**Order Schedule 20 (Order Specification)**

This Schedule sets out the characteristics of the Deliverables that the Supplier will be required to make to the Buyers under this Order Contract

**Attachment 3 – Statement of Requirements**

Contract Reference: CCZZ24A04 - Provision of UK Covid-19 Inquiry Research Survey on Triage and Escalation of Care

# PURPOSE

## The UK Covid-19 Inquiry (the Inquiry) requires a survey of frontline healthcare professionals to understand how escalation of care and triage functioned during the pandemic. The project will include analysis and reporting of these survey responses, which will be submitted as evidence as part of the Inquiry’s hearings.

# BACKGROUND TO The buyer

## The buyer for this requirement is the Cabinet Office, in its capacity as the sponsor department for the UK Covid-19 Inquiry.

## The UK Covid-19 Inquiry is the independent public inquiry to examine the UK’s preparedness and response to the Covid-19 pandemic, and to learn lessons for the future. It will be the UK public inquiry covering the broadest number of affected people to date.

## The Inquiry is independent of the government and Ministers as set out in the Inquiries Act 2005.

# Background to requirement / OVERVIEW of requirement

## Understanding the impact of the pandemic on patients and healthcare staff is essential for fulfilling the Inquiry’s [terms of reference](https://www.covid19.public-inquiry.uk/documents/terms-of-reference/), in particular through Module 3 on the healthcare system. Among many other aspects, the Inquiry is investigating the healthcare system’s ability to increase critical care capacity, the triage of patients, and the role of primary care.

## As part of this, evidence must be sought from people working in healthcare settings on the frontline. Decisions about whether and when to see individual patients in primary care, admit them to hospital, or escalate them to critical care are made by individual clinicians on the basis of a complex set of factors. These include their assessment of the patient’s health, the wishes of the patient and their loved ones, advice from colleagues, and the resource constraints that clinical teams are operating within. All these factors are time- and decision-specific, and cannot solely be directed by national policy. They apply at any time, including before the pandemic, but earlier modules of the Inquiry have heard conflicting evidence about the extent to which they were affected by the pandemic.

## The primary question that this research project will seek to address is whether “triage by resource” occurred at any time point during the pandemic in any part of the UK.

## In this context, triage by resource means decisions about referring a patient to a higher level of care (from the community under the care of a GP into hospital, or from ward level care up to intensive care) being made not solely on the basis of clinical need and likelihood of benefit to the individual patient, but also being influenced by a need to preserve limited resources so they can be used to help those most likely to survive.

## In other words, the Inquiry needs to ask clinicians whether, in their clinical judgement, all patients received the treatment they needed, or whether any shortages of staff, equipment and / or beds meant that difficult decisions needed to be made about who should be given the best chance of survival.

## It is important to note that healthcare rationing does take place in the healthcare system even outside of a pandemic. This can be through a cost-effectiveness threshold for purchasing new drugs, through long waiting lists when earlier intervention is known to lead to better outcomes, and through acceptance of stretched staffing ratios. This research project will be mainly focused on rationing of beds through pandemic-related changes to clinical decisions on escalation of care.

## In the absence of any implemented national policy or guidelines on triage by resource during the pandemic, if decisions about allocating scarce resources had to be made, they would have fallen to frontline clinicians.

## Research is the most appropriate tool for collecting and interpreting data to gain greater insight into this aspect of the healthcare system. The Inquiry’s legal routes (e.g. legal ‘Rule 9’ requests for evidence, or testifying at the hearings) are not sufficient - methodologically, ethically or practically - to capture the experiences of frontline healthcare professionals in triage decisions during the pandemic.

## Secondly, the [terms of reference](https://www.covid19.public-inquiry.uk/documents/terms-of-reference/) commit the Inquiry to “listen to and consider carefully the experiences of bereaved families and others who have suffered hardship or loss as a result of the pandemic”. To this end, the Inquiry has launched ‘[Every Story Matters’,](https://www.covid19.public-inquiry.uk/every-story-matters/) a listening exercise which will gather experiences of the pandemic via a number of formats: 1) a webform open to anyone (over the age of 18) who wishes and is able to take part; 2) targeted qualitative research in the form of face-to-face interviews; 3) community listening events; and 4) through other accessible formats where requested. Both the webform and the interviews will record the experiences of healthcare workers.

## After initial investigations, including a draft report from experts in intensive care, the Inquiry has assessed, however, that an additional research project will be needed to adequately understand what happened during the pandemic to triage decision-making. The open-ended questions in Every Story Matters covering the whole breadth of experiences that healthcare professionals had will be unlikely to provide specific answers about triage decisions. The interview component will also be challenging to fit in around busy clinical schedules, includes an insufficiently small sample, and does not use recruitment strategies designed to reach key clinical decision-makers in the community and in hospitals.

## The Inquiry therefore wishes to conduct a targeted survey of clinicians who were working on the frontline during the pandemic and were involved in decisions about triage and escalation of care.

# definitions

|  |  |
| --- | --- |
| Expression or Acronym | Definition |
| Core Participants | means a person, institution or organisation that has a specific interest in the work of the Inquiry, and has a formal role defined by legislation. Core Participants have special rights in the Inquiry process. These include receiving documentation, being represented and making legal submissions, suggesting questions and receiving advance notice of the Inquiry’s report. |
| The Inquiry | means the UK Covid-19 Inquiry. |
| ESM | means ‘Every Story Matters’, the Inquiry’s publicly-available listening exercise. |
| Supplier | means the supplier (or suppliers) of services for this contract |

# scope of requirement

## The Inquiry requires a supplier to provide all of the following services for a targeted online survey:

## Research design;

## Ethics and ethics approval;

## Recruitment and fieldwork (online, no face-to-face component);

## Analysis of survey results;

## Reporting;

## Data archiving;

## Overall project management, including management of subcontractors.

## The research report will be submitted as evidence as part of the Inquiry’s hearings. It is important that the research is methodologically robust and sufficiently high-quality to be used as evidence that will inform the Inquiry’s recommendations.

## The Inquiry needs to hear from the following professional groups:

## Paramedics

## 111 call handlers and health advisors

## 111 clinical advisors

## General Practitioners

## A&E doctors

## Medical doctors based on hospital wards

## Critical care doctors

## Critical care outreach nurses

## A broad spread of participants from across the UK will be necessary, including the regions hardest and least hit by Covid-19.

## Timings: The Inquiry requires final, signed-off report(s) by the end of July 2024. See section 7 for a full breakdown of timescales.

# The requirement

## Research Design

### The supplier must develop detailed research plans covering all stages of the project, agreeing with the Inquiry a timetable and risk register.

## Methodology

### The research design will be a brief cross-sectional web survey taking 5 to 15 minutes to complete.

### The supplier will design the precise wording of the survey questions. Some testing for reliability and validity may be considered depending on the time required. We anticipate the need for text fills and minor routing to ensure that items are applicable to all staff types. The Inquiry will then review the survey questions. They will need to cover the following:

* + - * Basic demographics, geographical region, years of experience in role, professional qualifications
      * Between 15 and 25 closed questions on self-reported clinical behaviour:
        + approach to patient triage and escalation pre-covid
        + changes to triage during the first wave of the pandemic
        + changes to triage during the second wave of the pandemic
        + perceived effect on quality of care able to provide
        + staffing levels
        + reported effects on own mental wellbeing
        + perceived support from employer
        + perceived support from professional registration bodies
        + perceived support from national guidelines
      * A small proportion of the questions will need to be adapted for each professional group - for example, GPs might be asked about calling an ambulance, intensive care doctors asked about accepting patients to ICU.
      * One optional free text question at the end of the survey with a low character limit of approximately 1,000 - 1,500 characters, with the limit to be confirmed after discussion with the Inquiry. This will allow respondents to highlight any relevant topics not encompassed by the questions. The supplier can include simple coding into categories for each response as an optional extra cost, dependent on timeframes. The Inquiry will need to be able to add on more in-depth qualitative analysis at a later date.

## *Sample design*

### The findings of the research will not be intended to be nationally representative of all healthcare professionals or of the groups targeted.

### It is anticipated that a purposive sampling method will be appropriate, perhaps with an element of snowball sampling through onward sharing of the survey link. This intention is to recruit a good sample size of professionals from different parts of the UK who will have a range of experiences of clinical practice during the pandemic and a range of opinions. Of primary concern during the sampling process will be gaining sufficient numbers of participants for each of the specified professional groups in the limited time available.

### The supplier will need to assess during the planning phase the operational requirements to meet the intended sampling.

## *Recruitment and Research Materials*

### The supplier will need to produce research materials to aid recruitment. These could include:

### email invitations,

### recruitment screeners,

### a consent form page,

### FAQ/ participant information documents,

### privacy notices, and;

### the survey itself.

### The supplier must have specialist researchers with experience in producing and running similar surveys.

### The Inquiry will need to review and approve recruitment and research materials before the supplier begins associated activity.

### We do not anticipate that financial incentives to complete the survey will be necessary. The opportunity for these targeted groups to contribute directly to the Inquiry via a very short survey should be sufficient to get enough responses. This decision is not final and could be reviewed after discussion between the Inquiry and the supplier.

## Fieldwork

### The supplier will provide a detailed explanation of how they plan to successfully recruit the required quotas (see section 9 - volumes) for each of the participant groups, outlining their recruitment methods and plans for addressing low recruitment rates.

### Existing networks may be needed to speed up recruitment, perhaps through professional societies such as the Intensive Care Society, the College of Paramedics and the Royal College of General Practitioners. The Inquiry has formal relationships with many organisations classified as core participants to the Inquiry and these networks can be mobilised.

### It is not anticipated that changes to the survey will be needed once recruitment begins. However, the supplier will need the flexibility to adapt the survey in response to interim findings reviewed by the Inquiry if required.

## Ethics

### The Health Research Authority does not mandate NHS research ethics committee approval for an anonymous staff survey not involving any patient data. However, due to the difficult ethical issues inherent in the subject matter, the Inquiry will require the supplier to seek review of the survey questions from one or more independent experts familiar with clinical ethics. The survey must be drafted in a trauma-informed manner. The Inquiry will be able to support the sourcing of these experts from our existing pool of independent experts if required.

## Support Signposting

### Due to the anonymous nature of the survey, the supplier will usually be unable to directly offer support to participants. However, many of the participants may have experienced extremely difficult working conditions and moral injury, and completing the survey carries a potential risk of re-traumatisation.

### The supplier will be required to provide links and helplines for participants to seek further support if required, such as [NHS Practitioner Health](https://www.practitionerhealth.nhs.uk/), [Frontline 19](https://www.frontline19.com/), Samaritans and the [Ambulance Staff Charity](https://www.theasc.org.uk/).

## Analysis & Reporting of Findings

### Analysis of the survey results is intended to be simple - significance testing and multivariable analysis will not be required to achieve the goals of the research. The analysis for the closed questions is expected to involve counts and percentages, broken down by professional group. Simple coding of the free text question can be proposed by the supplier as an optional extra as described in 6.3. The supplier will include an analysis plan in the research plan mentioned below in 7.1.

### Results will need to be reported both for the whole sample and separately for results from Scotland, Wales, Northern Ireland and England. Reporting by other baseline demographics may not be necessary, but this data will be collected in case it is needed.

### Whilst recruitment is ongoing, the supplier will be required to provide the Inquiry with regular reporting updates, described below in 8.2.

### The supplier will provide a short report (15-40 pages) detailing the methods and results of the survey, with simple data visualisation that is suitable for public understanding of the findings.

### **Interaction with other evidence**: There may be other research activity and evidence that the Inquiry uses to understand healthcare capacity. For example, responses to Every Story Matters, expert reports, or quantitative analysis supplied by material providers or the Inquiry team. We expect the report produced for this project will be standalone and will not be required to incorporate evidence from these other activities. However, there may be places where it is required for the report to signpost to other evidence.

## Data Archiving

### The supplier will clean the survey data (e.g. removing responses from participants who are not in the targeted groups). The supplier will hold the data until the end of the Inquiry (potentially longer than two years) before the transfer of the data to the National Archives. The supplier may be asked to give the Inquiry access to the raw and cleaned datasets before this. The Inquiry is also interested in exploring other avenues for archiving data which can be accessed in a safe environment by accredited researchers.

### To enable archiving of data, the supplier is required to undertake appropriate measures, including anonymisation of free text responses if necessary.

## Project Management

### The supplier needs to provide overall project management including management of any subcontractors. The lead Supplier is accountable for the quality and timeliness of deliverables for this contract.

### The supplier will provide a detailed and comprehensive timetable that sets out milestones, deadlines and what activities are due to take place and by who. The supplier will also produce a detailed and tailored risk register at the outset of the contract. Both the timetable and risk register will be updated at least monthly and discussed at monthly contract performance calls (see section 8).

# key milestones and Deliverables

## The following Contract milestones/deliverables shall apply:

|  |  |  |
| --- | --- | --- |
| Milestone/ Deliverable | Description | Timeframe or Delivery Date |
| 1. Research plan (incl. timetable) | Supplier must provide the Inquiry with a high-level plan for the whole research project, including methodology, sampling, approach to recruitment, recruitment and fieldwork periods, analysis and output delivery | No later than 9th April 2024 |
| 2. Survey finalised | Supplier must finalise the survey questions after review with independent experts and the Inquiry legal team. | 19th April 2024 |
| 3. Recruitment | Fieldwork completed, agreed numbers of healthcare professionals recruited by Supplier | 21st June 2024 |
| 4. First draft of report | Supplier to provide the Inquiry with a draft version of the final report that is suitable for the Inquiry legal team to use in guiding investigations and quoting in question planning for witnesses who will attend the hearing. | 28th June 2024 |
| 5. Final, signed off report | Supplier to provide the Inquiry with final, publishable draft after one round of comments from the Inquiry team. | 12th July 2024 |
| 7. Data archiving | Supplier to ensure the raw data has been suitably anonymised such that it is ready to be archived | August 2024 |

# 

# MANAGEMENT INFORMATION/reporting

## The Inquiry will provide the supplier with a governance structure of meetings, escalation routes, and processes.

## The Inquiry expects the types and frequency of monitoring to include:

### **Weekly** tracking of:

#### Recruitment activity by professional group

#### Completeness of survey responses

#### Short-term timetable

### **Monthly** performance meetings between Supplier and Inquiry, which will require the supplier to provide reporting and monitoring of:

#### Full project timetable

#### Risk register

# volumes

## It is the Inquiry’s ambition that the supplier gathers survey data from 1,500 healthcare professionals, potentially significantly more. A broad geographical spread is desired, with the overall sample being roughly proportionate to population size in each devolved nation of the UK, and participants from regions of the UK that had a higher (e.g. Birmingham) and lower (e.g. the South West) burden of Covid-19 hospitalisations. The minimum required overall sample size for this contract will be 500 participants. Indicative minimum and target numbers for each staff type are shown below.

|  |  |  |
| --- | --- | --- |
| **Staff type** | **Minimum sample size** | **Target sample size** |
| Paramedics | 90 | 250 |
| 111 call handlers and health advisors | 40 | 100 |
| 111 clinical advisors | 20 | 70 |
| General Practitioners | 100 | 330 |
| A&E doctors | 60 | 250 |
| Medical doctors based on hospital wards | 100 | 250 |
| Critical care outreach nurses | 20 | 50 |
| Critical care doctors | 70 | 200 |
| Total | 500 | 1,500 |

## No formal sample size calculation will be needed for this survey. The size of the workforce of each type, relevance to triage decision-making, and relative ease of contacting will need to be considered when deciding on final target sample sizes.

## Despite the ambition stated at 9.1, the Inquiry is open to moderate reductions to the scale of research in staff categories studied should this be required in order to provide findings to the timescales required (see 7.1). More broadly, the Inquiry is open to larger sample sizes, if these can be shown to be achievable in the timescales, meet the Inquiry’s need to capture a sufficient diversity of experience, and to provide improved value for money.

# continuous improvement

## The supplier will be expected to continually improve the way in which the required Services are to be delivered throughout the Contract duration.

## The supplier should present new ways of working to the buyer during monthly Contract review meetings.

## Changes to the way in which the Services are to be delivered must be brought to the buyer’s attention and agreed prior to any changes being implemented.

# Sustainability / SOCIAL VALUE

* 1. Social value will not be evaluated.

# quality

## The overall quality of outputs will be assessed by a committee with attendance from the Inquiry’s research team and Module 3 legal team.

## Specific additional metrics that we will judge quality by are outlined in section 14 ’key performance indicators’.

# PRICE

## The pricing of the contract will contain fixed and variable cost elements for research design, recruitment milestones, analysis, report writing, and progress reporting to the Inquiry team. See attachment 4 – ‘Pricing Model’ for further details.

## Prices are to be submitted via the e-Sourcing Suite Attachment 4: Price Model excluding VAT and including all other expenses relating to Contract delivery.

## Please provide full costs in the Pricing Model for all elements of the research included in your bid.

## Failure to do so will mean you will need to deliver your proposed research approach within the costs outlined in your Pricing Model and be evaluated as part of the commercial envelope.

# STAFF AND CUSTOMER SERVICE

## The supplier shall provide a sufficient level of resource throughout the duration of the Contract in order to consistently deliver a quality service.

## The supplier’s staff assigned to the Contract shall have the relevant qualifications and experience to deliver the Contract to the required standard.

## The supplier shall ensure that staff understand the buyer’s vision and objectives and will provide excellent customer service to The buyer throughout the duration of the Contract.

# service levels and performance

## The Inquiry proposes measuring the quality of the supplier’s delivery by responsiveness to urgent and non-urgent email requests, and by whether minimum recruitment targets are met. See the below table for details.

|  |  |  |  |
| --- | --- | --- | --- |
| KPI/ SLA | Service Area | KPI/SLA description | Target |
| 1 | Responsiveness | Supplier must respond to email requests from the Inquiry Key Staff\* marked URGENT within 1 working day.  \*The list of those defined as key staff can be found in the Order Form | 95% |
| 2 | Responsiveness | Supplier must respond to other, non-urgent email requests from Inquiry Key Staff\* within 2 working days. \*The list of those defined as key staff can be found in the Order Form | 95% |
| 3 | Minimum sample size | The supplier must meet the minimum sample size in each staff type (referenced in Section 9 - Volumes of this Statement of Requirements) | 5 of 8 staff types |

## Please note that exceptions can be made for setbacks which the supplier could not reasonably have foreseen, mitigated against or resolved effectively.

## The supplier shall monitor its performance against each of the above Performance Indicators and update the Inquiry every fortnight as part of rolling updates

# Security and CONFIDENTIALITY requirements

## All activity undertaken by the supplier must comply with Data Protection Legislation.

## The supplier will be required to ensure complete confidentiality at all times, both within their organisation and in external communications.

## The supplier must satisfy the Inquiry that their data destruction/deletion practices comply with UK Data Protection Legislation and follows all relevant National Cyber Security Centre guidance.

## The supplier must maintain an asset register of all Inquiry supplied information, data and equipment to ensure the Inquiry’s assets are returned and/or deleted

## The supplier will agree all data and deliverables included within this contract will be solely owned by the Inquiry and when the contract terminates all data and deliverables including but not limited to reports, data templates will be transferred to the Inquiry by an agreed method. The Inquiry reserves Intellectual Property Rights for all work during this contract.

## The legal basis for data processing in this research will come from the Inquiry’s ‘public task’.

## This research may involve significant processing of personal data, mainly email addresses. Although survey responses will be anonymous, participants might enter potentially personally identifiable data in free text responses. No special category data, as defined under GDPR, will be gathered.

## Further details in Joint Schedule 11 - ‘Processing Data’.

## The Inquiry and the supplier will act as the Joint Data controllers for this project. The supplier will need to produce a privacy notice to cover the processing undertaken for this research, and this will need to be reviewed and agreed by the Inquiry.

# payment AND INVOICING

## Payment can only be made following satisfactory delivery of pre-agreed certified products and deliverables.

## Before payment can be considered, each invoice must include a detailed elemental breakdown of work completed and the associated costs.

## Invoices should be submitted to: REDACTED UNDER FIOA SECTION 40, PERSONAL INFORMATION

## Payments will be made within 30 days from receipt of invoice in arrears

# CONTRACT MANAGEMENT

## The supplier will be expected to attend meetings virtually.

## Both Parties shall pro-actively manage risks attributed to them under the terms of this Contract.

## The supplier shall develop, operate, maintain, amend and produce regular slide packs, with input and as agreed with the Inquiry, processes for:

## Identification and management of risks, issues and dependencies with agreed owners;

## Monitoring and controlling project plans for planning, delivery and execution.

## Key Performance Indicator outputs;

## Other requirements as defined in the contract including but not limited to contingency planning.

## The supplier will need to evidence the effectiveness of their business continuity plan, to ensure that there is a strategy in place to deal with any unforeseen disruptions to the delivery of service, should they arise during the term of the Contract.

## Communication will be maintained with the supplier through weekly status meetings and email correspondence, to be agreed upon contract commencement.

## Attendance at Contract Review meetings shall be at the supplier’s own expense.

## *Conflict of Interest*

### The supplier must have appropriate processes in place to mitigate the effect of any potential or actual conflict of interests, including those of a financial, personal or professional nature. These processes must include:

### Setting up appropriate ethical walls to ensure that any of the supplier’s staff who may have been involved in high-level decision making relating to the Government’s response to the Covid-19 pandemic does not work directly on this Contract account.

### Ensuring visibility of all Supplier staff who worked on the Government’s response to the Covid-19 pandemic and that there are appropriate controls in place to restrict access to the Inquiry's client file.

### Ensuring visibility of existing clients who are Core Participants in the Inquiry.

### Ensuring that consideration of the potential or actual conflicts of interest is given when appointing subcontractors to work on this Contract account. These considerations must be shared with the Inquiry before any subcontractors are appointed.

### Ensuring visibility of any affiliated companies which may have the potential or actual conflict of interest and ensuring that there are appropriate mitigations in place.

### Measures to address the potential for conflicts of interests to occur over the course of the contract but which may not be present at the time of the contract award, for example:

## a new staff member with experience of supporting the Government’s response to the Covid-19 pandemic; or,

## taking on new work for an individual or organisation who is a Core Participant in the Inquiry or an existing client becoming a Core Participant in the Inquiry.

# Location

## The location of the Services will be carried out at the supplier’s offices or working from home. Meetings with the Inquiry will be remote.

## Recruitment sub-contractors or professional societies could be based throughout the UK, and face-to-face meetings may be required to develop working relationships.

## The participants will be based throughout the UK, but will be completing surveys online. Face-to-face recruitment drives are not anticipated to be necessary.