DPS FRAMEWORK SCHEDULE 4: LETTER OF APPOINTMENT AND CONTRACT TERMS

Part 1: Letter of Appointment

Dear [redacted],

Letter of Appointment

This letter of Appointment dated Thursday, 10th February 2022 is issued in accordance with the provisions of the DPS Agreement (RM6018) between CCS and the Supplier.

Capitalised terms and expressions used in this letter have the same meanings as in the Contract Terms unless the context otherwise requires.

Order Number:	CR21049
From:	UK Research and Innovation (UKRI) Polaris House North Star Avenue Swindon SN2 1FL ("Customer")
To:	Market & Opinion Research International Limited (Trading as Ipsos MORI), 3 Thomas More Square, London, Greater London, E1W1YW ("Supplier")

Effective Date:	Friday, 11th February 2022
Expiry Date:	Monday, 31st March, 2025

Services required:	Set out in Section 2, Part B (Specification) of the DPS Agreement and refined by: · the Customer's Project Specification attached at Appendix A and the Supplier's Proposal attached at Annex B; and

Key Individuals:	Contract Manager – [redacted] Secondary Contact – [redacted]

Contract Charges (including any applicable discount(s), but excluding VAT):	As per AW5.2 Price Schedule response highlighted within the RM6018 Contract Terms, section; Annex 1 – Contract Charges. The total value of this contract shall not exceed £474,447.53 Excluding VAT.

Insurance Requirements	Public liability insurance to cover all risks in the performance of the Contract, with a minimum limit of £5 million for each individual claim employers' liability insurance with a minimum limit of £5 million indemnity professional indemnity insurance adequate to cover all risks in the performance of the Contract with a minimum limit of indemnity of £2 million for each individual claim. Product liability insurance cover all risks in the provision of Deliverables under the Contract, with a minimum limit of £5 million for each individual claim
Liability Requirements	**Suppliers limitation of Liability (Clause 18.2 of the Contract Terms);**
Special Clause	**There will be a break clause in the contract at the end of Phase 1 for the contracting authority to review the deliverables for UKRI to make a decision on the continuation of contract.** **There will be a break clause in the contract at the end of Phase 2 for the contracting authority to review the deliverables for UKRI to make a decision on the continuation of contract.** **There will be a break clause in the contract at the end of Phase 3 for the contracting authority to review the deliverables for UKRI to make a decision on the continuation of contract.** **Phase 4 will only commence upon the satisfactory completion of phase 3.**
Customer billing address for invoicing:	All invoices should be sent to should be sent to finance@uksbs.co.uk or UKSBS UK Research and Innovation – UKRI) , Polaris House, North Star Avenue, Swindon, SN2 1FL.

FORMATION OF CONTRACT

BY SIGNING AND RETURNING THIS LETTER OF APPOINTMENT (which may be done by electronic means) the Supplier agrees to enter a Contract with the Customer to provide the Services in accordance with the terms of this letter and the Contract Terms.

The Parties hereby acknowledge and agree that they have read this letter and the Contract Terms.

The Parties hereby acknowledge and agree that this Contract shall be formed when the Customer acknowledges (which may be done by electronic means) the receipt of the signed copy of this letter from the Supplier within two (2) Working Days from such receipt

For and on behalf of the Supplier: **For and on behalf of the Customer:**

Name and Title: Name and Title:

[redacted] [redacted]

Signature: [redacted]

Date: 11 February 2022

Signature: [redacted]

Date: 11th February 2022

APPENDIX A

Customer Project Specification

1. Background to the Accelerating Detection of Disease Challenge Evaluation

The UKRI Board are committed to collecting evidence to understand the impacts of the Industrial Strategy Challenge Fund (ISCF) Accelerating Detection of Disease Challenge, (ADD). Bids are invited for an evaluation of this programme to gain insight into the outcomes and impact in the context of the UK and global landscape.

The Industrial Strategy Challenge Fund is part of the Government's Industrial Strategy, the long-term plan to raise productivity and earning power in the UK. The fund is a core pillar in the government's commitment to increase funding in research and development by £4.7 billion over 4 years to strengthen UK science and business. It is focussed on investing in the world-leading research base and highly innovative businesses to address the biggest industrial and societal challenges today.

The ISCF provides a highly directed approach to achieving outcomes that have the potential to be of major economic and social benefits to the UK. Delivered primarily through UK Research and Innovation (UKRI), it combines the UK's research strength funded through Research Councils with the business focussed, competitive approach of Innovate UK. The aim is to accelerate the application of UK industry-led solutions for health challenges through development of technologies, products, services and process where the global market is potentially large, and the UK has the scientific and business capability to become a world-leader.

The ISCF aims to improve the performance of our whole science and innovation system and is essential to realise the R&D ambitions of the Industrial Strategy. The industry-led approach of the ISCF accelerates the application of new solutions including the commercialisation of new technologies, products, processes and services to increase productivity. This will create new export opportunities and enable new business models to flourish. It will enhance and capitalise on our world-class research base, enabling businesses to apply cutting-edge research in new applications in global markets of the future.

1.1. Background to the Accelerating Detection of Disease Challenge:
The Accelerating Detection of Disease Challenge was identified as being a fundamental deliverable for the AI and Data Mission, which aims to use data, AI and innovation to transform the prevention, early diagnosis and treatment of chronic diseases such as cancer, diabetes, heart disease and dementia by 2030. The proposal seeks to invest £79 million ISCF funding over 5 years to develop a world leading and unparalleled national resource that will support research and new AI approaches into early diagnosis and biomarker discovery, enabling the advancement of new diagnostic tools and technologies. This is expected to leverage a further £160 million from sector partners across academia, charities and industry.
The challenge will deliver both biological and digital cohort data from five million participants, which will support research intended to improve the early detection, risk stratification, and early intervention of chronic diseases in individuals, and create a testbed for healthcare innovation.

1. **Biological:** Individuals (aged 18 and above) from across the UK will consent to both providing initial biological samples and basic health related data, as well as to being re-contacted to participate in more intensive studies, particularly if they are predicted to be within a high-risk subpopulation. A further blood sample will be requested after a frequency to be determined in a subset of individuals.

2. **Digital:** All participants will also form part of a digital cohort, through which basic health related data will be captured. With consent, participants will provide data over many years, which will be linked to NHS records and other health-related records. Through genetic and other types of risk stratification, certain higher risk groups will be established and followed throughout their lifetime for the conditions they are at a potentially higher risk of developing.

The biological samples will be collected and stored to enable a wide range of biochemical and genetic analyses (including, for example, circulating tumour DNA (ctDNA) liquid biopsy tests).

The Challenge will seek additional consent for active engagement with participants, through the provision of feedback to inform participants of their risk status, any clinically actionable results and opportunities for early intervention. Participants will also be invited to consent to be contacted about future clinical trials which may be of relevance to their risk profile.

The Delivery is split across three phases:

Phase 1: Establishment – Objective is to mitigate risks to the programme and develop a robust operating model through trialling multiple approaches to cohort recruitment and data establishment.

Phase 2: Implementation – Objective is to practically demonstrate that the operating model will effectively deliver the challenge aims.

Phase 3: Scaling – Objective is to take lessons from phase 2 to scale the participant cohorts and deliver a sustainable cohort resource data.

The approach to Phases 2 and 3 will be predicated and informed by the results of the work undertaken in Phase 1. The approach to delivering the biological and digital data may be subject to change as the supporting Scientific Protocol is developed.

<u>The outcomes of the Challenge will include</u>:

1. A new national population cohort containing digital and biological data.
   a. leading to improved enrolment into clinical trials through easier and faster recruitment combined with the ability to recruit high-risk groups via the stratification of cohort participants.
   b. attract researchers and develop UK research base.
   c. attract inward investment in the UK life science sector.

2. A platform which links multiple data sources and enables increased data sharing, collaboration, and access through the digital cohort.
   a. Novel approaches to sharing of pseudonymised data for stage 1 and stage 2 studies.
   b. Better acceptance of data sharing in UK Life Sciences.

3. Increased R&D investment and activity in the UK Life Sciences sector leading to:
   a. Development of new technologies and products (e.g. AI, software, wearable tech for disease prediction, prevention and early detection), and subsequent market growth and investment
   b. Increase in skilled jobs in Life Sciences
   c. New AI approaches to early diagnosis and biomarker discovery

It is important to note that although these outcomes are expected to be achieved by the close of the programme, there will also be interim outcomes to be measured as detailed in the benefit map (Annex A). Evaluation proposals should outline how they will measure and record shorter term, hard metrics and their efficiency, success and overall impact on the Challenge objectives. These include but are not limited to:

1. The establishment of a new entity to deliver the ADD Challenge.
a. Establishing a charitable company limited by guarantee.
b. Recruitment of suitable staff to deliver the operational, science and ethics, communications, financial and all other aspects of work required.

2. Attracting matched funding from industry, charity and academic partners.

3. Beginning successful recruitment of participants, including recruitment of a diverse population representative of the UK.

These are just some examples of the metrics to be recorded at the beginning of phase 1, and proposals are expected to provide suggestions for other outputs to be measured and recorded as they arise. Proposals should also outline the phase in which outcomes will be expected to materialise and a plan to measure baseline within appropriate timescales.

<u>The Benefits of the Challenge will include:</u>

1. Improved risk prediction and early detection to allow early intervention.

- Improved precision and reliability of genetic risk factors and biomarkers, enabling prediction and identification of early disease development.
- Facilitating the early detection research environment to improve survival rates, reduction in multimorbidities and general improvement in population health.
- A more cost-effective NHS due to shift of healthcare away from costly late interventions to earlier diagnosis and prevention.
- Identification of those with increased risk to enable faster, more precise, and cheaper recruitment and enrolment to clinical trials and research studies.

2. Development of unique R&D resource
   - Creation of a national resource supporting innovative research into data-driven and AI approaches to studies of early diagnosis, disease prognosis, and health maintenance.
   - Supporting the identification, development and adoption of new diagnostic tools (e.g. new biomarkers, predictive algorithms, therapeutics).

3. Economic growth and new UK investment
   - Investment in the growing UK diagnostics industry – through data, digital and AI approaches to Healthcare.
   - New industry/technology approaches to wellness tracking.
   - Inward investment into UK clinical trials in precision medicine using the cohort.
4. Data sharing, digital connectivity and access to data
   - Improved participant awareness of own risk and easier access to/engagement in risk management techniques e.g. lifestyle interventions.
   - Industry access to quality, diverse data for the development and testing of new techniques, services and products.
   - Improved NHS-industry-academic collaboration and innovation through integration of multi-source data.

5. Data Security
   Novel methodologies to manage security of patient-identifiable data.

In delivering these outcomes and benefits, the Challenge will support the below key ISCF Fund Level objectives: (*see the benefit map Annex A*)

1. Increased UK businesses' investment in R&D and improved R&D capability and capacity.
2. Increased multi- and interdisciplinary research around the challenge areas.
3. Increased business-academic engagement on innovation activities relating to the challenge areas.
4. Increased collaboration between younger, smaller companies and larger, more established companies, connecting value chains.
5. Increased overseas investment in R&D in the UK

The key objectives of this challenge as set out in the Business Case will be to achieve:

1. Improved risk prediction, early detection and intervention, leading to improved health care provision in the NHS.
2. Development of a large-scale cohort to deliver a unique R&D resource and make the UK a world leader in early diagnosis.
3. Increased economic growth and new UK investment in early diagnosis technologies.
4. Increased economic growth and new UK investment in precision medicine.
5. Innovative approaches to health / life sciences sector data sharing, digital connectivity and access to data

Specifically, the Challenge will deliver on:
Economic impacts:

1. Improved productivity through reduction in DALYs/long-term unemployment
2. Increased UK competitiveness in early diagnosis
3. Reduced cost and burden to the NHS.
4. Further growth and investment in UK Life Science sector industries and infrastructure

Societal impacts:

1. Earlier diagnosis of disease leading to improved clinical outcomes, such as improved survival rates, reduction in multimorbidities and better long-term health.
2. Health gains leading to wider proportion of population contributing to UK economy.
3. Move from treatment towards prevention, allowing people to make informed judgements.

Interim Benefits:

1. Platform for research, ethics and improved knowledge around the best approaches to risk communication etc.
2. Mechanisms of data sharing across multiple stakeholders
3. Life sciences start-ups/SMEs
4. Publications based on cohort data & research.
5. New IP resulting from diagnostic innovations & clinical trials.
6. Private sector co-investment, including pledges.
7. Public sector co-investment (outside of UKRI).
8. Number of clinical trials involving members of the recruited cohort.
9. Number of participants who participate in clinical trials.
10. Collaborators involved in the project from industry, including large businesses, SMEs and charities.
11. Collaborators involved in the project from academia.
12. Papers published as a result of the research
13. Number of participants recruited to the cohort.

It is evident that some of the objectives and benefits of this Challenge will be realised in the very long term (10 years+ after programme close) and thus will not be directly evaluated upon achievement. However, these are key objectives of this Challenge and it is important to consider these when evaluating the programme's success and long-term impact for the UK. For this reason, proposals should identify timeframes by which each benefit/objective will be realised and for any that will not be realised within the lifetime of the programme, the proposal should highlight metrics that can be measured as indicators towards the longer-term benefits being realised. Some indicators have been provided in Annex B but proposals should build upon these.

The Challenge objectives will be delivered through a new company, Our Future Health (OFH), which is a charitable company limited by guarantee, acting as a research organisation. This has been set up as part of the first phase along with the digital infrastructure capability. The new organisation will be the independent delivery vehicle with ISCF providing Challenge governance. Ultimately, the development of any infrastructure required to successfully deliver the Challenge's objectives as well as all operational activities including, but not limited to, recruitment of participants and storage of biological samples and digital data will be the responsibility of OFH. UKRI will liaise only with OFH, while the latter is expected to liaise with relevant academic, charity and industry partners in order to raise further funding to the target value of £160m. The funding may be cash or "in kind" where partners may provide services benefitting the Challenge.

1.2. Challenge Approach and Timeline

Challenge delivery will be broken down into three phases with validation stage gates for the continuation of funding between each phase.
The majority of Phase 1 of the challenge will involve the establishment of OFH as a legal entity. Once established, the entity will develop an appropriate scientific protocol, ethical framework and participant recruitment protocol as well as ensuring they are adequately resourced to provide a viable vehicle for carrying out the activities required to form the 5m participant cohort.
Phases 2 and 3 are predicated on the success of Phase 1. They will be shaped in line with the protocols, frameworks and models defined by Phase 1.

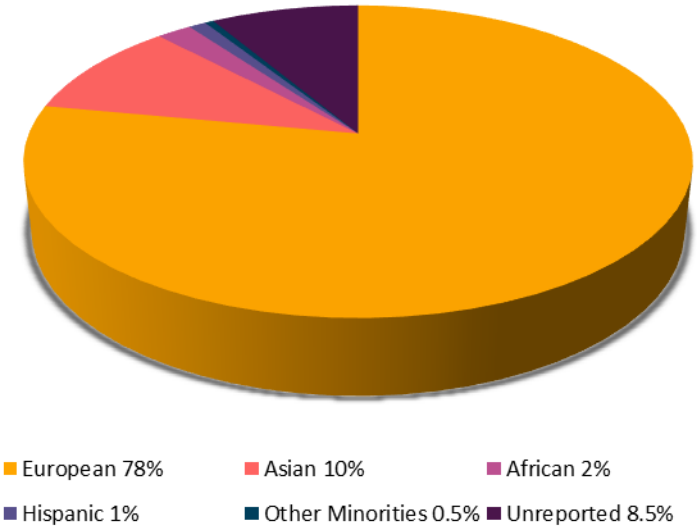
Phase Breakdown

Phase 1: Establishment of legal entity and operating model.	1	Incorporation, board recruitment and staffing
	1.1	Develop internal governance of "The Entity" aligned to the delivery of the Challenge objectives
	1.2	Operating Model Development
	1.2.1	- Scientific Protocol
	1.2.2	- Ethics Framework
	1.2.3.	- Participant Recruitment & Feedback Protocol
	1.2.4.	- Cohort Access Protocols
	1.3	Scoping and Statements of Requirement (SoR)
	1.3.1	- Physical Infrastructure
	1.3.2	- Digital Infrastructure
	1.3.3	- Sampling, Diagnostic and Analysis Services
	1.3.4	- Testing Operational Model via pilot study
	1.3.5	- Validation Stage Gate 1
	1.3.6	- Competitive tendering against SoR
Phase 2: Implementation of operating model and commencement of activity	2.1	Tender review and contracting
	2.2	Recruitment of cohort
	2.4	Validation Stage Gate 2
Phase 3: Scaling of activity	3.2	Scaling cohort recruitment
	3.3	Sustainability of Cohort Operations

1.3. £55m Additional Funding from DHSC to carry out Polygenic Risk Scores (PRS) on at least 2 million participants

On 8 August 2019, the Prime Minister announced a £250m boost to artificial intelligence to support the development, deployment, and diffusion of AI to help tackle some of the toughest challenges in healthcare (the NHSX AI Lab). £55m from NHSX AI Lab Fund was awarded to the OFH via the ADD Challenge to enable polygenic risk scores to be carried out on at least 2 million of the participants, and as many of the 5 million as possible. A separate evaluation is required to assess the impact of carrying out the PRS.

Many illnesses are affected by changes in one or multiple genes. Polygenic risk scores may be a useful tool in predicting relative risk for diseases based on an individual's genetic predisposition for a given trait. Research is still being carried out to determine the validity and usability of PRS, however, this requires genomic data and the majority of genomic studies to date have examined participants of European ancestry (see diagram below).



The percentage of ancestry populations included in large-scale genomic studies

National Human Genome Research Institute (2020) Polygenic Risk Scores [online] available at https://www.genome.gov/Health/Genomics-and-Medicine/Polygenic-risk-scores (Accessed June 2021)

The ADD Challenge aims to recruit a large number of participants from diverse backgrounds providing a unique opportunity to study the generalisability and validity of polygenic risk scores across all populations, importantly including those not previously studied. An additional evaluation is required to assess the impact of carrying out the PRS and a separate set of questions has been set for this.

1.4. Evaluation Audience

The key audience for the evaluation are UKRI (Challenge Programme Board, ISCF, Innovate UK, and external stakeholders (e.g. BEIS, Treasury) to draw conclusions on the impact of the programme and to apply lessons learnt in the future. The evaluation findings will be shared internally within UKRI, from Challenge evaluation working group through to Programme Board. It may also be shared at portfolio level to groups such as the ISCF PMO, NPIF Evaluation Oversight Board, the Performance and Monitoring Board and the ISCF steering board.

1.5. Assumptions and Enablers

The primary assumptions and enablers for successful delivery of the ADD Challenge include, but are not limited to:

Public Trust – It will be essential to widely advertise and build public trust in the Programme including the data governance activities.

Industry Engagement - Engagement with industry is necessary to encourage investment in the programme as well as utilisation of the cohort once developed.

NHS Buy-in - Engagement with NHS to support recruitment and NHS Digital for data linkage.

Again, proposals should highlight any further assumptions and enablers not detailed above.

Bids are invited for an evaluation of the Accelerating Detection of Disease Challenge to gain insight into the implementation, outcomes and impacts of the programme to run from 2019 (programme start) to 2025(programme end).

2. Aims and Objectives of the Project

UKRI is seeking to commission an independent process and impact evaluation of the ADD Challenge with the aim of assessing the effectiveness of the programme in delivering the objectives and benefits defined above. This section includes short term evaluation questions to be answered by the Evaluator within the lifetime of the ADD Challenge. There are also questions regarding the longer-term objectives of the Challenge. Although it may not be possible to answer the latter within the lifetime of the Challenge, proposals should define interim indicators that can be used to predict if and when these objectives will be completed. Some indicators are detailed in Annex B. It should be noted that the list of questions identified below is not intended to be exhaustive and the successful bidder is expected to work with the Challenge Team to identify further questions to be answered.

2.1 Key Stakeholders/Delivery Partners

There are several Key Delivery Partners supporting the delivery of this Challenge.

The Delivery Partners that will be represented on the ADD Challenge Programme Board are:

- Innovate UK.
- Economic and Social Research Council (ESRC).
- Medical Research Council (MRC).
- Office for Life Sciences (OLS).
- Department of Health and Social Care (DHSC)
- NHS X
- Our Future Health (OFH).

UK Research & Innovation (UKRI).
UKRI operates across the whole of the UK with a combined budget of more than £6 billion, bringing together the seven Research Councils, Innovate UK and Research England. UKRI's aim is to ensure that the UK maintains its world leading position in research and innovation by creating a system that maximises the contribution of each of the component parts and creates the best environment for research and innovation to flourish. The key UKRI Councils involved in this Challenge are Innovate UK, Economic and Social Research Council (ESRC) and the Medical Research Council (MRC).

Innovate UK
Innovate UK is the UK's innovation agency driving productivity and growth by supporting businesses to realise the potential of new technologies and make them a commercial success.

Economic and Social Research Council (ESRC)
The Economic and Social Research Council, formerly the Social Science Research Council, is part of UK Research and Innovation. ESRC provides funding and support for research and training in the social sciences.

Medical Research Council (MRC)
The MRC improves the health of people in the UK - and around the world - by supporting excellent science and training the very best scientists. The MRC focuses on high-impact research and has provided the financial support and scientific expertise behind several medical breakthroughs, including the development of penicillin and the discovery of the structure of DNA. The heart of the MRC's mission is to improve human health through world-class medical research. To achieve this, the MRC support research across the biomedical spectrum, from fundamental lab-based science to clinical trials, and in all major disease areas. The MRC work closely with the NHS and the UK Health Departments to deliver their mission and give a high priority to research that is likely to make a real difference to clinical practice and the health of the population.

Office for Life Sciences (OLS)

OLS is a joint unit between the Department for Health and Social Care (DHSC) and Department for Business, Energy and Industrial Strategy (BEIS). Its mission is to improve the health and wellbeing of the nation, through the delivery of the Life Sciences Industrial Strategy. Its core objectives are to:

- Generate inward investment into the UK.
- Protect and support the life sciences investment we have in the UK.
- Help innovative UK life sciences companies to grow and make their home in the UK, and to help ensure that the UK benefits from this home-grown innovation.
- Help get innovative treatments to NHS patients faster.

Department of Health and Social Care (DHSC)
DHSC is a ministerial department, supported by a number of agencies and partner organisations. It acts as a guardian of the health and care framework and supports ministers in leading the nation's health and social care to help people live more independent, healthier lives for longer.

NHS X
NHS X is a joint unit bringing together teams from the DHSC, NHS England and NHS Improvement. They are responsible for setting national policy and developing best practice for NHS technology, digital and data, including data sharing and transparency.

Our Future Health (OFH)
OFH is a company limited by guarantee with charitable status that has been setup in order to deliver the ADD Challenge. They are ultimately responsible for carrying out all operational activities relating to the development of the cohort and any infrastructure required to aid this.

2.2 Evaluation Questions for the ADD Challenge (£79m Grant)

The evaluation questions identified for the process and impact evaluation of the ADD Challenge are listed below. As stated previously, this is broken down into 'Short-Term' questions; to be answered within the lifetime of the Challenge and 'Long-Term' questions; to be considered and where possible, predictions made on when these questions can be answered using appropriate indicators.

Short Term Questions – To be answered within the lifetime of the Challenge.

Impact Evaluation

To what extent (and how) has the cohort developed by the ADD Challenge succeeded in providing a unique R&D resource and made the UK a world leader in early diagnosis?

Consider:

- What is the total number of participants recruited into the cohort to date? Please provide the age bands of participants, ethnicity, geographical location, sex, gender, socio-economic classification, etc.
- To what extent and how does the ADD cohort differ from similar cohorts in terms of diversity?
- To what extent and how does the ADD cohort differ from similar cohorts in terms of scale?
- To what extent and how does the ADD cohort differ from similar cohorts in terms of participant engagement and feedback?
- To what extent and how does the ADD cohort differ from similar cohorts in terms of data completeness and linkage to pre-existing data?
- How many GP practices engaged with the programme?
- Of the GP practices that engaged with the programme initially, how many have remained actively engaged to date?
- How many applications to access cohort data have been submitted (by both industry (and SME) and academic researchers), and how many have been accepted?
- Of these applications, how many were from the UK and how many were from overseas?

- How many independent studies have been run based on the cohort data?
- How many collaborative studies have been run based on the cohort data?
- How many manuscripts have been published utilising data from the ADD cohort, and what was their impact?
- To what extent are new (i.e. not previously involved) companies being encouraged to engage in R&D in the Health/Life Science sector?
- To what extent has the cohort enabled new collaborative partnerships or activities within the Life Science sector and what is the added value of these collaborations?
- To what extent has the Challenge influenced cross-sector collaboration and fertilisation? What are the impacts and outputs of these collaborations?

To what extent (and how) has the ADD Challenge improved risk prediction, early detection and intervention of chronic diseases?

Consider:

- How many studies into healthy ageing have begun using the cohort data?
- How many studies into survival rates of chronic diseases have begun using the cohort data?
- How has understanding of risk factors improved?

To what extent (and how) has the ADD Challenge influenced innovative approaches to Health/Life Science sector data sharing, data security, digital connectivity and access to data?

Consider:

- Has the Challenge been successful in developing novel methods of obtaining consent to data sharing?
- How has OFH ensured the security of participant identifiable data both at the start of their participation and throughout the life of the Challenge?
- How successful has the Trusted Research Environment (TRE) been in providing access to pseudonymised data for research partners?
- How has the establishment of the TRE affected availability and access to similar cohort data?

Process Evaluation

Did the ADD Challenge meet its target outcomes efficiently and effectively?

Consider:

- Did it meet budgetary expectations?
- Were there unforeseen issues and costs?
- How much positive and or negative press has there been on the ADD programme?

How successfully was OFH setup as a legal entity to carry out the delivery of the Challenge?

Consider:

- Was the setup of OFH as a legal entity carried out within a timely manner?
- Is a company limited by guarantee with charitable status the most appropriate vehicle for carrying out the delivery of the Challenge?
- Is a company limited by guarantee with charitable status the most appropriate vehicle to continue the success of the cohort beyond the lifetime of the Challenge?
- How successful was the entity in producing the ethical, procedural, legal and scientific frameworks to deliver the programme?

To what extent and how has the ADD Challenge succeeded in maintaining participant engagement?

Consider:

- What is the attrition rate of participants in the programme? If participants withdraw what reasons are being provided, and what percentage agree to OFH continuing using their samples, and or data?
- How many participants have consented to sequential sampling beyond the lifetime of the ADD Challenge?
- How many participants have been invited to take part in stage 2 studies?
- Of those invited to take part in stage 2 studies, how many have agreed to take part?
- How many participants joined the programme in good general health and developed one or more illnesses at a later stage?
- Of those that developed one or more illnesses during their participation in the programme, how many left the cohort/opted out of further participation?
- How many participants joined the programme suffering from one or more illness and recovered from one or all of their illnesses at a later stage?
- How many participants left the programme by opting out of further participation?
- How many participants has the programme lost through mortality?

To what extent did the Challenge succeed in achieving its target of matched funding?
Consider:

- How many organisations invested in the Challenge as founding members?
- Of those that invested as founding members, how many were: large industry corporations, charities?
- How many organisations invested in the Challenge but not as founding members?
- Of those that invested at a later stage than the founding members, how many were: large corporations, charities, SMEs, academic/not-for-profit institutions?
- Did the Challenge achieve/exceed its overall matched funding target of £160m?
- Of the matched funding achieved by OFH, how much was in cash and how much was in-kind contributions?
- Has 'Our Future Health' succeeded in achieving sufficient matched funding to continue operations beyond the timeline of the Challenge?
- To what extent has the Challenge developed effective methods/models to engage with SMEs?
- To what extent has the Challenge developed effective methods/models to engage with Charities?

- **To what extent did the governance, monitoring, management and communications (internal and external) enable the programme delivery and add value to the intended impacts?**
  Consider:
- How effective was the governance and structure of the ISCF ADD Challenge Team?
- How effective was the governance and structure of the OFH management team?
- Are OFH's governance arrangements appropriate according to the scale and objectives of the Challenge?
- To what extent did the management of OFH satisfy the key competencies required for successful delivery of the Challenge?
- Was setting up a new limited company the best approach to launching this programme? How effective were communications, both internally (between UKRI and OFH) and externally (to stakeholders and cohort participants)?

- **To what extent has the programme's design and delivery enabled it to meet its objectives?**
  Consider:

- Does the programme align or complement other government initiatives? (i.e. Grand Challenges, Sector Deals, Net Zero, 2.4% R&D expenditure target, levelling-up agenda or other initiatives in the relevant sector)?
- Is the programme sufficiently aligned to industrial needs?
- Is the programme sufficiently aligned with consumer (patients and healthy individuals) needs?
- If and how the programme achieved the expected rates of recruitment of participants both in number and target demographics.
- To what extent and how has the programme encouraged collaboration (and/or partnerships) of businesses, charities and academics?
- To what extent and how has the programme encouraged collaboration of businesses of different sizes?
- How effective were risk management strategies in anticipating and mitigating risks?
- Were there unexpected barriers or facilitators to desired impact? If so, what are they?
- How were barriers overcome, and facilitators harnessed?
- Was monitoring effective in enabling whether the programme is on track, were there issues identified and actions taken as a result of monitoring?
- What lessons are there for future programmes and evaluations? (implied from findings of process evaluation)

To what extent do OFH's operational and delivery mechanisms support the objectives of the ADD Challenge?

Consider:

- Are the chosen participant recruitment pathways effective and capable of achieving the desired recruitment rates and reflective of the UK population?
- Do the biological samples meet quality criteria for purpose, i.e. sufficient volume and concentration of DNA for genotyping?
- Was the approach of collecting blood and saliva samples successful?
- Was the frequency of re-sampling sufficient and affordable?
- Has OFH successfully managed to maintain the engagement of the participants?
- How effectively did OFH establish external collaborations with its key stakeholders?
- To what extent did the breadth of scientific advice structures ensure appropriate scientific rigor and challenge?

Long Term Questions – To be considered and indicators evaluated within the lifetime of the Challenge.

Impact Evaluation

To what extent (and how) has the cohort developed by the ADD Challenge succeeded in providing a unique R&D resource and made the UK a world leader in early diagnosis?

Consider:

- Have new clinical trials been planned/started based on the cohort data?
- Has the number of patent submissions increased as a result of new clinical trials?
- How has the UK's market share in the Life Sciences sector changed (increased/decreased)?
- How has the number of SMEs basing themselves in the UK changed (increased/decreased)?
- How many UK start-ups have there been in the Life Sciences sector?
- How have skilled jobs in the Life Sciences sector changed (increased/decreased)?
- How have unskilled jobs in the Life Sciences sector changed (increased/decreased)?

To what extent (and how) has the ADD Challenge improved risk prediction, early detection and intervention of chronic diseases?

Consider:

- Has earlier diagnosis of disease led to improved clinical outcomes such as improved survival rates and better long-term health?
- How has communication/feedback of risk improved?
- Has there been a move from treatment to prevention due to more information being available?
- Have health gains led to a wider proportion of the population being able to contribute to the UK economy?
- Has the cost and burden on the NHS from preventable chronic diseases been reduced?

The evaluation questions identified for the process and impact evaluation of the DHSC funding for PRS (£55m) are listed below.

Impact Evaluation Questions:

To what extent (and how) has the PRS data and analysis improved risk understanding, communication, prediction, and early detection and intervention of chronic diseases?

Consider:

- How well understood polygenic risk scores are by: healthcare practitioners (primary, secondary, tertiary), patients and public?
- What percentage of participants agreed to receive feedback?
- What methods are used to communicate PRS results to participants at an individual level?
- Were there any negative consequences of feedback? (participants querying results directly with OFH or via healthcare professional, impact on insurance premiums etc).
- How many studies into healthy ageing have begun using the cohort data?
- How many studies into survival rates of chronic diseases have begun using the cohort data?
- Has earlier diagnosis of disease led to improved clinical outcomes such as improved survival rates and better long-term health?
- Has there been any health guidance changes because of the PRS data for populations within OFH study, for example, participants with certain PRS advised to follow specific diets, or exercise regimes etc.?
- Has there been a move from treatment to prevention due to more information being available?
- Has the cost and burden on the NHS from preventable chronic diseases been reduced?

To what extent (and how) has the PRS analysis and data provided an improved baseline data set, and succeeded in becoming one of the largest PRS data sets available?

Consider:

- The total number of participant samples that have undergone PRS analysis?
- Has further funding been secured to conduct PRS on entire 5m cohort?
- What is the diversity and representativeness of the PRS sample set to the UK population?
- How many applications to access the PRS dataset have been submitted (by industry, academic researchers and charities), and how many have been approved?
- How many follow-on studies have originated from the PRS analysis?
- How many manuscripts have been published utilising PRS data from the ADD cohort, and what was their impact?

To what extent (and how) have results from the PRS programme been applied in a clinical setting?

Consider:

- For how many conditions have the PRS data led to further clinical validation work?

- Do any conditions have a scientifically validated PRS analysis?
- Are PRS analyses used to inform care in a clinical setting, if so, for what health disorders, and are there limitations?
- How effective has the PRS programme been in informing stratification of cohort participants?
- How many Stage 2 studies are being/have been approved for the further investigation of PRS within the OFH cohort?
- Are PRS being linked to clinical care outcomes a) inside the OFH cohort b)within the NHS records of consented OFH individuals
- Has the Challenge enabled the generalisability of PRS analyses to be determined in ethnically diverse populations?
- Has the initiative clarified the scientific validity of PRS across all populations?
- Has the number of PRS research studies within the UK, and worldwide increased since the OFH PRS data started to become available?

Process Evaluation Questions:

- **Did the PRS analysis meet its target outcomes efficiently and effectively?**
  Consider:
- Did it meet budgetary expectations?
- Were there unforeseen issues?
  Was there any difference in PRS between blood and saliva samples?
- **To what extent did the governance, monitoring, management and communications (internal and external) enable the PRS analysis and add value to the intended impacts?**
  Consider:
- The funding for PRS analysis was delivered to OFH via the ADD Challenge. Was this the best approach to funding the PRS analysis?
- How effective was the governance and structure of reporting between OFH and the ADD Challenge in delivering the funding for the PRS analysis?
- How effective were communications, both internally (between UKRI and OFH) and externally (to stakeholders and cohort participants).
- Were there any challenges to the procurement processes?
- How many bids did OFH get for their procurement activities?
- Were bids of acceptable quality?

- **To what extent has the delivery of the PRS analysis enabled the ADD Challenge to meet its objectives?**
  Consider:
- Does the PRS analysis align or complement other government initiatives? (i.e. Grand Challenges, Sector Deals, Net Zero, 2.4% R&D expenditure target or other initiatives in the relevant sector)?
- Does the PRS analysis align to the Challenge objectives?
- Is the PRS analysis sufficiently aligned to industrial needs?
- Is the PRS analysis sufficiently aligned with consumer (patients and healthy individuals) needs?
- Was the target number (at least 2 million) of PRS analyses achieved?
- Was the target of ethnic diversity within the PRS achieved?
- Did the inclusion of the PRS programme influence an individual's participation in the cohort – either positively or negatively?
- To what extent and how has the PRS analysis encouraged collaboration (and/or partnerships) of businesses, charities and academics?

- To what extent and how has the PRS analysis encouraged collaboration of businesses of different sizes?
- How effective were risk management strategies in anticipating and mitigating risks?
- Were there unexpected barriers or facilitators to desired impact? If so, what are they?
- How were barriers overcome, and facilitators harnessed?
- Was monitoring effective in enabling whether the PRS analysis is on track, were there issues identified and actions taken as result of monitoring?
- What lessons are there for future programmes and evaluations? (implied from findings of process evaluation)

2.4 Evaluation Timeline

The timeline of evaluation set out below currently ends near the completion of the programme. However, some impacts of the programme are long term in nature. Therefore, the evaluation should highlight the evidence and outcomes and impacts realised to date, and crucially also, the prospect of future impact occurring, based on progress to date and relevant (evidenced) trajectories.

It should be noted that as the Challenge progresses, the evaluation questions or scope or nature of the programme may change. Evaluation should adapt to these changes as necessary to ensure it appropriately provides evaluation at the end of the programme. It is expected that the evaluation will consider each strand of the programme in detail, as well as the overall impact of the combined programme.

3. Suggested Methodology

Bidders are invited to outline the methodologies they will use to meet the aims of the evaluation.
It is anticipated a variety of methods will be used. Bidders are expected to identify and justify the most appropriate method(s) and propose approaches to evidencing the contribution of the Accelerating Detection of Disease Challenge to the sectors. The methods are expected to also provide insights to the existing evidence and sector baselines, and a counterfactual baseline of comparative businesses.
Bidders are encouraged to think innovatively in terms of how they propose to address the evaluation aims, although innovation should not be to the detriment of robustness. The funding partners are keen to push boundaries in their evaluations, in order to improve the quality of their evidence base.

Developing a baseline

Given the bespoke nature of the ISCF Challenges and the possible paucity of comparative data at baseline, the successful bidder should look to establish a credible baseline given the constraints and an indication of the extent to which it reflects the programme and industry in the absence of programme intervention.
As a guide, the baseline should include:

- **The state of key metrics/indicators for outputs, outcomes and impacts in the absence of the Challenge.** For example, this could include metrics on funded organisations and counterfactuals at the application stage, expected trends on the Healthcare Research and Life Science sectors industries and infrastructure, by surveying a group or community of organisations that are expected to be impacted by the challenge. **This may draw on multiple data sources of both new (primary) such as survey and project level data, and existing (secondary) data such as industry statistics or expected trends for the relevant parts of research and industry. It is essential that such baselining should consider the international landscape.**

- A clear definition of which part of the sector/research the baseline has been built from.

- A baseline for longer term impact measurement of the Accelerating Detection of Disease Challenge in the target sectors.

- A description of all caveats and assumptions surrounding the evidence that forms part of the baseline report (incl. definitions, sample size, response rate, collection method, caveats of data)

- Data on the number of diagnostic tests carried out for chronic diseases and the stage at which diseases are typically diagnosed (early vs late).

- Information on algorithms currently in use to predict the risk of future disease e.g. QRISK.

- Stage(s) at which majority of patients are being diagnosed with non-communicable diseases.

Number of diseases that have validated biomarkers for prediction.

- Data on current methods for obtaining consent.

- Data on current methods for risk communication from healthcare provider to patient.

Proposals should also consider how to capture data retrospectively and present this for work that has already commenced under this programme, especially where appropriate data collection protocols were not initially in place.

It will not be possible to rely on programme administrative data to construct a baseline. Proposals should set out how they will be identifying and define the population for this aspect of the work.

Data collection and analysis method

Bidders may wish to consider a combination of data collection and analysis methods.

It may be that not all methods are appropriate, but it is unlikely that any one alone will be sufficient. Proposals should set out how different data collection and analysis method will be deployed and will be combined to produce the final findings. Further, the proposal should set out how the particular data collection and analysis methods will address the evaluation questions and in a robust manner.

Data collection

Data collection methods could include but not limited to industry consultations (which must include industry at different stages of maturity), case studies, surveys of stakeholders or beneficiaries, in-depth interviews, or use of data from existing datasets. Data collection should enable as far as possible the creation of quantitative data as opposed to qualitative open ended, summaries.

For survey activity, proposals should indicate the type (face to face/phone/online) of survey to be implemented, an indication and comment of the required or expected sample size and any strategies to maximise the response rate. Survey activity should not be the majority of the data collection approaches.

If case studies are proposed, bidders should give an overview of the number of case studies to be conducted and what selection/ sampling methods (i.e. random selection, willingness to participate approach) and tools (i.e. face to face, phone interview) are going to be implemented, taking into consideration the time and costs of the different tools implemented. Proposals should also set out how case study findings will be analysed and presented.

Primary data collection must build on what is already collected through existing processes, either of funding organisations or third parties, with any new data collection designed to fill in the gaps. This is to minimise the burden on respondents. The evaluation may utilise data-linking from existing data sets, potentially including to proprietary third-party datasets. Access to these datasets should be considered and costed into proposals.

The bidder should consider how to survey or collect data and information from individuals that UKRI does not have funding or contractual relationships with. Hence the bidder will need to consider how data may be obtained efficiently and effectively from these individuals or broader pool of industry to be compliant with GDPR. Bidders should consider the most streamlined way to collect information from these individuals with an aim to maximise quality and rate of response.

We anticipate this will be challenging due to an imperfect/incomplete evidence base and uncertain future impact, but the evaluator should use sensitivity and/or scenario analysis to produce a best possible

estimate. In view of the estimated return on investment, the evaluator should assess the value for money of the programme using appropriate benchmarks.

Analysis

Proposals should clearly set out where reliable, quantified impact estimates are expected to be achieved, and where a more qualitative or descriptive approach might be expected. It should also include a **value for money assessment** for the programme where possible. Analysis method could include, but not limited to econometric analysis including counterfactuals, analysis of primary or secondary data or theory-based techniques such as contribution analysis.

If an econometric analysis and survey is proposed as a method for evaluation, the bidders should provide the required sample size in the bid, power analysis where relevant (with an aim to achieve appropriate statistical significance) and how low power issues will be mitigated if the evaluation were to encounter them.

For counterfactual analysis, proposals should outline which control group(s) and what characteristics (e.g. sector, location, R&D intensity) will be used for the purposes of comparison, how data will be collected from the sample (both treatment and control groups), including how any issues around securing engagement and participation from treatment and control groups would be addressed. Given the scale and complexity of the programme and the evaluation, UKRI is interested in examining the potential of using multiple control groups to help verify findings. For example, counterfactuals could be drawn from similar markets in Europe where economies are similar, the US and the success of other funding initiatives by major organisations such as CRUK, Wellcome and BHF.

Some similar longitudinal studies to be considered as counterfactuals are:

All of Us Research Program (USA), https://allofus.nih.gov/

China Metabolic Analytics Project (China), https://www.nature.com/articles/s41422-020-0322-9

The Estonian Biobank (Estonia), https://www.eithealth-scandinavia.eu/biobanks/the-estonian-biobank/

Northern Finland Birth Cohorts (Finland), https://www.oulu.fi/nfbc/ - Finnish Healthcare linkages

UK Biobank (UK), https://www.ukbiobank.ac.uk/

Danish Biobank

Other considerations

The proposed approach should follow best practice guidance in designing evaluations as set out in HM Treasury's Magenta Book. This includes considering and outlining how the relevant analytical challenges would be addressed. For example, measuring deadweight, displacement, leakages and spill overs, defining/identifying a counterfactual, trade-offs between robustness and practicability, the reliability of quantified results, potentially small sample sizes, and intangible outcomes and impacts.

Bidders will need to show how their methodology will go beyond solely using general estimates drawn from the wider literature. If bidders are planning to use the measurement of Gross Value Added (GVA) in the challenge area and the UK economy, proposals should highlight to what degree this is plausible and what are the challenges they might encounter in trying to do so, and how these measures build up to have a wider understanding of the impact of ISCF funding.

Proposals should give consideration to relevant external and policy factors such as the Challenge specific external factors. External factors could also include the implementation of similar programs overseas that target similar markets. It is important to consider here the difficulty in attributing the additionality/impact of the challenge given the number of external factors. That is separating the impact of the challenge from other changes happening; complex system of projects, programs, and funding bodies, with many different ingredients combining to produce the same or similar end results/benefits (reflecting the cumulative nature of R&D) and making causality difficult to determine or attribute.

Tracking long term benefits will also be a challenge. For example, benefits from new technological innovation may take decades to fully materialise, while benefits of health gains and new medicines may take even longer. Proposals should set out how the evaluation approach/design will change depending on the distance to market of the work in question. For example, how the approach to evaluating research might differ from that for business innovation. Much of the evaluation highlights long term metrics; proposals will need to set out how they will evaluate or predict longer term impacts from intermediate metrics.

The ISCF Fund level evaluation has a broader set of objectives and will build off evaluations from different ISCF Challenges. The successful bidder will have access to the ISCF framework that outlines both the evaluation principles at the ISCF Fund level and Challenge/ programme level.

The ISCF objectives are:

- Increased UK businesses' investment in R&D and improved R&D capability and capacity
- Increased multi- and interdisciplinary research around the Challenge areas.
- Increased business-academic engagement on innovation activities relating to Challenge areas.
- Increased collaboration between younger, smaller companies and larger, more established companies up the value chain
- Increased overseas investment in R&D in the UK

The successful bidder will need to consider the alignment of this Challenge's evaluation questions to the ISCF objectives above and outline these in the evaluation framework.

The ISCF indicators for the objectives are:

- Additional £ spent on R&D due to the funded project(s) by firms involved in project.
- Number of researchers working in different research areas and levels.
- Number of publications in peer reviewed journals and citation impact
- Number of patents, prototypes, new products and services compared to baseline.
- Number and type of collaborations before, during and after project funding
- Number of researchers employed in relevant business areas before, during and after
- Number of high-quality publications with business co-authorship.
- IP non-exclusively licensed to multiple firms, rather than exclusively sold to one.
- Value / share of turnover based on innovations arising from collaborative projects.

The successful bidder is required to review the relevance and appropriateness of the indicators above for inclusion in the evaluation. If these indicators are to be included, the successful bidder will need to outline these in the evaluation framework, including data collection and analysis methods. It might also be possible for additional indicators to be added to the ISCF framework for additional data points to be collected, where there is a compelling case for ongoing collection.

Consortia Bids are welcome. Bidders should also outline how they will bring in industry expertise and sector knowledge that are relevant to this challenge as part of the offering to evaluation. This could include but are not limited to:

- What impacts are expected as a result of delivering the programme for these particular industries?
- What benchmarks and appropriate comparisons are available for businesses involved and not involved in the programme, as a way to analyse the impacts as a result of the programme
- State of industry and relevant industry, and therefore the relative impact of the programme given the size and landscape of the industry.

Data to be provided to the successful bidder:

(i) Contact data: Innovate UK, MRC and any funded investments hold the contact data for all key stakeholders, both individuals and organisations, relevant to the programme.

(ii) Management information of OFH:
This includes;

- Company name, address, Companies House number
- Contact details for project lead
- Current and historic employment
- Expenditure

(iii) Minutes of Challenge Programme Board and Advisory Group meetings: ISCF undertakes an in-house investment management process which includes a minimum of quarterly

meetings with OFH to review progress and activities to date. Notes of these meetings will be made available to the successful bidder.

(iv) Activity monitoring data: Such as quarterly updates from the research programme activities and the CR&D monitoring officer reports.

(v) Data submitted to ResearchFish.

Stakeholders and collaboration

The successful bidder will be encouraged to work with contractors that are undertaking other ISCF evaluations where appropriate to ensure best practice and consistency between evaluations and create a link to the wider ISCF Fund level evaluation. This may include joint meetings where already planned and budgeted for.

The successful bidder will be expected to engage with the key leads from the ADD Challenge, any key delivery partners and internal group/ advisory group.

Management of the Evaluation will be through the programme evaluation working group, also reporting to the wider ISCF Governance structures (Executive Team and Programme Board) and an NPIF Evaluation Oversight Board. The successful bidder will need to attend periodic meetings to update the programme evaluation group (and occasionally the Board), present results, and agree outputs as fit for purpose. On a day-to-day basis, the contractor will be working closely with the ADD Challenge Evaluation Manager, who will be responsible for running day-to-day monitoring and evaluation activities.

4. Deliverables

There will be two separate evaluations;

1. Evaluation of the £79m UKRI investment in the ADD Challenge.
2. Evaluation of the £55m DHSC investment in carrying out PRS analysis on the data from the ADD cohort.

The evaluations are expected to take place over four phases. The deliverables for each evaluation will be the same.

Please Note: The timeline for the PRS managed programme has not yet been defined, however, this will be made available to the successful partner(s).

There will be a break clause in the contract at the end of each phase where UKRI will make a decision on the contract continuing. Bidders are required to cost each phase separately.

The deliverables from each Phase are outlined below. In addition to this regular progress updates to the ISCF Challenge Evaluation Manager are required throughout the project. This may be in the form of fortnightly to monthly calls with a short status report. The updates would include progress updates on evaluation and a summary presentation of key findings and messages to date. It is anticipated that the successful bidder will also be asked to present at least twice a year to UKRI.

Any reports planned for publication will be peer reviewed by UKRI. The successful bidder will be expected to make amendments to deliverables in order to satisfactorily respond to comments before publication. Where appropriate, peer review comments may be published alongside deliverables. The successful bidder is also expected to present the findings at the end of the project as outlined in Phase three.

Phase 1 -Evaluation Framework Development

The objective of this Phase is to set out the intended approach to evaluation in detail and lay the groundwork for the evaluation. It is expected it would involve key stakeholder consultation via approaches such as interviews and workshops. The output of this Phase will be an approved Evaluation Framework Report.

As part of this Phase for ISCF elements, the evaluator will be required to:

- Validate and refine the coverage of our **proposed evaluation questions and indicators**. (Consider the ISCF-Fund level objectives and indicators as set out above to revise any evaluation questions and indicators appropriately. Having done so, propose any changes to the current set of questions and indicators that could be delivered within the time and resources allowed for the evaluation. In an exceptional case it may be possible to consider

additional questions that require resources beyond the current budget for this evaluation, if they would significantly improve the robustness of the approach or the insight gained by UKRI from the evaluation.)

- Validate and refine as necessary the **programme's Benefit Map** and key success criteria, building on the material already developed and as set out in this document.
- Set out scope of evaluation (including industry/sectors to be covered) for the ISCF Investment.
- Develop a detailed *data collection plan* specifying how existing data will be used, what new data will be collected, sample sizes, outline interview guides and survey instruments, statistical power calculations where relevant for the ISCF Investment.
- Develop a detailed *analysis approach* to **process** and **impact evaluation**, e.g. establishing counterfactuals, baseline etc. for the ISCF Investment.
- Develop a detailed analysis plan, explaining the method of analysis of all qualitative and quantitative data, including statistical analysis plans and approaches to synthesis and triangulation, value of money assessment and challenges for evaluation and proposed mitigating strategies for the ISCF Investment.
- Develop a detailed timeline including key activities and deliverables for the ISCF Investment.
- Outline a stakeholder map for the evaluation and the approach to communication with relevant groups and ways of working for the ISCF Investment.

Timing: Within 3 months of Award Date (April 22)
Deliverables:

- **Workshops (inception, validation workshops)** with key programme stakeholders and subject matter expertise to validate understanding of the programme and evaluation framework.
- **Evaluation Framework Report** that covers the above requirements.

There will be a break clause in the contract at the end of Phase 1 for the contracting authority to review the deliverables for UKRI to make a decision on the continuation of contract.

Phase 2 – Baseline measurement

Phase 2 will only commence upon the satisfactory completion of phase 1, and so this represents a break clause in the contract. Bidders are therefore expected to cost each stage separately.
As the activities for this Challenge started from 2019/2020, this second phase is expected to be rapid and complete within 6 months of Award date, focusing on constructing the baseline for measuring the impact of this programme. The requirements of baseline report are set out as above in the requirements of developing baseline.
Deliverables:

- **Workshop**(s) with key programme stakeholders to present and validate high level findings and report structure and to present and validate proposed baseline measures.
- **Baseline Report** with the baseline measures in relation to all relevant research questions, as outlined in the Evaluation Framework Report, along with any challenges encountered in relation to capturing these baseline measures.

There will be a break clause in the contract at the end of Phase 2 for the contracting authority to review the deliverables for UKRI to make a decision on the continuation of contract.

Phase 3 – Process evaluation and interim progress reporting on evaluation

Phase 3 will only commence upon the satisfactory completion of phase 2, and so this represents a break clause in the contract. Bidders are therefore expected to cost each stage separately.
Phase 3 includes data collection, the analysis and reporting to provide interim updates. In Phase 3 the successful bidder will review the evaluation framework developed in phase 1 and make any adjustments required in order to conduct the impact evaluation in Phase 4. These include any ongoing survey data

collection and analysis to enable a robust assessment of the additional impact of the programme on inputs, activities, outputs, outcomes, and impacts. It will be conducted in accordance with the timetable outline in the Evaluation Framework Report.
Phase 3 involves the delivery of two reports: Process evaluation report and Interim evaluation progress report.

3.1 Process evaluation

The purpose of process evaluation is to:

- Assess the delivery approach and structure to understand how it has enabled the ADD Challenge to achieve expected impact by answering but not limited to pre-agreed evaluation questions.
- Provide recommendations for ongoing and future improvements to the ISCF Challenge.

Process evaluation report should:

- Assess how the specific delivery approach(es) adopted by the Challenge have enabled the delivery of expected benefits, outcomes and impacts, particularly where these are novel (e.g. if there is an industry 'led' research hub, how has this set up enabled the hub to deliver what it was intended to do)?
- Highlight how specific outputs, outcomes and other benefits from the ISCF Challenge were realised as a result of the delivery mechanism adopted.
- Assesses how the performance monitoring and benefit realisation is enabling the delivery of intended benefits for the ISCF Investment.
- Explore how the delivery mechanism could be improved for ongoing and future delivery for the ISCF Investment.

Process evaluation should not be the predominant focus of the report.

Timing of report: October 2022

3.2 Interim evaluation progress report

The purpose of interim evaluation progress report is to:

- Indicate if the ISCF challenge is on track to deliver the expected impacts.
- Review and adjust evaluation approach to date as necessary in order to deliver impact evaluation report for the ISCF Investment.

The interim evaluation progress report should:

- Review evidence collected **through internal monitoring processes** (largely for benefit realisation use, such as the progress against benefits KPIs) to assess if the ISCF challenge is on track for delivering the expected impacts.
- Review and adjust evaluation approach/framework as necessary if required (e.g. if some baseline indicators have become less relevant due to programme changes, the approach to evaluation and data to be collected will require adjustment such as additional data collection on different indicators) for the ISCF Investment.
- Identify foreseeable issues to evaluation and mitigation strategy for the ISCF Investment.

Timing of report: June 2023

There will be a break clause in the contract at the end of Phase 3 for the contracting authority to review the deliverables for UKRI to make a decision on the continuation of contract.

Phase 4 – Impact evaluation

Phase 4 will only commence upon the satisfactory completion of phase 3. Bidders are therefore expected to cost each stage separately.

Phase 4 is the main period of data collection and analysis for reporting of impact evaluation. In Phase 4 the successful bidder will implement the evaluation framework developed in phase 1, including any ongoing survey data collection and analysis to enable a robust assessment of the additional impact of the programme on inputs, activities, outputs, outcomes, and impacts. It will be conducted in accordance with the timetable outline in the Evaluation framework Report.

Phase 4 involves the delivery of the impact evaluation report that marks the impacts to date and indicative future impacts of the challenge.

Impact evaluation report

The purpose of the impact evaluation progress report is to provides an assessment of the outcomes and impacts of the programme to date, providing comprehensive answers to each of the pre-agreed evaluation questions in turn.

The impact evaluation report should include:

- Evidence of outcomes and impacts programmes in the ISCF Challenge have delivered by the completion of programme (with thematic findings that address all evaluation questions and grouping by UKRI impact categories, i.e. impacts on knowledge, economic and society, the successful bidder will have a copy of UKRI evaluation framework and value for money assessment where possible), by analysing internal monitoring data collected and primary and secondary research conducted by the appointed evaluator.
- Assumptions for the analysis and data collection of the ISCF Investment
- Assessment of the likelihood of achieving the expected impacts in the future beyond the life of programme for the ISCF Investment.
- Lessons learnt/ recommendations for future improvements for the ISCF Investments.
- Proposed approach for how the evaluation will be completed beyond the life of the programme by considering future data linking, merging and application of similar analysis methods, timing of future evaluation. This approach should allow continuation by any potential future evaluation partner beyond the life of the ISCF Challenge.

Timing of report: March 25

Deliverables:

- **Workshops** for all three reports to present and validate high level findings and report structure with key programme stakeholders.
- Process evaluation report for the ADD Challenge – October 2022
- Interim evaluation progress evaluation report for the ISCF Investment: June 2023
- Impact evaluation report for the ADD Challenge: March 2025

All outputs from Phase 1-4 will be subject to internal and external, independent peer review.

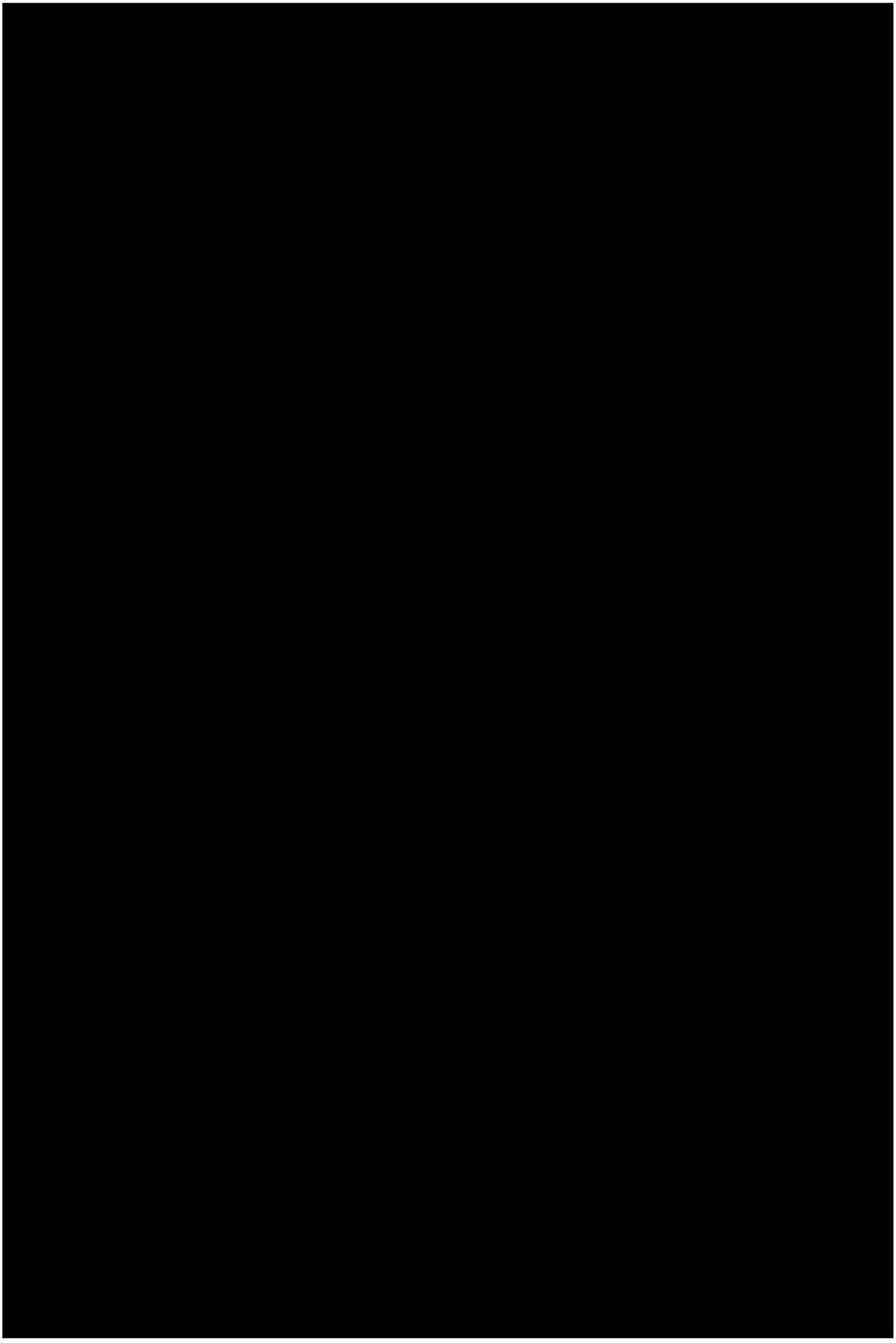
At the end of EACH Phase of the evaluation, all datasets provided, compiled, or used, along with all analysis and reporting relating to them, must be provided to UKRI with unique business identifier for further matching at stage three in a convenient format, such that it will be possible to hand over, in full, either to UKRI or another contractor, as appropriate. The bidders will also need to make all the code available to use econometric and survey data analysis. Proposals must state how this will be achieved, including how any data protection issues will be resolved.

It should be noted that as the programme is being delivered, changes to the programme may affect the design and delivery of evaluation. Hence bidders should note to allow for flexibility in the design and delivery of evaluation to ensure evaluation remains appropriate for the programme**.**

To allow for evaluation beyond the life of the programme, the successful bidder's evaluation deliverables must allow for future continuation of their work. This includes the provision of the methodology used, all data and contact lists to any potential future evaluators.

All data collected during the course of evaluation must be made available, on request, to contracting organisations or third parties under contract to them, for the purposes of additional research and evaluation. Data from programme participants must be collected in such a way to enable this to happen. Proposals must clearly state how this will be achieved and any limitations to data sharing which may exist.

APPENDIX B - Supplier Proposal - Ipsos MORI



Part 2: Contract Terms

Contract Terms v6.0