

DPS Schedule 5 (Order Form Template)

This Order Form is issued under the BIS DPS Agreement with the reference number **C139326** as part of a Call for Competition on **Friday 10th February 2023** for the provision of SNOMED CT - Reference set creation & maintenance.

| Buyer | |
|-----------------------|-----------------------------------|
| Organisation | NHS England |
| Representative | |
| Tel | |
| Email | |
| Agent (if applicable) | |
| Organisation | N/A |
| Representative | |
| Tel | |
| Email | |
| Supplier | |
| Organisation | University of Nottingham (PRIMIS) |
| Representative | |
| Tel | |
| Email | |

| | |
|----------------------------|---|
| Title of Work | SNOMED CT reference set creation, maintenance, owner engagement and sign off for 2023/23, 2023/24, 2024/25 work package |
| Call-Off Reference | |
| Proposed Start Date | Friday 24 March 2023 |

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

Part A – Buyer Requirements

A1 - Objective

This work package describes the following services for the following:

- Maintenance of existing SNOMED CT reference sets (also known as refsets) including where changes have been requested, or where there have been terminology changes that have significant impacts.
- Creation of new SNOMED CT references sets as agreed by the Buyer

For the purposes of this work package the scope of “refsets” includes, where NHS England has become the de facto custodian for SNOMED CT reference sets for the UK Clinical extension.

Historically, around 60% of ref-sets will remain static per release cycle.

The Buyer requires, where they have agreed a request for a new refset that the supplier is to:

- Review and respond to Requests for new refsets
- Conduct clinical informatics reviews and provide endorsement for the Design and Membership to identified new refsets.
- Action the approved and endorsed refset design to the identified new refsets so that they can be created and published by NHS England.
- Advise the Buyer if / when any refsets cannot be safely designed or maintained
- Provide the Buyer with documentation for a new refset

The Buyer will author and provide the SNOMED CT metadata concepts to support the new refsets.

The Buyer will be responsible for documenting a new refset on DD4C (Migration on Delen).

The Buyer requires where they have agreed a request for change to a refset that is to:

- Review and respond to Requests for Change to existing refsets
- Conduct clinical informatics reviews and provide endorsement for updates to identified refsets. Including review of inactivation's and impacts from hierarchy changes
- Action the approved and endorsed updates to the identified refsets so that they can be uplifted and published by NHS England.
- Advise the Buyer if / when any refsets must be retired from use.

A2 - Background

NHS England produces national reference data for record keeping messaging, extraction and analysis. Historically there have been multiple ways of developing, governing, publishing, and maintaining and retiring content, from a multitude of access points. Emphasis has been upon the creation of reference data, with a lesser regard for maintenance and management, leading to content falling out of date.

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As such NHS England has become the de facto custodian of many refsets when the original requestor, for example a programme of work, group, or a senior responsible officer, is no longer active.

NHS England provides on a regular basis the release files, subsets, mappings, and related documents for those using SNOMED UK Edition within their systems.

These updates require reviews to refsets to determine impacts, updates or withdraw.

These are decisions that NHS England can no longer make in the role of custodian.

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 | 36.0.0 - Refset file delivered to NHS England | Fri 14 Apr 2023 |
| M2 | 36.2.0 - Refset file delivered to NHS England | Fri 09 Jun 2023 |
| M3 | 36.4.0 - Refset file delivered to NHS England | Fri 04 Aug 2023 |
| M4 | 37.0.0 - Refset file delivered to NHS England | Fri 29 Sep 2023 |
| M5 | 37.2.0 - Refset file delivered to NHS England | Fri 24 Nov 2023 |
| M6 | 37.5.0 - Refset file delivered to NHS England | Fri 16 Feb 2024 |
| M7 | 37.6.0 - Refset file delivered to NHS England | Fri 15 Mar 2024 |
| M8 | xx.x.x - Refset file delivered to NHS England | Fri 12 Apr 2024 |
| M9 | xx.x.x - Refset file delivered to NHS England | Fri 07 Jun 2024 |
| M10 | xx.x.x - Refset file delivered to NHS England | Fri 02 Aug 2024 |
| M11 | xx.x.x - Refset file delivered to NHS England | Fri 27 Sep 2024 |
| M12 | xx.x.x - Refset file delivered to NHS England | Fri 22 Nov 2024 |
| M13 | xx.x.x - Refset file delivered to NHS England | Fri 14 Feb 2025 |
| M14 | xx.x.x - Refset file delivered to NHS England | Fri 14 Mar 2025 |

Note: the 2024-2025 release schedule will be reviewed and published in Nov/Dec 2023 and again in Nov/Dec 2024. These reviews will include confirmation of TRUD Release IDs.

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 | No | | |
| S02 | Primary Care – Dentistry | No | | |
| S03 | Primary Care – Pharmacy | No | | |
| S04 | Primary Care – Optometry | No | | |
| S05 | Primary Care - Out of Hours | No | | |
| S06 | Other Primary Care setting (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc | Yes | Min | |
| S11 | Secondary Care - Ambulance | No | | |
| S12 | Secondary Care - Emergency | No | | |
| 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>) | No | | |
| S14 | Secondary Care - Maternity | No | | |
| S15 | Secondary Care - Mental Health | No | | |
| S16 | Other Secondary Care setting (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc | Yes | Min | |
| S21 | Community Care - Child Health | No | | |
| S22 | Community Care - End of Life | No | | |
| S23 | Community Care - Mental Health | No | | |
| S24 | Community Care - Rehabilitation / Aids & Adaptations | No | | |
| S25 | Community Care - Treatment / Therapies | No | | |
| S26 | Other Community Care setting (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc | Yes | Min | |
| S31 | Public Health - Health Promotion | No | | |
| S32 | Public Health - Immunisation & Vaccination | No | | |

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| Ref | Service | Target | Potential Impact (see definitions) | Ref to Note |
|-----|---|--------|---------------------------------------|-------------|
| S33 | Public Health - Infection Prevention/Control | No | | |
| S34 | Public Health – Screening | No | | |
| S35 | Other Public Health setting (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc | Yes | Min | |
| S41 | Social Care - Advocacy services (<i>identify as Adult / Child / Both</i>) | No | | |
| S42 | Social Care - Disabilities services (<i>identify as Adult / Child / Both</i>) | No | | |
| S43 | Social Care - Domiciliary care (<i>identify as Adult / Child / Both</i>) | No | | |
| S44 | Social Care - Needs assessments (<i>identify as Adult / Child / Both</i>) | No | | |
| S45 | Social Care - Residential care (<i>identify as Adult / Child / Both</i>) | No | | |
| S46 | Social Care - Safeguarding (<i>identify as Adult / Child / Both</i>) | No | | |
| S47 | Other Social Care setting (<i>please identify</i>) | No | | |
| S51 | Genomics | No | | |

| 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 |

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 | No | | |
| A02 | Registered health and social care professionals | Yes | Ind / Org | |
| A03 | Regulated health and social care professional bodies | Yes | Ind / Org | |
| A04 | Health and social care provider organisations | No | | |
| A05 | Voluntary/third sector organisations | No | | |
| A06 | Dept of Health & Social Care and its Arm's Length Bodies | Yes | Ind / Org | |
| A07 | Central government (<i>its Depts and Parliament</i>) | No | | |
| A08 | Devolved governments (<i>their Depts and Parliaments</i>) | No | | |
| A09 | Local Government | No | | |
| A10 | International organisations / bodies representing other nations | No | | |
| A11 | Academia | No | | |
| A21 | Other Audience (<i>please identify</i>) Appropriate clinical owners of Refsets, for example Royal Colleges, Clinical Groups etc | Yes | Ind / Org | |

| 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). |

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) | No | | |
| D12 | Research Proposal | No | | |
| D13 | Research Outcomes | No | | |
| D14 | Evaluation of Supporting Technologies/Standards | No | | |
| D21 | Assessment of Need | No | | |
| D22 | Assessment of Burden | No | | |
| D23 | Assessment of Risks | No | | |
| D24 | Assessment of Benefits | No | | |
| D25 | Assessment of Training Support | No | | |
| D26 | Assessment of Investment Options (inc Value for Money) | No | | |
| D27 | Clinical Hazard Log | No | | |
| D28 | Data Privacy Impact Assessment | No | | |
| D29 | User Research Log | No | | |
| D30 | Draft Design Specification | No | | |
| D31 | User Guidance | No | | |
| D32 | Other Developer deliverable (please identify) | No | | |
| D41 | Assurance Plan (inc methodology) | No | | |
| D42 | Clinical Safety Assessment | No | | |
| D43 | Information Governance Assessment | No | | |
| D44 | Updated User Guidance | No | | |
| D45 | Correspondence Log | No | | |
| D46 | Final Design Specification | No | | |
| D47 | Other Assurer deliverable (please identify) | No | | |
| D51 | Endorsement | Yes | Rep | 1 |
| D52 | Other Endorser deliverable (please identify) | No | | |
| D61 | Pre-publication Assessment | No | | |
| D62 | Post Publication Assessment (including user feedback) | No | | |
| D63 | Other Publisher deliverable (please identify) | No | | |
| D71 | Promotion Plan (including methodology) | No | | |
| D72 | Promotion Outcomes (including correspondence log) | No | | |
| D73 | Other Promoter deliverable (please identify) | No | | |
| D81 | Implementation Plan (including methodology) | No | | |
| D82 | Implementation Outcomes (including user feedback) | No | | |
| D83 | Other Implementor deliverable (please identify) | No | | |
| D91 | Evaluation Plan (including methodology) | No | | |

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| Ref | Deliverable | Target | Degree of Complexity (see definitions) | Ref to Note |
|-----|--|--------|---|-------------|
| D92 | Evaluation Outcomes (including consultation log) | No | | |
| D93 | Other Evaluator deliverable (please identify) SNOMED CT RF2 simple reference file | Yes | Sec | 2 |

| 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. Individual endorsement of each change is not required; however, we do need to be confident that the supplier is in a position to do this endorsement - this could be done by a report with the names of who checked and who confirmed the changes. Essentially name of author (individual or group) and who signed it off (individual or group).
2. The file must be versioned with the correct effective Time as per the release schedule.
Only the simple refset file needs to be provided, not a complete SNOMED CT release.
All the refsets must be included in this single file.

For new refsets provide documentation for the refset detailing the design.

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 | R | | | |
| Developer | I | | RA | |
| Assurer | I | | R | |
| Endorser | I | | R | |
| Publisher | R | | | |
| Promoter | R | | | |
| Implementor | R | | | |
| Evaluator | I | | RA | |

A8 - Management

A8.1 - Control

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

Every 2 weeks

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)
- 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

The Buyer will review this work package after each of the stated Milestone delivery of each release.

A8.3 - Charging

| Charging Method | Charging Method Selected |
|-------------------------|--------------------------|
| Fixed Price | |
| Incremental Fixed Price | |
| Time and Materials | |

A8.4 - Special Requirements

The Buyer will expect all identified errors and omissions to be resolved ready for inclusion in the relevant release.

The Buyer will provide extracts of identified “mission critical” refsets via the NHS Dictionary for Care (dd4c) [1] and from internal MS Teams repository.

The format of the deliverable will be a SNOMED CT RF2 simple reference file [2] representing a Snapshot release of that file [3].

The file must be versioned with the correct effective Time as per the release schedule. Only the simple refset file needs to be provided, not a complete SNOMED CT release.

All the refsets must be included in this single file.

NHS England can provide the Snapshot refset file to start from, alternatively this file is published in the SNOMED CT release, available from TRUD [4].

For new refsets provide documentation for the refset detailing the design.

Timescale of this work package cover 2023/24 and 2024/25 SNOMED UK Clinical updates for UK clinical content which are currently planned as listed below

Frequency of the SNOMED UK Clinical updates for UK clinical content which are in scope of this work package are currently planned [7] as seven releases per year.

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Note: the 2024-2025 release schedule will be reviewed and published in Nov/Dec 2023 and again in Nov/Dec 2024. These reviews will include confirmation of TRUD Release IDs.

19 April 2023 (Major release including January 2023 International Edition)

Effective time: 12 Apr 2023

TRUD ID: 36.0.0

Draft data ready: 24 Mar 2023

Finalised data (modulated and versioned): Thu 06 Apr 2023

Refset file delivered to NHS England: Fri 14 Apr 2023

14 June 2023

Effective time: 07 Jun 2023

TRUD ID: 36.2.0

Draft data ready: 19 May 2023

Finalised data (modulated and versioned): Thu 01 Jun 2023

Refset file delivered to NHS England: Fri 09 Jun 2023

09 August 2023

Effective time: 02 Aug 2023

TRUD ID: 36.4.0

Draft data ready: 14 Jul 2023

Finalised data (modulated and versioned): Thu 27 Jul 2023

Refset file delivered to NHS England: Fri 04 Aug 2023

04 October 2023 (Major release including July 2023 International Edition)

Effective time: 27 Sep 2023

TRUD ID: 37.0.0

Draft data ready: 08 Sep 2023

Finalised data (modulated and versioned): Thu 21 Sep 2023

Refset file delivered to NHS England: Fri 29 Sep 2023

29 November 2023

Effective time: 22 Nov 2023

TRUD ID: 37.2.0

Draft data ready: 03 Nov 2023

Finalised data (modulated and versioned): Thu 16 Nov 2023

Refset file delivered to NHS England: Fri 24 Nov 2023

21 February 2024

Effective time: 14 Feb 2024

TRUD ID: 37.5.0

Draft data ready: 26 Jan 2024

Finalised data (modulated and versioned): Thu 08 Jan 2024

Refset file delivered to NHS England: Fri 16 Feb 2024

20 March 2024

Effective time: 13 Mar 2024

TRUD ID: 37.6.0

Draft data ready: 23 Feb 2024

Finalised data (modulated and versioned): Thu 07 Mar 2024

Refset file delivered to NHS England: Fri 15 Mar 2024

17 April 2024 (Major release including February 2024 International Edition)

Effective time: 10 Apr 2024

TRUD ID: xx.x.x

Draft data ready: 22 Mar 2024

Finalised data (modulated and versioned): Thu 04 Apr 2024

Refset file delivered to NHS England: Fri 12 Apr 2024

12 June 2024

Effective time: 05 Jun 2024

TRUD ID: xx.x.x

Draft data ready: 17 May 2024

Finalised data (modulated and versioned): Thu 30 May 2024

Refset file delivered to NHS England: Fri 07 Jun 2024

07 August 2024

Effective time: 31 Jul 2024

TRUD ID: xx.x.x

Draft data ready: 12 Jul 2024

Finalised data (modulated and versioned): Thu 25 Jul 2024

Refset file delivered to NHS England: Fri 02 Aug 2024

02 October 2024 (Major release including August 2024 International Edition)

Effective time: 25 Sep 2024

TRUD ID: xx.x.x

Draft data ready: 06 Sep 2024

Finalised data (modulated and versioned): Thu 19 Sep 2024

Refset file delivered to NHS England: Fri 27 Sep 2024

27 November 2024

Effective time: 20 Nov 2024

TRUD ID: xx.x.x

Draft data ready: 01 Nov 2024

Finalised data (modulated and versioned): Thu 14 Nov 2024

Refset file delivered to NHS England: Fri 22 Nov 2024

19 February 2025

Effective time: 12 Feb 2025

TRUD ID: xx.x.x

Draft data ready: 24 Jan 2025

Finalised data (modulated and versioned): Thu 06 Feb 2025

Refset file delivered to NHS England: Fri 14 Feb 2025

19 March 2025

Effective time: 12 Mar 2025

TRUD ID: xx.x.x

Draft data ready: 21 Feb 2025

Finalised data (modulated and versioned): Thu 05 Mar 2025

Refset file delivered to NHS England: Fri 14 Mar 2025

Note: International SNOMED CT uplifts are **in scope** of this work package.

External References

[1] Data Dictionary for Care (dd4c)

https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=777732

[2] Simple Reference Set

<https://confluence.ihtsdotools.org/display/DOCRELFMT/5.2.1+Simple+Reference+Set>

[3] Snapshot Release

<https://confluence.ihtsdotools.org/display/DOCGLOSS/snapshot+release>

[4] Terminology Reference data Update Distribution (TRUD) <https://isd.England.nhs.uk/trud3>

[5] SNOMED CT UK Clinical Edition release schedule 2023-2024

https://hscic.kahootz.com/t_c_home/viewDatastore?dsid=873028&adv=&showAllColumns=N&datViewMode=list&showSingleItem=N&shownum=100&startRow=1&sortCol1=Col_1&sortDir1=asc&sortCol2=0&sortDir2=asc&sortCol3=0&sortDir3=asc

| | | Milestones | Proposed Completion Date | Completion Criteria | Ref | Project Role | Name <small>(only mandatory for Key Roles)</small> | Key Role | Category <small>(Co / De / Le / Pa / Pr / Re / Te)</small> | Level <small>(J / M / S)</small> | Qty <small>(man days)</small> | Day Rate (£) | Cost |
|-------------|--|------------|--------------------------|---------------------|-----|--------------|---|----------|---|-------------------------------------|----------------------------------|--------------|------|
| Deliverable | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | Total Cost | | 129600 | | |

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) | <input checked="" type="checkbox"/> | Joint Schedule 5 (Corporate Social Responsibility) | <input checked="" type="checkbox"/> |
| Joint Schedule 2 (Variation Form) | <input checked="" type="checkbox"/> | Joint Schedule 6 (Subcontractors) | <input type="checkbox"/> |
| Joint Schedule 3 (Insurance Requirements) | <input checked="" type="checkbox"/> | Joint Schedule 7 (Rectification Plan) | <input checked="" type="checkbox"/> |
| Joint Schedule 4 (Commercially Sensitive Information) | <input type="checkbox"/> | Joint Schedule 8 (Processing Data) | <input type="checkbox"/> |
| | | N/A | |
| Call-Off Schedule 1 (Transparency Reports) | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | Call-Off Schedule 5 (Key Supplier Staff) | <input type="checkbox"/> |
| Call-Off Schedule 2 (Staff Transfer) | <input checked="" type="checkbox"/> | Call-Off Schedule 6 (Security) | <input type="checkbox"/> |
| Call-Off Schedule 3 | <input type="checkbox"/> | Call-Off Schedule 7 (Implementation Plan) | <input checked="" type="checkbox"/> |

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:

| | |
|----------------|--|
| Special Term 1 | |
| Special Term 2 | |
| Special Term 3 | |

CALL-OFF TERM

| | |
|----------------------|-----------------------------|
| Call-Off Start Date | Friday 24 March 2023 |
| Call-Off Expiry Date | 23 rd March 2025 |
| Optional Extension | 12 months |

MAXIMUM LIABILITY

The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

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 COMMERCIALLY 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 | | | |
| 2 | | | |

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.

| Call-Off Contract | Building Information Standards |
|---------------------------------------|--------------------------------|
| Date: | |
| Description of Authorised Processing | Details |
| Subject matter of the processing | N/A |
| Duration of the processing | |
| Nature and purposes of the processing | |
| Type of Personal data | |
| Categories of Data Subject | |

ADDITIONAL INSURANCES

N/A

PAYMENT METHOD

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

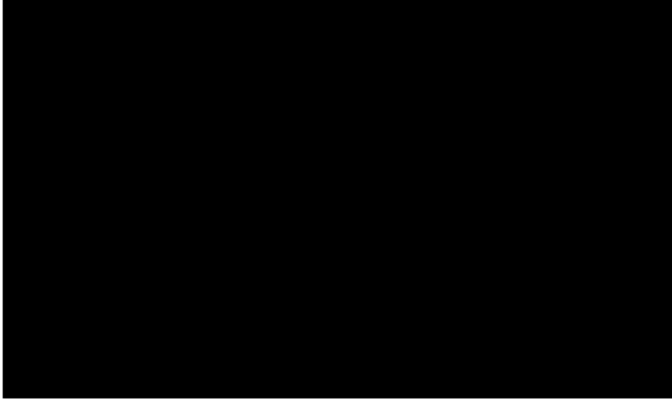
NHS England,
T56 Payables A125,
Phoenix House,
Topcliffe Lane,
Wakefield,
WF3 1WE

To be sent as a PDF attachment by email to the following email address;
sbs.apinvoicing@nhs.net (one invoice per PDF) and emails must not exceed 10Mb and
quote, 'T56 Invoice Scanning' in subject line or alternatively invoices can be sent via post to
the above address.

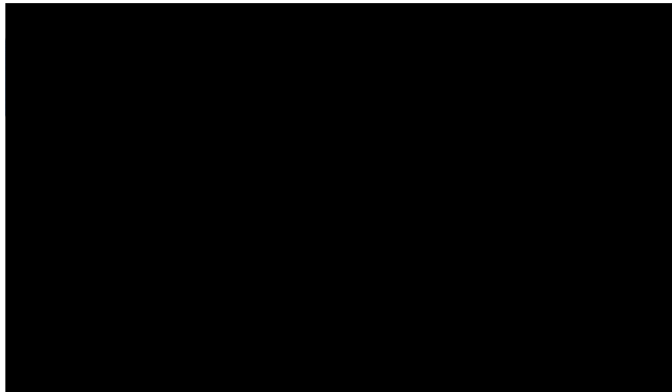
Any queries regarding outstanding payments should be directed to the Buyer's Accounts
Payable section by email at financialaccounts@nhs.net

Part D - Approval

Buyer signature

A large black rectangular box used to redact the buyer's signature.

Supplier signature

A large black rectangular box used to redact the supplier's signature.