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**Invitation to Quote**

**Instructions & Requirements Document**

**NHS England and NHS Improvement Commercial**

***User research on NHSX Information Governance Web Pages***

**Document owner:** Commercial & Procurement Team, NHS England and NHS Improvement

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**Document History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Status | Key Change Made | Author/s |
| 1.0 | 17/08/21 | Draft Version | Created ITQ for user research  | Paula Gill  |
| 2.0 | 24/08/21 | Final Version | ITQ for user research  | Paula Gill, Charlie Stephens  |
| 3.0 |  | Final Version |  |  |
| 4.0 |  | Final Version |  |  |

# Introduction

###### This Invitation to Quote (ItQ) has been prepared by NHS England and NHS Improvement (the ‘Authority’). The Authority is looking for a Supplier for the provision of user research using individual depth sessions with frontline health and care staff and IG professionals to determine their views on the existing dedicated Information Governance web pages and what possible future guidance would help them in their jobs.

###### **User experience:**

* understand how people are likely to use the portal (how they would navigate it, in what situation (i.e. whilst at work for instant advice or for training purposes), using what device (their personal mobile, a shared computer)
* Understand what format users would like to digest information (i.e. a webpage, a video, an infographic, a decision tree etc).

**Content:**

* Review of current content - both topic and format
* Branding - what do they think of the name ‘information governance’. What would work better?
* Scope future content: explore the concerns, barriers and lack of confidence in sharing and managing information, so that we can tailor guidance to address the day to day concerns being experienced by staff.

**Inform communications and partnership approach:**

* understand what would motivate frontline staff to engage with the portal themselves (i.e. not to see IG as only for IG professionals and to take time to upskill their knowledge in this area), understand how we might reach them (what networks and channels they use most).

###### A full description of the requirement can be found in Appendix 1.

###### This procurement exercise is being carried out as an Invitation to Quote.

###### The Authority has taken reasonable care to ensure that the information provided is accurate in all material respects. However, the Bidders attention is drawn to the fact that no representation, warranty or undertaking is given by The Authority in respect of the information provided in respect of this transaction and/or any related transaction.

###### The Authority does not accept any responsibility for the accuracy or completeness of the information provided and shall not be liable for any loss or damage arising directly or indirectly as a result of reliance on this ITT or any subsequent communication.

###### No warranties or opinions as to the accuracy of any information provided in this ITQ Pack shall be given at any stage by The Authority.

###### Any person considering making a decision to enter into contractual relationships with The Authority or any other person on the basis of the information provided should make their own investigations and form their own opinion of The Authority. The attention of Bidders is drawn to the fact that, by issuing this ITQ, The Authority is in no way committed to awarding any contract and that all costs incurred by Bidder in relation to any stage of the Tender process are for the account of the relevant Bidder only.

###### In accordance with The Authority’s internal financial instructions and general principles applicable to public procurement, The Authority seeks best value for money in terms of the Contract reached with the successful Bidder.

###### The Authority has endeavored, therefore, to express as clearly as possible in this ITQ the terms on which it would propose to contract with the successful Bidder and in particular the obligations, risks and liabilities which it expects to become the responsibility of the successful Bidder.

This document contains the following sections:

* **1. Instructions**
	+ Project Team Details
	+ Timeline
	+ Supplier Clarification Question process
	+ Evaluation Criteria
	+ Scoring
* **2. The Requirement:**
	+ Background Information
	+ Standards and Service Specification
	+ Essential Skills Deliverables
	+ Deliverables
	+ Proposed Terms and Conditions
* **3. Responding to the ITQ**
	+ Bidders Details
	+ Further Bidder Information
	+ Bidders Response
1. **Instructions**

**Project Team Details and Contract Lead**

|  |  |
| --- | --- |
| **Name of Team** | Strategic comms team on behalf of the Information Governance team  |
| **Name and Title of Contract Lead** | Paula Gill, Communications Manager  |

**Timeline**

|  |  |
| --- | --- |
| **Item** | **Date** |
| ITQ Release Date & Issue on Contract Finder\* | 25 August 2021 |
| ITQ Clarification Deadline | 5pm 2 September 2021 |
| ITQ Closing Date | 5pm on 7 September 2021  |
| Estimated Award Date | W/C 13 September 2021 |
| Estimated Contract Commencement Date | W/C 20 September 2021 |

The timeline is indicative and may be subject to change.

**Supplier Clarification Question Process**

All clarification questions relating to this ITQ must be submitted via the procurement portal route (Atamis) by 5pm on 2 September 2021. Clarification questions received after this time will not be responded to. All Clarification questions will be responded to within 2 working days of the date received.

All clarification questions received via other routes will not be reviewed and responded to.

**Please Note: -** To ensure an open and fair process is followed, all bidders will receive a copy of the question(s) and answer(s).

**Evaluation Criteria**

The purpose of evaluation in the procurement process is to establish which supplier(s) have submitted the best quotation; ensuring that the assessment of quotes is undertaken in a transparent, fair and consistent manner so that an effective comparison can be made.

The Authority, reserves the right to accept or reject all or any part of the quotation if you have failed to provide the information requested in this quotation or you have submitted any modification or any qualification to the terms and conditions of contract.

The Authority does not bind itself to accept the lowest priced, or any quotation, nor guarantee any value or volume and shall not be liable to accept any costs you have incurred in the production of your quotation.

The Authority will check each quotation and submission for completeness and compliance with the requirements in this Invitation to Quote document, thus, you should ensure that you carefully examine this document in full. Quotes will be evaluated on the following Quality and Costs basis;

|  |  |
| --- | --- |
| **Section** | **Weighting (%)** |
| Technical/Quality  | 60 |
| Commercial  | 30 |
| Social Value  | 10 |

A weighted scoring system will be applied to the response, the high-level evaluation criteria are given below:

|  |  |
| --- | --- |
| **Question** | **Weighting (%)** |
| **Technical Assessment Questions (Max 60)** |
| 1) What strengths, skills and relevant expertise (people and industry/sector) would you bring to this user research?  | 25 |
| 2) How will you design this research to give us both a clear understanding of the user’s experience and a profile of our frontline audiences?  | 25 |
| 3) What is your understanding of our requirements and your proposed approach, sampling, methodology, project management and timescales? | 25  |
| 4) Please detail your research deliverables in relation to analysis, evaluation and reporting?* *Detail sample and recruitment.*
* *How you will source the necessary number of staff audiences from the cross section of job titles, specialties*
* *How will you shape the questions/design the navigation of the pages to test the user experience, so that the findings provide clear outputs and direction.*
 | 25 |
| **Social Value Assessment Question (Max 10)** |
| 5) Please explain how your delivery model will deliver social value and align with NHS commitment to sustainability. *(N.B. Social value describes the social benefits achieved from public services and considers more than just the financial transaction. It includes wellbeing, health, inclusion and employment.)* | 100 |

**Scoring**

**Bidder information**

The ‘Bidders Detail’ will be ‘For Information Only’ and not scored.

The ‘Further Bidder Information’, will be given either a ‘Pass/Fail’ for each section.

**Quality**

The Authorities evaluation system is based on the familiar “weighted scoring approach”, in which the officer scores responses to the quality questions according to a pre-agreed scoring system 0-4 (see table below). The scores for the sections are then added together to give a total quality score for the quotation response.

|  |  |
| --- | --- |
| **Score** | **Interpretation** |
| 4Excellent | The Tenderer’s response provides full confidence that the Tenderer understands and can deliver the Requirements well and addresses all of the requirements set out in the question.   |
| 3Good | The Tenderer’s response provides a good level of confidence that the Tenderer understands and can deliver the services and the Tenderer's response addresses all or most of the requirements set out in the question.  |
| 2Satisfactory | The Tenderer’s response provides a satisfactory level of confidence that the Tenderer understands and can deliver the services and the Tenderer's response addresses at least some of the requirements set out in the question. However, the response is lacking in some areas. |
| 1Poor | There are weaknesses (or inconsistency) in the Tenderer’s understanding of the services and/or Tenderer's response fails to address some or all of the requirements set out in the question. |
| 0Unacceptable | No response and/or information provided is deemed inadequate to merit a score. |

**Scoring Cost**

The financial weighted score is calculated by using the following formula:

*Tenderers Price Weighted Score = Lowest Total Cost offered / Tenderer Total Cost x (30% weighting)*

***(Lowest Total Cost divided by Tender Total Cost multiplied by 30)***

The financial score will be calculated to two decimals places.

Therefore, the bidder who submits the lowest compliant bid (based on the pricing model created for evaluation purposes) will receive the full 30% available.

# The Requirement

The Requirement is detailed below which provides background to the project/business need, the standards or specification required alongside the essential supplier skills and the objectives of the requirement.

**Background Information:**

Underpinning the NHSX Data Strategy for Health and Social Care is a commitment to simplify information governance and ensure it is accessible and relevant - as much to frontline staff and patients as to IG professionals.

Ultimately, we want to give staff the confidence to share information appropriately. This will involve a fundamental shift in attitudes towards IG - from avoidance and fear to awareness and understanding - that permeates right to the frontline.

Providing simplified IG guidance in a one-stop-shop that staff can shape over time is NHSX’ first step towards this goal, with the launch of a dedicated IG section on the NHSX website on 1st October 2020.

The new IG section was created in response to research with 601 respondents, users were sourced through a range of networks (AHSN, NDG, PRSB, SIGNs, UPD,UMD etc.) who said that IG guidance was difficult to find, held on multiple different organisations’ sites, and is often contradictory and overly complex.

Content has grown exponentially on the portal since it was launched. Some of this content was planned and some has been produced reactively to support staff in the response to COVID-19. While the rationale for the portal is strong and support remains high, content is now largely COVID-19 focused and the catalog of existing and future content has not been tested. We have also not tested the portal from a user experience point of view to understand how people want to use it; how they would navigate it, in what situation (i.e. whilst at work for instant advice or for training purposes), using what device (their personal mobile, a shared computer) and in what format they would like to digest information (i.e. a webpage, a video, an infographic, a decision tree etc.)

Furthermore, from an engagement point of view, whilst the portal has attracted nearly 20k visitors, with over 50k pageviews since its launch (as at March 2021), we have not generated the level of engagement/feedback for the portal that we had hoped for and we do not believe that we are substantially reaching the frontline, who are a key target audience.

For these reasons, and ten months on from the creation of the IG pages and with the end of the pandemic emergency coming closer, now is the right time to review content (current and future) and user experience to improve on the pages, so that it will be used and seen as the first port of call for IG professionals and frontline staff. The research will also inform our communications approach.

We want to ensure that our current pages meet our users’ needs and that our future approach for IG content is evidence-based and delivers what frontline staff and other audiences want and need.

**Standards and Service Specification:**

Qualitative user research consisting of depth sessions; comprising frontline staff from primary, secondary, community and social care settings and IG professionals. The research agency will be tasked with recruiting participants who will look through our IG section and answer the questions posed so we can build a picture of what is working well and what improvements can be made.

Our target frontline audiences are as follows:

In terms of targeting, for all our participants, we are mainly interested in those who have line management responsibilities (bar \*).

* + - 1. Priority/primary group - these are the frontline staff that we would want to prioritise in this research:
* Nurses in both primary and secondary care such as practice managers, practice nurses, nurse managers, community nurses, matrons, midwives and mental health nurses
* GPs and doctors working in hospitals
* staff working in social care settings such as social care workers and care workers.

\* ***These admin groups may not have line management responsibilities, but would still form part of our priority group***: those that have responsibility for managing patient records, investigating complaints in secondary care. Plus, primary care such as practice secretaries and admin staff.

* + - 1. Secondary group (possibly two sessions with this group of participants):
* Pharmacists
* Dentists
* Opticians
* Psychiatrists
* AHPs - priority groups include paramedics, physiotherapists, occupational therapists, speech and language therapists and radiographers
1. IG professionals - we can source these participants, so you will not be required to source this group.

**Essential Skills Deliverables:**

* An experienced research provider with a great deal of experience in conducting user research with healthcare professionals
* Highly skilled in project management, questionnaire design, sample design, list purchase, fieldwork, analysis, evaluation and reporting
* Insights capabilities - a provider that has worked with similar clients to help build insights from user research, which can feed into future web content, design and provides the evidence-base to inform future strategic approach and communications.

**Deliverables**:

The research will inform our key objectives over the next year for building a one-stop shop for simplified IG.

* The primary objective of the research will be to understand the user experience on the IG pages.
* Secondary objectives include:
* Building a picture of IG perceptions
* Providing ideas for new content
* Understanding users' preferred communication channels.
* Insights will help us to build a clearer picture of IG perceptions, which can be used to develop a better understanding of our audiences and how best to shift attitudes and perceptions of IG.

**Aims:**

Commission user research with frontline health and care staff and IG professionals to determine their views on the existing dedicated IG pages and what possible future guidance would help them in their jobs.

**User experience:**

Understand how people are likely to use the portal (how they would navigate it, in what situation (i.e. whilst at work for instant advice or for training purposes), using what device (their personal mobile, a shared computer)

Understand what format users would like to digest information (i.e. a webpage, a video, an infographic, a decision tree etc).

Understand their thoughts on the branding and title of the existing pages - information governance - does that resonate with users

**Content:**

Review of current content - both topic and format

Scope future content: explore the concerns, barriers and lack of confidence in sharing and managing information, so that we can tailor guidance to address the day to day concerns being experienced by staff.

**Inform communications and partnership approach:**

understand what would motivate frontline staff to engage with the portal themselves (i.e. not to see IG as only for IG professionals and to take time to upskill their knowledge in this area), understand how we might reach them (what networks and channels they use most).

Run individual depth sessions with frontline health and care staff from both primary, secondary, community and social care settings. As well as IG professionals.

**Example questions:**

These questions are for illustration only. We will rely on the expertise of the research agency to develop and formulate the research design and questions.

The primary objective of the research will be to understand the user experience on the IG pages. However, by including additional questions relating to IG perceptions, new content ideas and preferred communication channels, will help to build a more rounded and insightful picture and profile of our frontline audiences.

**User experience:**

Now that you are aware of the IG pages/resource...

Where can you imagine that you would be most likely to access the IG pages and what device do you use? (at work, home, on commute/via your own mobile, a shared computer etc.)

What are your thoughts on the navigation and accessibility of the pages/resource?

Was the information easy to read, understand and digest?

What are your thoughts on the branding and name/title - Information governance? Are there any other titles/names that you think would work better?

What existing content and sections are most useful to you and why?

What existing content and sections are least useful to you and why?

What improvements or enhancements would you like to see on the portal?

How often do you seek guidance about data sharing? Does this cause you anxiety at work?

Have you ever proactively sought advice on sharing data - either patient/service user or operational?

If you did want to seek advice - where would you currently turn? i.e. your manager/IG professional etc.

Now you know about the portal, do you think you would use it yourself to find what you need or would you still go to your manager/IG professional etc?

**Content:**

What new content/topics would help you in your job?

Which format would you like guidance to be presented in (webpage, video, infographic etc?

**IG perceptions:**

How confident are you in sharing and managing information at work?

What are the concerns/barriers when it comes to sharing and managing information?

What would make you engage more with the portal?

**Inform communications and partnership approach:**

Which social or professional networks are you a part of?

Who would you expect to get messages about the portal from?

How would you like us to communicate new content on the portal - which channels would you want us to use?

**Proposed Terms and Conditions**

The proposed terms and conditions for this engagement are the *NHS Standard Terms and Conditions for the Provision of Services – Purchase Order Version.*

No amendments shall be considered or accepted in relation to the Terms and Conditions. Failure to accept the terms will result in disqualification.

They are available to view via this [link](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681016/NHS_TERMS_AND_CONDITIONS_FOR_THE_PROVISION_OF_SERVICES__PO_VERSION_.docx).

The Purchase Order will serve as the contract.

1. **Responding to ITQ**

###### When responding to this ITQ, Bidders must ensure that their Tender covers all the information required. Bidders must complete their Tenders within the Authorities procurement portal (Atamis) set out in the "Supplier Response Form". Failure to do so may render the response non-compliant and it may be rejected.

### In evaluating Tenders, the Authority will only consider information provided in the Supplier Response Form.

### Bidders should not assume that the Authority has any prior knowledge of the Bidder, its practice or reputation, or its involvement in existing services, projects or procurements.

### If there are any questions that do not apply to a Bidder, please answer with a N/A and explanation where appropriate.

### Where any section of the ItQ indicates a word limit, any response will be reviewed to that word limit and any additional information beyond that word limit will not be considered. Bidders must provide a word count for each question response.

###### The Authority may at its own absolute discretion extend the Deadline for receipt of Tenders specified in the timetable. Any extension to the Deadline granted under this paragraph will apply to all Bidders.

###### Tenders must be submitted via the Authorities procurement portal (Atamis) no later than the ItQ submission Deadline specified in ‘Timetable’. Tenders may be submitted at any time before the Deadline.

###### Tenders received before this Deadline will be retained unopened until the opening date.

###### The Tender and any documents accompanying it must be formatted in Word or Excel as appropriate and be in the English language.

###### Price and any financial data provided must be submitted in or converted into pounds sterling. Where official documents include financial data in a foreign currency, a sterling equivalent must be provided. Tender pricing must be provided excluding Value Added Tax (VAT) and within the capped maximum of £35,000.

**Bidders Details:**

Please complete the information in the table below with regards the organisation bidding:

|  |  |
| --- | --- |
| ***Company Name*** |  |
| ***Company Address*** |  |
| ***Company’s representative name and title*** |  |
| ***Contact telephone number*** |  |
| ***Email address*** |  |
| ***Address for correspondence*** |  |
| ***Date of Submission*** |  |
| ***Company Registration Number*** |  |
| ***VAT Registration Number*** |  |

# Further Bidder Information:

*Please ensure a response is provided for all the questions below.*

|  |  |  |
| --- | --- | --- |
| ***1.*** | *Has your organisation met all its obligations to pay its creditors and staff during the past year?* |  |
| ***2.*** | *If your answer to the above is No, have you rectified the situation resulting in your organisation now being able to pay its creditors and staff?* |  |
| ***3.*** | *Is your company or any group company (your Organisation) or are any of the directors/partners/proprietors in a state of bankruptcy, insolvency, compulsory winding up, and receivership, composition with creditors or subject to relevant proceedings?* |  |
| *4.* | *Please confirm that data is stored in line with the General Data Protection Regulations 2018 where applicable* |  |
| *5a.* | *Please confirm that you accept NHS England’s Purchase Order Terms and Conditions in full with no modifications. This offer and any contract arising from it shall be subject to these Terms and Conditions and all other items or instructions as issued in this bidder response.*  [link](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681016/NHS_TERMS_AND_CONDITIONS_FOR_THE_PROVISION_OF_SERVICES__PO_VERSION_.docx) |  |
| *5b.*  | *Please confirm that you accept that any modifications to the Terms and Conditions will be rejected and may result in the bid being rejected.*  |  |
| *6*. | *Please confirm that all invoicing shall be processed through Tradeshift in line with NHS England and Improvements processes.* |  |

**Bidder’s Response**

Please ensure a response is provided for both the Quality (A), Social Value (B) and Commercial (C ) sections on Atamis.

1. **Quality**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1** |  | **Question % Weighting** | **25%**  |
|  |  |
| What strengths, skills and relevant expertise (people and industry/sector) would you bring to this user research?  |
| **Supplier Response** |
| The maximum total word count for this section is 900 words.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 2** |  | **Question % Weighting** | **25%**  |
|  |  |
| How will you design this research to give us both a clear understanding of the user’s experience and a profile of our frontline audiences?  |
| **Supplier Response** |
| The maximum total word count for this section is 1,500 words.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 3** |  | **Question % Weighting** | **25%**  |
|  |  |
| What is your understanding of our requirements and your proposed approach, sampling, methodology, project management and timescales?  |
| **Supplier Response** |
| The maximum total word count for this section is 900 words plus a delivery plan is MS Excel format setting out tasks, timelines and delivery of contractual milestones.  |
| **Question 4** |  | **Question % Weighting** | **25%**  |
|  |  |
| Please detail your research deliverables in relation to analysis, evaluation and reporting?* *Detail sample and recruitment.*
* *How you will source the necessary number of staff audiences from the cross section of job titles, specialties*

*How will you shape the questions/design the navigation of the pages to test the user experience, so that the findings provide clear outputs and direction.*  |
| **Supplier Response** |
| The maximum total word count for this section is 1,200 words.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 5** |  | **Question % Weighting** | **100%**  |
|  |  |
|  Please explain how your delivery model will deliver social value and align with NHS commitment to sustainability.*(N.B. Social value describes the social benefits achieved from public services and considers more than just the financial transaction. It includes wellbeing, health, inclusion and employment.)* |
| **Supplier Response** |
| The maximum total word count for this section is 500 words.  |

**B) Commercial**

|  |  |
| --- | --- |
| **Commercial** |  |
|  |  |
| Please provide a cost breakdown (in excel) to undertake the work in the ‘Supplier Response’ box below. Your breakdown should also include the total cost exclusive of VAT to the Authority. Total cost should be below the capped maximum of £35,000. Any bids which exceed this figure will be rejected and not further evaluated.  |
| **Supplier Response** |
|  Please submit your cost breakdown in an excel spreadsheet.  |

1. **Confirmation**

|  |  |
| --- | --- |
| **Confirmation** |  |
|  |  |
| Please provide an electronic signature with name and contact details as confirmation the detail submitted is correct and agree to the *NHS England’s Purchase Order Terms and Conditions in full as outlined in ‘Point 5 Further Bidder Information’*:(If using Atamis, this shall be completed electronically) |
| **Supplier Response** |
| *Electronic Signature Insert ………….**Name:**Job Title:**Date:* |