APPENDIX D - CALL OFF AGREEMENT FORM

CALL OFF AGREEMENT FORM		
This Form is to be used by the Client when requesting that work be undertaken within the terms of the Call Off Contract. The Parties agree that each completed and approved Form will form part of and be interpreted in accordance with the terms and conditions of that Call Off Contract.		
Project Title: Work Package 2 – Behavioural Trial – Handwashing	**Reference:**	FS430885
	Date:	26/11/2021
Buyer – Project Representative: [redacted]	**Tel:**	
	E-mail:	[redacted]
Supplier – Project Representative: [redacted]	**Tel:**	
	E-mail:	[redacted]
Project Start Date:	29/11/2021	
Project Completion Date:	31/03/2021	

Part A: SPECIFICATION OF REQUIREMENTS

To be completed by the FSA. Please include as much detail as you can on the overall aims of the project, the audiences involved and the rationale for research.

1. Background and hypotheses	
Description	The FSA was set up to protect public health in relation to food. Our main goal is to ensure food is safe. Since many reported foodborne illness outbreaks originate in food service establishments and are primarily due to poor personal hygiene of food workers, it is important for the

	FSA to understand how handwashing compliance can be increased in order to reduce the risk of future outbreaks. Based on our preliminary research, we have identified a clear knowledge gap around effective handwashing practice; the biggest barriers to food handlers preventing transmission of foodborne illnesses are knowledge and skills related to handwashing and gloving (Ipsos Mori, 2017). Our findings further show that gaps are especially prominent in terms of knowledge of the length of time required for washing and drying hands (Ipsos Mori, 2017). For these reasons, we would like to commission Kantar's Behavioural Practice to: 1. A **desk review** to explore whether any interventions aimed at increasing knowledge of handwashing practice and handwashing compliance have already been designed and tested and what the results were. 2. Based on the findings of the desk research, come up with a **list of 5-10 proposed behavioural interventions** aimed at increasing handwashing compliance in FBOs, in order to reduce the risk of foodborne illness outbreaks. 3. Run a **workshop with key FSA stakeholders** and our advisory committee to discuss and prioritise which intervention(s) to take forward to the design phase. 4. Building on design work for the training trial and the lab/in-situ scoping paper, **design and implement a randomised control trial** to test the effectiveness of the chosen interventions identified. *Ipsos Mori (2017). Food handlers and Norovirus transmission: Social science insights. Social Science Research Unit, Food Standards Agency.*
Existing evidence	A recent rapid-review commissioned by the FSA found a highly-cited recent meta-analysis (Soon, Baines & Seaman, 2012), which reviewed nine studies with an aggregate of 465 participants to examine the effect of food safety training and/or interventions. The authors make the following recommendations based on their findings: 1. Hand hygiene instructions – food safety training materials are important and should emphasise that good hand hygiene practice reduces the incidence rates. 2. Additional techniques to increase hand hygiene compliance – there are numerous other techniques, e.g. prompts through posters, text messages, signs etc, salience of consequences, information about the emotional consequences, imaginary punishment to induce anticipated fear, incentives etc.

3. Outcomes of poor hand hygiene practices – illustrating the impact that bad hygiene behaviours can have, e.g. food poisoning victims have been used as case studies to provide an emotional behavioural mechanism to reinforce the importance of compliance.

The meta-analysis demonstrated a significant effect on increasing hand hygiene practices (self-reported) and attitudes and knowledge, though compliance outcomes were not assessed by this meta-analysis.

The literature review further revealed numerous studies implementing hand-hygiene educational interventions (Helder, Brug, Looman, van Goudoever & Kornelisse, 2010; Pilling, Brannon, Shanklin, Howells & Roberts, 2008; Raskin, Worley, Vinski & Goldfarb, 2007; Robins, 2011; Sandora, et al., 2005; Singh, 2004; Mathiasen, 2004; Soon & Baines. 2012)., with the content of these interventions including the stages of handwashing and handwashing techniques. In terms of the tools used, some used posters, others used videos and roleplaying and simulations were also used to provide context and keep the intervention interactive.

The authors of a meta-analysis of food safety training in commercial settings found that although training did result in increased knowledge in most studies, in five out of six studies the training did not lead to any change in handwashing behaviour (McFarland et al, 2019), suggesting that there may be behavioural barriers to handwashing which could be best overcome by a behavioural intervention. Behavioural interventions have seen success in improving handwashing in FBOs, for example Yu et.al. (2018) found that a behavioural intervention using a soap dispenser, which played music for 18 seconds, and weekly meetings involving feedback, goal setting, and monetary rewards resulted in a 84% increase in handwashing.

We want to build on the findings from these and other evidence bases to a) explore possible interventions which could increase handwashing knowledge and behaviours, b) design and implement a trial testing the effectiveness of two interventions of interest (whether this is decided through a prioritisation exercise internally, or informed by the desk review).

Helder, O. K., Brug, J., Looman, C. W., van Goudoever, J. B., & Kornelisse, R. F. (2010). The impact of an education program on hand hygiene compliance and nosocomial infection incidence in an urban neonatal intensive care unit: an intervention study with before and after

	comparison. International journal of nursing studies, 47(10), 1245-1252. *Mathiasen, L. A. (2000). Evaluating the effectiveness of food safety messages along the agri-food chain from farm to fork. M.S. Dissertation. University of Guelph, Guelph, Ontario, Canada.* *McFarland, P., Checinska Sielaff, A., Rasco, B. and Smith, S. (2019), Efficacy of Food Safety Training in Commercial Food Service. Journal of Food Science, 84: 1239- 1246.* *Pilling, V. K., L. A. Brannon, C. W. Shanklin, A. D. Howells, & Roberts, K. R. (2008). Identifying specific beliefs to target to improve restaurant employees' intentions for performing three important food safety behaviours. J. Am. Diet. Assoc. 108:991–997.* *Raskind, C. H., Worley, S., Vinski, J., & Goldfarb, J. (2007). Hand hygiene compliance rates after an educational intervention in a neonatal intensive care unit. Infection Control & Hospital Epidemiology, 28(9), 1096-1098.* *Sandora, T. J., Taveras, E. M., Shih, M. C., Resnick, E. A., Lee, G. M., Ross-Degnan, D., & Goldmann, D. A. (2005). A randomized, controlled trial of a multifaceted intervention including alcohol-based hand sanitizer and hand-hygiene education to reduce illness transmission in the home. Pediatrics, 116(3), 587-594.* *Singh, S. (2004). Effect of structured training programme on knowledge and practices related to handwashing technique among food handlers. Nurs. J. India, 95:125–126.* *Soon, J. M., & Baines, R. N. (2012). Food safety training and evaluation of handwashing intention among fresh produce farm workers. Food Control, 23:437–448.* *Yu, H., Neal, J., Dawson, M., & Madera, J. M. (2018). Implementation of Behavior-Based Training Can Improve Food Service Employees' Handwashing Frequencies, Duration, and Effectiveness. Cornell Hospitality Quarterly, 59(1), 70–77.*
Hypotheses / Key research questions	1. What interventions have been used to improve handwashing quality in a commercial setting? 2. Do behavioural interventions reinforcing handwashing behaviours improve handwashing behaviours? Hypothesis: Behavioural interventions reinforcing handwashing behaviours increase the likelihood for staff

	to engage in handwashing behaviours, compared to current practice.
Objectives	• This study aims to better understand how behavioural interventions can be used to improve handwashing behaviours in FBOs in order to reduce the risk of foodborne illness outbreaks. • The outputs from this research will be used to inform food hygiene policymaking, e.g. delivery of handwashing guidance. • At the heart of the FSA's role is the need to protect consumers from food safety risks and ensure high food standards. Assuring food safety and standards is an integral part of our strategy on science and evidence and this research will enable us to better understand how we can facilitate positive behaviour change in terms of hygiene practices within food businesses to reduce the incidence of foodborne diseases. This research also links to our Safer Food Better Business scheme, which provides practical guidance on handwashing (amongst other food safety behaviours) to food businesses and could help inform future food safety guidance for businesses.

2. Study Design (if any yet to be defined, please indicate)	
Type of project	Trial design and implementation
Timescale	Report due by March 31st 2021
Population of interest	FBO workers
Intervention	To be determined. We would like to conduct an intervention testing the training coupled with evidence-based behavioural prompts, or an intervention based purely on evidence-based behavioural prompts. We would like to test a minimum of two behavioural prompts to determine if a) either are successful in encouraging better handwashing practice and b) which is the most effective prompt. We would request that the supplier provide a proposal / scoping document exploring which of these options to trial and why.

Study design	We would like Kantar to advise on study design, but imagine there will be 3 arms to the trial testing training versus behavioural prompt versus behavioural prompt plus training versus control group. The supplier should detail below the rationale for the sample size, including power calculations.
Variables / Key outcome measures	Independent variables: Training, Behavioural prompt, No intervention (control). Dependent variable: Change in handwashing behaviours. Behavioural outcomes will be measured via manual scoring of video recording of FBOs handwashing behaviour . Key outcomes will include duration of handwash, frequency of handwashing (including incidences of handwashing before/after key food preparation behaviours such as handling raw meat), and thoroughness of handwash. Kantar to advise on specifics around how this will be measures and 'scored'.
Blinding	Double blinding will be used as far as possible (i.e. neither participants nor the moderator will be advised about the specific purpose of the trial). Participants will be given a broad description of the purpose of the research (i.e. that it relates to food preparation) without being told that it relates to handwashing.
Randomisation	We would like Kantar to advise on how groups will be randomised between conditions.
Peer Review	TBC
Ethical considerations	We would like the trial to be approved by an ethics panel (e.g. at University affiliations), organised by Kantar The study should adhere to GSR ethical guidelines. Additional ethical considerations specifically relevant to this study are detailed below. 1. Participants will need to be informed of their right to withdraw from the study at any time, including withdrawing after completing the study. 2. Data storage and transmission

	- Ahead of agreeing to take part in the trial, participants will be informed that video recording will be taking place and will again be reminded of this prior to beginning the trial. - In order to ensure anonymity, personally identifiable information will not be stored or divulged with the FSA or any other external body. - Data will be stored on a secured, password protected drive accessible only to the project team at Kantar and the FSA. - Data from the camera will be destroyed within 12 months of project delivery. 3. Participants will not be given the full picture of the study that they are participating in to maintain the integrity of the trial and they will also not be told that the trial is run on behalf of the FSA, therefore will be unable to give informed consent. However, participants will be informed that the trial is run on behalf of the FSA upon completion and will be given a broad description of the purpose of the research, at which point they will be given the chance to withdraw from the study. 4. The trial has the potential to spread Covid-19. We need to ensure that the recruitment screener captures whether participants could potentially be at risk of suffering from Covid-19 and exclude them from the research.

3. Outputs and timeline / milestones (NB. all outputs must be in line with FSA brand guidelines a FSA accessibility requirements)

Outputs should include:

- A summary of desk review findings.
- A summary of 5-10 proposed interventions with a clearly evidenced rationale (linking to a be framework, such as COM-B) to inform discussion with the FSA about which trial to take forw design and implementation.
- A workshop with FSA stakeholders to prioritise which intervention(s) to take forward.
- A trial protocol for the chosen trials including:
  - research aims and objectives
  - the challenge identified and potential solutions based on behavioural theory
  - the proposed intervention
  - trial design including methodology for randomisation, sampling and recruitment, trial procedure, any plans for blinding, detailed analysis plan includi power calculations
  - ethical considerations and risks
  - indicative budget and timelines for running the trial
- Final key findings report.
- Publication in academic journal

Proposed timescales for key deliverables:

- Desk review / scoping – 26th November 2021
- Summary of proposed interventions – 10th December 2021
- Workshop – before the end of 2021
- Trial protocol – mid January 2022
- Trial recruitment and implementation – mid February 2022

Final report – 31st March 2022

4. Implementation of findings plan

The final report will be published and disseminated internally and externally through a
channels. If suitable, the FSA will work with Kantar to produce an academic paper on t

5. Any other comments or requirements

Special Terms:
To include any terms or conditions not covered in the overarching contract or any terms amended for the purposes of this Call Off Agreement

Sub-Contractors	N/A
Deliverables:	See Annex 1 – Suppliers Response
Foreground IPR – Ownership	See Clause 20 Intellectual Property Rights in the overarching Contract
Personal Data (GDPR)	See Annex 1 – Suppliers Response

Price	See Annex 2 – Financial Template. The 'safety' financial template has been agreed.
Payments & Invoicing	Please submit invoices to [redacted] for work with FSA. Please include the referring FSA purchase order number in the email title and within the invoice to allow Invoice/Purchase Order matching. Note that invoices that do not include reference to FSA Purchase Order number will be returned unpaid with a request for valid purchase order through email.

We confirm receipt of this Form seeking approval for the above project to proceed. We agree to provide the goods and/or services requested according to the terms and conditions set out in the Call Off Contract between the FSA and Kantar.

Signed on behalf of the FSA:

Name: [redacted]

Signature: [redacted]

Position: Commercial Advisor

Date: 13/12/2021

Signed on behalf of Kantar:

Name [redacted]

Signature: [redacted]

Position: EXECUTIVE DIRECTOR

Date: 13/12/2021

Annex 1 – Supplier Response

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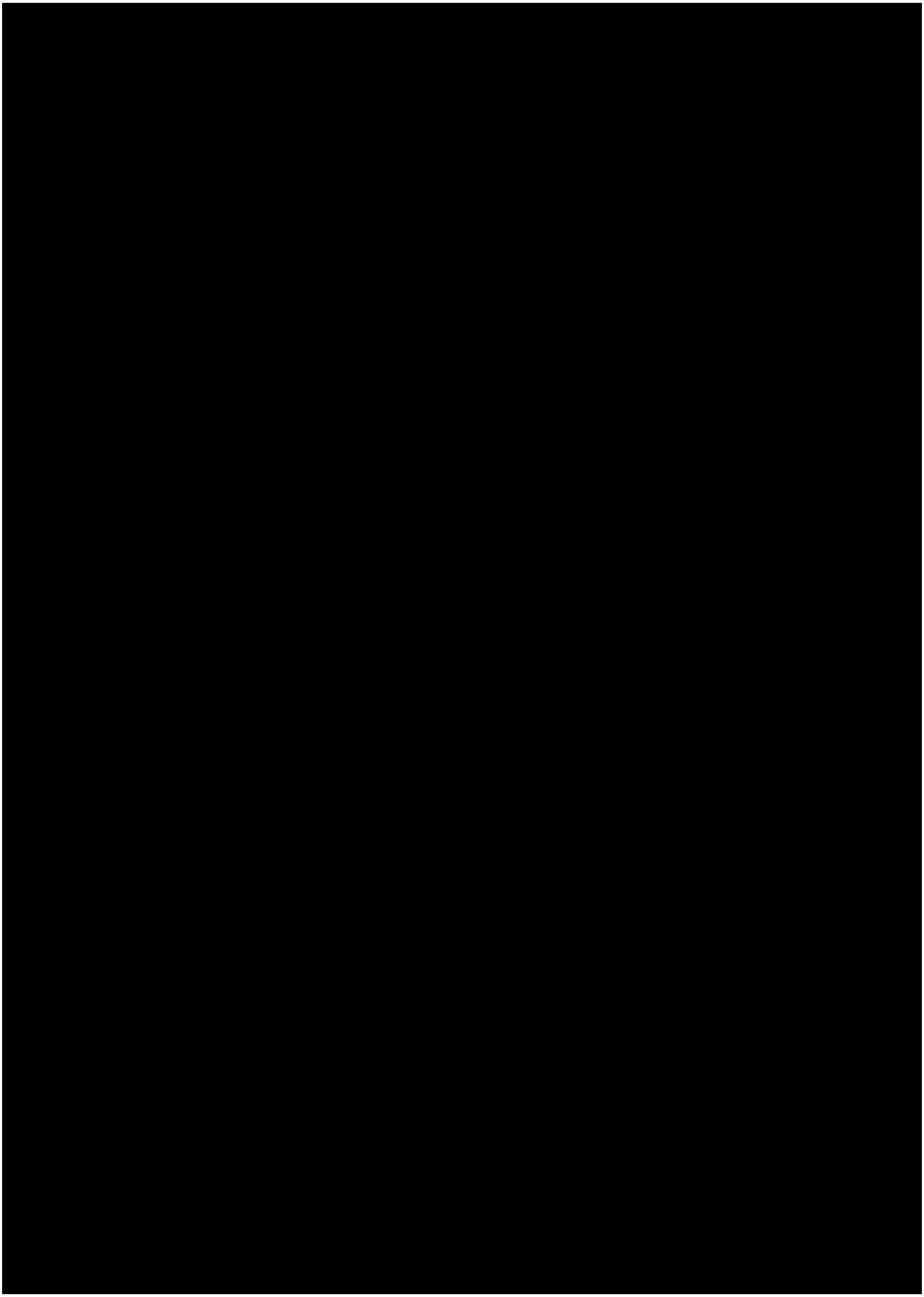

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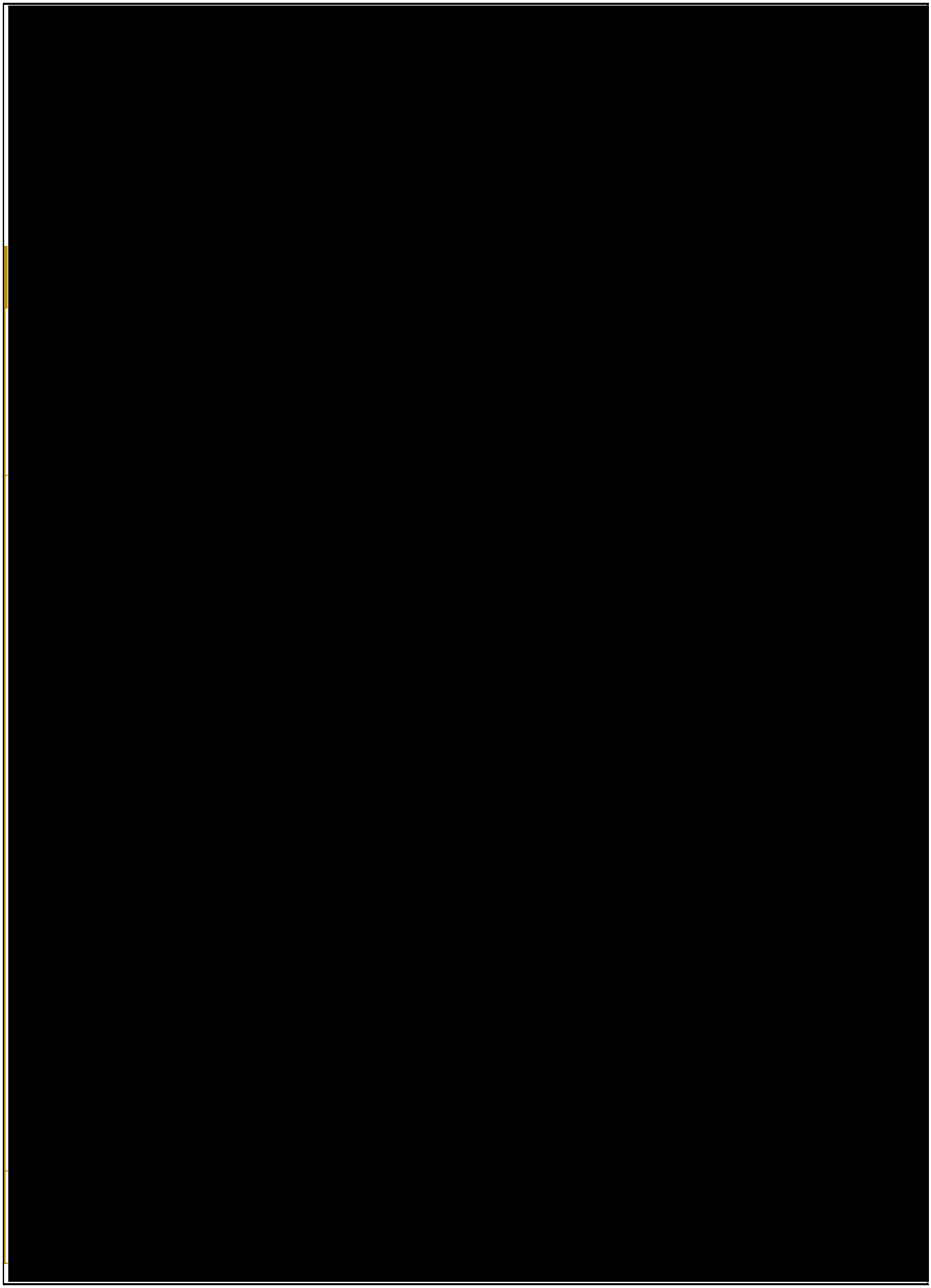

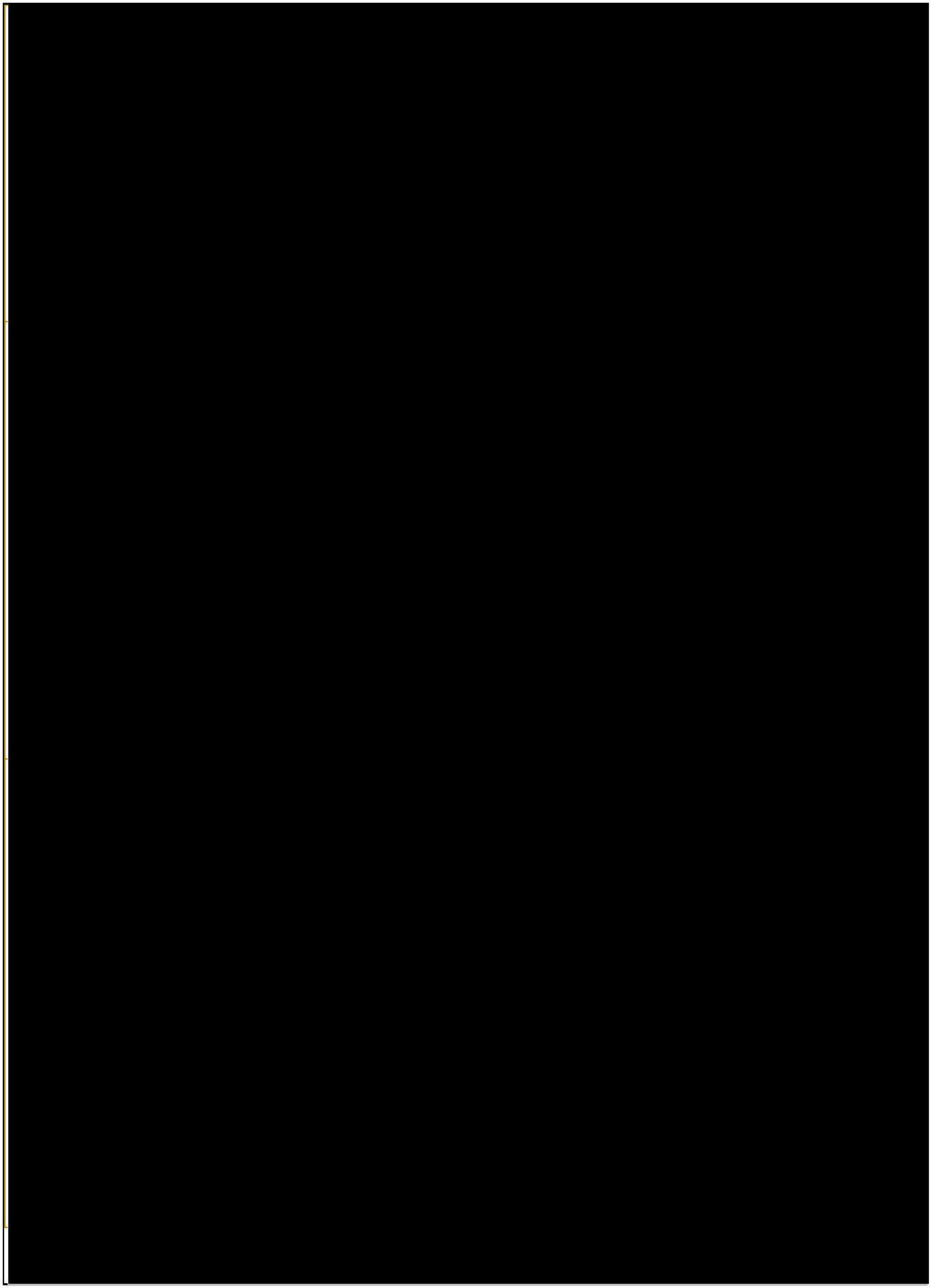

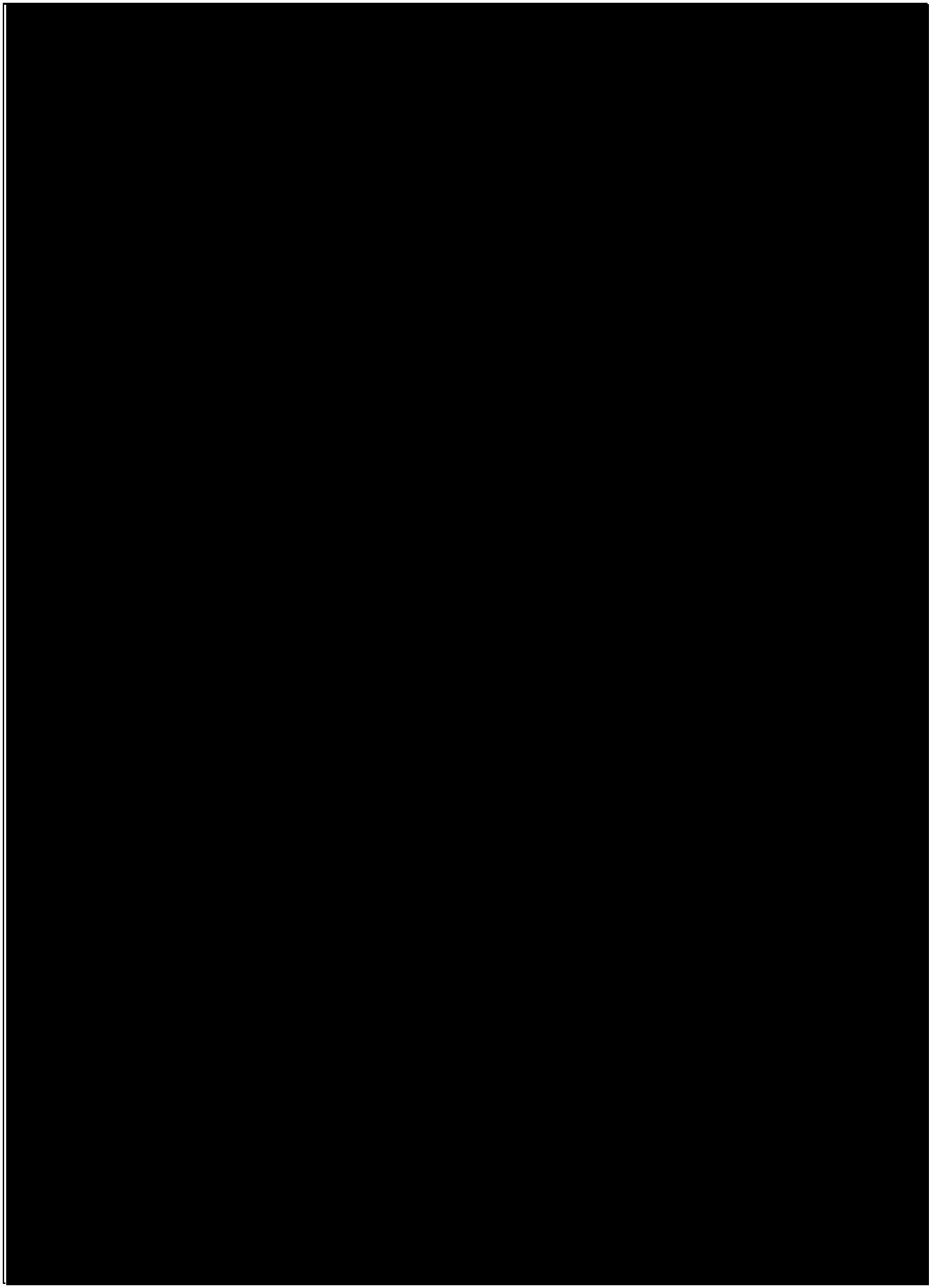

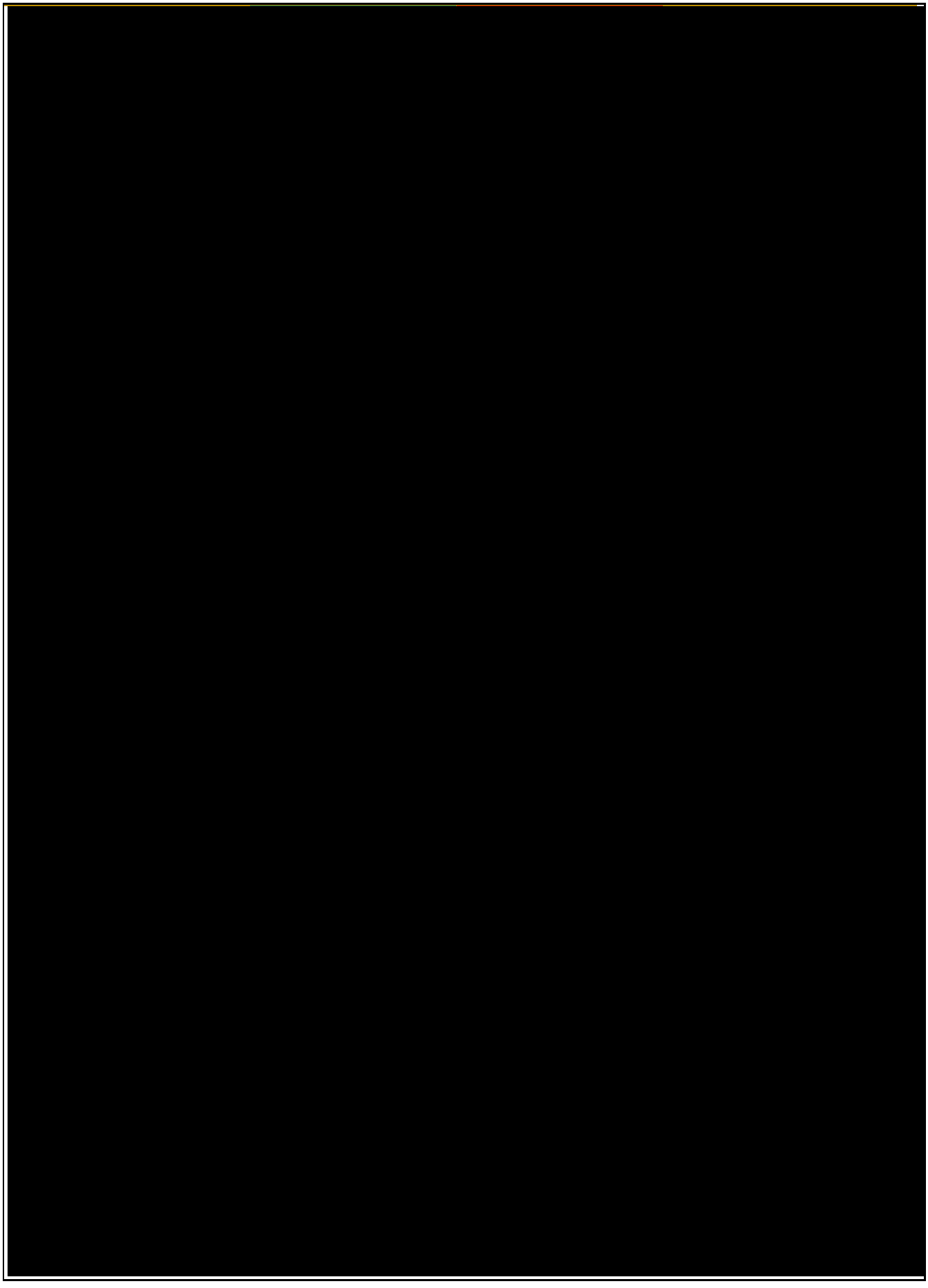

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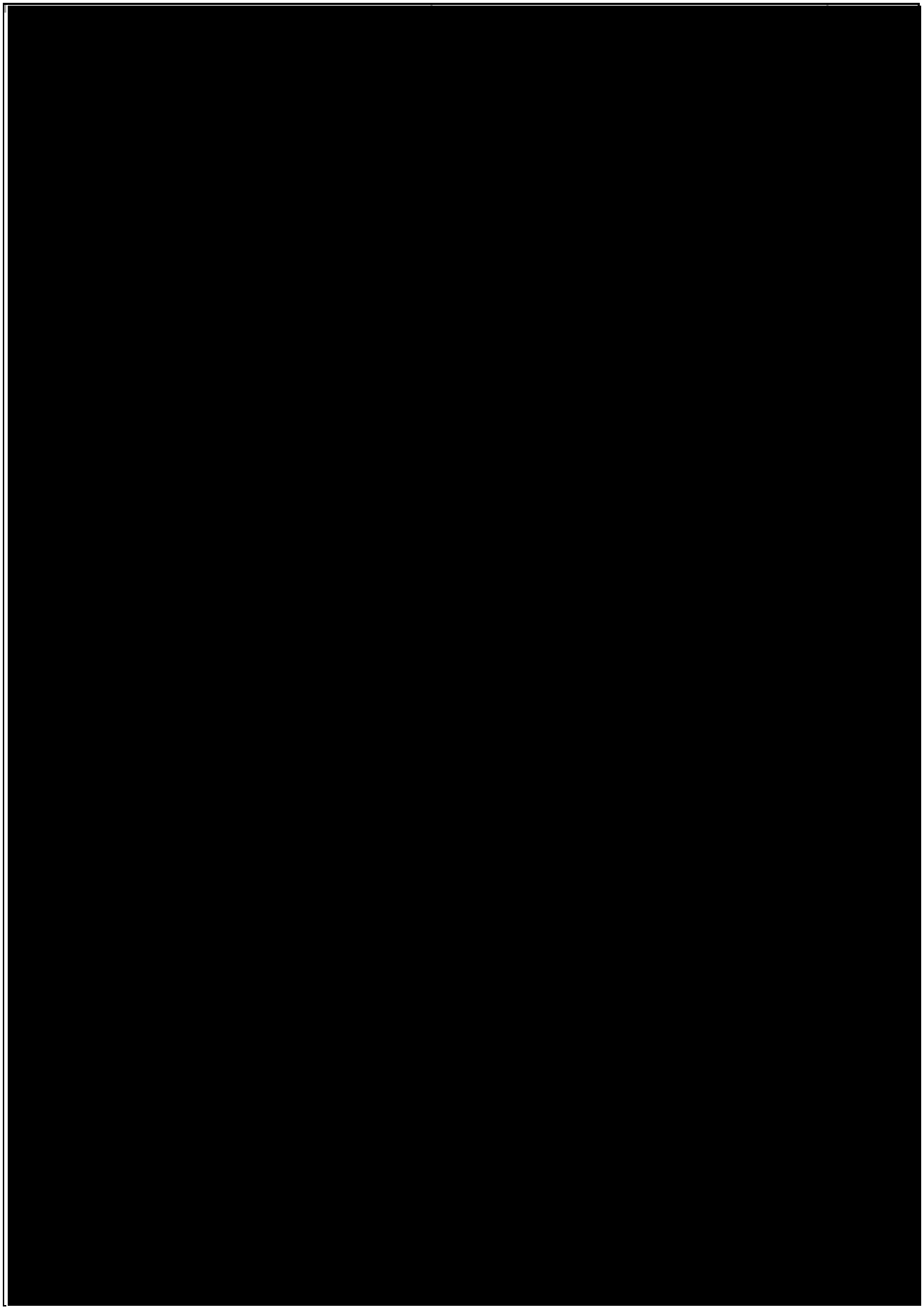

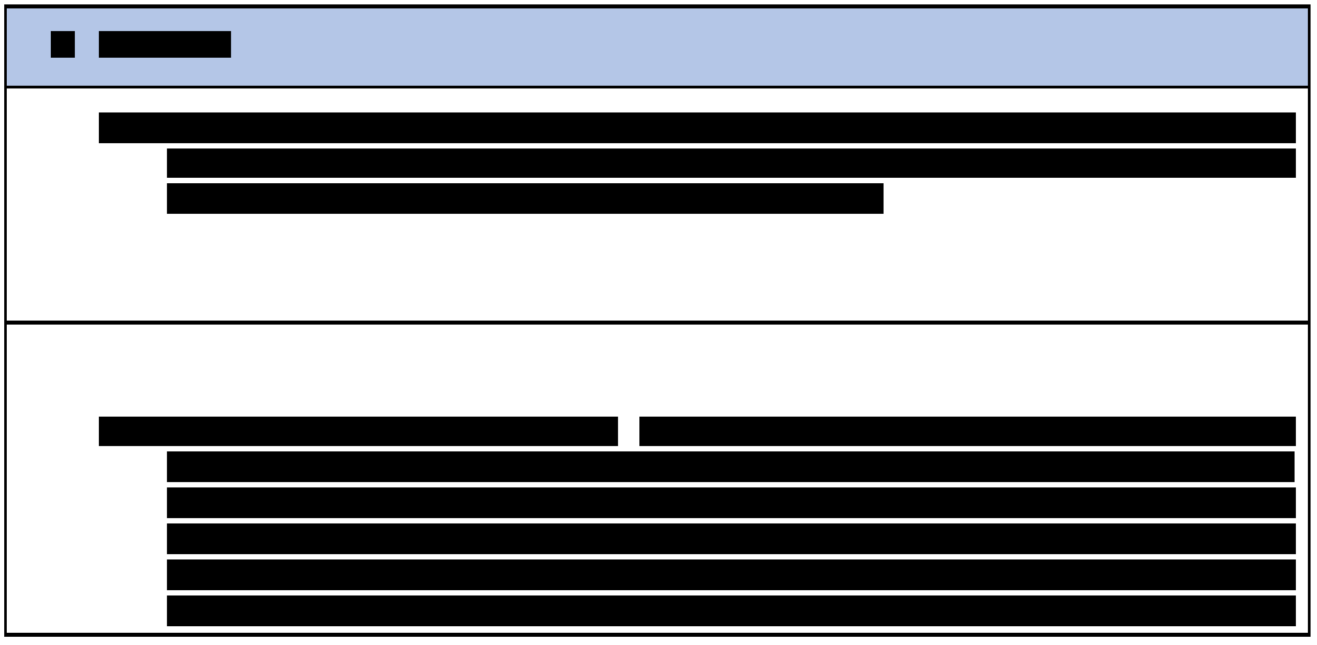

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Annex 2 – Supplier Financial Template

[redacted]

Total Project Costs (excluding VAT) **	£	189,615.00

* Please indicate zero, exempt or standard rate. VAT charges not identified above will not be paid by the FSA
** The total cost figure should be the same as the total cost shown below and in the Schedule of payments tab.

[redacted]

Staff Costs Table

[redacted]

Total	£ 189,615.00	[redacted]

* Please insert the amount to be invoiced net of any VAT for each deliverable
** Please insert the applicable rate of VAT for each deliverable
*** 20% of the total project budget is withheld and will be paid upon acceptance of a satisfactory final report by the agency.
§The number of weeks after project commencement for the deliverable to be completed

Summary of Payments

Financial Year (Update as applicable in YYYY-YY format)	[redacted]	Total
Total Amount		£ 189,615.00