

DPS Schedule 6 (Order Form Template and Order Schedules)

Order Form

ORDER REFERENCE: 1716

THE BUYER: NHS England on behalf of NHS South Central and West CSU

BUYER ADDRESS NHS South Central and West CSU, Omega House, 112 Southampton Road, Eastleigh, SO50 5PB

THE SUPPLIER: I.F.F. Research Limited

SUPPLIER ADDRESS: Fifth Floor, St Magnus House, 3 Lower Thames Street, London, EC3R 6HD

REGISTRATION NUMBER: 00849983

DUNS NUMBER: 211574041

DPS SUPPLIER REGISTRATION SERVICE ID: SQ-BK6S9Z6

APPLICABLE DPS CONTRACT

This Order Form is for the provision of the Deliverables and dated 14th August 2024. It's issued under the DPS Contract with the reference number RM6126 Research and Insight for the provision of Vaccine & Screening Evaluation of the impact of Access and Inequalities funded outreach initiatives

DPS FILTER CATEGORY(IES):
Value-for-money evaluation
Literature Review / Narrative Review / Narrative Literature Review
England

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 reference number 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)
 - Order Schedules for RM6126
 - Order Schedule 5 (Pricing Details)
 - Order Schedule 20 (Order Specification)
5. CCS Core Terms (DPS version) v1.0.3
6. Joint Schedule 5 (Corporate Social Responsibility) DPS Contract reference number RM6126
7. Order Schedule 4 (Order Tender) as long as any parts of the Order Tender that offer a better commercial position for the Buyer (as decided by the Buyer) take precedence over the documents above.

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:

Special Term 1: **Intellectual Property**

All Intellectual Property Rights in and to the deliverables, material and any other output developed by the Supplier as part of the Services in accordance with the Specification and Tender Response Document, shall be owned by NHSE and suppliers cannot share or publish any of the deliverables, material and any other outputs without NHSE expressed permission.

Special Term 2: **Data Protection and Personal Information (GDPR)**

No personal or pseudonymized data will be processed by the supplier.

Should the processing of personal or pseudonymised data be required at any stage during delivery of the services, the supplier will be required to support completion of and adherence with the requirements set out in Data Privacy Impact Assessments, Data Protection Protocols or other agreements and processes necessary to ensure that all parties operate in compliance with GDPR.

ORDER START DATE: 19th August 2024

ORDER EXPIRY DATE: 31st March 2025

ORDER INITIAL PERIOD: 7 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 **£296,043.50**.

ORDER CHARGES

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

REIMBURSABLE EXPENSES

None

PAYMENT METHOD

Monthly fixed payments (spread equally throughout the term of the contract) will be made upon submission of the monthly progress report.

The payment method for this Contract is via purchase order.

The Buyer will pay the Supplier within 30 days of receipt of a valid invoice.

BUYER'S INVOICE ADDRESS:

NHS South, Central and West CSU
0DF PAYABLES M425
PO BOX 312
LEEDS
LS11 1HP

BUYER'S AUTHORISED REPRESENTATIVE

[REDACTED]
Executive Director of Finance
[REDACTED]

Omega House, 112 Southampton Road, Eastleigh, Hampshire SO50 5PB

BUYER'S CONTRACT MANAGER

[REDACTED]
Equalities and Engagement Lead, Vaccination and Screening Directorate
NHS England

BUYER'S ENVIRONMENTAL POLICY

<https://www.scwcsu.nhs.uk/about/sustainability>

BUYER'S SECURITY POLICY

NHS England – Information Security Policy V2.0

Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/12/information-security-policy-v4.0.pdf>

SUPPLIER'S AUTHORISED REPRESENTATIVE

[REDACTED]
Director
[REDACTED]

Fifth Floor, St Magnus House, 3 Lower Thames Street, London EC3R 6HD

SUPPLIER'S CONTRACT MANAGER

[REDACTED]
Director
[REDACTED]

Fifth Floor, St Magnus House, 3 Lower Thames Street, London EC3R 6HD

PROGRESS REPORT FREQUENCY

Monthly, to be submitted three working days before the progress meeting

PROGRESS MEETING FREQUENCY

Monthly, dates to be confirmed

KEY STAFF

[REDACTED]
Associate Director
[REDACTED]

Fifth Floor, St Magnus House, 3 Lower Thames Street, London EC3R 6HD

KEY SUBCONTRACTOR(S)

York Health Economics Consortium (YHEC)

E-AUCTIONS

Not applicable

COMMERCIALLY SENSITIVE INFORMATION

Not applicable

SERVICE CREDITS

Not applicable

ADDITIONAL INSURANCES

Not applicable

GUARANTEE

Not applicable

SOCIAL VALUE COMMITMENT

As per supplier's tender response

For and on behalf of the Supplier:		For and on behalf of the Buyer:	
Signature:		Signature:	
Name:		Name:	
Role:	Director	Role:	Managing Director, CSUs
Date:	14/08/2024	Date:	15 th August 2024

Joint Schedule 2 (Variation Form)

This form is to be used in order to change a contract in accordance with Clause 24 (Changing the Contract)

Contract Details		
This variation is between:	<div>[Delete] as applicable: CCS / Buyer] ("CCS" "the Buyer")</div> <div>And</div> <div>[insert] name of Supplier] ("the Supplier")</div>	
Contract name:	[insert] name of contract to be changed] ("the Contract")	
Contract reference number:	[insert] contract reference number]	
Details of Proposed Variation		
Variation initiated by:	[delete] as applicable: CCS/Buyer/Supplier]	
Variation number:	[insert] variation number]	
Date variation is raised:	[insert] date]	
Proposed variation		
Reason for the variation:	[insert] reason]	
An Impact Assessment shall be provided within:	[insert] number] days	
Impact of Variation		
Likely impact of the proposed variation:	[Supplier to insert] assessment of impact]	
Outcome of Variation		
Contract variation:	This Contract detailed above is varied as follows: <ul style="list-style-type: none"> [CCS/Buyer to insert] original Clauses or Paragraphs to be varied and the changed clause] 	
Financial variation:	Original Contract Value:	£ [insert] amount]
	Additional cost due to variation:	£ [insert] amount]
	New Contract value:	£ [insert] amount]

1. This Variation must be agreed and signed by both Parties to the Contract and shall only be effective from the date it is signed by Buyer.
2. Words and expressions in this Variation shall have the meanings given to them in the Contract.
3. The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

Signed by an authorised signatory for and on behalf of the Buyer.

Signature

Date

Name (in Capitals)

Address

Signed by an authorised signatory to sign for and on behalf of the Supplier

Signature

Date

Name (in Capitals)

Address

Joint Schedule 3 (Insurance Requirements)

The insurance you need to have

- 1.1 The Supplier shall take out and maintain, or procure the taking out and maintenance of the insurances as set out in the Annex to this Schedule, any additional insurances required under an Order Contract (specified in the applicable Order Form) ("**Additional Insurances**") and any other insurances as may be required by applicable Law (together the "**Insurances**"). The Supplier shall ensure that each of the Insurances is effective no later than:
 - 1.1.1 the DPS Start Date in respect of those Insurances set out in the Annex to this Schedule and those required by applicable Law; and
 - 1.1.2 the Order Contract Effective Date in respect of the Additional Insurances.
- 1.2 The Insurances shall be:
 - 1.2.1 maintained in accordance with Good Industry Practice;
 - 1.2.2 (so far as is reasonably practicable) on terms no less favourable than those generally available to a prudent contractor in respect of risks insured in the international insurance market from time to time;
 - 1.2.3 taken out and maintained with insurers of good financial standing and good repute in the international insurance market; and
 - 1.2.4 maintained for at least six (6) years after the End Date.
- 1.3 The Supplier shall ensure that the public and products liability policy contain an indemnity to principals clause under which the Relevant Authority shall be indemnified in respect of claims made against the Relevant Authority in respect of death or bodily injury or third party property damage arising out of or in connection with the Deliverables and for which the Supplier is legally liable.

How to manage the insurance

- 2.1 Without limiting the other provisions of this Contract, the Supplier shall:
 - 2.1.1 take or procure the taking of all reasonable risk management and risk control measures in relation to Deliverables as it would be reasonable to expect of a prudent contractor acting in accordance with Good Industry Practice, including the investigation and reports of relevant claims to insurers;
 - 2.1.2 promptly notify the insurers in writing of any relevant material fact under any Insurances of which the Supplier is or becomes aware; and
 - 2.1.3 hold all policies in respect of the Insurances and cause any insurance broker effecting the Insurances to hold any insurance slips and other

evidence of placing cover representing any of the Insurances to which it is a party.

What happens if you aren't insured

- 3.1 The Supplier shall not take any action or fail to take any action or (insofar as is reasonably within its power) permit anything to occur in relation to it which would entitle any insurer to refuse to pay any claim under any of the Insurances.
- 3.2 Where the Supplier has failed to purchase or maintain any of the Insurances in full force and effect, the Relevant Authority may elect (but shall not be obliged) following written notice to the Supplier to purchase the relevant Insurances and recover the reasonable premium and other reasonable costs incurred in connection therewith as a debt due from the Supplier.

Evidence of insurance you must provide

- 4.1 The Supplier shall upon the Start Date and within 15 Working Days after the renewal of each of the Insurances, provide evidence, in a form satisfactory to the Relevant Authority, that the Insurances are in force and effect and meet in full the requirements of this Schedule.

Making sure you are insured to the required amount

- 5.1 The Supplier shall ensure that any Insurances which are stated to have a minimum limit "in the aggregate" are maintained at all times for the minimum limit of indemnity specified in this Contract and if any claims are made which do not relate to this Contract then the Supplier shall notify the Relevant Authority and provide details of its proposed solution for maintaining the minimum limit of indemnity.

Cancelled Insurance

- 6.1 The Supplier shall notify the Relevant Authority in writing at least five (5) Working Days prior to the cancellation, suspension, termination or nonrenewal of any of the Insurances.
- 6.2 The Supplier shall ensure that nothing is done which would entitle the relevant insurer to cancel, rescind or suspend any insurance or cover, or to treat any insurance, cover or claim as voided in whole or part. The Supplier shall use all reasonable endeavours to notify the Relevant Authority (subject to third party confidentiality obligations) as soon as practicable when it becomes aware of any relevant fact, circumstance or matter which has caused, or is reasonably likely to provide grounds to, the relevant insurer to give notice to cancel, rescind, suspend or void any insurance, or any cover or claim under any insurance in whole or in part.

Insurance claims

- 7.1 The Supplier shall promptly notify to insurers any matter arising from, or in relation to, the Deliverables, or each Contract for which it may be entitled to claim under any of the Insurances. In the event that the Relevant Authority

receives a claim relating to or arising out of a Contract or the Deliverables, the Supplier shall co-operate with the Relevant Authority and assist it in dealing with such claims including without limitation providing information and documentation in a timely manner.

- 7.2 Except where the Relevant Authority is the claimant party, the Supplier shall give the Relevant Authority notice within twenty (20) Working Days after any insurance claim in excess of 10% of the sum required to be insured pursuant to Paragraph 5.1 relating to or arising out of the provision of the Deliverables or this Contract on any of the Insurances or which, but for the application of the applicable policy excess, would be made on any of the Insurances and (if required by the Relevant Authority) full details of the incident giving rise to the claim.
- 7.3 Where any Insurance requires payment of a premium, the Supplier shall be liable for and shall promptly pay such premium.
- 7.4 Where any Insurance is subject to an excess or deductible below which the indemnity from insurers is excluded, the Supplier shall be liable for such excess or deductible. The Supplier shall not be entitled to recover from the Relevant Authority any sum paid by way of excess or deductible under the Insurances whether under the terms of this Contract or otherwise.

ANNEX: REQUIRED INSURANCES

1. The Supplier shall hold the following [standard] insurance cover from the DPS Start Date in accordance with this Schedule:
 - 1.1 professional indemnity insurance [with cover (for a single event or a series of related events and in the aggregate) of not less than] one million pounds (£1,000,000);
 - 1.2 public liability insurance [with cover (for a single event or a series of related events and in the aggregate)] of not less than one million pounds (£1,000,000); and
 - 1.3 employers' liability insurance [with cover (for a single event or a series of related events and in the aggregate) of not less than] five million pounds (£5,000,000).

Joint Schedule 4 (Commercially Sensitive Information)

1. What is the Commercially Sensitive Information?

- 1.1 In this Schedule the Parties have sought to identify the Supplier's Confidential Information that is genuinely commercially sensitive and the disclosure of which would be the subject of an exemption under the FOIA and the EIRs.
- 1.2 Where possible, the Parties have sought to identify when any relevant Information will cease to fall into the category of Information to which this Schedule applies in the table below and in the Order Form (which shall be deemed incorporated into the table below).
- 1.3 Without prejudice to the Relevant Authority's obligation to disclose Information in accordance with FOIA or Clause 16 (When you can share information), the Relevant Authority will, in its sole discretion, acting reasonably, seek to apply the relevant exemption set out in the FOIA to the following Information:

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

Joint Schedule 5 (Corporate Social Responsibility)

What we expect from our Suppliers

- 1.1 In September 2017, HM Government published a Supplier Code of Conduct setting out the standards and behaviours expected of suppliers who work with government.
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/646497/2017-09-13_Official_Sensitive_Supplier_Code_of_Conduct_September_2017.pdf)
- 1.2 CCS expects its suppliers and subcontractors to meet the standards set out in that Code. In addition, CCS expects its suppliers and subcontractors to comply with the standards set out in this Schedule.
- 1.3 The Supplier acknowledges that the Buyer may have additional requirements in relation to corporate social responsibility. The Buyer expects that the Supplier and its Subcontractors will comply with such corporate social responsibility requirements as the Buyer may notify to the Supplier from time to time.

Equality and Accessibility

- 2.1 In addition to legal obligations, the Supplier shall support CCS and the Buyer in fulfilling its Public Sector Equality duty under S149 of the Equality Act 2010 by ensuring that it fulfils its obligations under each Contract in a way that seeks to:
 - 2.1.1 eliminate discrimination, harassment or victimisation of any kind; and
 - 2.1.2 advance equality of opportunity and good relations between those with a protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership) and those who do not share it.

Modern Slavery, Child Labour and Inhumane Treatment

"Modern Slavery Helpline" means the mechanism for reporting suspicion, seeking help or advice and information on the subject of modern slavery available online at <https://www.modernslaveryhelpline.org/report> or by telephone on 08000 121 700.

- 3.1 The Supplier:
 - 3.1.1 shall not use, nor allow its Subcontractors to use forced, bonded or involuntary prison labour;

- 3.1.2 shall not require any Supplier Staff or Subcontractor Staff to lodge deposits or identify papers with the Employer and shall be free to leave their employer after reasonable notice;
- 3.1.3 warrants and represents that it has not been convicted of any slavery or human trafficking offences anywhere around the world.
- 3.1.4 warrants that to the best of its knowledge it is not currently under investigation, inquiry or enforcement proceedings in relation to any allegation of slavery or human trafficking offences anywhere around the world.
- 3.1.5 shall make reasonable enquires to ensure that its officers, employees and Subcontractors have not been convicted of slavery or human trafficking offences anywhere around the world.
- 3.1.6 shall have and maintain throughout the term of each Contract its own policies and procedures to ensure its compliance with the Modern Slavery Act and include in its contracts with its Subcontractors anti-slavery and human trafficking provisions;
- 3.1.7 shall implement due diligence procedures to ensure that there is no slavery or human trafficking in any part of its supply chain performing obligations under a Contract;
- 3.1.8 shall prepare and deliver to CCS, an annual slavery and human trafficking report setting out the steps it has taken to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its business with its annual certification of compliance with Paragraph 3;
- 3.1.9 shall not use, nor allow its employees or Subcontractors to use physical abuse or discipline, the threat of physical abuse, sexual or other harassment and verbal abuse or other forms of intimidation of its employees or Subcontractors;
- 3.1.10 shall not use or allow child or slave labour to be used by its Subcontractors;
- 3.1.11 shall report the discovery or suspicion of any slavery or trafficking by it or its Subcontractors to CCS, the Buyer and Modern Slavery Helpline.

Income Security

4.1 The Supplier shall:

- 4.1.1 ensure that all wages and benefits paid for a standard working week meet, at a minimum, national legal standards in the country of employment;
- 4.1.2 ensure that all Supplier Staff are provided with written and understandable Information about their employment conditions in respect of wages before they enter;
- 4.1.3 ensure that all workers are provided with written and understandable Information about their employment conditions in respect of wages before they enter employment and about the particulars of their wages for the pay period concerned each time that they are paid;
- 4.1.4 not make deductions from wages:
 - (a) as a disciplinary measure
 - (b) except where permitted by law; or
 - (c) without expressed permission of the worker concerned;
- 4.1.5 record all disciplinary measures taken against Supplier Staff; and
- 4.1.6 ensure that Supplier Staff are engaged under a recognised employment relationship established through national law and practice.

Working Hours

5.1 The Supplier shall:

- 5.1.1 ensure that the working hours of Supplier Staff comply with national laws, and any collective agreements;
- 5.1.2 ensure that the working hours of Supplier Staff, excluding overtime, shall be defined by contract, and shall not exceed 48 hours per week unless the individual has agreed in writing;
- 5.1.3 ensure that use of overtime is used responsibly, taking into account:
 - (a) the extent;
 - (b) frequency; and
 - (c) hours worked;

by individuals and by the Supplier Staff as a whole;

- 5.2 The total hours worked in any seven day period shall not exceed 60 hours, except where covered by Paragraph 5.3 below.

- 5.3 Working hours may exceed 60 hours in any seven day period only in exceptional circumstances where all of the following are met:
- 5.3.1 this is allowed by national law;
 - 5.3.2 this is allowed by a collective agreement freely negotiated with a workers' organisation representing a significant portion of the workforce;
 - 5.3.3 appropriate safeguards are taken to protect the workers' health and safety; and
 - 5.3.4 the employer can demonstrate that exceptional circumstances apply such as unexpected production peaks, accidents or emergencies.
- 5.4 All Supplier Staff shall be provided with at least one (1) day off in every seven (7) day period or, where allowed by national law, two (2) days off in every fourteen (14) day period.

Sustainability

- 6.1 The supplier shall meet the applicable Government Buying Standards applicable to Deliverables which can be found online at:

<https://www.gov.uk/government/collections/sustainable-procurement-thegovernment-buying-standards-gbs>

Joint Schedule 6 (Key Subcontractors)

1. Restrictions on certain subcontractors

- 1.1 The Supplier is entitled to sub-contract its obligations under the DPS Contract to the Key Subcontractors identified on the Platform.
- 1.2 The Supplier is entitled to sub-contract its obligations under an Order Contract to Key Subcontractors listed on the Platform who are specifically nominated in the Order Form.
- 1.3 Where during the Contract Period the Supplier wishes to enter into a new Key Sub-contract or replace a Key Subcontractor, it must obtain the prior written consent of CCS and the Buyer and the Supplier shall, at the time of requesting such consent, provide CCS and the Buyer with the information detailed in Paragraph 1.4. The decision of CCS and the Buyer to consent or not will not be unreasonably withheld or delayed. Where CCS consents to the appointment of a new Key Subcontractor then they will be added to the Platform. Where the Buyer consents to the appointment of a new Key Subcontractor then they will be added to the Key Subcontractor section of the Order Form. CCS and the Buyer may reasonably withhold their consent to the appointment of a Key Subcontractor if it considers that:
 - 1.3.1 the appointment of a proposed Key Subcontractor may prejudice the provision of the Deliverables or may be contrary to its interests;
 - 1.3.2 the proposed Key Subcontractor is unreliable and/or has not provided reliable goods and or reasonable services to its other customers; and/or
 - 1.3.3 the proposed Key Subcontractor employs unfit persons.
- 1.4 The Supplier shall provide CCS and the Buyer with the following information in respect of the proposed Key Subcontractor:
 - 1.4.1 the proposed Key Subcontractor's name, registered office and company registration number;
 - 1.4.2 the scope/description of any Deliverables to be provided by the proposed Key Subcontractor;
 - 1.4.3 where the proposed Key Subcontractor is an Affiliate of the Supplier, evidence that demonstrates to the reasonable satisfaction of the CCS and the Buyer that the proposed Key Sub-Contract has been agreed on "arm's-length" terms;
 - 1.4.4 for CCS, the Key Sub-Contract price expressed as a percentage of the total projected DPS Price over the DPS Contract Period;
 - 1.4.5 for the Buyer, the Key Sub-Contract price expressed as a percentage of the total projected Charges over the Order Contract Period; and
 - 1.4.6 (where applicable) Credit Rating Threshold (as defined in Joint Schedule 7 (Financial Distress)) of the Key Subcontractor.

- 1.5 If requested by CCS and/or the Buyer, within ten (10) Working Days of receipt of the information provided by the Supplier pursuant to Paragraph 1.4, the Supplier shall also provide:
 - 1.5.1 a copy of the proposed Key Sub-Contract; and
 - 1.5.2 any further information reasonably requested by CCS and/or the Buyer.
- 1.6 The Supplier shall ensure that each new or replacement Key Sub-Contract shall include:
 - 1.6.1 provisions which will enable the Supplier to discharge its obligations under the Contracts;
 - 1.6.2 a right under CRTPA for CCS and the Buyer to enforce any provisions under the Key Sub-Contract which confer a benefit upon CCS and the Buyer respectively;
 - 1.6.3 a provision enabling CCS and the Buyer to enforce the Key Sub-Contract as if it were the Supplier;
 - 1.6.4 a provision enabling the Supplier to assign, novate or otherwise transfer any of its rights and/or obligations under the Key Sub-Contract to CCS and/or the Buyer;
 - 1.6.5 obligations no less onerous on the Key Subcontractor than those imposed on the Supplier under the DPS Contract in respect of:
 - (a) the data protection requirements set out in Clause 14 (Data protection);
 - (b) the FOIA and other access request requirements set out in Clause 16 (When you can share information);
 - (c) the obligation not to embarrass CCS or the Buyer or otherwise bring CCS or the Buyer into disrepute;
 - (d) the keeping of records in respect of the goods and/or services being provided under the Key Sub-Contract, including the maintenance of Open Book Data; and
 - (e) the conduct of audits set out in Clause 6 (Record keeping and reporting);
 - 1.6.6 provisions enabling the Supplier to terminate the Key Sub-Contract on notice on terms no more onerous on the Supplier than those imposed on CCS and the Buyer under Clauses 10.4 (When CCS or the Buyer can end this contract) and 10.5 (What happens if the contract ends) of this Contract; and
 - 1.6.7 a provision restricting the ability of the Key Subcontractor to sub-contract all or any part of the provision of the Deliverables provided to the Supplier under the Key Sub-Contract without first seeking the written consent of CCS and the Buyer.

Joint Schedule 10 (Rectification Plan)

Request for [Revised] Rectification Plan			
Details of the Default:	[Guidance: Explain the Default, with clear schedule and clause references as appropriate]		
Deadline for receiving the [Revised] Rectification Plan:	[add] date (minimum 10 days from request)]		
Signed by [CCS/Buyer] :		Date:	
Supplier [Revised] Rectification Plan			
Cause of the Default	[add] cause]		
Anticipated impact assessment:	[add] impact]		
Actual effect of Default:	[add] effect]		
Steps to be taken to rectification:	Steps	Timescale	
	1.	[date]	
	2.	[date]	
	3.	[date]	
	4.	[date]	
	[...]	[date]	
Timescale for complete Rectification of Default	[X] Working Days		
Steps taken to prevent recurrence of Default	Steps	Timescale	
	1.	[date]	
	2.	[date]	
	3.	[date]	
	4.	[date]	
	[...]	[date]	

Signed by the Supplier:		Date:	
Review of Rectification Plan [CCS/Buyer]			
Outcome of review	[Plan Accepted] [Plan Rejected] [Revised Plan Requested]		
Reasons for Rejection (if applicable)	[add reasons]		
Signed by [CCS/Buyer]		Date:	

Call-Off Schedule 5 (Pricing Details)

Financial Template	
NHS South, Central and West (SCW) Commissioning Support Unit	
Contract for the provision of	Vaccine & Screening Evaluation of the impact of Access and Inequalities funded outreach initiatives
Project no.	1716
Bidder organisational n	IFF Research

Information to Bidders
Bidders should complete this "Proposal Cost" tab and share it as part of their bid response.

As part of your return in response to the ITT, SCW requests that you give a breakdown of how you expect to allocate the budget between partners/subcontractors (if any) and a breakdown for which deliverable elements you are proposing.

All items / roles / elements must be attributed a value.

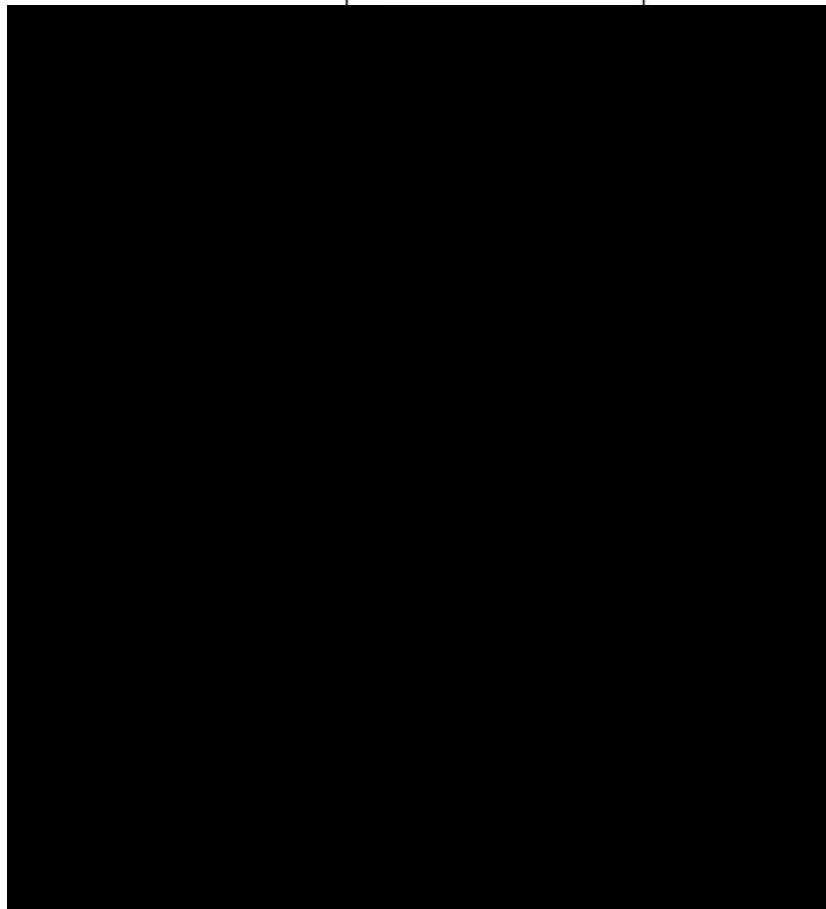
All items offered Free of Charge (FOC) must be clearly marked as such - this will allow the Commissioner to clearly recognise competitive nature of your bid.

Please use the comment box at the bottom to explain any assumptions, or provide any points of clarity you wish to inform the commissioner of.

Costs should exclude VAT but include expenses.

Please indicate if VAT is chargeable	Yes
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Total Cost
£296,043.50



Call-Off Schedule 20 (Call-Off Specification)

Service Specification and Evaluation Criteria

Background and Context

NHSE are seeking to commission a highly experienced independent external partner to undertake a rapid mixed methods evaluation of the effect of A&I funded initiatives. The appointed partner will be expected to work at pace, liaising directly with NHSE England, to deliver on an agreed evaluation specification within the timeframe outlined below.

COVID-19 continues to be a health challenge across the world. The impact of the virus has not been felt equally, with clinically at risk, vulnerable and disadvantaged people most affected and experiencing more significant and lasting effects physically, mentally, and financially.

NHS Regions have been allocated dedicated Access & Inequalities (A&I) funding since September 2022 to enable effective planning to increase uptake of COVID 19 vaccination targeted at underserved communities and inclusion groups. To achieve this, it was important to understand the reasons for low uptake of COVID 19 (and other vaccines) in these communities and start building trust to reduce vaccine hesitancy.

Ongoing community engagement has been important to build trust and confidence in vaccination and other health services. Considerable work has been undertaken by regions and Integrated Care Boards (ICBs) to expand this engagement to improve overall population health outcomes by making every contact count.¹ This engagement has been aimed at building confidence in COVID-19 and other vaccines, reducing vaccine hesitancy, and identifying and reducing barriers to uptake. A range of delivery models and outreach services have been put in place by various providers, e.g. general practice, community pharmacy, NHS hospitals with models ranging from roving and pop-up vaccination services to walk-in services based in the community, roving and pop-up services in settings that are already embedded within underserved communities, such as faith and community centres, opportunistic settings where people may visit e.g. large employer site, sports, and music events and in detained settings, such as prisons, to offer convenience and accessibility. The mix of models was aligned to local population needs to facilitate a reduction in infections, hospital admissions and deaths associated with COVID-19 and to improve vaccine equity.

To evaluate and report on the use and impact of this dedicated funding, NHS England (NHSE) established a monthly national data collection in April 2023. Additionally, an outreach flag was introduced as part of the point of care system (POC) in autumn 2023 to record and understand vaccinations delivered through outreach funded activities. A digital tracking system was instigated for communication campaigns.

These processes were put in place to evidence the number of vaccinations delivered and the potential value of outreach programmes in building confidence in vaccinations, improving access to and uptake of COVID 19, (and other vaccinations such as Flu) through delivery of wider health offers based on the Making Every Contact Count (MECC) approach.

¹ NHS England (2017), [Making Every Contact Count \(MECC\): Consensus statement](#)

NHS regions were also encouraged to evaluate different local (ICB) models of outreach to generate further quantitative and qualitative evidence. The draft Logic Model at Annex 1 sets out further detail on the current assumptions, the types of inputs, activities (initiatives) and outputs we are aiming to evaluate.

The successful bidder will be able to demonstrate that the team undertaking this work has a strong track record in undertaking complex evaluations within the NHS within agreed timeframes. The expectation is that the supplier will have the resources available to immediately mobilise.

Service Delivery / Product Requirement

NHSE is now seeking to work with an experienced independent external partner to provide a rapid mixed methods evaluation of the effect of A&I funded initiatives, using a combination of evidence review, qualitative and quantitative methods ([The Magenta Book - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/the-magenta-book)) to address the questions outlined below. We expect this work to be delivered in two phases as detailed below. The scope and timeline for the work are fixed.

The evaluation will aim to answer the following questions:

- What is the existing evidence on the effectiveness of outreach initiatives for improving up-take in underserved groups? And what is the quality of that evidence?
- What effect has A&I funding had on up-take in low uptake groups? Are certain interventions better at targeting low uptake communities and groups and yielded more vaccine uptake now and in future (by increasing trust and vaccine confidence)?
- Does A&I funding in its current format provide value-for-money for improving up-take in underserved groups in short, medium and long term? Can A&I funding be disaggregated from overall funding? Which type of intervention is most cost-effective or delivers the most vaccines for resources used?

Existing datasets and access to sites

There are four main existing data sources which will be made available to the supplier at project mobilisation stage or as soon after as is feasible. These are:

- The Covid-19 vaccination dataset – this is a national anonymised dataset which records all COVID-19 vaccinations delivered. The dataset contains a flag for vaccinations undertaken in off-site outreach locations. The data dictionary will be shared at project initiation.
- A&I monthly monitoring data - this is an ICB level aggregate return on the activity undertaken with A&I funding, including cost. The data dictionary will be shared at project initiation.
- Digital tracking data (this is tracking of digital communications activities)
- Available existing reports and analysis from NHSE Regions and ICBs, including local case studies, that relate to A&I work.

NHSE will also facilitate access to Regions and ICBs.

We anticipate that both of the phases described below will run concurrently.

Phase 1 - Review of existing evidence and analysis (retrospective evaluation)

Phase 1 is based on review, assurance and synthesis of existing literature and it is expected this phase will include:

- A rapid evidence review of published evidence of the behaviour change interventions and MECC interventions that support building trust in vaccine for low uptake communities and groups. This will include identifying gaps in knowledge and recommendations on how these can be overcome utilising learning from A&I funded interventions. The detailed PICO (patient/population, intervention, comparison and outcomes) criteria for this work will be available at project initiation, but work will be focused on post-Covid evidence within comparable health systems to the NHS. It is required that the supplier has access to relevant skillset and databases to undertake this work. The review approach should be designed to be as robust as possible within the timeframe.
- A review, assurance and synthesis of analytical work already undertaken within NHSE in relation to A&I funding. NHSE will share relevant information resources based on the 2023/24 monthly data collection returns, insights findings and digital tracking of Communications campaigns.
- Additional synthesis of existing local regional/ICBs' evaluations and case studies and stakeholders' interviews. NHSE will facilitate access to ICBs.
- Feasibility assessment of undertaking a value for money analysis i.e. an evaluation of whether the benefits outweigh the costs in addition to the effectiveness of outreach.

We aim for this phase of work to be completed and reported within 6 to 8 weeks from contract start, but NHSE will work with the Supplier on what the priorities are within the timeframe.

Phase 2 - Prospective evaluation

Building on gap analysis, learning and recommendations from phase 1 evaluation and in collaboration with NHSE Regions, identify a series of sites to undertake comparative evaluation of the effect of funding, if possible isolating effects of individual types of interventions. The expectation is that analysis will be based on the 2024/25 campaign datasets, and will use non-experimental designs. NHSE will facilitate access to ICBs.

These comparative analyses will include:

- Consideration of the planning assumptions for each service e.g. planned preparatory work such as targeted communications and place or community-based engagement activity in preparation for the outreach vaccination offer, planned cost, target demographic, rationale for location, target uptake numbers for vaccinations and any other health interventions as part of a MECC offer, any longer-term outcomes desired as a result of the intervention.
- Reporting and comparative analysis of the actual inputs, outputs and outcomes. Inputs will include staffing, delivery costs, other types of spend, outputs will include events, vaccinations delivered through outreach and other health interventions, outcomes will include reduced variation in vaccination uptake in underserved groups. The analysis will help to identify which components and activities can be evidenced to contribute to effective outcomes in terms of outreach serving the groups which needed to be targeted to reduce

the vaccine equality gap between underserved groups and the general population and reduce the risk of outreach models simply offering additional convenience to those who intended to be vaccinated anyway.

This work will be supplemented with further synthesis and analysis of local evaluations being undertaken by ICBs during the 2024/25 campaign and supplemented by further stakeholder interviews and/or surveys.

Finally, building on the above work to undertake and report on an assessment of value for money of the funding.

We aim for this phase of work to be completed and reported by 15/03/25.

The supplier will be required to demonstrate that they have met the following Social Value Requirements in the delivery of the contract:

- MAC 4.1 Deliver additional environmental benefits in the performance of the contract including working towards net zero greenhouse gas emissions. This could for example be by ensuring green approaches to any required travel, workplace practices to reduce energy usage and reduce environmental waste.
- MAC 7.2: Influence staff, suppliers, customers and communities through the delivery of the contract to support health and wellbeing, including physical and mental health. This could be for example by implementation of policies and procedures which provide workplace opportunities for enhancing physical and mental health, working with communities to support wellbeing initiatives through corporate partnership or volunteering.

The successful bidder must demonstrate that they will be able to work at pace and meet the key milestone deliverables including phase 1 and phase 2 reports.

Outcomes and products

Phase 1

An initial evaluation report to be produced within 6 to 8 weeks from contract start to include:

- Summary of the rapid evidence review
- A set of evidence-based insights and actionable recommendations to inform future funding decisions.
- Evidence based recommendations on behaviour change interventions and MECC interventions that support building trust in vaccine for low uptake communities and groups and recommendations on how any identified gaps in knowledge and evidence can be overcome.
- Early assessment of value for money.

Phase 2

A final evaluation report to be produced by 15/03/2025 to include:

- A set of evidence-based insights and actionable recommendations, which can be used to inform and guide how funding is deployed into the most effective interventions.
- Recommendations will be based on assessment of value for money and set out a reasonable view of what is likely to have happened without outreach funding and a comparison of the benefits of the relative outcomes of different interventions.
- Recommendations on future approaches to data collection and evaluation which can further the evidence base for the impact of A&I funded outreach and provide assurance of value for money.

Project Milestones Table				
Ref	Milestone Description	Milestone Requirements	Acceptance Criteria	Milestone Date
1	Rapid Evidence Review/Report	Report of rapid evidence review	Report demonstrates the rapid evidence review completed of the behaviour change interventions and MECC interventions that support building trust in vaccine for low uptake communities and groups and makes recommendations on how any identified gaps in knowledge and evidence can be overcome.	14 October 2024
2	Phase 1 – Final Report	Phase 1 evaluation report.	Report outlines key findings to include preliminary value for money findings produced	14 October 2024
3	Phase 1 – Event/Webinar	2-hour virtual final reporting event/webinar	The supplier will participate in a 2-hour virtual final reporting event/webinar with system leaders including ICB's, NHSE National and Regional Teams & DHSC	14 November 2024
4	Phase 2 – Draft Report	Phase 1 evaluation report.		1 March 2025
6	Phase 2 – Final Report	Phase 2 Final report	Phase 2 evaluation report detailing the key findings to include final value for money findings.	15 March 2025
5	Phase 2 – Event/Webinar	2-hour virtual final reporting event/webinar	The supplier will participate in a 2-hour virtual final reporting event/webinar with system leaders including ICB's, NHSE National and Regional Teams & DHSC	31 March 2025

Monitoring and Reporting

1. NHSE will organise and host an initial project meeting and subsequent meetings every 2 weeks (via Teams) thereafter with the supplier to discuss plans and monitor progress.
2. The supplier is required to present at monthly meetings (via Teams) of senior Department of Health and Social Care (DHSC) and NHS England staff to share emerging evaluation findings and agree any actions to progress the work.
3. The supplier will participate in a 2-hour virtual final reporting event/webinar with system leaders including ICB's, NHSE National and Regional Teams & DHSC at the end of Phase 1 and end of Phase 2.
4. Reporting of rapid evidence review of the behaviour change interventions and MECC interventions that support building trust in vaccine for low uptake communities and groups and recommendations on how any identified gaps in knowledge and evidence can be overcome by 14/10/2024.
5. Phase 1 evaluation report outlining key findings to include preliminary value for money findings produced.
6. Phase 2 evaluation report detailing the key findings to include final value for money findings produced by 15/03/25.
7. Phase 2 evaluation to include a description with supporting metrics relating to how the Social Value requirements have been met. The supplier is required to present at monthly meetings (via Teams) of senior Department of Health and Social Care (DHSC) and NHS England staff to share emerging evaluation findings and agree any actions to progress the work.
8. Brief written summary progress reports are required in preparation for these monthly meetings and these should be submitted to NHSE 3 working days prior to each meeting.

Key Performance Indicators

Ref#	Focus	KPI description	Measure	Target/ Outcome	Frequency of Reporting	Data source
1	Delivery	Monthly Meetings	Present at monthly meetings (via Teams) of senior Department of Health and Social Care (DHSC) and NHS England staff to share emerging evaluation findings and agree any actions to progress the work.	100%	Monthly	Teams/ Minutes
2	Delivery	Progress Reports	Brief written summary progress reports are required in preparation for these monthly meetings and these should be	100%	Monthly	Submission of reports

Ref#	Focus	KPI description	Measure	Target/ Outcome	Frequency of Reporting	Data source
			submitted to NHSE 3 working days prior to each meeting.			
3	Delivery	Project Milestones	Project milestones are met on time.	100%	Monthly	Progress Reports

Intellectual Property

All Intellectual Property Rights in and to the deliverables, material and any other output developed by the Supplier as part of the Services in accordance with the Specification and Tender Response Document, shall be owned by NHSE and suppliers cannot share or publish any of the deliverables, material and any other outputs without NHSE expressed permission.

Data Protection and Personal Information (GDPR)

No personal or pseudonymized data will be processed by the supplier.

Should the processing of personal or pseudonymized data be required at any stage during delivery of the services, the supplier will be required to support completion of and adherence with the requirements set out in Data Privacy Impact Assessments, Data Protection Protocols or other agreements and processes necessary to ensure that all parties operate in compliance with GDPR.

Contract Manager

Equalities and Engagement lead, Vaccine & Screening Directorate

Any Other Information

Annex 1. – Current draft logic model

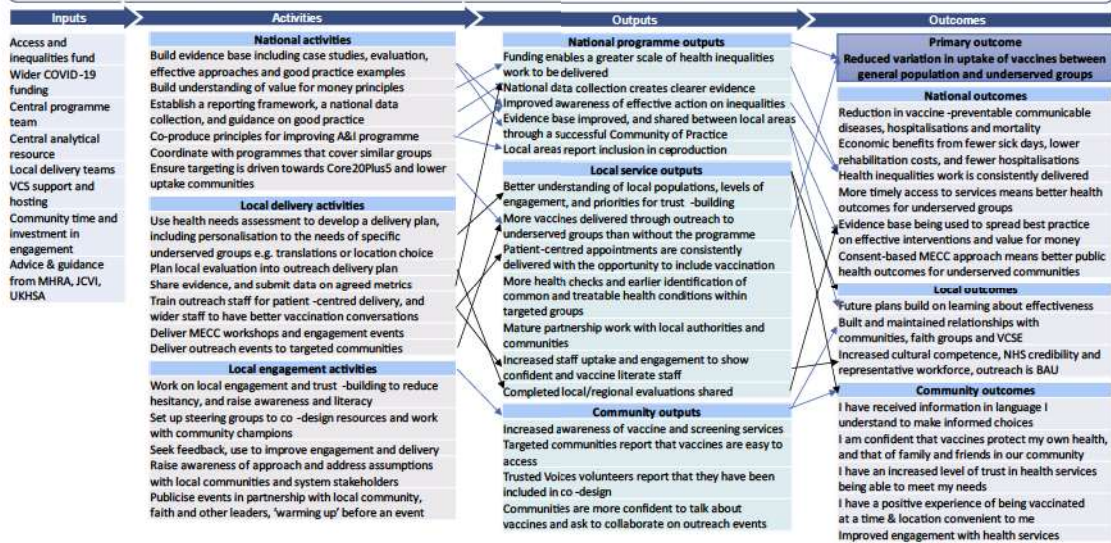
A logic model for the Vaccinations Outreach programme was developed during two participatory workshops attended by national, regional NHSE teams and ICB colleagues to produce the model framework (outcomes, outputs, activities, inputs), and identify the external conditions, beyond the control of the programme, that must exist for the outcomes to be achieved (assumptions)

The Logic Model and the assumptions are set out below

Assumptions:

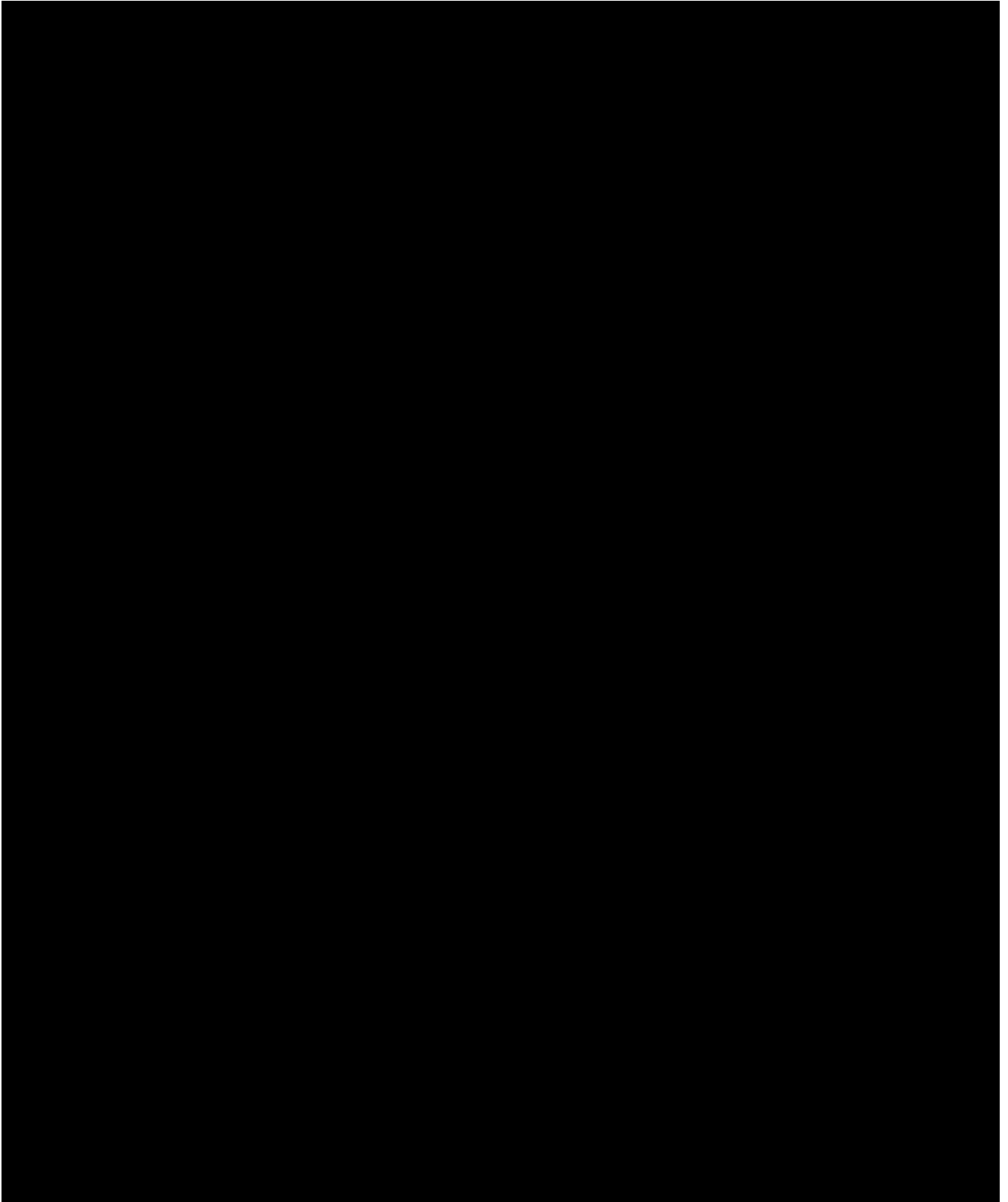
- Systems receive a full year's funding to enable effective planning
- Systems have the capacity to plan, deliver and evaluate outreach activity
- There is adequate and timely availability of the vaccine for delivery
- Staff are trained on how to deliver MECC well
- Central and local SLT support for the programme
- Spring and autumn/winter COVID-19 campaigns will continue
- MECC approach centres informed consent so that trust is possible
- Workforce are representative of the local population
- Teams engage effectively with the digitally excluded
- Communities want to engage with the programme
- Trusted Voices are impactful and active in their communities
- We balance influence with respecting people's right to say no
- Regions take on an oversight function for local evaluation
- Regions retain a planning and oversight function for A&I plans, evaluation and reporting
- Systems are able to flex work to local priorities within national guidance
- Systems can maintain relationships with underserved groups and not leave people feeling 'dropped' or unheard

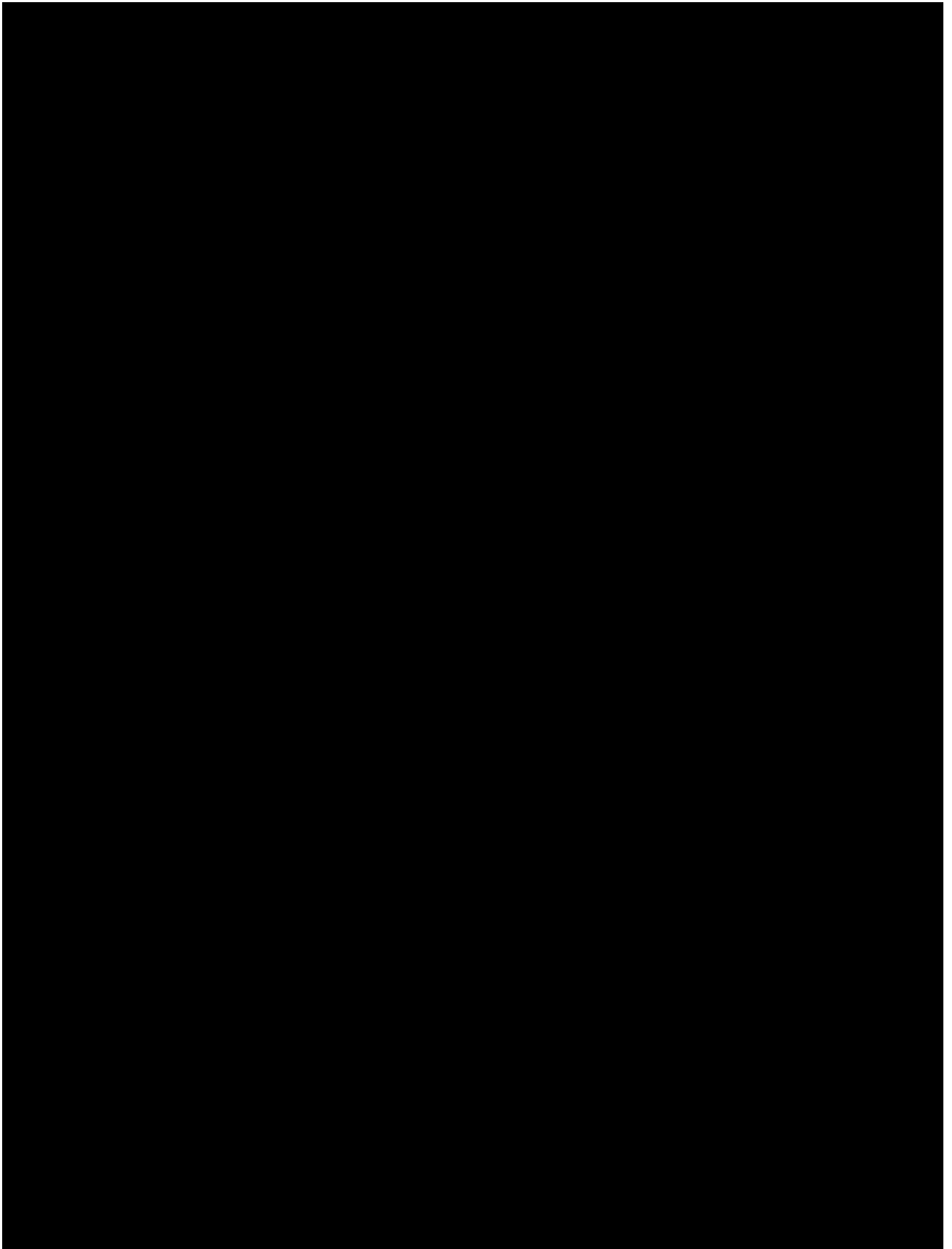
Vaccination Outreach Programme's ambition without additional outreach action, health inequalities will persist and be exacerbated. Through a personalised approach that centres what individuals value and removes common barriers of trust and accessibility, the programme can reduce the variation in vaccine uptake and deliver health and economic outcomes for underserved communities.

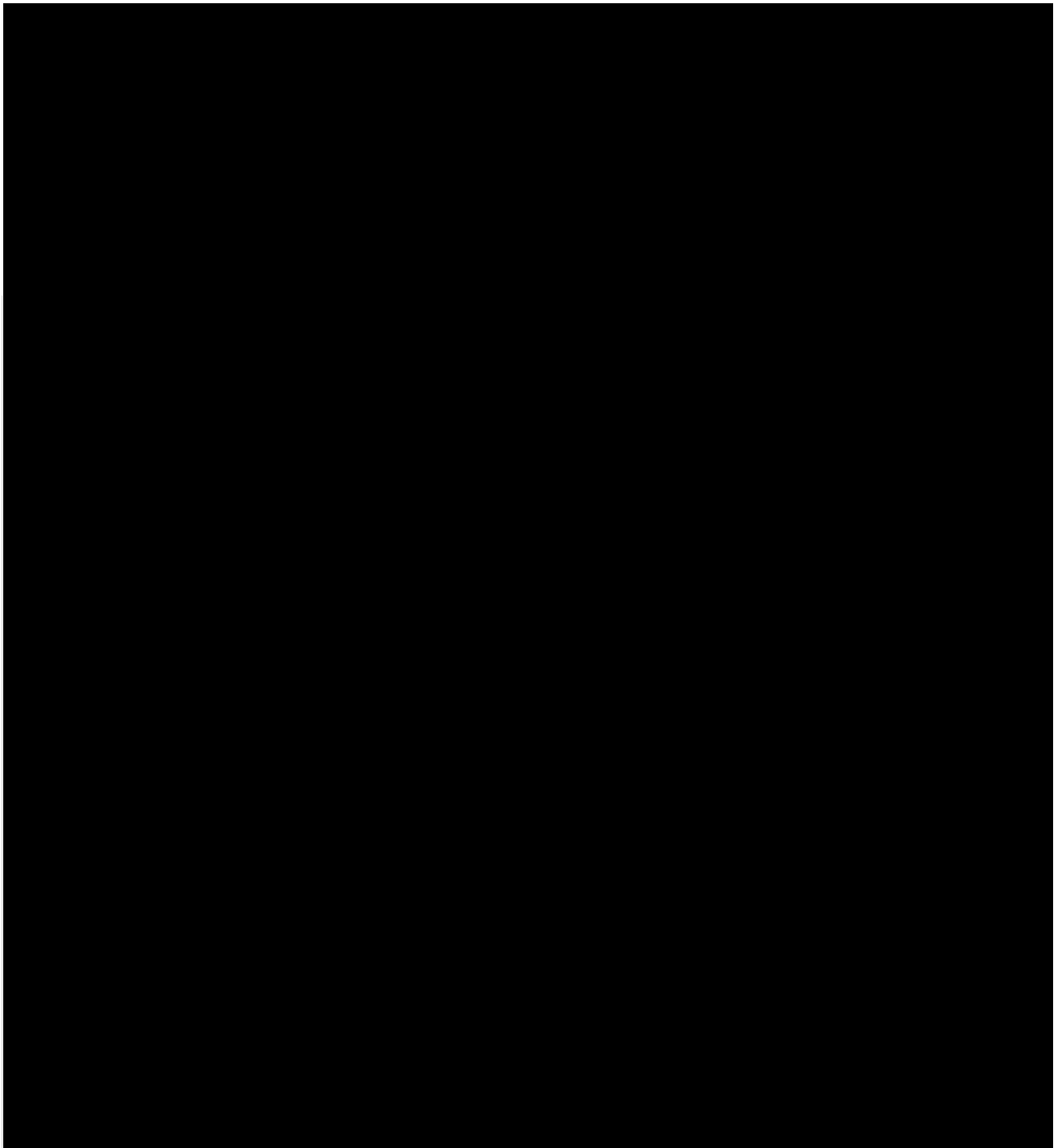


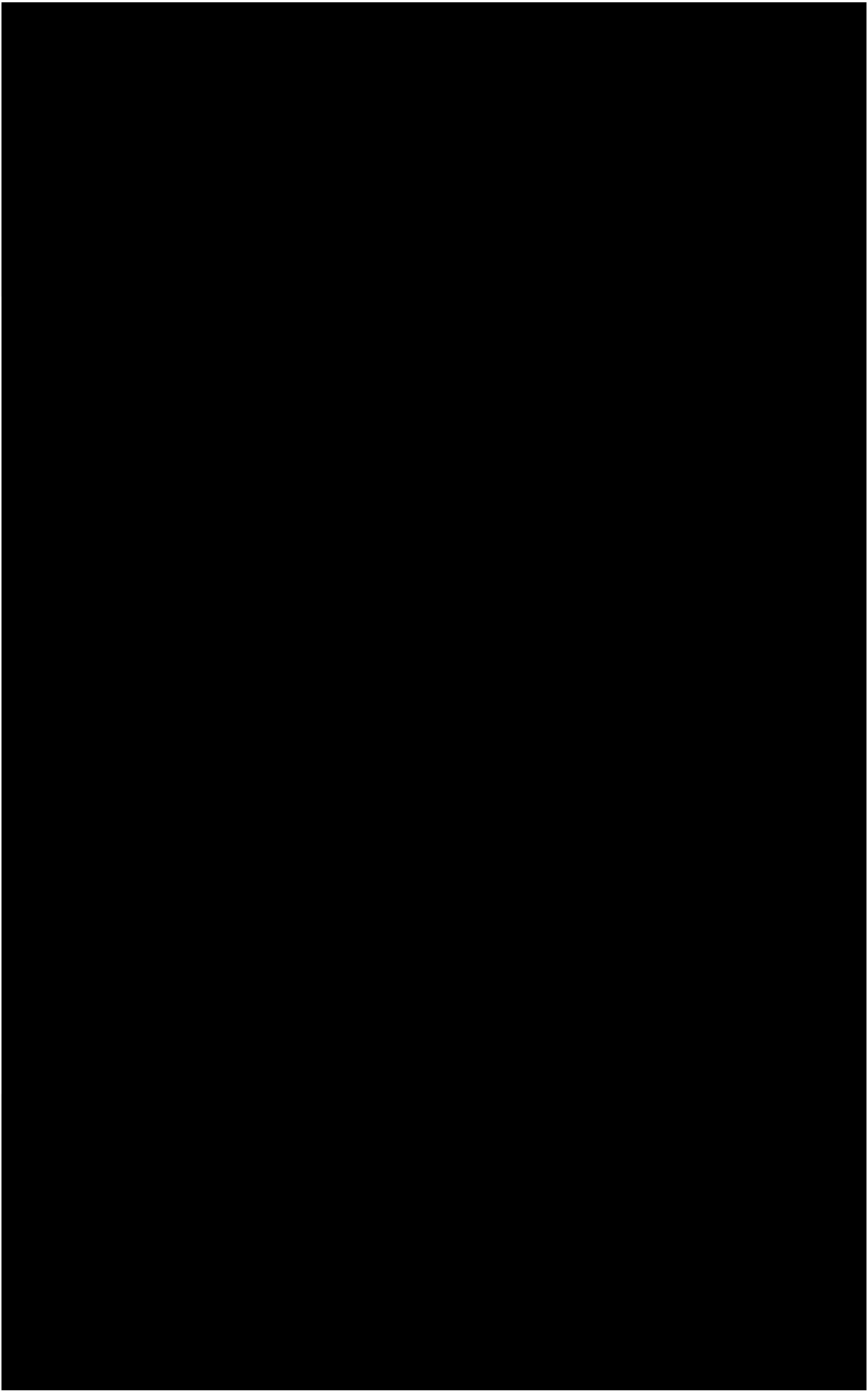
Call off Schedule 4: I.F.F Research Limited's written responses:

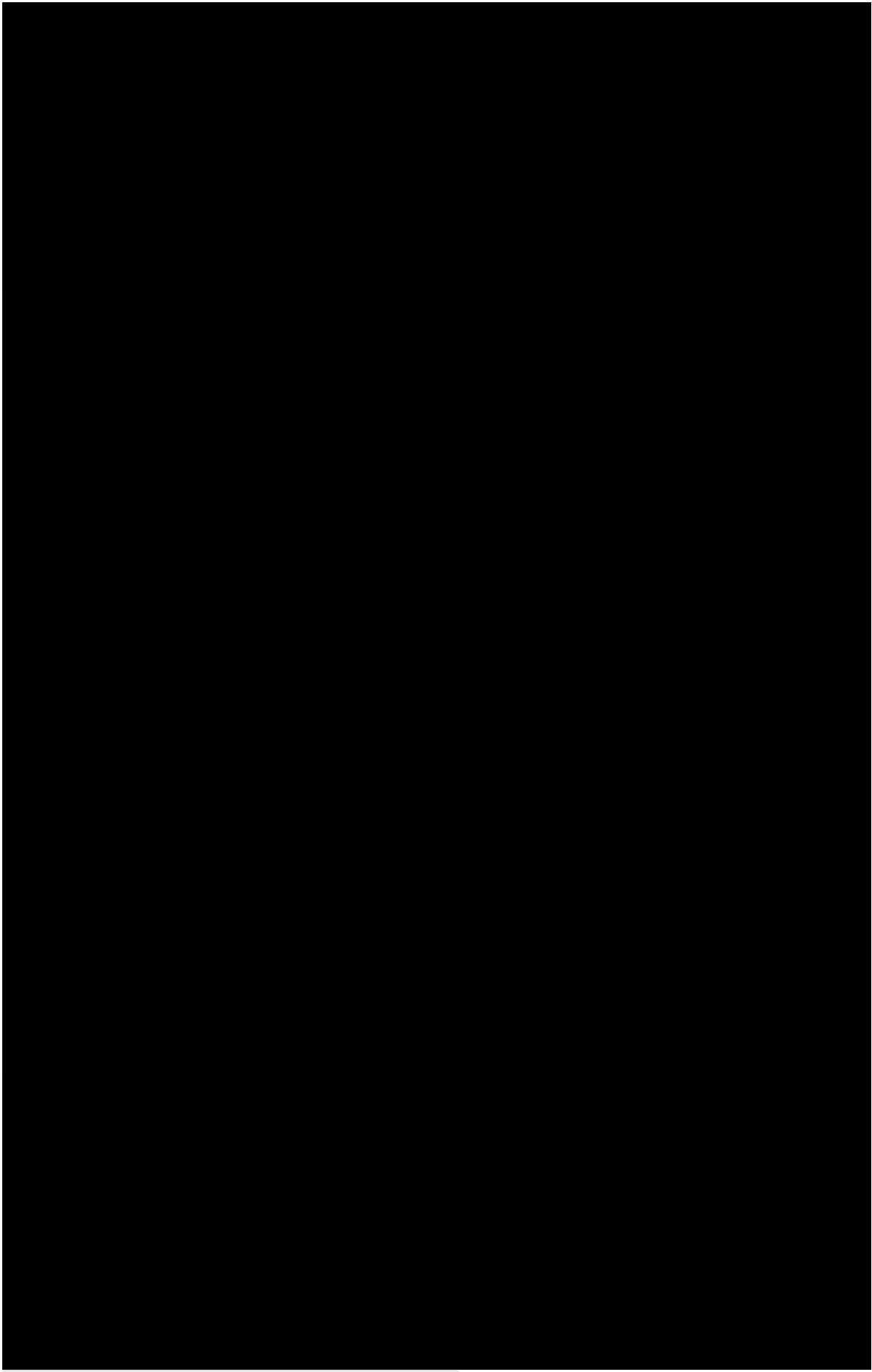
QUESTIONS AND TEMPLATE FOR RESPONSES (Part B)

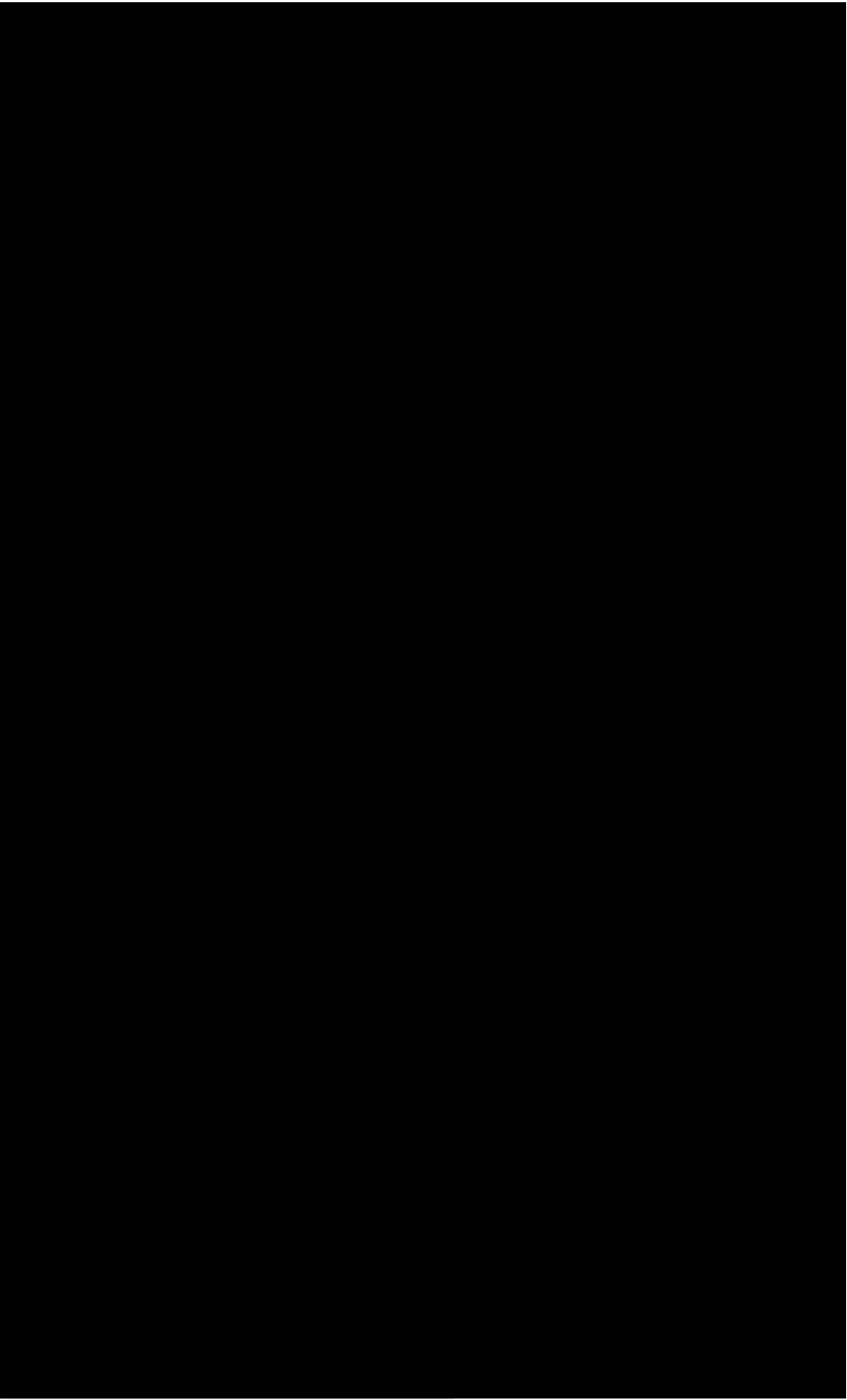


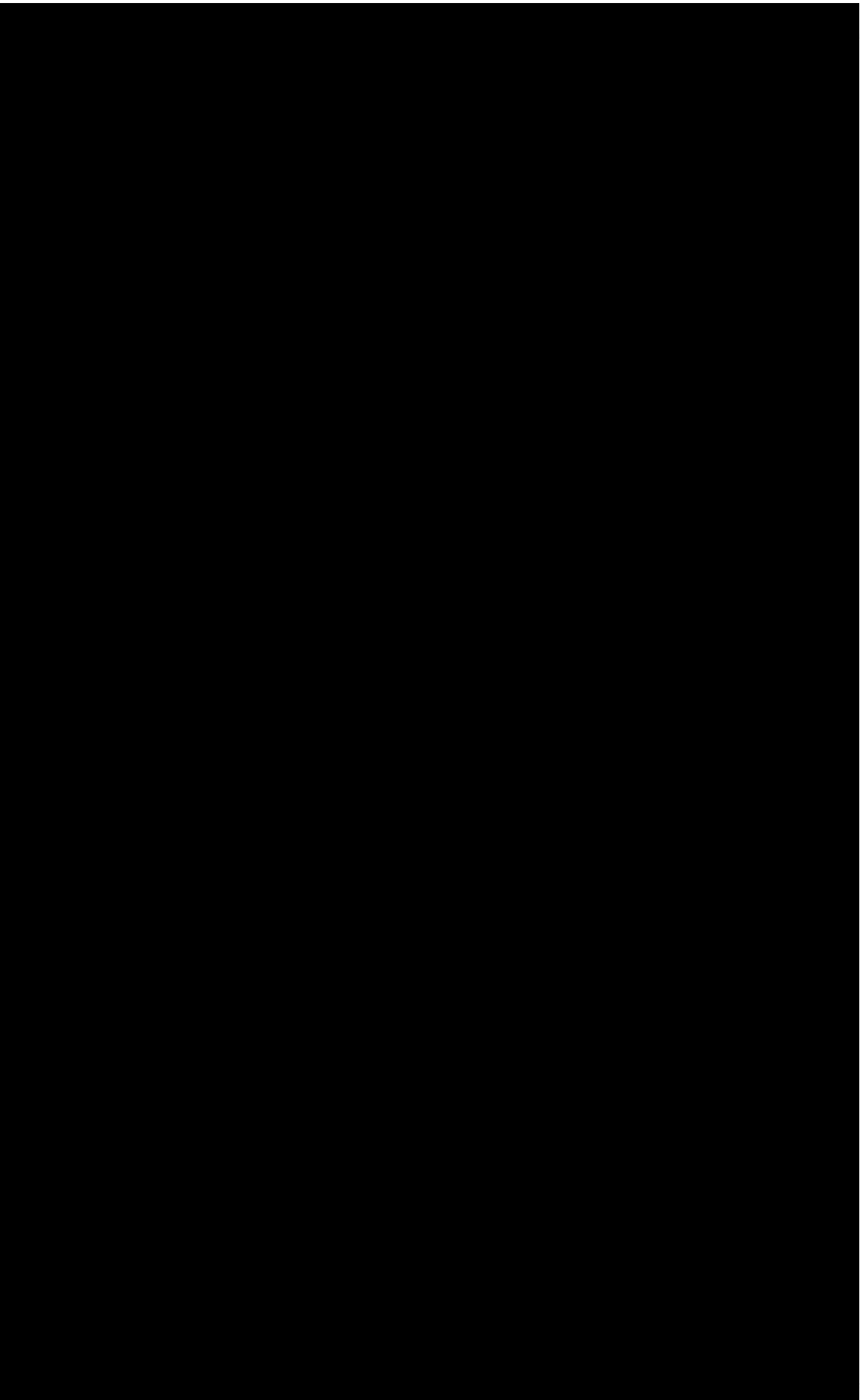


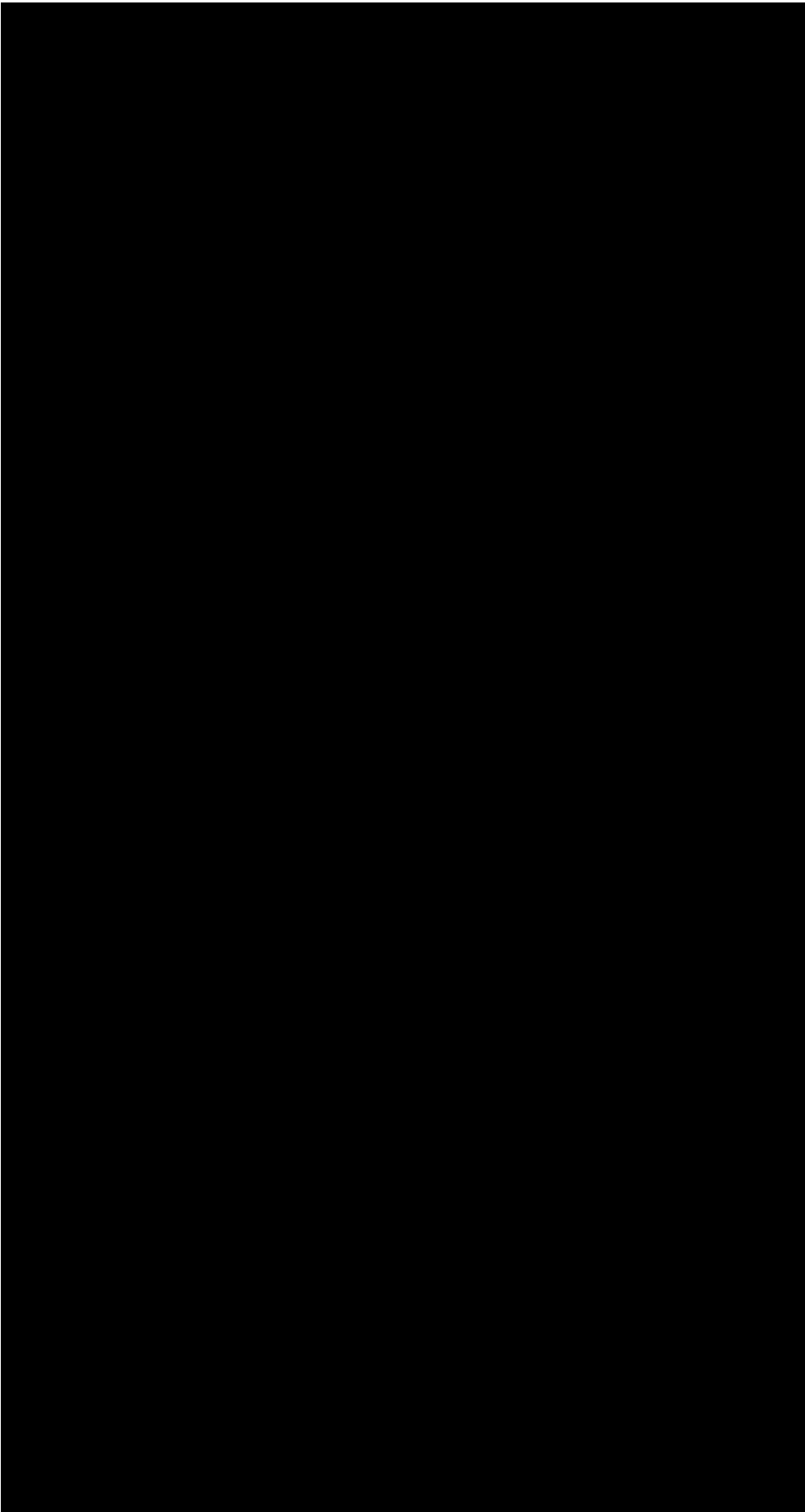


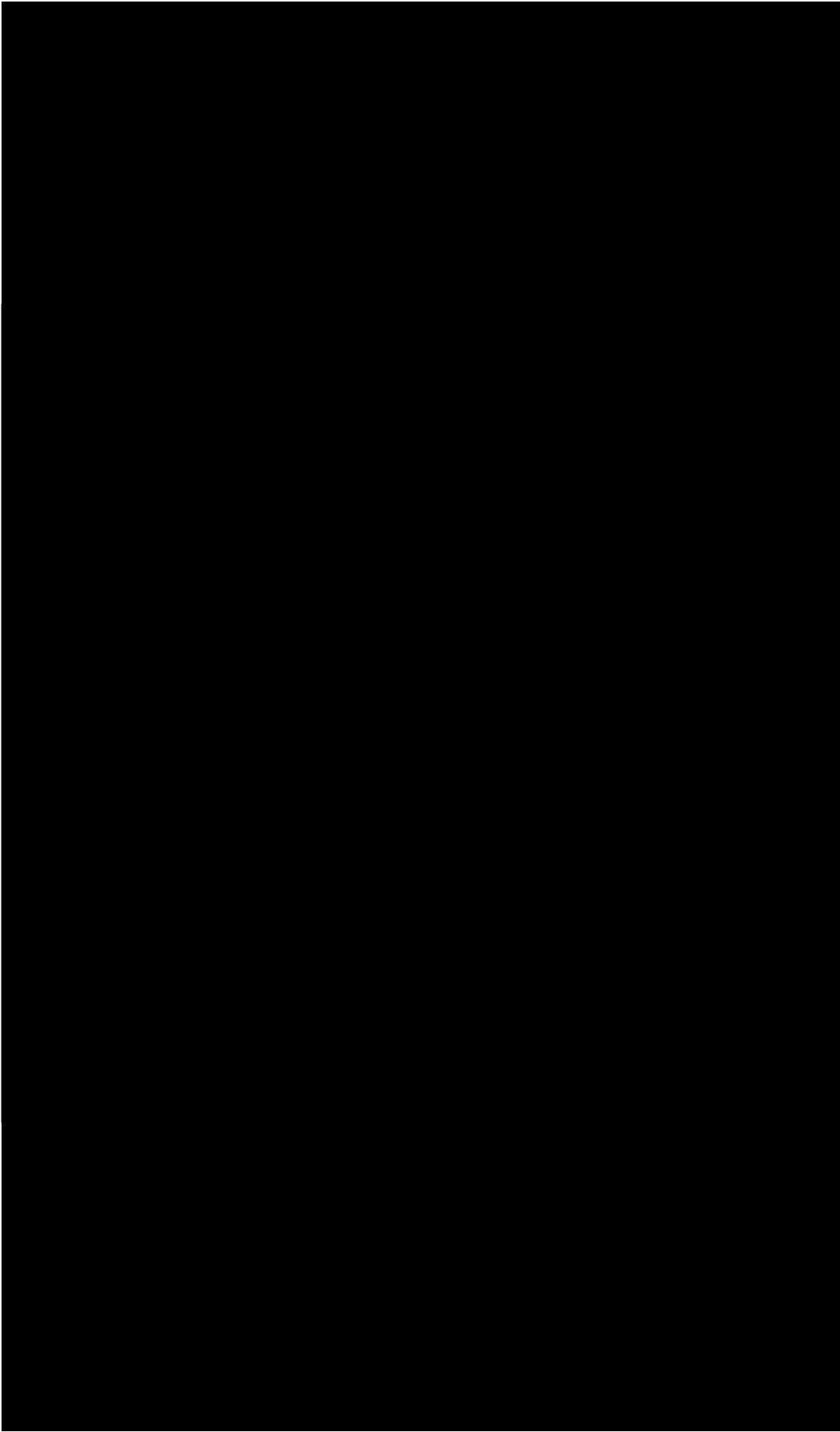


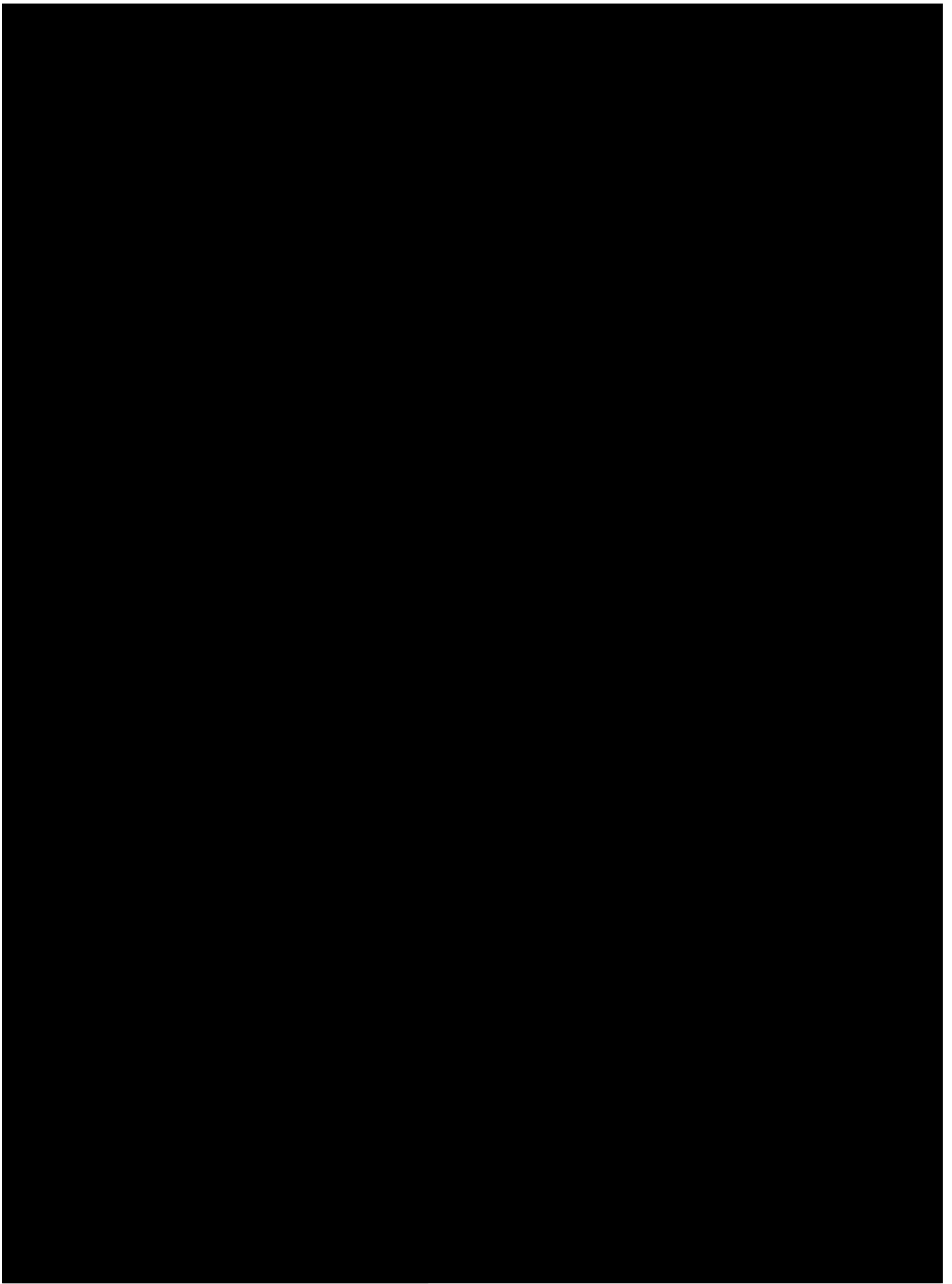


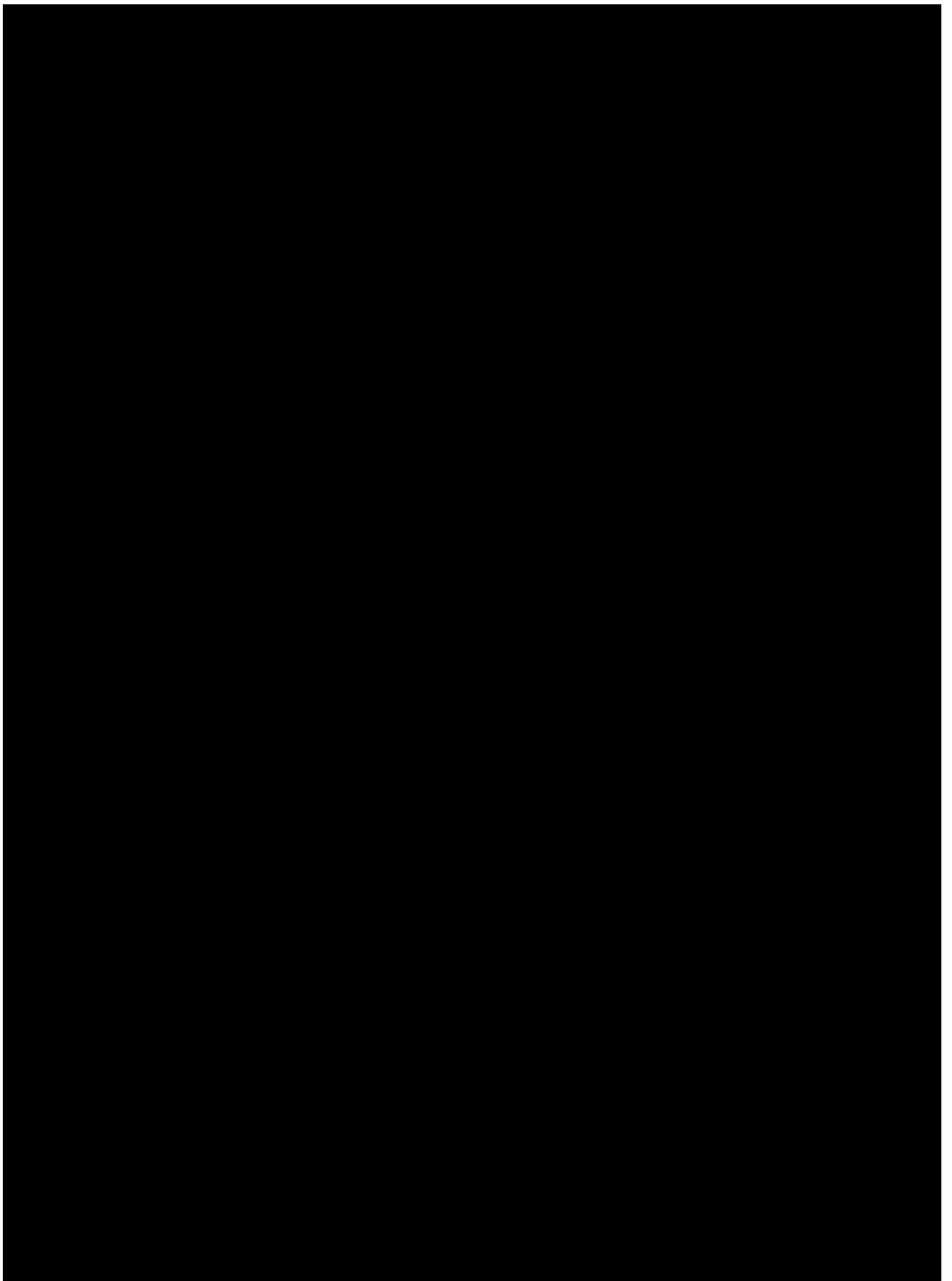


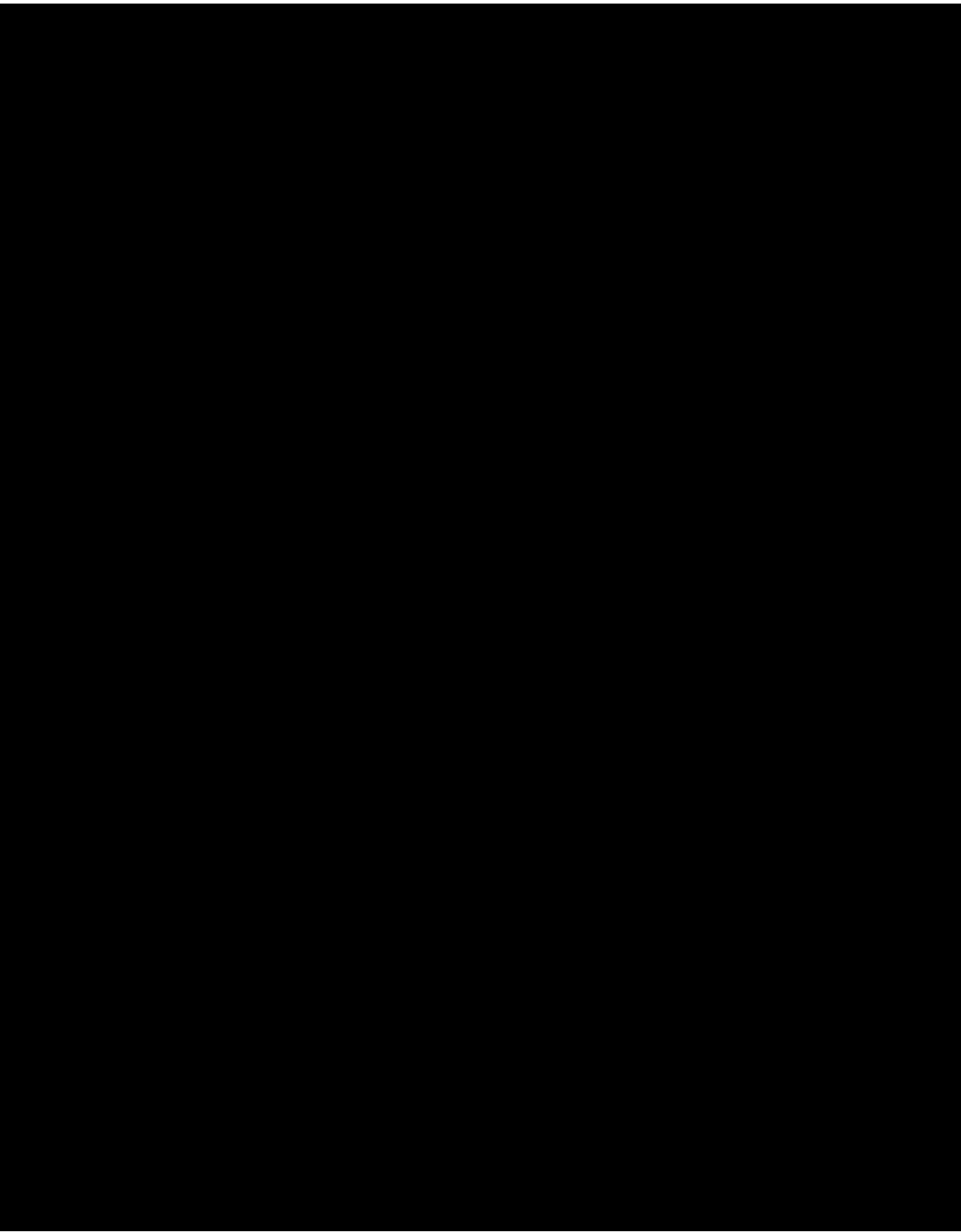


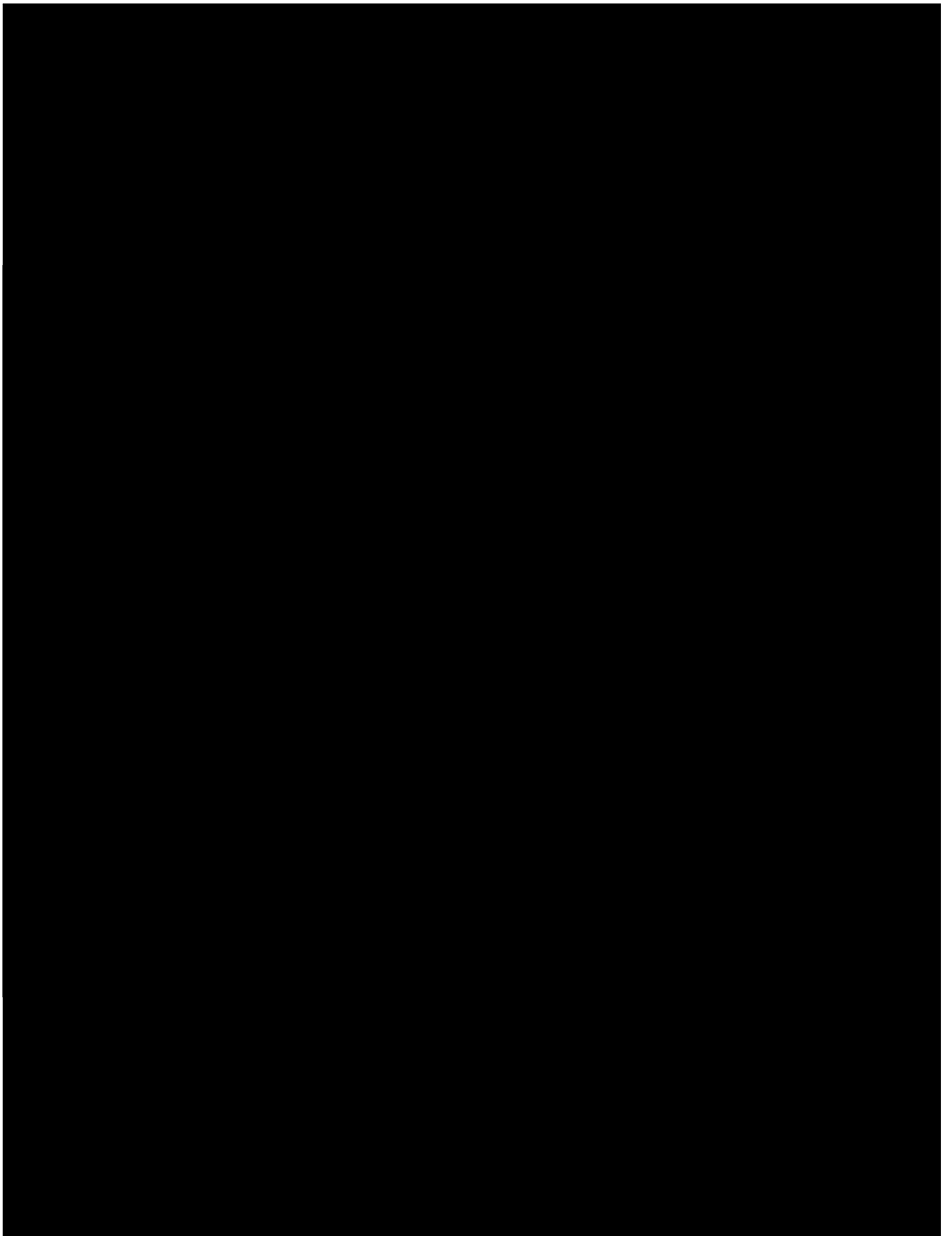


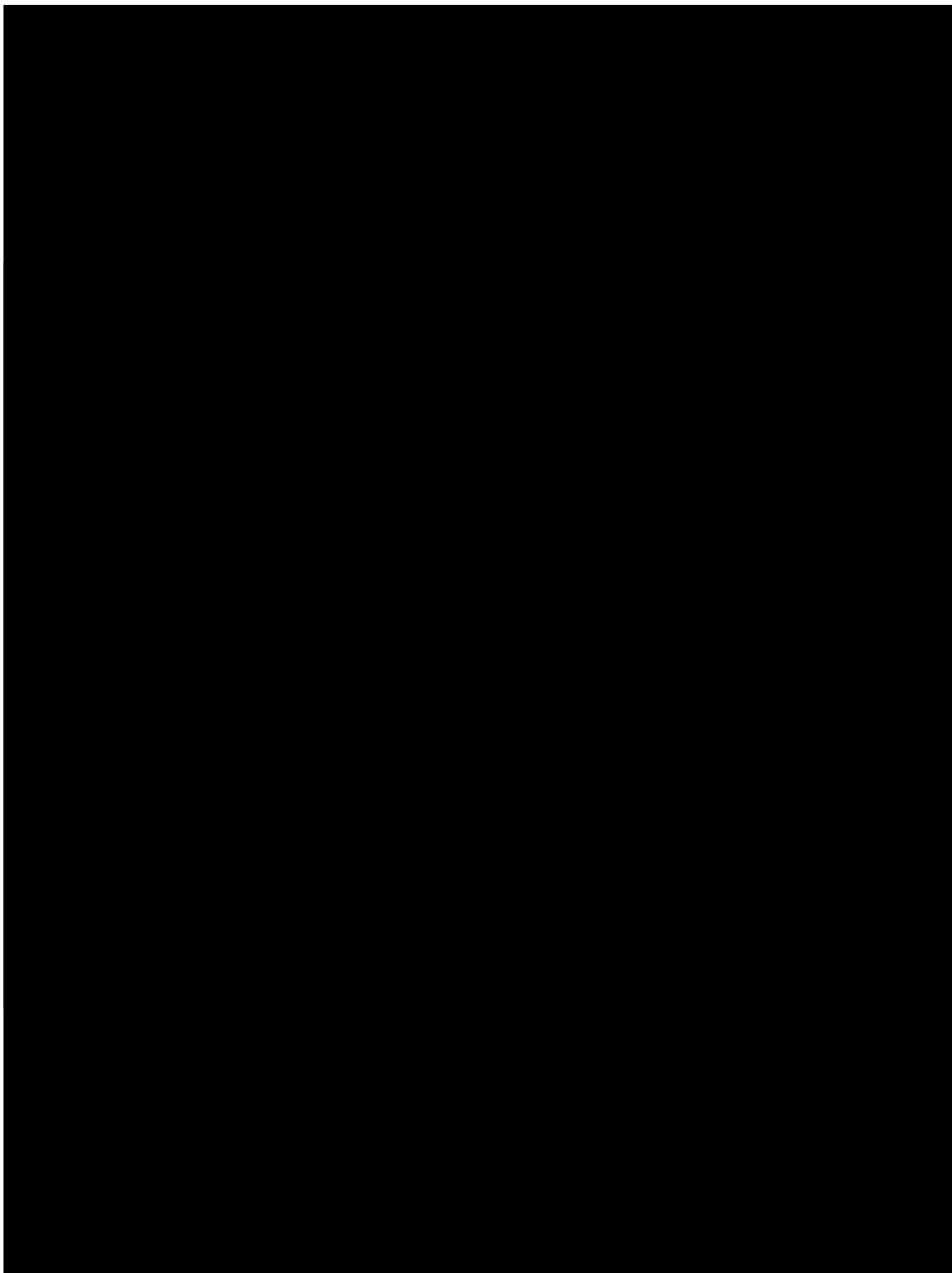














Clarifications Log Version 3 – 18/07/24

Question No.	Question	Answer
1	Could the budget be released.	The total budget available is 300k + VAT
2	Can the Authority confirm what the budget is for this opportunity and whether it includes or excludes VAT? Can the Authority confirm whether there is a deadline for clarification questions and if so when this is?	This is detailed in the ITT (page 20) Deadline for clarification questions is 15 July.
3	How many local areas have received funding?	All regions have received funding and regions then allocate this out across their constituent ICBs, so all 42 ICBs in England will have received funding.
4	What footprints are these local evaluations typically operating over?	The footprints will vary between small scale case studies based on a local delivery model to broader evaluation across an ICB or regional footprint. The robustness of this work will also vary.
5	How many local / regional / ICB evaluations do you anticipate being included for analysis / synthesis in Phase 1?	For Phase 1 we anticipate making available up to 50 case studies /evaluations from 2023/24.
6	How many case study sites do you envisage at Phase 2?	We anticipate all regions will provide evaluations and case studies for 24/25 to be included in Phase 2. NHSE will work with the winning supplier to identify suitable sites to undertake comparative evaluation of the effect of funding, if possible isolating effects of individual types of interventions.
7	Can you tell us more about the forms of intervention have been delivered through A&I-funded activity? Knowing more about the range of different types of intervention will inform how many case studies we would recommend selecting.	<p>For the purposes of the monthly data collection we have defined A&I funded activity into the following types of initiative as detailed below and these broadly describe the types of intervention.</p> <p>Static pop-up</p> <p>Pop-up event at a temporary site as a place-based model to reach and increase uptake within underserved communities e.g., foodbanks, community spaces, places of worship, youth centres, hostels, family clinics, job centres, shopping centres etc. May include MECC interventions.</p> <p>Community event offering COVID-19 vaccinations</p> <p>Community or religious events may be centred around major religious celebrations, e.g., Eid, Hannukah, Diwali or other celebrations e.g., food festivals, sports festivals etc. May include hosting an information stand or pop-up clinic at local community centre or religious event. May</p>

		<p>include a health presence for conversations and provide information to increase understanding and trust. May provide a range of MECC interventions and include a vaccine offer on site or adjacent.</p> <p>Community event not offering COVID-19 vaccinations</p> <p>Community or religious events may be centred around major religious celebrations, e.g., Eid, Hannukah, Diwali or other celebrations e.g., food festivals, sports festivals etc. May include a health presence for health and wellbeing conversations and providing information to increase understanding and trust. May provide a range of MECC interventions but does not include a vaccine offer on site or adjacent.</p> <p>Pharmacy support</p> <p>Providing Pharmacy and Clinical Expertise, supporting initiatives in those areas of local delivery that would otherwise be deficient in providing coverage and access that is both safe and geographically comprehensive.</p> <p>Roving vaccination service</p> <p>Roving vaccination services (a vehicle or mobile team that can go to places to seek people out). For example, in rural, coastal areas and areas of high deprivation. Roving teams visiting for example settings for refugee/asylum seekers or homeless hostels to offer vaccinations on site and signposting to other services. May include MECC interventions.</p> <p>Communication initiative</p> <p>Creating and delivering communications directly to equalities groups via media, advertising, SMS texts, door drop or other for example letter, poster, print newspaper or magazine article, local radio advert, local TV advert, video (for example YouTube), social media. Communication initiatives could be one-off (for example a letter) or ongoing (for example a radio campaign).</p> <p>Community engagement</p> <p>Community, Faith, Voluntary Community Sector or other leaders engaging with communities in places of worship or other community venues or in the local neighbourhood. Targeted talks in places of worship and other venues e.g. warm hubs and foodbanks. Conversations and providing information to increase understanding and trust. Partnership working with local</p>
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		authorities, charities and others to deliver hyperlocal interventions, addressing Health Literacy e.g. running information sessions within the community to increase vaccine knowledge and health signposting and/or use of community champions or staff (including telephone campaigns) to increase vaccine literacy within the community. Could be a one-off engagement or a series of engagements. Could also include MECC interventions.
8	Do you have a sense of scale for the primary research (stakeholder interviews and/or surveys) you are looking for as a rough proportion of overall budget	The exact scale of this will be determined by the results of phase 1 review work. However, it is anticipated that primary data collection will focus on information gathering on structure of services and costs to support statistical analysis rather than staff or patient experience. We also expect interviews with key stakeholders such as Regional Equality Leads (7) and a small number ICB Leads. The size will be determined by the evaluation methodology used and is incorporated into the overall budget.
9	What budget is available for the evaluation	Please see answer to Question 1.
10	Due to the short deadline, we wanted to query whether it would be possible to have an extension to the deadline, please? Would a 3 week extension be possible?	We do not wish to extend the ITT deadline.