

# DPS Schedule 6 (Order Form Template and Order Schedules)

## Order Form

ORDER REFERENCE: C75208

THE BUYER: **National Health Service Commissioning Board**  
**(Known as NHS England & Improvement)**

BUYER ADDRESS **Skipton House, 80 London Road,**  
**London SE1 6LH**

THE SUPPLIER: Kantar Public UK Limited

SUPPLIER ADDRESS: 6 More London Place, London, SE1 2QY

REGISTRATION NUMBER: 13663077

DUNS NUMBER: 228340905

DPS SUPPLIER REGISTRATION SERVICE ID: **SQ-A7EB6N8**

### APPLICABLE DPS CONTRACT

This Order Form is for the provision of the Deliverables and dated 22<sup>nd</sup> June 2022. It's issued under the DPS Contract with the reference number C75208 DPS Contract RM6126 for the provision of **NHS ENGLAND NATIONAL CAMPAIGNS Quantitative Research**.

DPS FILTER CATEGORY(IES):  
Not applicable

## ORDER INCORPORATED TERMS

The following documents are incorporated into this Order Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

1. This Order Form including the Order Special Terms and Order Special Schedules.
2. Joint Schedule 1(Definitions and Interpretation) DPS Contract RM6126
3. DPS Special Terms
4. The following Schedules in equal order of precedence:
  - Joint Schedules for **RM6126**
    - Joint Schedule 2 (Variation Form)
    - Joint Schedule 3 (Insurance Requirements)
    - Joint Schedule 4 (Commercially Sensitive Information)
    - Joint Schedule 6 (Key Subcontractors)
    - Joint Schedule 10 (Rectification Plan)
    - Joint Schedule 11 (Processing Data)
  - Order Schedules for **RM6126**
    - Order Schedule 1 (Transparency Reports)
    - Order Schedule 2 (Staff Transfer)
    - Order Schedule 3 (Continuous Improvement)
5. Joint Schedule 5 (Corporate Social Responsibility) for **RM6126**

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

## ORDER SPECIAL TERMS

The following Special Terms are incorporated into this Order Contract:

None

ORDER START DATE: **22<sup>nd</sup> June 2022**

ORDER EXPIRY DATE: **21<sup>st</sup> June 2025**

ORDER INITIAL PERIOD: **36 months with provision for this to be extended for a maximum of 12 months**

## DELIVERABLES

Option B: See details in Order Schedule 20 (Order Specification).

## MAXIMUM LIABILITY

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

The Estimated Year 1 Charges used to calculate liability in the first Contract Year is **£1,100,000**

## ORDER CHARGES

Option B: See details in Order Schedule 5 (Pricing Details)

The below 'Day Rate(£Exc Vat) will be used to calculate charges for the duration of the contract.

TOTAL	
Grade / Job Title	
Senior Director	
Director	
Senior Research Executive	
Research Executive	

Note that as per the tender documentation, the maximum value of the contract, including all extensions, shall be £5,000,000 ex VAT based on the projected spend below (although the spend profile may change):

- 2022 / 2023: £1,100,000
- 2023 / 2024: £1,200,000
- 2024 / 2025: £1,300,000
- 2025/2026: £1,400,000 (Should an extension be put in place)

## REIMBURSABLE EXPENSES

None

## PAYMENT METHOD

NHS England will pay correctly addressed and undisputed invoices within 30 days in accordance with the requirements of the Contract. Suppliers to NHS England must ensure comparable payment provisions apply to the payment of their sub -contractors and the sub-contractors of their sub-contractors.

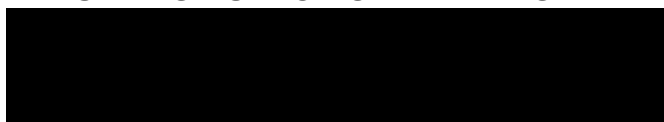
General requirements for an invoice for NHS England include:

- A description of the good/services supplied is included.
- NHS England's reference number/Purchase Order number is included.

The Provider will be expected to submit all invoices via NHS England's e-Invoicing Platform in accordance with e-Invoicing Guidance or via an alternative PEPPOL-compliant e-invoicing system. Useful Link at: <https://tradeshift.com/supplier/nhs-sbs/>

**BUYER'S INVOICE ADDRESS:**

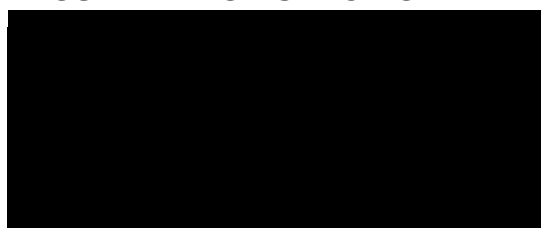
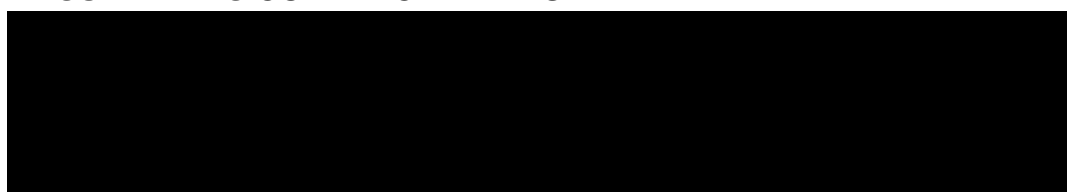
NHS England,  
X24 Payables K005,  
Phoenix House,  
Topcliffe Lane,  
Wakefield,  
WF3 1WE

**BUYER'S AUTHORISED REPRESENTATIVE****BUYER'S ENVIRONMENTAL POLICY**

[Greener NHS \(england.nhs.uk\)](https://www.england.nhs.uk/greener-nhs/)

**BUYER'S SECURITY POLICY**

Information  
Security Policy.pdf

**SUPPLIER'S AUTHORISED REPRESENTATIVE****SUPPLIER'S CONTRACT MANAGER****PROGRESS REPORT FREQUENCY**

Monthly

**PROGRESS MEETING FREQUENCY**

Weekly

**CONTRACT REVIEW MEETING FREQUENCY**

Six monthly

**KEY SUBCONTRACTOR(S)**

Agroni Research Limited  
Statement of Requirements

#### **E-A UCTIONS**

Not applicable

#### **COMMERCIALLY SENSITIVE INFORMATION**

Not Applicable

#### **SERVICE CREDITS**

Not applicable

The Service Period is: **36 months with a 12 month extension option**

#### **ADDITIONAL INSURANCES**

Not applicable

#### **GUARANTEE**

Not applicable

#### **SOCIAL VALUE COMMITMENT**

The Supplier agrees, in providing the Deliverables and performing its obligations under the Order Contract, that it will comply with the social value commitments in Order Schedule 4 (Order Tender).

For and on behalf of the Supplier:	For and on behalf of the Buyer:

# **NHS ENGLAND NATIONAL CAMPAIGNS**

## **Quantitative Evaluation Research**

### **SPECIFICATION OF REQUIREMENTS**

<b>Revision Date</b>	<b>Summary of Changes</b>	<b>New Version No</b>
16 March 2022	First draft of the 'Specification of Requirements'.	0.1
18 March 2022	Second draft	0.2

## Specification of Requirements

### Background to the requirements

The NHS England Campaigns Team deliver national social marketing campaigns to support the NHS. Our campaigns are delivered under two overarching campaign brands:

- The 'We are the NHS' campaign aims to inspire people to join the NHS and retain those already working in it. It promotes the NHS as a first-choice employer, focusing on priority recruitment of professions including: Nursing; Allied Health Professionals; Healthcare Support Workers; and 999 & 111 Call Handlers; also supporting the recruitment of NHS Reservists.
- The 'Help Us, Help You' campaign is designed to save lives by changing the way people access services to reduce pressures on the NHS and maintain capacity, by driving effective use of the NHS, encouraging people to get help in the right place and at the right time.

We are seeking an experienced research agency to deliver quantitative research projects to support the development and evaluation of our work across all our campaign activity. Previously this work has been subcontracted through the Lead Creative Agency working on either the 'We are the NHS' or 'Help Us, Help You' campaigns.

These campaigns are delivered through a number of different phases aimed at different audiences and with separate aims and objectives.

All our campaign activity supports the successful delivery of the organisational priorities of NHS England and the wider NHS. These are set out in the NHS Long Term Plan and the annual NHS Priorities and Operational Planning Guidance.

#### Policy Context: 'We are the NHS'



The NHS's greatest strength is its people, and as demand for healthcare continues to grow, there is a need to ensure there are enough people working in the NHS, and that they get the support they need to continue delivering the best possible care<sup>1</sup>. Latest data<sup>2</sup> shows 110,192 current vacancies (of which 39,652 are nurses). Vacancy rates were already an issue pre-pandemic, due to a range of factors, and have been further exacerbated by extra pressure from the pandemic and burnout. so ensuring a pipeline for NHS recruitment has never been more critical.

The 'We are the NHS' campaign supports the NHS Long Term Plan, which highlights the importance of both recruitment and retention to the successful delivery of the plan, stating that "to make this Long Term Plan a reality, the NHS will need more staff, working in rewarding jobs and a more supportive culture". The NHS Long Term Plan recognises the role that national marketing can play in supporting recruitment, stating that "national recruitment campaigns are effective and take pressure off individual trusts to develop local campaigns that struggle to have the same impact. As a commitment to helping recruit more staff, attract returners and retain those we already have, we will develop annual campaigns in conjunction with Royal Colleges and the trade unions for those roles that the NHS most urgently needs."

To achieve the ambitions in the NHS Long Term Plan, the Government has three NHS workforce commitments: delivering 50,000 new nurses ; increasing the number of staff working in primary care (including AHPs) by 26,000; and maximising the take up of grants for nursing and allied health professional training .

The NHS 22-23 Operational Planning Guidance also outlines the need for additional workforce ("more people") to support the restoration and recovery of services post pandemic.

The recently published NHS Recovery Plan for tackling the Covid-19 backlog of elective care also makes a case for the campaign, referencing the need to deploy 17,000 NHS Reservists, "alongside recruitment to roles showcased in the high profile national 'We are the NHS' advertising and marketing campaign, and all of the more than 350 careers across the NHS."

## **Policy Context: 'Help Us, Help You'**

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<sup>1</sup> NHS Long Term Plan, <https://www.longtermplan.nhs.uk/areas-of-work/workforce/>

<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---december-2021-experimental-statistics#resources>



**The ‘Help Us, Help You’ campaign supports the successful delivery of a number of the priority areas set out in the NHS Long Term Plan and in annual NHS Priorities and Operational Planning Guidance managing the impact of the pandemic.**

**All campaign activity is designed to save lives and improve outcomes by changing the way people access services to reduce pressures on the NHS and maintain capacity, by driving effective use of the NHS, encouraging people to get help in the right place and at the right time. Activity supports the NHS 22/23 Priorities and Operational Planning Guidance ambition to “make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.”**

**The campaign is delivered through different phases of activity, which support different policy and programme objectives outlined in a range of key policy documents including the NHS Long Term Plan and annual NHS Operational Planning Guidance.**

**Cancer, which is a key immediate priority for the NHS, as outlined in the NHS 22/23 Operational Planning Guidance, to help tackle the backlog of at least 36,000 patients that would have been expected to come forward to start treatment during the pandemic, and have not yet done so. Cancer campaigns activity supports multiple routes to diagnosis, including via primary care and screening.**

- **Earlier diagnosis: Activity supports delivery of the NHS Long Term Plan ambition that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. It also supports the NHS 2022-23 Priorities and Operational Planning Guidance requirement to “meet the increased level of referrals and treatment required to reduce the shortfall in number of first treatments”.**

- **Bowel screening:** Activity supports earlier diagnosis targets, as well as delivery of the NHS Long Term Plan commitment to “modernise the Bowel Cancer Screening Programme to detect more cancers, earlier”. Activity will support roll out of the new, easier to use test (Faecal Immunochemical Test for haemoglobin) and lowering of the starting age for screening from 60 to 50.

**Heart Attack:** activity supports ambitions to reduce the number of deaths from heart attack:

- **NHS Long Term Plan ambition:** “Heart and circulatory disease, also known as cardiovascular disease (CVD), causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. This is the single biggest area where the NHS can save lives over the next 10 years.”
- ☐ **Operational planning guidance:** Supports the NHS system work implementing new models of care for cardiac care. Through earlier diagnosis of heart attacks, we support the ambition to provide direct oral anticoagulants to an additional 610,000 patients preventing 21,700 strokes and saving 5,400 lives over the next three years (if untreated heart attacks can lead to stroke).

**Stroke –** activity supports ambitions to reduce the number of deaths from strokes:

- ☐ **NHS Long Term Plan ambition:** Stroke, a preventable disease, is the fourth single leading cause of death in the UK and the single largest cause of complex disability. Stroke mortality has halved in the last two decades. However, without further action, due to changing demographics, the number of people having a stroke will increase by almost half, and the number of stroke survivors living with disability will increase by a third by 2035.

- ☐ **Operational planning guidance:** This supports the NHS system work implementing new models of care for respiratory, stroke and cardiac care. Through earlier diagnosis of stroke, we support the ambition to provide direct oral anticoagulants to an additional 610,000 patients, preventing 21,700 strokes, and saving 5,400 lives over the next three years.

**Urgent and Emergency Care (NHS 111) - activity supports the NHS in managing the demand on urgent and emergency care services:**

- **NHS Long Term Plan ambition:** That by “expanding and reforming urgent and emergency care services the practical goal is to ensure patients get the care they need fast, relieve pressure on A&E departments, and better offset winter demand spikes.”
- **Operational planning guidance:** To support increases to capacity to NHS 111 “to ensure the service is the credible first option for patients, enabling their referral to the most appropriate care setting”.

**GP Access – activity supports the NHS in managing the demand on primary care services:**

- ☐ **NHS Long Term Plan ambition:** That digital-first primary care will become a new option for every patient improving fast access to convenient primary care.
- **Operational planning guidance:** Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – and support “the commitment that every patient has the right to be offered digital-first primary care by 2023/24 is delivered”.

**Pharmacy Access – activity supports the NHS in managing the demand on primary care services:**

- ☐ **NHS Long Term Plan ambition: to make greater use of community pharmacy services and reduce pressure on other NHS services. From 2019, NHS 111 has supported direct booking into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management.**
- ☐ **Operational planning guidance: to support systems in considering how community pharmacy can play a greater role in local plans and in taking every opportunity to use community pharmacy to help tackle health inequalities.**

**Norovirus – activity supports:**

- **NHS Long Term Plan ambition: To reduce winter pressures on NHS services - “by expanding and reforming urgent and emergency care services the practical goal is to ensure patients get the care they need fast, relieve pressure on A&E departments, and better offset winter demand spikes.”**
- **Operational planning guidance: To “maintain maximum possible levels of inpatient, day case, outpatient and diagnostic activity” during a potentially challenging winter.**

**Staff winter immunisations - activity will be delivered in alignment with public facing winter vaccinations activity, and supports:**

- ☐ **The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2021 which previously required health and social care workers who have face-to-face contact with service users, including volunteers, to provide evidence that they have been fully vaccinated against Covid-19. Whilst legislation is being amended so that mandation of vaccination is no longer in place, workforce vaccination remains a priority.**
- ☐ **The annual flu letter, which recommends flu vaccination for all frontline health and social care workers.**

## Scope of the Procurement

**The appointed agency will be required to develop and deliver effective quantitative research projects to support the successful development of both the ‘We are the NHS’ and ‘Help Us, Help You’ campaign activity; and to evaluate the campaign activity against each of the campaigns’ aims and objectives.**

**The appointed agency will be required to support the development of the aims and objectives for both the ‘We are the NHS’ and ‘Help Us, Help You’ campaigns; and the regular reporting of the results for these. The campaigns’ aims and objectives are agreed with the Cabinet Office and the Department of Health and Social Care and reported on each quarter.**

### Aims & Objectives

**The aims and objectives of all the phases of our campaigns are set each year, based on the insights and evaluation data from previous activity. These will be finalised as part of the campaign’s strategic planning process, which will take into account evaluation of 2021/22 activity and the changes to the context around the NHS as a result of the pandemic. These are agreed with the Cabinet Office and the Department of Health and Social Care and reported on each quarter.**

**The provisional aims and objectives of the ‘We are the NHS’ campaign are outlined below.**

**Our employer perception KPIs are to:**

- ☐ **Increase interest in the NHS as a potential employer**
- ☐ **Increase confidence that the NHS is actively recruiting staff for the future of the service**

**The overarching objective for recruitment is to increase applications to clinical and non-clinical roles. Anticipated roles are listed below – and specific KPIs will be set against each specialism as part of our strategic planning process.**

- ☐ **Increase applications to nursing degrees (via UCAS) by March 2023.**
- ☐ **Increase applications to AHP courses (via UCAS) by March 2023.**
- ☐ **Increase applications for HCSW roles by March 2023.**
- ☐ **Increase applications for 111/999 roles by March 2023.**
- ☐ **Increase applications to NHS Reservist roles by March 2023.**
- **Generate eCRM sign ups to the 'We are the NHS' email programme.**

**Additional KPIs for return and retention are:**

- ☐ **Return: encourage former nurses to register their interest in returning to practice.**
- ☐ **Retention: Increase audience agreement that they would recommend the NHS as a place to work.**

**The provisional aims and objectives of the 'Help Us, Help You' campaign are outlined below:**

- ☐ **Confidence in the NHS: maintain confidence in the NHS**
- ☐ **Cancer earlier diagnosis: Increase urgent referrals for cancer**
- ☐ **Bowel screening: Increase uptake of bowel screening**
- ☐ **Heart attacks: Increase earlier calls to 999 for heart attacks**
- ☐ **Stroke: Increase earlier calls to 999 for stroke**
- ☐ **NHS 111: Increase use of 111 for urgent but non-life-threatening conditions**

- ☐ **GP access: Increase intention to access primary care via digital channels**
- ☐ **Pharmacy access: Increase use of community pharmacists for minor illnesses**
- ☐ **Norovirus: Reduce access to NHS services when experiencing norovirus symptoms**
- ☐ **Staff winter vaccines (to be delivered in alignment with public facing winter vaccinations activity: Increase in intention to receive winter vaccines.**

## **Constraints and Dependencies**

The plans methodologies, sample sizes & groups, and questionnaires for each quantitative research project will need to be approved by NHS England.

The quantitative research contract and budget will be managed by the Senior Insight and Evaluation Manager within the NHS England Campaigns and Social Media Team.

## **Requirements**

### **Mandatory and Minimum Requirements**

The appointed agency will be required to develop and deliver research to support the successful delivery and evaluation of the 'We are the NHS' and 'Help Us, Help You' campaigns. This will include supporting the development of the campaigns' objectives and KPIs, and delivery of quantitative research to assess the campaigns' success against these.

The quantitative research projects will include running regular tracking research with appropriate samples to continually evaluate the effectiveness of the campaign activity and to measure public attitudes (confidence, trust in the NHS), behavioural intentions, and barriers & motivations to behaviour.

The appointed agency must provide clear reports of the results of all the quantitative research projects that present insights to enable the campaign activity to be continually improved; and evaluation metrics to determine if the agreed KPIs have been achieved.



The quantitative research projects must ensure that the audiences for each phase of the 'We are the NHS' and 'Help Us, Help You' campaigns are effectively represented in the research methodologies and samples. This includes ensuring that we are developing appropriate insights into our ethnic minority audiences.

The audiences for the established 'We are the NHS' campaign phases are as follows. Additional audiences may be targeted should operational requirements change:

☐ **Employer Phase: all adults / teens**

☐ **Recruit Phases:**

- **Nursing / Allied health professionals (AHPs) phase: Teens (all 14-18 year olds); and career changers (all 20-44 year olds);**
- **Health care support workers (HCSW) phase: Teens (all 14-18 year olds); and career changers (all 20-44 year olds);**
- **111 / 999 call handlers phase: C2DE 18-44 year olds; and**
- **NHS Reservists phase: all adults.**

☐ **Return: Previous NHS nurses/midwives with a lapsed registration**

☐ **Retain: current NHS staff especially nurses/midwives.**

The audiences for the 'Help Us, Help You' campaign phases are as follows. Additional audiences may be targeted should operational requirements change:

☐ **Cancer earlier diagnosis: 50+ C2DE adults.**

☐ **Bowel screening: 50+ C2DE, focus on demographics least likely to participate.**

- **Heart attacks: 50+ C2DE, black and south Asian ethnic minorities, with all adults as secondary ‘heart helper’ audience.**
- ☐ **Stroke: 50+ C2DE, black and south Asian ethnic minorities, all adults as secondary ‘stroke saver’ audience.**
- ☐ **NHS 111: Targeting all adults; spend will be upweighted for audience segments that are higher users of A&E / EDs: young adults (aged 18-30); and parents with children aged under 12.**
- ☐ **GP access: All adults, with a focus on those most likely to be willing to access primary care services digitally, (i.e. higher SEGs) ensuring capacity in other routes to access for those who need them most.**
- ☐ **Pharmacy access: Parents of 5-12 year olds; and adults aged 60+.**
- ☐ **Norovirus: Adults aged 30-60, who are more likely to have older relatives who are in hospital and are at risk of visiting them and causing outbreaks in a hospital.**
- ☐ **Staff winter vaccines: NHS and social care staff.**

**The appointed agency must be a member of the Market Research Society and uphold the highest standards of market research.**

**All quantitative research projects for the purposes of campaign evaluation must follow the Cabinet Office evaluation framework.**

## **Desirable Requirements**

The use of attitudinal data from quantitative research has proven effective in generating media coverage to support our campaign activity. This could be research for the launch of national campaign phase or a one-off question about a specific topic for a targeted approach to a relevant media outlet. The appointed agency will need to consider how to cost effectively deliver data that is useful for public relations activity.

The use of other methodologies (including qualitative research and statistical modelling) have proven effective in evaluation of previous campaign activity. The appointed agency should need to be able to cost-effectively support evaluation requirements through other methodologies if required.

The appointed agency should consider how to support the continual professional development of the NHS England Campaigns and Social Media Team and colleagues in the wider NHS communications profession, by: holding training sessions; presenting at the Marketing Reference Group meetings; and organising events.

## **Timescales & Implementation**

Provisional timings for the campaign phases have been planned, but these are subject to change and will be influenced by NHS England's operational requirements. The quantitative research to evaluate the campaign phases will need to be delivered to provide timely pre-campaign and post-campaign data.

The provisional timings of the 'We are the NHS' campaign phases in 2022/23 are:

- **June – Sept 2022 'Generic role' employer campaign phase.**
- ☐ **August 2022: Nursing recruitment via UCAS clearing.**
- **Oct 2022 – March 2023: Nursing recruitment phase.**
- **Oct 2022 – March 2023: AHP recruitment phase.**
- **July – Oct 2022: 111/999 call handlers recruitment phase.**
- **July 2022 – March 2023: NHS Reservists.**
- **June 2022 – March 2023: HCSW recruitment phase.**

The provisional timings of the 'Help Us, Help You' campaign phases in 2022/23 are:

- **June – July 2022: Cancer earlier diagnosis (extension to Q4 reducing barriers activity)**
- **July – Sept 2022: Cancer earlier diagnosis (symptoms)**
- **July – Aug 2022: Heart attack**
- **Oct – Dec 2022: Pharmacy access**
- **Oct 2022 – March 2023: NHS 111**
- **Oct 2022 – Jan 2023 – Staff winter vaccinations**
- **Nov 2022 – Jan 2023: Norovirus**
- **Dec 2022 – March 2023: Bowel screening**
- **Jan – March 2023: Cancer earlier diagnosis (reducing barriers / symptoms)**
- ☐ **Jan - March 2023: Stroke**
- **Jan – March 2023: GP access**

The research plans and questionnaires must be developed within a timeframe that allows for effective consultation with both internal and external stakeholders (where necessary).

## **Location**

The appointed PR agency must be located within England, and regular meetings with the NHS England Campaigns team (based in London) will be required. These may take place in-person or virtually, dependent on need and activity.

## **Roles and Responsibilities**

The key roles and responsibilities of the NHS England Campaigns Team in managing this work are:

- **Deputy Director, Head of Campaigns & Social Media** [REDACTED]  
[REDACTED] is responsible for leading the development and delivery of all of NHS England's campaigns.
- **Lead Campaigns Managers** – [REDACTED] the Lead Campaign Managers are responsible for managing the development and delivery of the 'We are the NHS' and 'Help Us, Help You' campaigns.
- **Senior Campaigns Managers** – [REDACTED]  
[REDACTED] the Senior Campaign Managers are responsible for managing the delivery of different phases of the 'Help Us, Help You' campaign.
- **Senior PR Campaigns Manager** – [REDACTED] the Senior PR Campaigns Manager is responsible for managing the development and delivery of the PR strategies that support the 'We are the NHS' and 'Help Us, Help You' campaigns.
- **PR Campaigns Officer** – [REDACTED] PR Campaigns Officer is responsible for delivering the PR strategies that support the 'We are the NHS' and 'Help Us, Help You' campaigns.
- **Senior Campaigns Partnerships Manager** – [REDACTED]  
Senior Campaigns Partnerships Manager is responsible for managing the partnerships work that supports the 'We are the NHS' and 'Help Us, Help You' campaigns, which includes working with external stakeholders.
- **Senior Insight and Evaluation Manager** – [REDACTED]  
the Senior Insight and Evaluation Manager is responsible for development of insight, strategy and evaluation. This includes managing all research projects for the 'We are the NHS' and 'Help Us, Help You' campaigns. They will be responsible for the management of the quantitative research contract.

## **Management Information & Governance**

The appointed agency will be required to submit progress reports on a weekly basis and participate in regular meetings with the NHS England Campaigns Team in London. These reports should provide sufficient information to allow the Campaigns Team to review progress against timelines, identify how costs have been apportioned and identify any areas for improvement.

## **Performance and Measurement**

The appointed agency will need to provide reports of the findings from all quantitative research projects and contribute to the post campaign analysis reports after each phase of campaigns.

Regular review meetings will be held to review the performance of the agency.

The performance of the agency will be measured against the effectiveness of providing data to evaluate the campaigns' aims and objectives, as detailed earlier in this document.

## **Contract Term**

The term of this contract is 3 years, with provision for this to be extended for a maximum of 12 months (3 +1).

## **Budget**

The maximum value of contract, including all subcontracting, shall be £5,000,000 ex VAT based on the projected spend below. :

- **2022 / 2023: £1,100,000**
- **2023 / 2024: £1,200,000**
- **2024 / 2025: £1,300,000**
- **2025/2026: £1,400,000 (Should an extension be put in place)**

## **Sustainable Development Requirements**

**The appointed agency will be required to put in place and implement a Green Plan. Green Plans must set out the agency's detailed plans and actions that support the NHS Long Term Plan commitments on:**

- **reducing air pollution – such as implementing expenses policies for staff which promote sustainable travel choices;**
- **cutting carbon emissions – by reducing emissions from the provider's premises;**
- ☐ **reducing the use of single-use plastic products and observing the NHS Plastics Pledge to eliminate avoidable single-use plastics in NHS catering facilities; and**
- ☐ **reducing levels of waste and water usage.**

**The agency is expected to quantify its environmental impacts and publish annual quantitative progress data, covering as a minimum carbon emission in tonnes, emissions reduction projections and the way in which those projections will be achieved.**

**Appendices- None**



## Annex B Clarification Questions V3

### NHS ENGLAND NATIONAL CAMPAIGNS Quantitative

Question	Response
Are there any word count or page number limits for each response, except for Q1 which has a 1000 word limit?	Please limit responses to 1000 words for each question.
There are two opportunities on the portal (both C75208) - which one should we upload responses to?	There is one opportunity under C75208. Please upload your responses via the portal to which you have been corresponding.
What questionnaire length should we assume for the commercial envelope, for the pre-wave and post-wave, as this will impact direct costs	Please cost for 50 questions for each for comparison purposes.
In the pricing schedule, please advise how we should fill in Column F (Weighting %	Please ignore.
Are you able to advise on the relative budget split between 'We are the NHS' and 'Help Us, Help You' campaigns?	The provisional budget for We are the NHS is approximately 50% of the budget for Help Us Help You (i.e., We are the NHS is a third of the total budget and Help Us Help You is two thirds).
In Document 5 (Pricing Schedule), our assumption is that for non-staff costs (materials/outputs, fieldwork costs), these should be included as additional lines, but these would take a different form (as number of days and daily rate are not applicable). Are you able to advise how we should include non-staff costs?	Please provide the overall costs for each line of non-staff costs.
-The ITT asks for two signatures on Document 3 (Form of Tender), but Document 3 (Form of Tender) only has space for one. Are you able to advise whether one or two people are required to sign?	The document states' <b>The Form of Tender (including the Certificate of Bona Fide Offer below) must be signed by an authorised signatory: in the case of a partnership, by a partner for and on behalf of the firm; in the case of a limited company, by an officer duly authorised, the designation of the officer being stated.</b> So, please do just insert one signature for the form of tender and scroll down further to insert a signature for the certificate.

## **Annex C Supplier Response Docs**

## Document 6- Declarations

The National Health Service Commissioning Board (NHS England)	
NHS ENGLAND NATIONAL CAMPAIGNS	
Quantitative Research	
Contract reference	C75208
Return Deadline	26 <sup>th</sup> Ap

Supplier name	Kantar Public UK Limited
Tender name	NHS ENGLAND NATIONAL CAMPAIGNS Quantitative Research
Tender reference	C75208

### 1. Acceptance of Crown Commercial Services (CCS) Call Off Framework Terms.

1.1 Our organisation(s) confirm(s) that the information provided by the Crown Commercial Services (CCS) Framework RM6126 Research and Insights still applies: YES/NO response:

yes      No      D

1.2 If you have answered no to the above please provide details in the box below; please note that if the changes are significant, NHS England will require the Tenderer to submit a Supplier Information Questionnaire to us. Please note that if the changes affect the original response to mandatory exclusion questions, the Tenderer will be disqualified, any changes to discretionary exclusion questions will be considered. In this instance, Tenderers may be required to resubmit their PQQ, ITT or SIQ response to NHS England:

Response (maximum 2000 Characters)

1.3 Confirmation that our organisation accepts the Crown Commercial Services (CCS) framework Call-Off Order terms and conditions. This is a pass/fail question. YES = Pass, NO = Fail. Tenderers should confirm that these documents has been downloaded and read and that they confirm acceptance of these terms.

Response

Yes No **D**

We are however interested in knowing the reasons for Tenderers declining to accept these terms; if this is the case, Tenderers are asked to provide their rationale in a separate attachment.

## 2. Conflicts of interest

23 Tenderers have a continuing duty to disclose actual or potential conflicts of interest in respect of themselves, their named sub-contractors and consortium members.

24 Please describe any (actual or potential) conflicts of interest that the Tenderer has identified and how these will be managed

Response (maximum 2000 Characters)

We have no conflicts of interest to declare.

Tenderers are reminded that failure to identify material conflicts of interest may lead to rejection of its tender response.



### 3. Types of information that the contractor considers to be confidential

#### 3.1 Type 1: Confidential information:

Information considered confidential	Reason for FoIA exemption sought (Include paragraph reference)	Period exemption is sought (Months)

#### 3.2 Type 2: Commercially sensitive information:

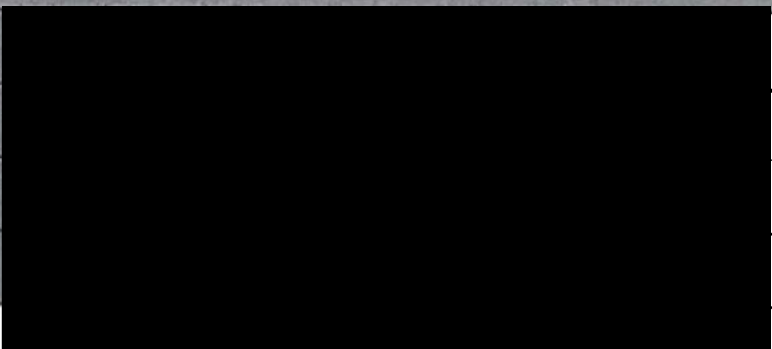
Information considered commercially sensitive	Reason for FoIA exemption sought (Include paragraph reference)	Period exemption is sought (Months)
Pricing schedule	Commercially sensitive pricing information	permanent

### 4. Declaration of Completion

#### 4.1 Please complete the following:

I certify that the information supplied in the questionnaire is accurate to the best of my knowledge and belief.

I also declare that I am authorised by the under mentioned organisation to supply the information given above and that, at the date of signing, the information given is a true and accurate record.

Name	
Date	
Company Name	
Signature	

**Tenderers are reminded that the Authority may reject this tender if there is a failure to answer all relevant questions fully or false/misleading information is provided.**



## Pricing schedule

Instructions for completing this Pricing Matrix - Please Read Carefully

Please provide costs for the following brief



Developing and delivering a quantitative research project to evaluate a new campaign phase of the 'Help Us, Help You' campaign encouraging working aged adults and parents with children aged 5-12 to use the pharmacy for minor illnesses.

The evaluation should follow the Cabinet Office evaluation framework and include input, output outcome and outcome measures. The quantitative research will be required to evaluate the 'paid for' campaign activity, but the agency will be expected to work with the other agencies involved in the campaign using secondary data to evaluate other elements of the campaign.

The methodology should be an online survey (both pre and post campaign) with a sample size of 2,000 participants adults aged 16+ (to included minimum 300 sample of parents with children aged 5-12); England only; and nationally representative on age/gender, ethnicity (White/Black/Asian), socio economic grade and region.

The costs should include:

- preparing the response to brief to present the best advice on evaluating the campaign;
- developing the questionnaires through to sign off;
- working collaboratively with all agencies involved in the campaign, such as media buyers, creative agency, PR, partnerships, ethnic minority and accessibility, to ensure that these elements of the campaign activity are evaluated;
- recruiting the research participants;
- analysing the findings, including other available data;
- preparing a PowerPoint presentation of the findings; and
- presenting to NHS England.

All prices shall be in Great British Pounds (£)

Pricing cannot exceed your maximum framework prices

Enter prices as a numerical value only. Do not include additional characters such as £.

All pricing shall be exclusive of VAT.

Potential Providers shall not modify table, but additional rows can be added if required (note formula must also be amended)







## **Document 3: Form of Tender (including Certificate of Bona Fide Offer)**

**(Download, Print, Sign, Scan and Upload to the Authority's e-tendering portal)**

**To be returned by 12:00 (UK time) on 3<sup>rd</sup> May 2022.**

**TENDER FOR THE: NHS ENGLAND NATIONAL CAMPAIGNS Quantitative Research**

**Call off under the Crown Commercial Service (CCS) framework RM6126-Research and Insights.**

**Tender Ref: C75208**

**TO: The National Health Service Commissioning Board (NHS England)**

**DATE: 3<sup>rd</sup> May 2022**

**PROVISION OF: NHS ENGLAND NATIONAL CAMPAIGNS Quantitative Research**

**REFERENCE NUMBER: C75208**

We Kantar Public UK Limited the undersigned, having examined the ITT and its appendices set out below (the ITT Pack), do hereby offer to provide Research and Insights services as specified in those documents and in accordance with the attached documentation (listed below) to NHS England commencing 1<sup>st</sup> June 2022 and continuing for the period specified in the Contract:

- Document 1: Tender Instructions
- Document 2: Statement of Requirements
- Document 3: this Form of Tender, and:
- Document 4: Technical Questionnaire
- Document 5-Pricing Schedule
- Document 6 Declarations
- Document 7: CCS Order Form Call-Off Terms and Conditions
- Document 8: Code of Conduct

We agree:

- (1) that the information contained in our response remains correct and accurate and that we will inform NHS England forthwith if this position changes prior to an award of contract being made;
- (2) by submitting a tender response, to be bound by the terms of the Contract without further negotiation or amendment;
- (3) that this tender response and any contract arising from it shall be subject to and bound by the provisions of the ITT;

- (4) to supply the goods/services of the exact quality and sort specified in the ITT and for the price set out in our completed Pricing Schedule in such quantities and to such extent and at such times and locations as NHS England may direct and in full compliance with the Specification (substantially in the form set out in of the ITT) and any other appointment terms as specified in this ITT (including any appendices to it);
- (5) that the prices and charges offered are firm for the period of the contract (subject only to any indexation mechanism referred to in the Contract terms);
- (6) with NHS England in legally binding terms to comply with the provisions of confidentiality set out in the ITT; and
- (7) that this offer remains open for acceptance by NHS England until 120 days from the deadline for the receipt of tenders responses.

#### *Execution of the Contract*

If this offer is accepted, we will execute such documents in the form of the Contract within 30 days of being called on to do so.

We agree that before executing the Contract (and associated schedules) substantially in the form set out in the ITT, the formal acceptance of this tender in writing by NHS England or such parts as may be specified, together with the contract documents attached hereto shall comprise a binding contract between NHS England and the Kantar Public UK Limited.

We further undertake and it shall be a condition of any Contract, that:

- The amount of our tender has not been calculated by agreement or arrangement with any person other than NHS England and that the amount of our tender has not been communicated to any person until after the closing date for the submission of tenders and in any event not without the consent of NHS England.
- We have not canvassed and will not, before the evaluation process, canvass or solicit any member or officer, employee or agent of NHS England or other contracting authority in connection with the award of the Contract and that no person employed by us has done or will do any such act.

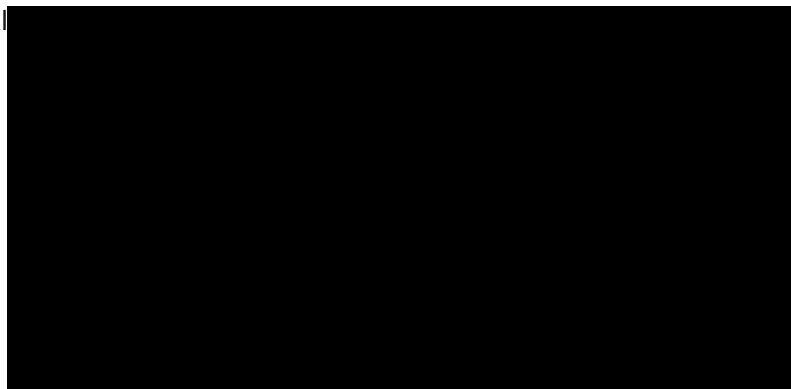
I warrant that I have all  
complied with all the r

Signature

Name and status

For and on behalf of

Date



The Form of Tender (including the Certificate of Bona Fide Offer below) must be signed by an authorised signatory: in the case of a partnership **by a** partner for and on behalf of the firm; in the case of a limited company, by an officer duly authorised, the designation of the officer being stated.



## Certificate of Bona Fide Offer

I/We certify that this offer is made in good faith and that we have not fixed or adjusted the amount of the offer in accordance with any agreement or arrangement with any other person. We also certify that we have not, and we undertake that we will not:

- (i) communicate to any person other than the person inviting these offers the amount or the approximate amount of the offer except where the disclosure, in confidence, of the amount or approximate amount of the offer was necessary to obtain professional advice and/or quotations required for the preparation of the offer, for insurance purposes or for a contract guarantee bond;
- (ii) enter into any arrangement or agreement with any other person that he or any other person shall refrain from making an offer or as to the amount of any offer to be submitted;
- (iii) pay give or offer or agree to pay or give any sum of money or other valuable directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to any offer or proposed offer for the goods/services any act or thing of the sort described in (i) or (ii) above.

The provisions of (i) (ii) and (iii) above shall not prevent the you entering into arrangements or discussing the offer, to the extent necessary, with another party that forms part of a consortium bid or is a proposed sub-contractor to you.

We certify that the principles described in paragraphs (i), (ii) and (iii) above have been and will be brought to the attention of all sub-contractors, suppliers and associated companies providing services or materials connected with this tender and any contract entered into with such sub-contractors, suppliers or associated companies will be made on the basis of compliance with the above principles by all parties.

We acknowledge that if we have acted or shall act in contravention of this certificate, NHS England will be entitled to cancel any contract between us and to recover from ourselves the amount of any loss and expense resulting from such a cancellation.

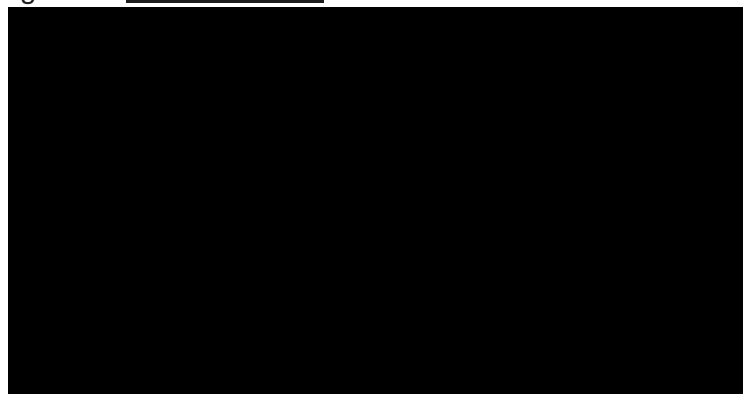
In this certificate, the word 'person' includes any person and anybody or association, corporate or unincorporated; 'any agreement or arrangement' includes any transaction, formal or informal and whether legally binding or not. \_\_\_\_\_ /

Signature

Name and status

For and on behalf

Date



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# NHS England's Supplier Code of Conduct

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## Introduction

NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care. This Code of Conduct represents the principles that NHS England endorses and expects its partners and suppliers to support and follow and to ensure that their employees, partners and subcontractors will do the same. We want to work with Suppliers who are proud of their reputation for fair dealing and quality delivery and who consider working with NHS England to be reputation enhancing.

## Scope

The provisions of this Code of Conduct are intended for third party Suppliers that are under contract to provide goods and/or services to NHS England. NHS England expects its Suppliers to communicate this Code of Conduct to their named subcontractors and employees and ensure that they, in turn, also observe the obligations and expectations outlined below.

## Obligations and Expectations

We expect the highest standards of business ethics from Suppliers and their agents in the supply of goods and services funded by the public purse. We expect that Suppliers comply fully with all laws, regulations and standards that are applicable to their business and operations. Suppliers, and their named subcontractors, are also expected to ensure that *their* suppliers and supply chain also comply with, or observe, the obligations and expectations outlined below, as applicable. In selecting Suppliers, NHS England checks that it is contracting with reputable bodies. These checks are conducted in line with procurement regulations that guarantee fair access to opportunities for all Suppliers and equal treatment during selection processes.

### a. Professional behaviour

We expect suppliers to speak out, without fear of consequences, when a project or service is unlikely to succeed because of *our* behaviours or lack of good governance. For contracts that deliver goods and/or services to users with particular needs, physical or mental, that place them in a vulnerable position, suppliers should ensure that they are treated with dignity and respect. In the spirit of investing in mutually supportive relationships, all parties are expected to be prepared to share intelligence of supply chain risks, so that these can be mitigated.

### b. Bribery, corruption and anti-competitive behaviour

Any and all forms of bribery, corruption and extortion are strictly prohibited and may result in immediate contract termination, legal action and any other form of action specified in any contract. Suppliers shall comply with all applicable national and international anti-bribery legislation and standards, including, but not limited to, The Bribery Act 2010. Suppliers shall not offer or provide money or gifts to anyone where it is probable that all or part of the money or gift is being used to influence decisions that may result in a commercial advantage for the Supplier.

### **c. Environmental**

Suppliers, their employees and named subcontractors shall comply with all applicable environmental laws, regulations and standards and shall make all practical efforts to minimise their energy consumption, natural resource use and waste generation.

### **d. Health and Safety**

Suppliers and their named subcontractors shall comply with all applicable laws, regulations and standards relating to health and safety in the workplace or any location other than the workplace where production, manufacture or work is undertaken. Suppliers should demonstrate an active commitment to creating health-improving workplaces that is co-produced with employees and illustrates an active monitoring approach that utilises evidence-based practice for employer-led health improvement. NHS England commits to supporting suppliers in this through sharing our own learning and experiences of monitoring and improving workplace health with our supply chain.

### **e. Labour Standards and Human Rights**

Suppliers and their sub-contractors must comply with all applicable human rights and employment laws in the jurisdictions in which they operate. Suppliers and their named sub-contractors shall ensure that slavery, including forced and compulsory (bonded) labour and human trafficking are not present in their business and operations. Suppliers and their sub-contractors shall comply with the provisions of the Modern Slavery Act 2015. Where Suppliers are required<sup>1</sup> to publish an annual slavery and human trafficking statement, this should be shared this with NHS England.

### **f. Wages and working hours**

Suppliers shall comply with national laws regarding working hours, wages and benefits and shall put mechanisms in place to ensure that their supply chains also comply with relevant national laws. Suppliers are expected to work towards good practice in paying reasonable *living* wages.

### **g. Discrimination**

The Supplier and their named subcontractors shall not discriminate on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, and sex and sexual orientation. Suppliers should have, or work towards, a published diversity and inclusion policy, an action plan to improve diversity and inclusion in the workplace, and embedded good practice for workplace inclusion across all protected characteristics, including additional ones as articulated in NHS England's Diversity and Inclusion objectives.

### **h. Generating Social Value**

Where feasible, Suppliers and their named subcontractors are expected to increase commercial opportunities for underrepresented supplier groups, especially Small and Medium-sized Enterprises (SMEs) and Voluntary, Community and Social Enterprises (VCSEs) that support health-related objectives. They are also expected to offer work experience and/or opportunities to people with a learning disability, those from vulnerable or disadvantaged groups, and the long-term unemployed, through structured and supported pathways to work opportunities. NHS England commits to sharing with Suppliers learning and experiences of structured pathways to work opportunities to support this action.

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<sup>1</sup><https://www.gov.uk/government/collections/modern-slavery-bill>

### **i. Innovation and sustainable profit**

NHS England expects Suppliers to use recognised industry practices in the delivery of goods and/or services. NHS England expects suppliers to generate sustainable profit which they can invest to support improvements in goods and services for the long term benefits of patients and the health economy. In doing so, Suppliers should continuously look to reduce costs and improve quality throughout the life of a contract with NHS England, which they can evidence through true open book accounting. Where the Supplier becomes aware of alternative, innovative solutions and/or creative approaches that can deliver an improved, quality product or service to NHS England and/or its stakeholders, they should notify NHS England, outlining the anticipated costs and benefits of such solutions.

### **j. Management of Risk**

NHS England tries to ensure that risk is placed with the party best able to manage it. This means requiring prime contractors not to flow risk inappropriately to subcontractors, and not to assert that they can manage risk that is in fact better managed by NHS England. All parties should also be prepared to share intelligence of supply chain risks, so that material commercial and operational risks, for example the impact of losing a key supplier, can be mitigated.

### **k. Cyber Security**

It is essential that Suppliers safeguard the integrity and security of their systems and comply with the relevant government standards and guidance. Suppliers must inform the National Cyber Security Centre if they become aware of any cyber security incident that affects or has the potential to affect NHS England data.

### **l. Confidentiality**

Suppliers are expected to comply with the provisions in their contracts and any legal requirements to protect sensitive information. Suppliers to NHS England may also be party to confidential information that is necessary for them to be effective partners. This information, even if it is not covered by contractual provisions, should be handled with the same care as information of similar sensitivity in the Supplier's own organisation.

### **m. Conflicts of Interest**

NHS England expects Suppliers to mitigate appropriately against any real or perceived conflict of interest through their work with NHS England. A Supplier with a position of influence gained through a contract should not use that position to unfairly disadvantage any other supplier or reduce the potential for future competition.

### **n. Monitoring**

Suppliers are expected to have identified, or be working towards identifying, their business' and operations' impacts on the environment, society and economy and to have, or plan to, put systems and processes in place to manage these and report on their progress and provide regular updates and copies of such reports to NHS England when requested.

For contracts with duration longer than 12 months, Suppliers are also expected to submit an annual statement to NHS England's Commercial and Procurement Team, signed by their most senior representative (e.g. CEO), that confirms compliance with all applicable environmental and social laws, regulations and standards, explains mitigating action for any breaches, and articulates the way in which the Supplier is supporting the expectations set out in this Code. NHS England reserves the Right to

Audit a Supplier to confirm compliance with the obligations of this Code of Conduct and explore the extent to which the Code's expectations are addressed.

**Any breach of the obligations articulated in this Code of Conduct is considered a material breach of contract by the Supplier.**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## Social Value Pledge

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Suppliers are invited to make a **voluntary** pledge, committing **any** value or volume of goods and/or services on a pro bono basis to suitable, mutually agreed, predominantly VCSEs, whose work supports health/care delivery or the wider determinants of health in the UK. This pro bono contribution should not be incorporated into the overall contract price, and whilst it may be aligned with the Supplier's wider Corporate Responsibility objectives, it should not already be accounted for as part of a wider CSR programme. The Social Value Pledge will be monitored as part of contract management.

*The aim is to generate big value for society with minimal cost to business.*

*I hereby pledge to...*

*Make available up to 15 days a year of researcher time on a voluntary basis to support VCSE organisations to address wider determinants of health in order to help improve the nation's health. The nature of this support would be mutually agreed with NHS England.*

Signed

[REDACTED]

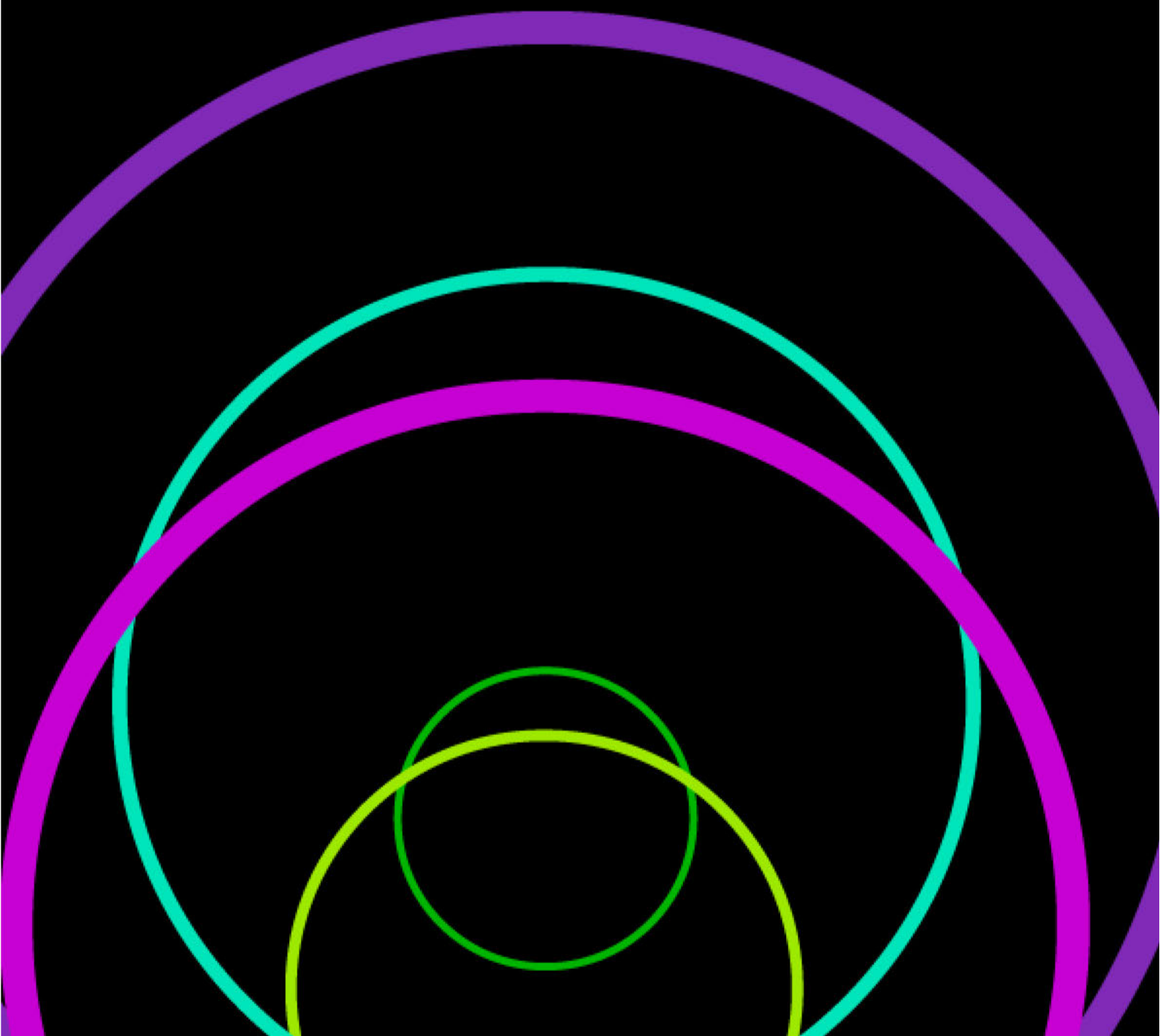
**KANTAR PUBLIC**

# **NHS England: National Campaigns Quantitative Research**

Technical questionnaire

April/May 2022

Reference : ITT C75208



**Question 1: Please provide an overview of your understanding of the 'We are the NHS' and 'Help Us, Help You' campaigns' requirements and the major challenges presented by this brief, as detailed in Document 2 – Statement of Requirements.**

Your response will be assessed against the extent to which it demonstrates the following requirements:

- Level of understanding of the detail of NHS policy, the health environment and social demography relevant to our audiences
- An effective partnering approach to delivering this service in acknowledgement of the challenging delivery environment
- An approach to ensuring good practice and engagement with stakeholders and delivery partners
- The ability to flex response in light of changing priorities
- How delays will be mitigated

(976 words)

### **Policy, environment and audience context**

Kantar Public is intimately acquainted with the needs and challenges of both 'We are the NHS' and 'Help us, Help You', having evaluated both since their inception.

This experience means Kantar Public has an unparalleled understanding of how the need for the campaigns, and their specific objectives, are determined by the broader health environment and NHS policies. For HUY we understand the rationale behind the shift to early cancer diagnosis given the impact of the pandemic and fewer diagnoses than previous years. For We are the NHS, campaign objectives clearly follow NHSE priorities in both filling vacancies, particularly for nurses, and restructuring the workforce to meet the changing needs of the NHS.

Beyond policy and priorities we have a detailed knowledge of the audiences for the campaigns and considerations for evaluation. We worked with PHE on health inequalities focussing on C2DE audiences for many years and are familiar with the data which supports health inequalities continuing to be a focus. Our experience researching teens means we pay attention to setting consistent age quotas **within** 14-18 as we know how much responses vary within that age range. For almost every campaign, there is a focus on delivering to those with access issues and from different ethnicities. We are delighted that our recommendation for a bespoke face-to-face multilingual ethnic minority tracker for the HUY campaigns was adopted and is now providing ethnicity-specific insights.

### **Delivering effective campaign evaluations**

More Whitehall departments rely on Kantar Public to deliver their campaign evaluations than any other agency. Effective evaluations require a robust understanding of communications in general and of the specific campaign's objectives and strategy to ensure appropriate metrics are asked of a robust sample of the target audience, with insightful analysis leading to practical recommendations. Effective evaluations use a framework (we use the GCS framework) and integrate all available relevant data sources.

**Partnership:** A key challenge in this project is delivering robust and insightful evaluations across a number of campaigns at pace. This is greatly assisted by the strong relationships and working practices we have already built with the NHSE team and partner agencies. The same experienced team, headed by [REDACTED] will continue to deliver the evaluations, building on our knowledge and these relationships.

**An overarching evaluation plan:** A further challenge is the number of strands sitting within both campaigns, the variety of audiences targeted by those strands and the amount of activity that might be ongoing at one time. Without an evaluation plan, this can lead to numerous individual evaluations, with resulting impacts on workload for all parties, increased costs, duplication of common questions across surveys and the potential for confusion and error. For HUY these problems have been minimised over the last 18 months by use of a monthly tracker, which flexes in sample size, structure and question areas as needed. We recommend continuing the tracker but with a smaller common core and greater disaggregation to individual campaigns to provide more comprehensive evaluations. For We are the NHS, the number of roles covered by the campaign is set to increase from a maximum of 3 per year to 5;

thus we recommend an approach which, whilst not monthly tracking, again provides a common survey flexed over different waves according to the campaigns that are live

**Measuring ‘success’:** Another challenge is whether outcome data is available to feed into the evaluation. For some campaigns, most notably NHS 111, call and digital data gives excellent outcome data of campaign success. However it can be several years before cancer diagnosis data indicates the success or otherwise of a campaign. This increases the importance of self-report measures in the survey, such as intention to visit doctor if have a symptom. To this end, in 2021 Kantar undertook a review of Intention to Act questions, reviewing past data and the literature to ensure we are adopting best practise and understand the limitations of these measures.

### **Engaging stakeholders and delivery partners:**

A close relationship with NHSE and its partner agencies is essential in delivering the evaluation; all agency status calls mean we are abreast of any changes to the campaign and of reporting/ insight priorities and all parties know upcoming milestones, e.g. for questionnaire review or provision of creative. Whilst important for project delivery, a close relationship is of particular importance in the development, and adoption, of recommendations. We conduct pre-meets with the other agencies before building our holistic evaluation deck and garner their input into the success of the campaign. As the independent evaluator, our recommendations will always be evidence based but we ensure they demonstrate an understanding of the work of our partner agencies, are practical, and are aimed at continuous improvement.

A challenge common to many clients is dissemination of campaign results and adoption of recommendations across the organisation. Kantar has presented actionable recommendations for both campaigns several times to the NHSE Marketing Reference Group, informing regional marketing professionals of the performance of the campaigns.

### **Managing changing priorities and mitigating delays:**

As well as close working relationships, other factors that help us successfully manage high quality and insightful evaluations at pace are the size and specialised nature of our team, that we are a full service agency with all functions interlinked by common project management systems, that we have developed protocol from our experiences in, for example, fast turnaround weekly tracking of Brexit and Covid comms. This knowledge and flexible approach fed into the development of the monthly Campaigns Tracker, itself a response to changing NHS priorities. Timeframes set at the start of a project are based on this extensive experience but also contain some contingency so a delay in one area (e.g. finalising the questionnaire) rarely impacts the final deliverables. Delays are mitigated by through reviewing timing risks during weekly calls and update emails, addressing the causes of delays as they arise.



**Question 2: Outline your proposal for evaluating the effectiveness of the ‘We are the NHS’ and ‘Help Us, Help You’ campaigns, including methodology, samples and recruitment. This should include details of how minority ethnic audiences will be included in the evaluation. (998 words)**

Kantar Public has successfully delivered evaluations of Help Us Help You (HUHY) and We are the NHS campaigns for many years. While there are strong existing methodologies which we will build on, we have identified improvements to deliver “enhanced continuity”, ensuring you can consistently track performance and achieve best value.

### **Help Us Help You**

The Monthly Campaigns Tracker has been the primary HUHY evaluation vehicle since September 2020. We recommend a slight reshaping of this tracker to become more modular, with a smaller set of core questions and expanded modules of campaign-specific questions asked in campaign months among relevant audiences. This gives an approach closer to the traditional ‘pre-post’ model whilst retaining the benefit of monthly KPI measures and providing the flexibility for mid-campaign reads.

The tracking approach has proven advantages:

- **Value** – cover multiple pre or posts in one wave
- Consistent and ongoing insight – no duplication of questions across different surveys, key measures tracked monthly
  - Campaign and broader measures (e.g. confidence in the NHS) within one vehicle facilitating exploration of synergies between campaigns
  - Supports quarterly reporting to Cabinet Office

Importantly it ensures consistent data collection, enabling long term evaluations of effectiveness and comparisons of new to previous approaches without the effect of change in methodology.

The diagram below illustrates which campaigns could be tracked each month – not all may be (nb. Norovirus not included as outbreak-dependent). The alternative would be c.15 separate pre-post campaign surveys, **requiring increased investment and time** with fewer mid campaign measurements.

Questionnaire design would be led by the GCS Evaluation Framework and maintain consistency with the current measures and question wording. Core questions asked each month will reflect NHS England KPIs overall, key KPIs by strand and the main influences on those KPIs as established by **drivers analysis**.

\_\_\_\_\_

[REDACTED]	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] [REDACTED] [REDACTED]
[REDACTED]	[REDACTED]  [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

In 2021 Kantar introduced a separate face-to-face survey covering **ethnic minority audiences** in response to concerns that research via online panels may not provide a representative view. The results have provided invaluable direction for campaign modifications. We recommend this component is continued with a 6 monthly survey as a minimum, striking a balance between costs and frequency.

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- **Staff winter immunisations:** Central to our approach would be establishing an early relationship with Staff Flu Leads to plan contact strategy
- **Partnerships survey:** Covers materials ordered/downloaded from the Campaign Resource Centre. We would re-commence the survey utilising the Smartcast email database as a cost effective way to evaluate and improve materials
- **Pharmacists/Practice Managers survey:** We have also conducted telephone surveys among pharmacists regarding their opinion of the campaign

### **We are the NHS**

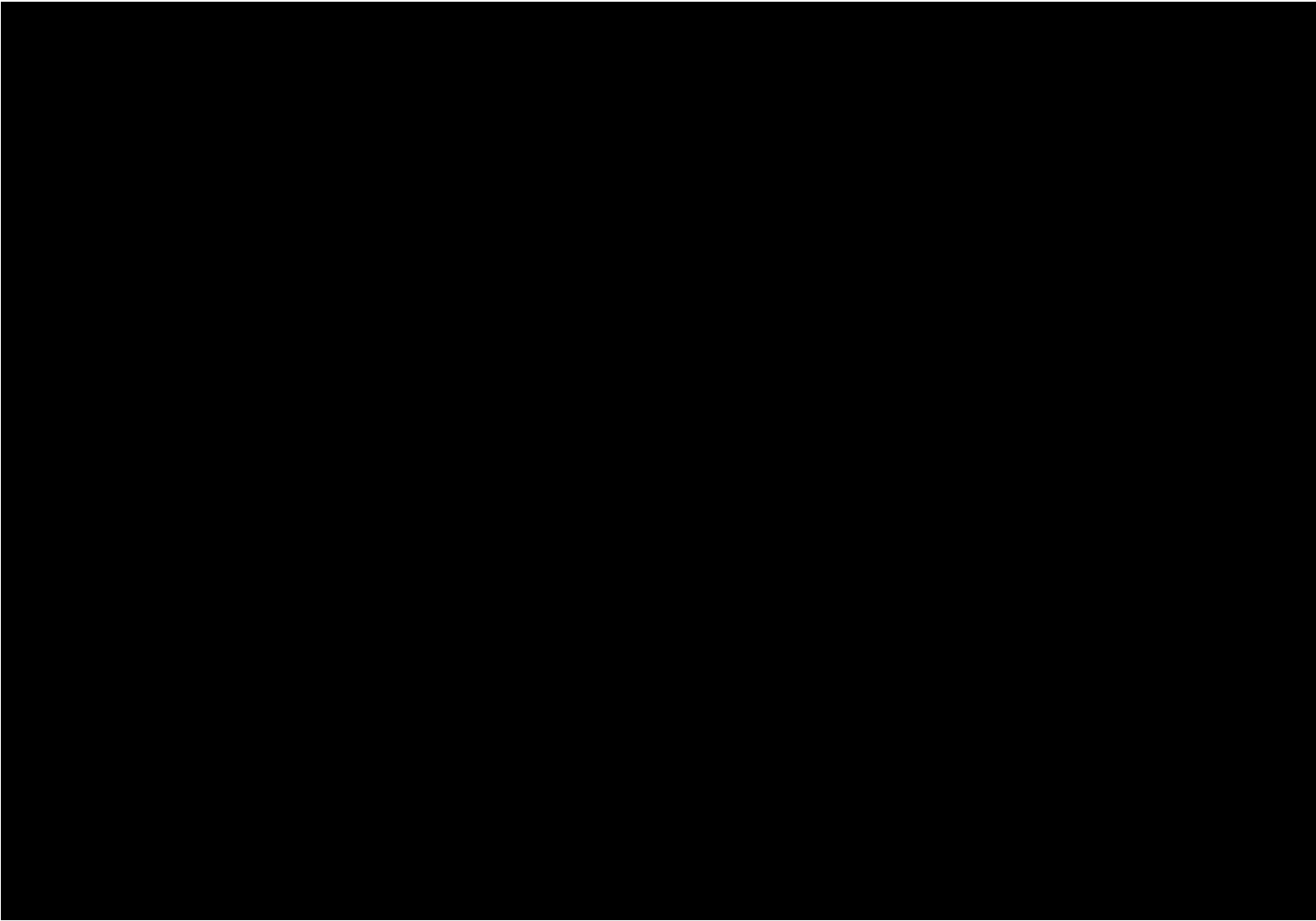
Kantar has evaluated 'We are the NHS' campaigns since July 2018. Evaluation has generally been via pre, mid and post campaign waves, conducted online among the Recruit, Retain and Return audiences, with the mid wave and Return audiences recently removed due to budget. It is feasible to continue with this approach, but if there is a need to cover the other new strands of activity then, as with HUH, we recommend a tracking approach, with the sample size in each wave sufficient to properly cover the individual campaigns, rather than running separate pre-post evaluations.

The diagram below shows campaign timings, audiences and three *potential* options for evaluation waves. The number of waves and size of samples will depend on media spend, both overall and allocated to individual strands.

The **advantages of this approach** are similar to HUH: the tracker approach is less time consuming and costly than separate pre-posts. If five waves of fieldwork are undertaken via the above schema they would cover pre, post and mid measures for all campaigns compared to 10 separate surveys via pre-post for each campaign (and deliver more interim data points). Regular measurement on key metrics enables quarterly reporting to Cabinet Office, and helps understand campaign performance holistically and the interplay of the strands and associated messaging.

**Questionnaire content** This will be developed in line with the GCS Evaluation Framework and the identified campaign KPIs. We expect it will be similar to that to date, however the expansion of the campaign into different roles will necessitate additional measures, both in relation to campaign materials (outtakes) and knowledge, attitudes and intended behaviour (outcomes). As with the HUH tracker, some questions will be included each wave, others will reflect the live campaigns that month.

As in previous years we will integrate **other data sources**, e.g. UCAS, eCRM, website, other digital data, and recruitment figures, working with Mullen Lowe and NHSE to identify relevant data at outset.



**Question 3: Please provide an indicative timing plan outlining key milestones. This should outline any dependencies (997 words)**

This response gives indicative timing plans for the following 4 elements.

- ☐ Help Us Help You (HUHY)
  - NHSE Monthly Campaigns Tracker
  - Final campaign reporting
  - Ethnic minority audiences
- ☐ We are the NHS

**Overall Approach**

Globally Kantar uses an internal online project management system ('Kantar Project') across all our departments. This ensures each workstream keeps to the agreed schedule, assisted by use of interim data quality checks and setting up outputs in advance.

**Help Us Help You - Monthly Campaigns Tracker**

From start to end the monthly tracker has a 6 week turnaround time. Key dependencies are:

- ☐ Provision of assets in a timely fashion from the creative agency, which on past experience is never a problem,
- ☐ Sign off by the NHSE team of the final questionnaire in a timely fashion, which in recent months has been greatly assisted by a Teams call with the NHSE team to run through the questionnaire
- Inclusion of sample boosts – if there are several boosts and hence more interviews (especially if among audiences with a low incidence), then a longer time in fieldwork is required. We usually allow for 2 weeks, but most months complete in a week.

The timing plan for the tracker is as follows:

Task	Responsibility	Week
Creatives to Kantar	Creative agency	1
Questionnaire draft delivered	Kantar	1
Call to run through questionnaire	NHSE/Kantar	1
Questionnaire feedback, adaptation, signoff	NHSE/Kantar	2
Survey scripting	Kantar	2 - 3
Fieldwork	Kantar	3 - 4
Data processing	Kantar	4 - 5
Report development	Kantar	5 - 6
Key metrics report delivered	Kantar	6

**Help Us Help You – Final reporting per campaign ('All agency debrief')**

Following each campaign, Kantar will co-ordinate an all-agency response, to include both a review of activity undertaken, and recommendations from each partner agency. Kantar will then chair an all-agency debrief session.

Key dependencies are:

- ☐ Provision of content in a timely fashion from partner agencies
- ☐ Provision of feedback from the NHSE team in a timely fashion
- ☐ The number of waves/amount of past data involved

- For example, reporting on a campaign strand on an entirely new HUH focus area will be more straightforward than for a campaign strand for which there is a considerable amount of back data (e.g. cancer campaigns)

An example timing plan is as follows:

Task	Responsibility	Week
Data available (from NHSE Monthly Campaigns Tracker)	Kantar	1
Agree the focus call	NHSE/Kantar	1
Partner agencies to provide content	Partner agencies	3
Meeting with strategy, planning agencies	Kantar and partner agencies (esp. Strategy, Planning)	3
First draft to NHSE	Kantar	4
Feedback from NHSE, adaptation, sign-off	NHSE/Kantar	5
All-agency debrief	Kantar and partner agencies	6

### **Help Us Help You - Ethnic minority audiences**

As a result of the face-to-face methodology utilised, the biannual dips we are recommending for ethnic minority audiences have the longest turnaround time. For this element of the HUH research programme, Kantar partner with Agroni Research, an agency specialising in face-to-face interviewing with ethnic minority audiences.

A key dependency is religious and other festivals/key dates, including both Ramadan and Christmas, of which we need to be respectful and account for in field timings and planning.

A typical timing plan is as follows:

Task	Responsibility	Week
Creative agency to send all final creatives, MMC for creatives targeted at ethnic minority audiences	Creative agency/MMC	1
Questionnaire draft to NHS	Kantar	1
Call to run through questionnaire	NHSE/Kantar	2
Questionnaire feedback, adaptation, signoff	NHSE/Kantar	3
Scripting	Kantar	4
Agroni test survey link and interviewer briefing	Kantar (Agroni Research)	5
Fieldwork	Kantar (Agroni Research)	6-13
Data processing	Kantar	14
Agree the focus call	NHSE/Kantar	15
Report to NHSE	Kantar	17

### **We are the NHS**

Our recommendation is a return to the Pre-Mid-Post format employed prior to the most recent 2021/22 evaluation (potentially with more than one 'mid'), to cover the expanded campaign strands and audiences and overall campaign duration of nine months.

Key dependencies are

- Pre wave: availability of creative brief / communications objectives and target audiences to tailor sample structure and questionnaire content appropriately

- Mid and post waves: Provision of media schedule to plan post waves and develop questionnaire. Provision of assets from the creative agency, which on past experience is not a problem
- All waves: sign off by the NHSE team of the final questionnaire in a timely fashion
- All waves: The inclusion of the different audiences. We have a panel through which we can reach nurses but achieving this Retain audience generally requires longer in field. Return audience is of very low incidence and also requires a longer fieldwork time to complete the planned interviews

For post wave holistic debrief dependencies are:

- Nature and extent of other non-survey data being included
- Provision of content and data in a timely fashion from partner agencies
- Provision of feedback to draft from the NHSE team in a timely fashion

The timing plan for We are the NHS is as follows:

	Task	Responsibility	Week
<b>Pre</b>	Kick-off call	NHSE and partner agencies (including Kantar)	1
	Questionnaire draft delivered	Kantar	2
	Teams call to run through questionnaire	NHSE/Kantar	2
	Questionnaire feedback, adaptation, signoff	NHSE/Kantar	3
	Survey scripting	Kantar	3 - 4
	Fieldwork (up to 3 weeks depending on audiences, may only be 1)	Kantar	4 - 6
	Data processing	Kantar	6 - 7
	Topline development	Kantar	7 & 8
	Topline report delivered	Kantar	8
<b>Mid</b>	Creatives to Kantar	Creative agency	1
	Questionnaire draft delivered	Kantar	1
	Teams call to run through questionnaire	NHSE/Kantar	2
	Questionnaire feedback, adaptation, signoff	NHSE/Kantar	2
	Survey scripting	Kantar	3
	Fieldwork	Kantar	4 - 6
	Data processing	Kantar	7
	Topline development	Kantar	8
	Topline report delivered	Kantar	9
<b>Post</b>	Questionnaire draft delivered	Kantar	1
	Teams call to run through questionnaire	NHSE/Kantar	1
	Questionnaire feedback, adaptation, signoff	NHSE/Kantar	2
	Survey scripting	Kantar	2 -3
	Fieldwork	Kantar	3-5
	Data processing	Kantar	6

	Cross-agency liaison to access and interpret media analytics and website data	Kantar	7
	Agree the focus call	Kantar and partner agencies (esp. Strategy, Planning)	7
	Analysis and debrief development	Kantar	8 to 10
	All-agency debrief	Kantar	11



#### Question 4: Project management

***Provide details of how you will project manage this campaign to ensure that the campaign schedule is achieved. This should include progress reporting and risks & issues analysis (979 words)***

##### **Project management:**

We have a strong track record in project management, proven by the work we have already conducted for NHS England, particularly the tracking which has been delivered to the agreed specification and on time every month.

Our project management processes ~~have developed from our experience as the largest specialist provider of research and evaluation in government communications.~~ They are tried and tested and provide quick turnaround projects without compromising on quality or continuity. We follow a 'right first time' strategy, with a focus on senior levels of quality checks throughout. The following unpacks this further:

<b>Clarity of purpose and deliberate design</b>	<b>Tried and tested systems blended with flexibility</b>	<b>Clear communications and collaborative culture</b>
<p>At the project outset we establish a fit for purpose, documented and clear approach (method, sample, questionnaire, timings) to ensure our work meets your needs.</p> <p>We will review the campaign purpose and materials, your stated research objectives, and our methodological options, and discuss our recommended approach with you during the set-up meeting.</p>	<p>Built through our vast experience, our efficient internal processes include bespoke systems to set up, manage fieldwork, and analyse data. This includes interim checks and set-up of outputs in advance, which facilitates early results.</p> <p>Timelines are designed with flexibility in mind, with pockets of contingency built in to accommodate the unexpected throughout, such as late changes to campaign schedules.</p>	<p>Our close contact with you will include weekly update emails/meetings as desired, and clear advance notice of when NHSE input is required. However, as NHSE is aware, the project manager or broader team are very available to you at all times.</p> <p>We liaise with other agencies from the outset to provide a joined-up response.</p>

Beyond the management and delivery of specific projects, it is important that our research delivers continuous improvement. Thus, we will:

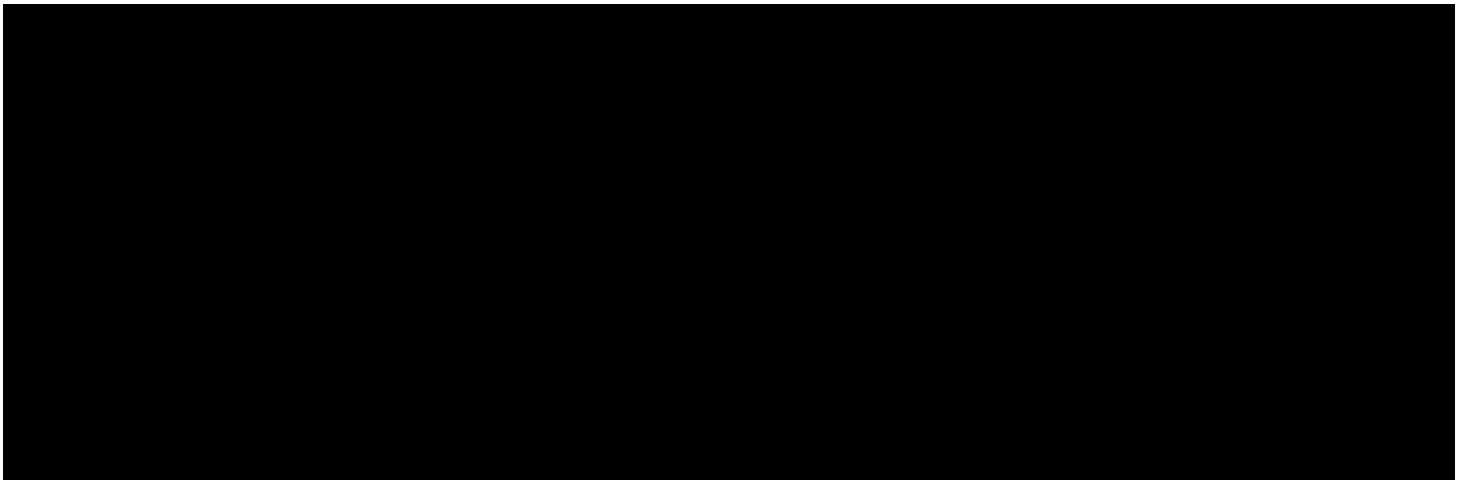
1. Make sure insights from evaluations do not just focus on successes but how learnings can be used to improve future activity – e.g. Analysis to unpick barriers to GP visits on HUY Cancer campaigns led to a recommendation to address public concerns they were wasting the doctor's time
2. Be available to the NHSE team and agencies to provide advice/ follow up queries to inform strategic development – e.g. Ethnic Minority audiences (HUY): work is shortly to be presented to the Health Inequalities team
3. Be involved as communications develop to ensure evaluation is built in from the start to provide the best evidence of campaign success – e.g. for We are the NHS, we are in regular contact with the creative agency responding to queries as they refine the 2022/23 strategy

### **Progress reporting:**

NHSE would like weekly status updates of all work and tasks undertaken under this contract. We recommend continuation of our current approach to update the agency-group “Google doc” and attend weekly all-agency calls, which helps us be aware of wider agency actions and so delivery agencies are aware of evaluation needs.

We propose a second, more detailed status update be shared with NHSE on a weekly basis. In our experience, a weekly status update, either by email or shared in a common drive and providing detail of upcoming deadlines and evaluation requirements is a useful way for both client and research agency to keep track of evaluation timings, minimising delays and creating efficiencies. It is especially valuable on trackers where multiple research waves are active but at different stages. The document can be the basis of a weekly call between NHSE and Kantar Public if desired.

An example of this is below:



We further recommend that, as for some of other clients, the NHSE status sheet includes further tabs in which financial details are kept up to date, giving an easy record of the provision of POs, invoicing and spend against call off contact value to date in one place.

### **Risks and issues analysis:**

The foundation of our approach to risk mitigation is our commitment to quality and information security. This is reflected in our extensive processes, underscored by the following standards and accreditations: MRS and ESOMAR professional codes of conduct, ISO 20252, ISO 9001, ISO 27001, adherence to the 2018 Data Protection Act, which incorporates GDPR. We have a dedicated Quality and Information Security team who work to continuously improve systems and procedures, providing full, proactive briefings on policies and emerging issues. We have a fully defined and documented project process, which includes a full risk assessment (with mitigating controls) and all key activities, checks and senior sign-off points.

Kantar Public is committed to continuous improvement and has established escalation processes for any issues that arise during delivery. Quality issues may be identified directly from clients, via our client feedback process and our internal and external audit programmes.

The identification of risks for NHSE will be covered in a risk register that we will formulate at inception and continuously review and update, providing a working document throughout the contract. A selection of common risks that would form part of the contract risk register is shown below for illustrative purposes.

Risk	Response
Insufficient resource within project team / Team member leaves company	A replacement with appropriate experience drawn from the wider Communications Research team, alongside a detailed handover process.
Transitioning to a new contract has an impact on tracking data or outputs	As NHSE's current communications research partner, we have a comprehensive understanding of current work and key team members will continue to run the project
Difficulty achieving sample size in field	Ongoing fieldwork monitoring by the project team and panel team to check progress; agree a solution in advance if likely to be problematic.

We are confident in our systems and approach. However, we also recognise the importance of a clear escalation process: for any issues that require escalation beyond [REDACTED] [REDACTED] will be available [REDACTED] [REDACTED]

**Question 5: Demonstrate, through examples of previous similar projects, your organisation's experience and ability to successfully meet the complexity and timescale demands of this project's requirements (1000 words)**

Kantar Public has unparalleled experience of government communications research. Our approach is not theoretical but based on tried and tested systems and experience of successfully delivering evaluations through numerous call-off contracts for clients including DfT, DfE, HMRC, NHSBT, BEIS, MOJ, and DHSC, among others. Our ability to conduct both complex and fast turnaround evaluations reflects:

- the size and experience of our market-leading dedicated communications team;
- that we are a full-service agency with in-house online panels, data collection, and wider operations teams;
- our fully integrated end-to-end project management systems;
- our dedicated Methods, Sampling & Analytics team; and
- processes developed through our extensive real-life experience.

Whilst this tender relates to campaign evaluation, we provide clients with qualitative and quantitative insights spanning the whole communications cycle: understanding audiences; gaining a granular understanding of behavioural influences; and identifying where communications will have most impact (alongside wider policy service delivery and legislative levers). This means we are ideally placed to help you identify, set and monitor KPIs, whether survey-based or from wider campaign data.

## **Examples of our experience**

### ***NHSE Help Us Help You Campaigns***

Kantar Public has evaluated the HUH campaigns and its antecedents, such as Stay Well This Winter since 2015. From September 2020 the pre-post approach previously taken has been replaced by a monthly tracker.

Our experience with these campaigns is relevant to the current tender because:

- We have a deep familiarity with the previous campaigns and other health campaigns drawing on this in our evaluation design and recommendations
- Both the previous pre-post campaigns and tracking provide evidence of our strong planning and project management: **The tracker has been delivered on schedule and without any data recalls since inception (20 waves)**. In conjunction with NHSE we have continuously improved the process
- We have a close working relationship with NHSE and partner agencies meaning we are integrally involved in campaigns from the outset. We are thus knowledgeable of and planning for evaluations of different strands, including development of KPIs, in good time and are swiftly informed of any changes to plans. Weekly status calls ensure the evaluation timeline stays on track. A questionnaire 'sign off' call has removed prior issues in timely sign off
- We can present the monthly debrief to a broad stakeholder group within 2 weeks of field close. Our in-house charting team means we provide that deck at speed, then have time to add bespoke commentary
- We conduct pre-meets with other agencies to develop an integrated debrief, available as soon as all agency data is available. In conjunction with other agencies we develop the key recommendations that are then taken forward for future campaign phases
- In addition to media and digital data provided by the partner agencies, evaluations have been enhanced by elements including a partnerships survey, use of outcome data, surveys among pharmacists and GP practice managers, and modelling using NHS operational and other data to assess ROI of media spend.

### ***Kantar Omnibus (HUY campaigns)***

The Kantar Omnibus has been used to provide rapid reads to inform HUY activity:

- Cancer campaigns – provided results within 6 days from questions agreed for use within Freuds PR activity
- Patient Data Pre-Test –quick turnaround pre-testing of alternative wordings for a potential campaign on NHS handling of patient data, providing M&C Saatchi with strong direction for creative development

### ***We are the NHS Campaign***

Kantar Public have evaluated this award-winning campaign since launch in July 2018, enjoying a close and productive working relationship with NHSE and Mullen Lowe. Many of the advantages noted in regard to HUY apply here:

- Familiarity with the subject matter, the environment, the previous campaigns.
- A strong track record in quality and timeliness and particularly of adding value through careful analysis, insight and practical recommendations developed in conjunction with partner agencies.
- Also as with HUY we combine our survey data with various third-party sources (e.g., PR, Social, PCA, eCRM, google trends, google analytics) to provide a holistic view of the campaign impact, leading to numerous insights that have improved the campaign year on year.
- Conduct of adjunct work that has deepened our understanding of the audiences; working with UCAS and exploring the application journey via interviews with users of the eCRM.

### ***Adult Social Care Recruitment – DHSC***

Kantar Public hold the communication evaluations contract for DHSC. Our evaluation of the ASC Recruitment campaign in particular is relevant for the current tender as:

- It deepens our familiarity with the recruitment space for roles similar to the non-professional roles being promoted by We are the NHS. Indeed, we have conducted qualitative research into consideration of ASC roles, including an exploration of the perceived differences and benefits between ASC and HCSW roles.
- It has a similar complexity to We are the NHS; ASC covers several audiences; general public and specific target audiences and similar non-campaign data is incorporated into the evaluation

### ***Covid Public Health Campaign, Cabinet Office***

Our tracking of the Covid Public Health campaigns amply demonstrates our ability to deliver research at pace and under considerable scrutiny. The methodology was designed, fieldwork organised, questionnaire developed and survey launched within a week, enabling evaluation of the campaign to start as lockdown commenced.

Across all 34 waves, we maintained quality and timeliness, never late in completing fieldwork or reporting on schedule. There were no issues in data accuracy. Fieldwork integrity and quality was maintained throughout. Topline results were available within 48 hours of fieldwork close. Up to 4 different campaigns were evaluated in a single weekly wave, with different geographical audiences, requiring complex sample design and weighting which we managed and delivered at pace.

Our Advanced Statistical Methods team provided insights beyond those available from the bivariate data. The techniques employed identified key underlying attributes shaping compliance with behaviours, patterns in use of media for information on Covid, and isolated the effect of demographics (specifically age) from attitudes. We regularly adapted the debriefing approach to maintain engagement with a wide and busy stakeholder group and placed more emphasis on these advanced analytics as they increasingly added value to the regularly reported metrics.

**Question 6: Provide a resource plan which details how you will deliver this project including details of the key personnel involved in delivery (998 words)**

Kantar Public is the leading provider of communications research to Government, with over 25 researchers dedicated to communications and behavioural research. We will resource this project with a core team with extensive experience of the HUY and We are the NHS campaigns, supported by our wider comms team capacity and expertise, all operating within a well-planned delivery model, drawing on our project management approaches, process planning and governance.

### **Resource planning**

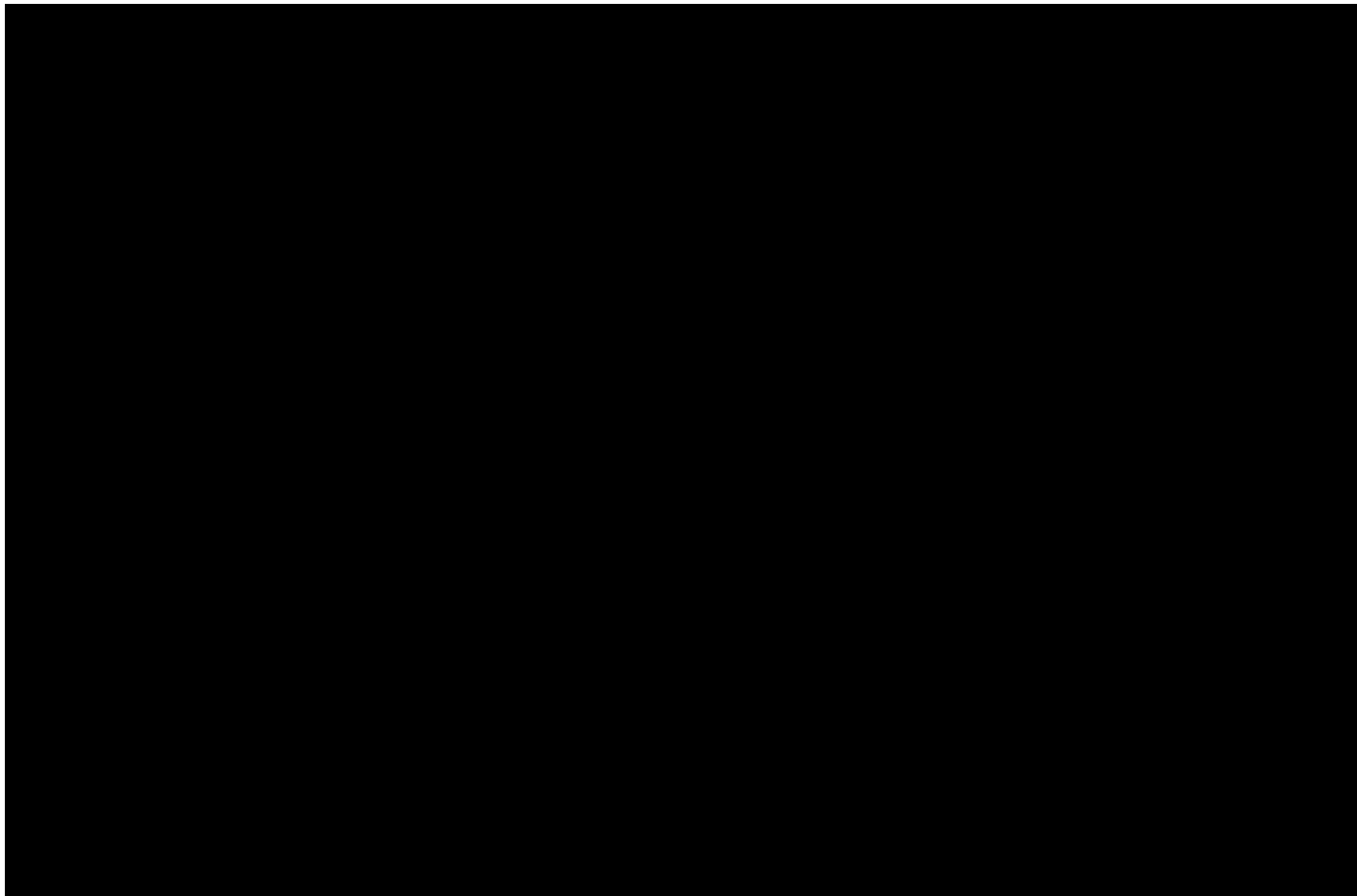
There are two stages to effective resource planning: identifying the appropriate levels of resource, ensuring sufficient seniority, capability and capacity to successfully deliver each project to meet your requirements; and ensuring this fits with your wider demands. As discussed in the project management section (Q4), inception meetings at the start of each project / tracker wave, assignment of team roles and responsibilities, and weekly status updates all ensure capacity and resources are matched on an ongoing basis.

The advantage of our large specialist team is the flexibility it provides to resource planned work with experts, and to manage unexpected work or accommodate changes in timings without any drop in the specialist experience of the team. Therefore, whilst we have identified a core team to work on NHS England campaigns, details provided below, you can also be confident that we can accommodate the unexpected with equally experienced personnel.

### **Key personnel**

We have proposed a core team of a size big enough to provide flexibility to meet fluctuating demands and concurrent projects but tight enough to share knowledge of NHSE needs and priorities and facilitate close relationships with NHSE and its agencies.

The team is largely drawn from those who have worked on NHSE projects, giving you access to a team you already know and who understand your needs, most notably [REDACTED]  
[REDACTED] This depth of knowledge allows us to quickly implement proven project management systems and build our historical knowledge of campaigns to maximise the value of our insights.



[Redacted text block]

[Redacted text block]

[Redacted text block]

Set out below is a resource plan for the research set out in Q3:

Help Us Help You - NHSE Monthly Campaigns Tracker						
Week	Task	Senior Director (Account Oversight)	Director (Account Lead)	Research Manager	Senior Research Exec	Research Exec
		Time per grade (days)				
1	Kick off meeting and project set up		0.25		1.5	1.5
1 to 2	Questionnaire development	0.25	0.5		0.5	
2 to 3	Survey scripting		0.25		0.5	0.5
3 to 4	Fieldwork					1.25
4 to 5	Data processing and checking		0.5		1	1.5
5 to 6	Report development and delivery	0.75	1.5		2	2.5
	Total	1	3	0	5.5	7.25



Help Us Help You – Final reporting per campaign ('All agency debrief')						
Week	Task	Senior Director (Account Oversight)	Director (Account Lead)	Research Manager	Senior Research Exec	Research Exec
		Time per grade (days)				
1	Agree the focus call		0.25		0.25	
2 to 6	Report development and delivery	1	3.5		4.5	
	Total	1	3.75	0	4.75	0

Help Us Help You - Ethnic minority audiences						
Week	Task	Senior Director (Account Oversight)	Director (Account Lead)	Research Manager	Senior Research Exec	Research Exec
		Time per grade (days)				
1	Kick off meeting and project set up		0.25		0.25	
1 to 3	Questionnaire development	0.25	0.25		0.75	
4 to 5	Survey scripting				0.25	0.5
6 to 13	Fieldwork				0.25	0.5
13 to 14	Data processing and checking				0.25	0.5
15 to 17	Report development and delivery	0.25	2		4	1.75
	Total	0.5	2.5	0	5.75	3.25

We are the NHS - Pre and Post waves						
Week	Task	Senior Director (Account Oversight)	Director (Account Lead)	Research Manager	Senior Research Exec	Research Exec
	<b>PRE</b>	Time per grade (days)				
1	Kick off meeting and project set up	1.5		1.5	2	
2 to 3	Questionnaire development	0.5		1.25	0.5	
3 to 4	Survey scripting	0.25		0.5	0.75	
4 to 6	Fieldwork			0.5	1.5	
6 to 7	Data processing and checking			1.5	2	
7 to 8	Topline development and delivery	0.5		1	1.5	
	<b>POST</b>					
1	Project review meeting and set up	0.5		1	1.5	
1 to 2	Questionnaire development	0.5		1	0.5	
2 to 3	Survey scripting	0.25		0.5	0.75	
3 to 5	Fieldwork			0.5	1.5	
5 to 6	Data processing and checking			1.5	2	
7	Cross agency liasion, Agree the focus call	1		1	1	
8 to 10	Analysis and Debrief development	2		5	6	
11	All agency Debrief	0.5		0.5	0.5	
	Total	7.5		17.25	22	

## Social value (summary is 841 words)

Kantar Public takes social value and the contribution we make through our work and as employers very seriously. Alongside the work we do for government and public sector clients, Kantar Public plays a significant role in delivering social value as a large business and employer with a clear social purpose. We believe our business can make a positive contribution to society and the environment by managing our activities with care and by working with responsible organisations that promote social and environmental causes. We recognise the imperative to ensure measurable social value outcomes as a result of the contract and to deliver on the objectives of the Social Value Act.

We have a number of social value initiatives underway, with many embedded into our regular business operations rather than temporary special initiatives.

We create equality of opportunity in a fair and supportive working environment where people feel included and accepted, and they are supported and trained to enable them to flourish. We strive to address economic inequality, and inequality of opportunity more widely, through our recruitment, workplace policies and positive training culture. We have been able to protect our workforce throughout Covid-19 and have continued to grow and employ new members of staff, including graduate trainees, apprentices, and paid interns to ensure we are supporting a diverse range of people to join our business.

Our employees have access to a wide range of health and wellbeing benefits and initiatives, including flexible working and a culture that promotes discussion, support, and openness.

Kantar Public is committed to net zero. Our business has directed a significant amount of attention to understanding and reducing our carbon footprint, including developing a Climate Resilience Strategy.

A summary of our activity in the given areas is given below with further detail following should you wish to know more.

### Covid-19 Recovery

- ☐ We protected field workers through redesign of their roles and took interviewers out of furlough quickly to protect employment and reduce the strain on the public purse
- ☐ We ensured all office-based staff were able to work remotely ensuring continuity of employment
- ☐ We were the first major research agency to return to in-home interviewing, further protecting employment into the future

### Tackling Economic Inequality

- ☐ We offer apprenticeships, traineeships and T level routes into the business to diversify the composition of our workforce
- ☐ We use tools and partnership with external partners to access a more diverse set of candidates
- ☐ Kantar partner with Multiverse working closely with them to develop our apprenticeship programmes and plans to build our commitment over time
- ☐ We have established approaches that ensure procurement fairness and encourage diverse participation.

### Equal opportunity

- ☐ Through staff data monitoring and feedback, we are aware of underrepresentation in our workforce, reflecting inequalities in the labour market and we monitor this to ensure our I&D strategy increases equality of opportunity
- ☐ We are an accredited Living Wage Employer
- ☐ Kantar Public has signed up to the [10,000 Black Interns](#) programme; advertising and recruiting for 10 interns in 2021 for a summer placement in 2022.
- ☐ We have partnered with [Exceptional Individuals](#) to support Kantar in creating employment opportunities for neurodiverse individuals.
- ☐ In 2020 Kantar joined The Valuable 500, the global movement putting disability on the business leadership agenda. Fulfilling its pledge, Kantar will undertake an **audit of its global real estate footprint**

- ☐ Kantar has rolled out **Inclusive Behaviours training** to all staff to ensure all colleagues are considered for progress.

## **Wellbeing**

- Kantar's employee benefits partner, Unum, provides Kantar employees with a wide range of tools and support designed to help Kantar enhance its employee wellbeing strategy.
- ☐ Via Unum, all employees have access to Help@hand, a digital health and wellbeing service which provides employees and their families with access to wellbeing services.
- ☐ All employees have access to our Employee Assistance Programme provided by Lifeworks with access to online resources and a free helpline.
- ☐ Occupational Health and Income Protection support with rehabilitation are also available.
- ☐ We produce, implement and communicate a mental health at work plan
- ☐ Kantar launched its first mental health at work survey for employees this year and we are currently looking at the results and identifying actions

## **Fighting climate change**

- We have calculated our GhG emissions baseline for 2019 according to international best practice, following the 'World Resources Institute GHG Protocol' methodologies and guidance, and where relevant used recent UK specific guidance
- ☐ We are taking steps to reduce our Scope 1, 2 and 3 GhG emissions.
- ☐ Our approach to GhG reduction will focus on reducing our direct emissions, working with staff to reduce our in-house carbon footprint, and reducing our indirect emissions, working with our suppliers, partners, and clients to reduce emissions our emissions up and down our supply chain
- ☐ We will develop a Climate Resilience Strategy which focuses on increasing the resilience of our staff and prepare our business to adapt and thrive through the transformation demanded by the changing climate
- ☐ We commit to monitor and report our GhG emissions annually, in accordance with international best practice and GhG reporting guidelines, and we will explore steps to ensure our data are independently assured.

## **1.1 Covid-19 Recovery**

Kantar Public has continued to operate effectively throughout the Covid-19 pandemic while growing our business, creating new employment opportunities, enabling staff whose work has been disrupted by the pandemic to retrain and return to work safely, developing new ways of working and innovative data collection solutions, and supporting the health of staff affected by the virus.

Prior to the onset of the pandemic, Kantar Public undertook substantial volumes of quantitative data collection via our London-based telephone interviewing call centre and our national face-to-face interviewer fieldforce.

In March 2020, and during subsequent lockdown periods, it was necessary to close our call centre. In response, we accelerated our planned transition to a mixed telephone interviewing model that incorporates home-working (CATI@Home) and an office-based panel. This enabled us to continue all telephone interviewing without disruption and to keep our telephone interviewing fieldforce in work, with call centre-based interviewers moving to home working during lockdown periods and our call centre otherwise operating as a Covid-secure workplace in line with the prevailing government and industry guidelines.

Similarly, at the start of the pandemic, almost all face-to-face research was stopped. In response, we worked with our clients to transition face-to-face surveys to other modes. We cross-trained our face-to-face interviewers to undertake telephone interviewing from home, enabling them to stay in work and enabling us to retain their knowledge and experience of the surveys with the new approach. Having initially cross-trained around 140 interviewers, we currently have a subpanel of over 350 multi-skilled interviewers who interview across both data collection modes.

A further important development at the start of the pandemic was the launch of the ONS Coronavirus Infection Survey (CIS) in May 2020. As a lead partner in the consortium delivering the CIS, Kantar Public has played a leading role in delivering the substantial face-to-face fieldwork requirement for the study.

The CIS has offered recruitment, retraining and other return-to-work opportunities for those left unemployed by Covid-19. The consortium undertaking the study has created several thousand job opportunities, hiring after redundancies, avoiding furlough and bringing people back into the labour market. We have provided income, support, new skills and identified transferrable skills across all age groups and genders, giving financial stability and confidence to our workforce.

Kantar Public worked closely with the CIS lead contractor, IQVIA, to ensure that our face-to-face interviewers who were left without work as a result of Covid-19, were taken out of furlough and used on the CIS at a low overall additional cost to the public purse, as well as enabling interviewers whose hours had reduced as a consequence of Covid-19 to take on additional work. In recruiting fieldworkers for the CIS, we targeted candidates from hard hit industries such as retail, hospitality and aviation. For example, Kantar Public worked with British Airways to offer new opportunities to those at risk of redundancy, resulting in us recruiting over 40 ex-BA cabin crew, pilots and administrative staff who had been made redundant as a result of Covid-19.

Through the CIS and the transition of studies to telephone interviewing, we have been able to both provide continued employment to our interviewers throughout the pandemic and create new roles via the CIS.

Kantar Public was the first of the major social survey providers in the UK to return to face-to-face interviewing at scale during the pandemic. This has helped us maintain an experienced interviewer panel, retaining around 95% of our interviewers through the pandemic. We have also worked closely with the Market Research Society to help develop the protocols for the return to in-home interviewing across the industry.

## **1.2 Tackling Economic Inequality**

Kantar is committed to developing the skills of the current and future workforce – both within our organisation and within the UK. Underpinning our approach is a robust commitment to the promotion and advancement of equality and opportunity for all employees, ensuring we address barriers faced by workers from underrepresented groups in realising their potential.

### **Attracting and retaining good candidates from all backgrounds**

We actively seek a broad range of candidates with varied backgrounds and experiences. To support this approach we use a range of tools to advertise roles, ensure a diverse interview panel and have adapted our processes to remove unconscious bias. This applies to recruitment for both our head office workforce and our field workforce.

*Participation and progression:* Kantar is committed to ensuring everyone benefits from work that is fair and decent with realistic scope for development and fulfilment. Our Graduates and entry-level individuals (e.g. apprentices) follow a programme run by UpSkills4Life, our Graduate Learning and Development partner driven by a commitment to equality of opportunity.

### **Apprenticeships, traineeships and T Level industry placement opportunities**

Kantar has invested in an Apprenticeship programme that will allow school leavers to enter the professional workforce and industry without the need of a degree. We offer a variety of different levels from Level 3 to Level 7 (Masters) in Business Administration, Data Analytics, Digital Marketing, Technology, Project Management and Management & Leadership.

The purpose of the Kantar Apprenticeship Programme is to help us build the talents and capabilities of employees – current and future – and help to increase the diversity of our workforce accessing individuals from across the socio-economic landscape and particularly those from disadvantaged backgrounds. By bringing more diverse talent into entry-level roles and then training them to reach the top, it is not only a proven way of drawing in new and emerging skill sets, it is also a step towards changing our demographic landscape.

Kantar partner with Multiverse (previously WhiteHat) and worked closely with them to develop our apprenticeship programmes and plans to build our commitment over time.

### **Working with our supply chain**

Kantar Public's in-house capabilities mean we would expect to deliver most work under this call-off through in-house resources. However, we recognise the benefits of collaborating with a diverse range of suppliers and to providing routes for a diverse range of suppliers to access contracts relating to our work.

We have established approaches that ensure procurement fairness and encourage diverse participation. We carefully assess supplier suitability, including reference to prior experience, while remaining mindful not to systematically disadvantage smaller/newer organisations. We maintain an approved supplier list, so we can readily access good suppliers that include sole traders, SMEs and Social Enterprises. Where we have multiple capable approved suppliers, we can factor in diversity criteria to ensure diversity of supply.

## **1.3 Equal opportunity**

Kantar Public aims to create an inclusive workplace where everyone can grow and flourish. We believe diversity drives innovation, productivity and collaboration, enabling better service to clients.

Through staff data monitoring and feedback, we are aware of underrepresentation in our workforce, reflecting inequalities in the labour market. In particular, minority ethnic groups, people from lower socio-economic backgrounds and people with a disability are underrepresented. Our global Inclusion and Diversity (I&D) strategy focuses on three pillars: talent – to attract and nurture a diverse mix of talented individuals who bring greater creativity and innovation to the way we work; leaders – to enable leaders across Kantar to build a more diverse workplace, driving greater awareness of the benefits of inclusion; and clients – to stimulate clients' thinking around I&D. Our global strategy is shaped to prioritise local needs.

The I&D strategy is underpinned by our equal opportunities and diversity policy and commitment to being an equal opportunities employer. These values extend to our suppliers, who are required to work in line with Kantar Public's Code of Business Conduct, including confirming that they have equivalent policies in relation to I&D.

**Pay:** Kantar works to ensure that we are paying people – at all levels – fairly, understanding that everyone is equal but not the same. We do this through Fair Pay policies and are an accredited **Living Wage Employer**.

**Employment opportunities and skills-building:** Kantar Public is seeking to increase our ethnic minority population. We have focused on building a pipeline of diverse talent, working with our

recruitment partners to ensure we have ethnic minority candidates on shortlists. In addition, Kantar Public has signed up to the [10,000 Black Interns](#) programme; advertising and recruiting for 10 interns in 2021 for a summer placement in 2022. To support ethnic minority colleagues already within the business, we have a successful mentoring programme to support their development and address barriers they face in progressing. We have also introduced requirements for including women on interview panels and candidate lists for senior roles and have put in place processes to remove unconscious bias from our recruitment processes such as blind CVs for our graduate scheme and field force recruitment.

In 2021 we partnered with the charity [Migrant Leaders](#) to offer work immersion sessions for university students from disadvantaged or migrant backgrounds providing an introduction to social research as a career. We have run two programmes in 2021, which will be repeated in 2022, and have developed outreach programmes with a number of universities. Two participants from the immersion sessions did summer internships.

Kantar Public takes steps to make reasonable adjustments for those with disabilities or who face barriers to more standard forms of employment. We work with specialist agencies to provide an Access to Work process, giving new starters support or adaptations beyond the legal minimums. We have partnered with [Exceptional Individuals](#) to support Kantar in creating employment opportunities for neurodiverse individuals. In 2020 Kantar joined The Valuable 500, the global movement putting disability on the business leadership agenda. Fulfilling its pledge, Kantar will undertake an **audit of its global real estate footprint**.

To measure progress in relation to these three priorities of ethnicity, socio-economic status and disability, Kantar undertakes diversity monitoring of employees, reported quarterly. Kantar's annual Employee Survey includes questions measuring I&D-related perceptions to calculate an overall index enabling Kantar to track progress and employee views.

Kantar has rolled out **Inclusive Behaviours training** to all staff to ensure all colleagues are considered for progress. This covers the difference between diversity and inclusion; why fostering inclusive behaviours is important; barriers to inclusion; unconscious biases; and how to behave in a more inclusive way.

#### 1.4 Wellbeing

Kantar recognises and promotes wellbeing at work and is passionate about providing all those within the contract workforce with tools and resources to support both their physical and mental health. Kantar offers a wide variety of assistance with regard to physical and mental wellbeing. Our UK Wellbeing Team run monthly events on aspects of wellbeing, providing resources on our internal comms portal. We also offer several free assistance schemes:

- Kantar's employee benefits partner, Unum, provides Kantar employees with a wide range of tools and support designed to help Kantar enhance its employee wellbeing strategy.
- Via Unum, all employees have access to Help@hand, a digital health and wellbeing service which provides employees and their families with access to wellbeing services.
- All employees have access to our Employee Assistance Programme provided by Lifeworks with access to online resources and a free helpline.
- Occupational Health and Income Protection support with rehabilitation are also available.

#### Mental Health

Kantar aims to raise visibility and awareness of the different mental health challenges that people can face and create a culture of openness and working together to remove the stigma around mental health. Kantar has a comprehensive set of commitments in line with the six standards in the Mental Health at Work commitment and the mental health enhanced standards in Thriving at Work:

- Produce, implement and communicate a mental health at work plan. Our HR professionals draw on a number of resources and experts to plan Kantar's approach to supporting mental health in the workplace, including the Mental Health at Work Commitment. Kantar's partnership with Unum includes a bespoke mental health and wellbeing consultation service designed to review our current mental health and wellbeing initiatives and support us to implement a mental health at work plan, develop mental health awareness and monitor employee mental health and wellbeing.

- Develop mental health awareness among employees. Dedicated areas of our intranet provide links to resources to help the contract workforce take action around their own mental health and wellbeing as well as being able to support others.
- Encourage open conversations about mental health and the support available when employees are struggling. At Kantar, we are breaking down the stigma attached to mental health at all levels, for example through senior manager role models talking openly about their mental health experiences. We also have a network of over 50 Kantar employees in the UK trained to help individuals in crisis and support their colleagues, alongside their day job.
- Routinely monitor employee mental health and wellbeing. In addition to ongoing check-ins with line managers and Team Leads, Kantar launched its first mental health at work survey for employees this year and we are currently looking at the results and identifying actions. Our UK CEO holds quarterly 'surgeries' with staff to understand and act on their concerns.

## Community

Kantar has a global Community Impact programme, **Extraordinary People**, launched in 2019, which is delivered globally and in each local market through several pillars, including:

- Our **global partnership with Special Olympics**. We contribute to their Global Youth Leadership programme, which brings together youth leaders with and without intellectual disabilities at nearly 200 global, national, and local summits.
- Encouraging and supporting our staff to make a positive difference to communities through **volunteering and fundraising**. Kantar UK staff can take two paid days off each year to volunteer for non-profit organisations. During our annual Extraordinary People Week, each Kantar office takes part in volunteering and fundraising activities.

### 1.5 Fighting climate change

Kantar Public is committed to net zero.

We will be ambitious in reducing our GhG emissions because the climate crisis demands it and we all need to play our role in responding to the climate emergency, but we are also acutely aware and realistic about the challenges this will pose for our organisation.

## Understanding Our Emissions

The first step in achieving net zero GhG emissions is understanding where our GhG emissions arise and how they contribute to our overall GhG footprint. In response we have mapped the entirety of our global operations and we continue to explore their associated supply chains. This approach enables us to understand the breadth and depth of our business operations, ensures we focus on what matters, and that we understand the broader context and impacts of our emissions reductions.

We have calculated our GhG emissions baseline for 2019 according to international best practice, following the 'World Resources Institute GHG Protocol' methodologies and guidance, and where relevant used recent UK specific guidance, for example, Defra's 'Environmental Reporting Guidelines: Including Streamlined Energy and Carbon Reporting requirements, March 2019'.

Our Scope 1 emissions, making up roughly 3% of calculated GhG emissions, comprise of the greenhouse gases resulting from the combustion of natural gas to heat our office spaces.

Our Scope 2 emissions, accounting for 11% of our calculated GhG emissions, are made up of the indirect emissions occurring from the generation of purchased energy for our office buildings.

Our Scope 3 emissions, contributing 86% of our calculated GhG emissions, make up the largest proportion of our emissions, with the most significant contributing activity being interviewer travel.

## Reducing Our Emissions

We are taking steps to reduce our Scope 1, 2 and 3 GhG emissions.

Our approach to GhG reduction will focus on reducing our direct emissions, working with staff to reduce our in-house carbon footprint, and reducing our indirect emissions, working with our suppliers, partners, and clients to reduce emissions our emissions up and down our supply chain.



Where we have to the best of our ability reduced our emissions to as low as practicably possible but are unable to reduce our carbon emissions to zero, for example, due to technological limitations, or because there is a social imperative to engage with the most vulnerable and hardest to reach in society and this is often only possible by physically travelling for face-to-face or in-home interviewing, we consider using offset to mitigate our residual emissions. In these instances, we will clearly articulate why further emissions reductions are not practicable, and we will use offsets which adhere to internationally recognised and approved standards and genuinely create emission reductions.

## **Our Office Emissions**

The main sources of the emissions arise from the electricity used to power and heat the spaces, as well as the other resources they consume, and the materials and wastes they send for recycling and disposal.

### *Measuring & Managing*

To tackle our office emissions, we will continue to work with our landlords and Facilities Management teams to improve how we monitor the environmental performance of our current offices, including their energy and carbon, water, materials, and waste, and seek to opportunities to continuously drive improvements in their performance.

### *Committing to Renewable Electricity*

In offices where it is possible to access renewable energy and existing supply/lease contracts permit we will aim to power these offices with electricity generated from renewable sources by 2025. The availability of renewable energy, the energy performance of the building, and the proximity of sustainable transport/commuting options will influence future lease renewal and office procurement decisions.

### *Improving Procurement*

We are committed to embedding responsible and consistent procurement and business practices which incentivise sustainable and circular procurement options. We will expand our understanding of products and services we procure, improve the quality of the environmental data we gather on these products and services, and use this data to guide procurement processes and decision-making. We will encourage our suppliers to take steps to reduce their GhG emissions.

## **Our Travel Emissions**

Business Travel account for ~80% of our calculated GhG emissions. This includes staff travel to internal and external meetings, and travel to gather data on behalf of our clients, which is undertaken by a variety of modes including motor vehicles, flights, and public transport.

To reduce our travel emissions we are encouraging the use of online communication, and introducing strict criteria regarding flight duration and class which require senior management approval. Where travel is deemed necessary we will provide staff with information on the GhG emissions resulting from different travel options, helping to inform and influence their travel behaviour, and encourage staff to plan and co-ordinate travel to reduce the amount of travel required, for example through linking business trips and using more sustainable means of travel such as rail.

However, there will always be a need to travel and where this need exists, and we have to the best of our ability reduced our travel emissions to as low as practicably possible, we will consider purchasing offset to mitigate our residual travel emissions. Over the next 12 months we will explore the role and goal that high quality and internationally recognised and approved offsets can play as part of our sustainable travel policies.

We will also engage our staff about how they commute to and from work and explore opportunities where we can support and encourage more sustainable means of commuting.

## **Our Digital Emissions**

Our digital activities are responsible for 4% of our GhG emissions. Information Technology underpins our business activities, enabling us to gather, process, store and share the information which guides our clients' decision-making and policy formation.

To tackle these emissions we are transitioning and consolidating most of our computing capability to cloud based platforms by 2025. With most cloud computing platform providers committing to achieve net zero by 2025 this transition will deliver significant reductions in Kantar's Scope 3 carbon emissions.

Where we are unable to transition to cloud based platforms we are consolidating our on-premises data centres and machine rooms into state of the art, modern, energy efficient, more environmentally friendly, and larger strategic facilities, and where possible these will be powered by renewable electricity.

### **Client Centred Innovation**

Collecting data for our clients account for ~60% of our GhG emissions. Most of these emissions result from travel to conduct in-home face-to-face interviews. Reducing these emission presents a huge opportunity to deliver transformational innovation in how we gather, share, and use information, and how we shape the future of the market research sector for a net zero world.

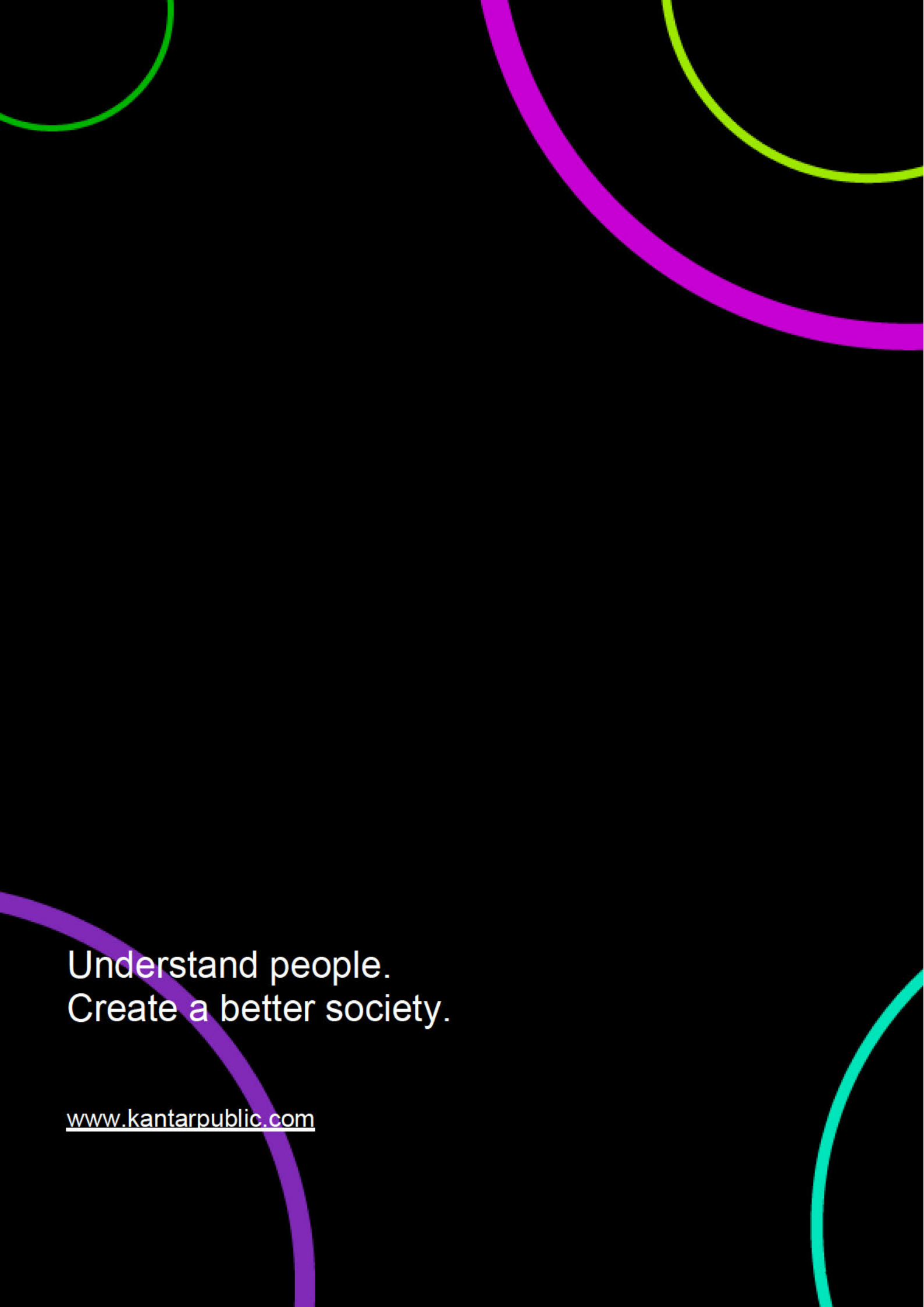
We will use what we have learned about our GhG footprint to inform conversations with clients about opportunities to reduce project/programme specific GhG emissions through taking a systemic approach to co-creating inclusive lower impact research designs which find the right balance between inclusiveness, data quality, cost constraints, and GhG emissions.

### **Preparing for Climate Change**

It is important that we reduce our GHG emission and to lessen the impact we will have upon the environment. However, we also need to understand and prepare for the impact that climate change will have on our people, our organisation, and our clients. In response we will develop a Climate Resilience Strategy which focuses on increasing the resilience of our staff and prepare our business to adapt and thrive through the transformation demanded by the changing climate.

### **Tracking & Reporting Our Progress to Net Zero**

We commit to monitor and report our GhG emissions annually, in accordance with international best practice and GhG reporting guidelines, and we will explore steps to ensure our data are independently assured.



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