of service levels agreed with NHS Digital (expected to be Monday to Friday, 0900-1700hrs, 24 hour acknowledgment, 5 day response) on contract award.
 - As a minimum, the service must acknowledge receipt of enquiries within 1 working day
 - Responses provided to queries received, must be approved by the owner of the standard and reply sent to both owner of the standard and the customer in writing within 5 working days
 - Monthly monitoring reports must include a summary of queries received
- Maintain a monthly support enquiry log which will be reviewed regularly and used to improve guidance for the standards, and a maintenance log of changes to be considered in future releases.
- Standards are reviewed on a 3-year cycle, or sooner where needed either through support issues raised or other factors requiring a change to a standard. The list of proposed maintenance work, must be detailed in a schedule, providing a view of at least the next 6 months, in advance of work commencing, this will be agreed with the respective owners and NHS Digital prior to any work being undertaken. NHS Digital must be invited to contribute to review and maintenance activities to enable alignment with National Data Architecture Programme and other national initiatives. The invitation should go to the Associate Director of Data Acquisition and the Director of Information Representation Services.
- Reviews will involve clinical/professional/patient leads as appropriate for the standard.
- Undertake reviews and process necessary actions to keep the standards current and accurate where this can reasonably be accommodated within the levels of resource covered by this work package.
- Where the changes are more substantial and/or require more in-depth consultation, a report will be issued to NHS digital so that a separate work package can be awarded, by the owner of the standard, through competitive tender.
- Where maintenance work is between 1-3 days, it is expected that the Supplier will carry that out under this maintenance contract and it's terms & conditions. Notification of such work to be agreed, in advance, with the AGENT.
- If as a result of the competitive tender, the maintenance and uplift of a standard is awarded to another supplier, the owner of the standard, on a case by case basis, will agree the level of involvement in assuring the changes and

maintenance of clinical backing or acknowledge that they no longer require clinical backing to the standard.

- In the event that clinical backing is not required, but clinical input and expert opinion is needed, the owner of the standard will instruct the supplier on the type and scope of consultation and assurance to be provided. The provision of clinical input and expert opinion to assurance of an information standard to be provided as a core function under this work package and associated remuneration
 - Where clinical endorsement has previously been provided, re-endorsement also falls within the terms and payment for this work package
 - Requests for clinical endorsement of a new information standard, where agreed with the owner, falls outside of this work package. Cost for new requests must be charged directly to the owner of the new information standard
 - Once a new information standard has received clinical endorsement and a re-refresh of that endorsement is requested, this activity reverts to being within the terms and payment of this work package.
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- The level and approach to assurance and wider consultation undertaken must be recognised as well established within the Subject Matter Experts communities and will be used to assure the revised standard prior to release.
 - Any changes to Subject Matter Expertise assured publications arising from review and maintenance of an NHS Digital published standard must also be assured through Data Standards Assurance Service (DSAS) and approved by the Data Coordination Board
 - The release of a Subject Matter Expertise assured publication(s) arising from revision and uplift of an NHS Digital owned standard will include appropriate release documentation on a Subject Matter Experts communities website for the related publication(s) and include a link to the NHS Digital publication page which hosts a public facing directory of current standards, collections and extractions which have been approved by DCB. The documentation must be agreed with the owner of the standard and approved by DCB prior to publication.
 - Activities associated with review and maintenance work will be reported through the monthly programme review meetings with NHS Digital representatives. The review meetings must be supported through the provision of a monthly report to NHS Digital via DSAS.
 - The monthly report must include
 - Update on agreed assurance activities
 - Forward view of potential work
 - Risks & Issues with current or future work programme
 - Potential points of escalation

The work assumes a close professional and collaborative approach with NHS Digital, and all parties taking responsibility for keeping the other informed of developments and planned changes ensuring a consistent and useful end product is maintained.

Added value to the system

Outcome:

- Broad multi-disciplinary input and advice is provided to NHS Digital to help shape and influence the content and form of information standards for use in health and care in England.
- Application of methods and approaches which are flexible, adaptable and introduced to deliver high quality whilst optimising effectiveness and efficiency

Measures:

- Informed input/contributors provided to NHS Digital owner/developers of Information standards, associated assurance process and governance meetings (DCSB, DCB, EAB, DDA, FCaP, IReS and others as agreed with the NHS Digital contract manager) to the satisfaction of the board chairs
- Evidence of Subject Matter Experts Advisory body/ies advice sought for diverse range of uses.
- Completion of agreed ad-hoc requests from NHS Digital or NHS England to agreed time and quality standards.

Principles and Assumptions

The following principles and assumptions will apply in providing the maintenance and review services as described in this work package:

- An independent Subject Matter Experts body/ies objectively representing the consensus position of member organisations, practitioner and patient/citizen groups and will report those views honestly and objectively. When canvassing professional group consensus, there is the requirement to act as an independent facilitator.

Intellectual Property Rights in all outputs from this contract will be owned by NHS Digital

A2 - Background

In April 2019 NHSX took over responsibility, from NHS Digital, for the provision of core / maintenance service infrastructure funding to suppliers offering high quality services at preferable rates to health, care and public sector organisations

Maintenance and Advisory provision has been the enabler to ensure resource and infrastructure is in place to deliver the requirements of the respective work packages. In order to ensure a continuity of service this work package is specifically to agree, implement and fund the requirements for:

- Support and Maintenance to current standards, commissioned by NHS Digital, where clinical backing has previously been sought
- Provision of Subject Matter Experts Advisory body/ies advice

A3 - Target Plan

The following timescales are for the purposes of setting the overall goals with respect to the timing of the work. The details for the iterative development or assurance activity will fall out of the ongoing management process.

Ref	Buyer Needs Descriptions	Target Date
M1	Production of an assured standards review schedule agreed with the owner(s) of the information standard	Within 30 days of contract start.
M2	Submission of post review uplifts to existing information standards for DCB approval in line with the proposed schedule at M1	As Required
M3	Provision of appropriate subject matter expert input to all information standards being reviewed and/or uplifted	As Required
M4	Provision of formal clinical endorsement, if requested by the owner, for the information standard	Within 8 weeks of request
M5	Provision of monthly reporting covering maintenance and review activity	Last working day of each month
M6	Provision of written advice to any queries submitted by NHS Digital to advisory body meetings	Within 5 working days of request

A4 - Target Settings

The following table identifies the target health and social care settings relevant to this work and its potential impact on these settings. Please select all settings that apply.

Ref	Service	Target	Potential Impact (see definitions)	Ref to Note
S01	Primary Care - General Practice	Yes	Min / Mod / Sig	
S02	Primary Care - Dentistry	Yes	Min / Mod / Sig	
S03	Primary Care - Pharmacy	Yes	Min / Mod / Sig	
S04	Primary Care - Optometry	Yes	Min / Mod / Sig	
S05	Primary Care - Out of Hours	Yes	Min / Mod / Sig	
S06	Other Primary Care setting (<i>please identify</i>)	Yes	Min / Mod / Sig	
S11	Secondary Care - Ambulance	Yes	Min / Mod / Sig	
S12	Secondary Care - Emergency	Yes	Min / Mod / Sig	
S13	Secondary Care - General/Acute (<i>please identify as Anaesthesia, Community sexual and reproductive health, General medicine, Intensive care medicine, Obstetrics and Gynaecology, Occupational medicine, Oncology, Ophthalmology, Paediatrics, Pathology, Pharmacy, Radiology and or Surgery</i>)	Yes	Min / Mod / Sig	
S14	Secondary Care - Maternity	Yes	Min / Mod / Sig	
S15	Secondary Care - Mental Health	Yes	Min / Mod / Sig	
S16	Other Secondary Care setting (<i>please identify</i>)	Yes	Min / Mod / Sig	
S21	Community Care - Child Health	Yes	Min / Mod / Sig	
S22	Community Care - End of Life	Yes	Min / Mod / Sig	
S23	Community Care - Mental Health	Yes	Min / Mod / Sig	
S24	Community Care - Rehabilitation / Aids & Adaptations	Yes	Min / Mod / Sig	
S25	Community Care - Treatment / Therapies	Yes	Min / Mod / Sig	
S26	Other Community Care setting (<i>please identify</i>)	Yes	Min / Mod / Sig	
S31	Public Health - Health Promotion	Yes	Min / Mod / Sig	
S32	Public Health - Immunisation & Vaccination	Yes	Min / Mod / Sig	
S33	Public Health - Infection Prevention/Control	Yes	Min / Mod / Sig	
S34	Public Health - Screening	Yes	Min / Mod / Sig	
S35	Other Public Health setting (<i>please identify</i>)	Yes	Min / Mod / Sig	
S41	Social Care - Advocacy services (<i>identify as Adult / Child / Both</i>)	Yes	Min / Mod / Sig	
S42	Social Care - Disabilities services (<i>identify as Adult / Child / Both</i>)	Yes	Min / Mod / Sig	
S43	Social Care - Domiciliary care (<i>identify as Adult / Child / Both</i>)	Yes	Min / Mod / Sig	

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Ref	Service	Target	Potential Impact (see definitions)	Ref to Note
S44	Social Care - Needs assessments (<i>identify as Adult / Child / Both</i>)	Yes	Min / Mod / Sig	
S45	Social Care - Residential care (<i>identify as Adult / Child / Both</i>)	Yes	Min / Mod / Sig	
S46	Social Care - Safeguarding (<i>identify as Adult / Child / Both</i>)	Yes	Min / Mod / Sig	
S47	Other Social Care setting (<i>please identify</i>)	Yes	Min / Mod / Sig	
S51	Genomics	Yes	Min / Mod / Sig	

Impact Definitions	
Min	The revised or newly created information standard could have a minimal but identifiable impact upon the current provision of care services within this setting
Mod	The revised or newly created information standard could have a tangible and measurable impact upon the current provision of care services within this setting
Sig	The revised or newly created information standard could have a substantial and disruptive impact upon the current provision of care services within this setting

Setting Notes are as follows:

1. [Note 1]
2. [Note 2]

A5 - Target Stakeholders

The following table summarises the target stakeholder groups for the work and the extent of engagement required of them. Please select all audiences that apply.

Ref	Audience	Target	Extent of Engagement (see definitions)	Ref to Note
A01	Patients, service users and citizens	Yes	Ind / Org / Pop	
A02	Registered health and social care professionals	Yes	Ind / Org / Pop	
A03	Regulated health and social care professional bodies	Yes	Ind / Org / Pop	
A04	Health and social care provider organisations	Yes	Ind / Org / Pop	
A05	Voluntary/third sector organisations	Yes	Ind / Org / Pop	
A06	Dept of Health & Social Care and its Arm's Length Bodies	Yes	Ind / Org / Pop	
A07	Central government (<i>its Depts and Parliament</i>)	No	Ind / Org / Pop	
A08	Devolved governments (<i>their Depts and Parliaments</i>)	Yes	Ind / Org / Pop	
A09	Local Government	No	Ind / Org / Pop	
A10	International organisations / bodies representing other nations	No	Ind / Org / Pop	
A11	Academia	Yes	Ind / Org / Pop	
A21	Other Audience (<i>please identify</i>)	No	Ind / Org / Pop	

Engagement Definitions	
Ind	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s)
Org	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s) and/or organisations representative of the selected stakeholder group(s).
Pop	The revision or creation of the information standard will require direct engagement with one or more of the following: key individuals representative of the selected stakeholder group(s) and/or organisations representative of the selected stakeholder group(s) and/or large user communities representative of the selected stakeholder group(s).

Stakeholder Notes are as follows:

1. [Note 1]
2. [Note 2]

A6 - Target Deliverables

The following table lists the various deliverables which could be required from this work and the relative complexity of each. Please select all deliverables that apply.

Ref	Deliverable	Target	Degree of Complexity (see definitions)	Ref to Note
D11	Development Plan (inc methodology)	Yes	Sec / App / Rep	
D12	Research Proposal	Yes	Sec / App / Rep	
D13	Research Outcomes	Yes	Sec / App / Rep	
D14	Evaluation of Supporting Technologies/Standards	Yes	Sec / App / Rep	
D21	Assessment of Need	Yes	Sec / App / Rep	
D22	Assessment of Burden	Yes	Sec / App / Rep	
D23	Assessment of Risks	Yes	Sec / App / Rep	
D24	Assessment of Benefits	Yes	Sec / App / Rep	
D25	Assessment of Training Support	Yes	Sec / App / Rep	
D26	Assessment of Investment Options (inc Value for Money)	No	Sec / App / Rep	
D27	Clinical Hazard Log	Yes	Sec / App / Rep	
D28	Data Privacy Impact Assessment	No	Sec / App / Rep	
D29	User Research Log	Yes	Sec / App / Rep	
D30	Draft Design Specification	No	Sec / App / Rep	
D31	User Guidance	No	Sec / App / Rep	
D32	Other Developer deliverable (please identify)	Yes	Sec / App / Rep	
D41	Assurance Plan (inc methodology)	Yes	Sec / App / Rep	
D42	Clinical Safety Assessment	Yes	Sec / App / Rep	
D43	Information Governance Assessment	No	Sec / App / Rep	
D44	Updated User Guidance	No	Sec / App / Rep	
D45	Correspondence Log	Yes	Sec / App / Rep	
D46	Final Design Specification	No	Sec / App / Rep	
D47	Other Assurer deliverable (please identify)	Yes	Sec / App / Rep	
D51	Endorsement	Yes	Let	
D52	Other Endorser deliverable (please identify)	Yes	Sec / App / Rep	
D61	Pre-publication Assessment	Yes	Sec / App / Rep	
D62	Post Publication Assessment (including user feedback)	Yes	Sec / App / Rep	
D63	Other Publisher deliverable (please identify)	Yes	Sec / App / Rep	
D71	Promotion Plan (including methodology)	Yes	Sec / App / Rep	
D72	Promotion Outcomes (including correspondence log)	Yes	Sec / App / Rep	
D73	Other Promoter deliverable (please identify)	Yes	Sec / App / Rep	
D81	Implementation Plan (including methodology)	No	Sec / App / Rep	
D82	Implementation Outcomes (including user feedback)	No	Sec / App / Rep	
D83	Other Implementor deliverable (please identify)	No	Sec / App / Rep	
D91	Evaluation Plan (including methodology)	Yes	Sec / App / Rep	

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Ref	Deliverable	Target	Degree of Complexity (see definitions)	Ref to Note
D92	Evaluation Outcomes (including consultation log)	Yes	Sec / App / Rep	
D93	Other Evaluator deliverable (please identify)	Yes	Sec / App / Rep	

Complexity Definitions	
Sec	The deliverable will be made up of one or more defined document sections (including references, glossary and bibliography elements) contributing to the body of a Buyer report
App	The deliverable will be made up of one or more defined document appendices (including references, glossary and bibliography elements), and potentially document sections, contributing to the body of a Buyer report
Rep	The deliverable will be a full report including all references, glossary, bibliography, appendices, version control and document management
Let	The deliverable will be a letter to the Buyer of the formal endorsement of the information standard by a body of responsible professional opinion or other recognised representative stakeholder organisation

Delivery Notes are as follows:

1. [Note 1]
2. [Note 2]

A7 - Roles

The table summarises which high level role each party (Buyer, Agent [if applicable], or Supplier including any work sub-contracted via the Supplier) will hold. It uses a slightly extended version of the standard RACI terminology as follows:

- (R)esponsible - the primary party responsible for delivery (only one per role). A lower case (r) can be used to indicate if another party has partial responsibility (under the management of the primary responsible party)
- (A)ccountable - the party who is accountable for the role (only one per role) who has the ultimate decision-making ability about the role
- (C)onsulted - any party who must be routinely consulted with regard matters relating to the role (with evidence that this is the case)
- (I)nformed - if a party should be informed

Role	Buyer	Agent	Supplier	Ref to Note
Custodian	A	R		
Developer	CI	CI	AR	
Assurer	AR	AR		
Endorser			AR	
Publisher	AR	AR	CI	
Promoter	AR	AR	CI	
Implementor	CI	CI	AR	
Evaluator				

Responsibility Notes are as follows:

1. [Note 1]
2. [Note 2]

A8 - Management

A8.1 - Control

Unless agreed as otherwise between the Buyer and the Supplier, the frequency of progress meetings will be:

Monthly

The purpose of the progress meeting is to:

- Understand progress to date and capture actual time taken to complete identified tasks (backlog items) for the purposes of continuously improving forward estimates
- Review the outstanding tasks (backlog item list) re-prioritising them, or evolving them - ideally into sprint sized activities - as progress is made through the backlog item list, and amending, deleting or supplementing them as necessary (recording any changes to scope and any material impact on the Charges and/or timescales)

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- Planning for the next sprint accordingly, ensuring that criteria for marking agreed tasks as "done" are agreed in enough detail; and, if necessary bringing the work to closure
- In the event of deciding to bring the work to closure, the Supplier acknowledges its obligations to bring the work to a mutually satisfactory conclusion (see termination) as part of final (sprint) planning

Unless otherwise agreed between the Buyer and the Supplier the Sprint duration will be the same duration as the frequency of progress meetings set out above.

A8.2 - Termination

Standard

A8.3 - Charging

Charging Method	Charging Method Selected
Fixed Price	Y
Incremental Fixed Price	N
Time and Materials	N

A8.4 - Special Requirements

N/A

Part B - Offer

B1 – Qualification



Q1 PRSB
Response.docx

B2 - Approach



Q2 PRSB
Response.docx

B3 - Price

As tendered at a cost of **Redacted** per month plus VAT

Part C – Contract Details

CALL-OFF INCORPORATED TERMS

The following documents are incorporated into this Call-Off Contract. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Call-Off Special Terms and Call-Off Schedules.
2. The following Schedules:

Joint Schedule 1 (Definitions and Interpretation) [Must be included]	<input checked="" type="checkbox"/>	Joint Schedule 5 (Corporate Social Responsibility) [Must be included]	<input checked="" type="checkbox"/>
Joint Schedule 2 (Variation Form) [Must be included]	<input checked="" type="checkbox"/>	Joint Schedule 6 (Subcontractors)	<input type="checkbox"/>
Joint Schedule 3 (Insurance Requirements) [Must be included]	<input checked="" type="checkbox"/>	Joint Schedule 7 (Rectification Plan) [Must be included]	<input checked="" type="checkbox"/>
Joint Schedule 4 (Commercially Sensitive Information)	<input type="checkbox"/>	Joint Schedule 8 (Processing Data) [Optional]	<input type="checkbox"/>
Call-Off Schedule 1 (Transparency Reports)	<input type="checkbox"/>	Call-Off Schedule 5 (Key Supplier Staff)	<input type="checkbox"/>
Call-Off Schedule 2 (Staff Transfer)	<input type="checkbox"/>	Call-Off Schedule 6 (Security)	<input type="checkbox"/>
Call-Off Schedule 3 (Task Record) [Must be included]	<input checked="" type="checkbox"/>	Call-Off Schedule 7 (Implementation Plan)	<input type="checkbox"/>
Call-Off Schedule 4 (Additional Call-Off Pricing Details)	<input type="checkbox"/>	Call-Off Schedule 8 (Call-Off Management) [Must be included]	<input checked="" type="checkbox"/>

[Note: where optional schedules are selected, these must be completed as part of the Supplier's response to the Call for Competition.]

3. BIS DPS Core Terms

No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of or added to this Order Form, or presented at the time of delivery.

CALL-OFF SPECIAL TERMS

The following Special Terms are incorporated into this Call-Off Contract:

[Insert terms to supplement Core Terms, Joint Schedules, Call Off Schedules; or none]

Special Term 1	
Special Term 2	
Special Term 3	

CALL-OFF TERM

Call-Off Start Date	21 st January 2020
Call-Off Expiry Date	31 st March 2020

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms. **[Buyer guidance: you can change the cap on liability in Clause 11.2 where you have made an appropriate risk assessment and sought the necessary management approvals. Unlimited liability is not permitted]**

INVOICING

The Supplier shall invoice the Buyer for all Tasks that were planned and completed as part of any given sprint at the end of each sprint and such invoices shall be payable in accordance with the Core Terms. Each invoice rendered shall include the Charges for the Tasks that have been agreed as completed in each sprint.

ADDITIONAL CALL-OFF CHARGES

See details in Call-Off Schedule 4 (Additional Call-Off Pricing Details)

ADDITIONAL COMMERCIALY SENSITIVE INFORMATION

In addition to those set out in Joint Schedule 4 (Commercially Sensitive Information), the Supplier should set out here any further information which it considers to be Commercially Sensitive Information.

No.	Date	Item(s)	Duration of Confidentiality
1	[insert date]	[insert]	[insert duration]
2	[insert date]	[insert]	[insert duration]

DATA PROCESSING

This table should be completed where Joint Schedule 8 (Processing Data) is to be used in the Call-Off Contract to which this Order Form applies.

If it is determined that the Supplier is acting as a Controller as well as, or instead of, acting as a Processor, then the Parties shall use their best endeavours to agree additional provisions with regard to any Processing.

Call-Off Contract	Building Information Standards
Date:	N/A
Jurisdiction of processing:	
Description of Authorised Processing	Details
Identity of the Controller and Processor:	

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Subject matter of the processing	
Duration of the processing	
Nature and purposes of the processing	
Type of Personal data	
Categories of Data Subject	
Plan for return of the data once the Processing is complete unless requirement under union or member state law to preserve that type of data	
Data Protection Officer	

ADDITIONAL INSURANCES

[Parties to insert details of any Additional Insurances which are required in respect of this particular Call-Off Contract]

PAYMENT METHOD

Where HSCIC is the Buyer, P2P payment only via invoice to:

HSCIC,
T56 Payables A125,
Phoenix House,
Topcliffe Lane,
Wakefield,
WF3 1WE

Where HSCIC is not the Buyer, insert below:

Part D - Approval

Buyer Approval		
Authorised Representative	Print Name	Redacted
	Signature	Redacted
	Date	21 Jan 20

Supplier Approval		
Authorised Representative	Print Name	Redacted
	Signature	Redacted
	Date	21 Jan. 20

