Tender Title	**Evaluation of Ushers Island Health and Addiction Care Facility (HACF)**
HSE Ref	**29636**
Tender Description	The HSE wishes to invite tenders from suitable suppliers to undertake an external evaluation of Ushers Island Health and Addiction Care Facility (HACF), operated by Dublin Simon and funded by HSE and Department of Health (DoH). Ushers Island delivers a suite of integrated, low threshold health, addiction and recovery services for people experiencing homelessness and severe social exclusion. The service model operates across a continuum that includes Blood Borne Virus (BBV) treatment, Detoxification, Step Up Step Down (SUSD) Medical care, Stabilisation, and Recovery Phase 1. Services are designed to respond flexibly to fluctuating clinical needs, support hospital avoidance, and discharge, and promote sustained engagement for individuals with complex physical health, mental health, substance use and social care needs. The specifications detailed have been developed by Management and are reflective of the requirements required by the HSE to meet service requirements. On award of a contract, tenderers **must agree to & sign** the Service Provider Confidentiality Agreement Appendix 2 and the HSE Service Provider Data Processing Agreement Appendix 3. Tenderers **must** sign a Service Level Agreement (SLA) for the tendered requirements on award of the contract. Tenderers **must** agree to HSE Standard Terms Appendix 5 and Conditions and the Tender Competition Rules, Appendix 6. No obligation will exist on the HSE to purchase any service under this Agreement. Information that is supplied to tenderers as part of the procurement exercise is supplied in good faith. However, tenderers must satisfy themselves as to the accuracy of such information and no responsibility is accepted for any loss or damage of whatever kind or howsoever caused arising from the use by the tenderers of such information. Tenderers must bring any concerns relating to the supplied tender documentation to the HSE via eTenders no later than the final date for receipt of queries/clarifications noted below. Tenderers may under no circumstances make substantial amendments, over the course of the Agreement, to their proposals without the prior written consent of the HSE.

	Tenderers must provide sufficient information in their tender proposals to demonstrate their capabilities under each of the questions. If there is any part of the specification that is unclear or the Tenderer feels that it puts them at an unfair disadvantage, it is the Tenderers responsibility to seek clarification from the HSE via eTenders no later than the final date for receipt of queries/clarifications noted below. Tenderers must complete all questions in full, as these responses will be used as the part of the evaluation process. It is the responsibility of the tenderer to ensure that information provided elsewhere (e.g. addendums etc.), should be clearly cross referenced in the section to which they relate. Information that is not clearly cross-referenced may not be taken into consideration in the evaluation of the tender submission. Tenders received will be evaluated against the published award criteria in order to identify the most economically advantageous tender. It is the HSE's intention to award the contract to the top ranked tender submitted after the expiry of the standstill period. If for any reason it is not possible to award the contract to the designated successful tenderer emerging from this competitive process; or if, having awarded the contract, the contracting authority considers that the successful tenderer has not met, or cannot meet its obligations; the contracting authority reserves the right to award the contract to the next highest scoring tenderer. This shall be without prejudice to the right of the contracting authority to cancel this competitive process and/or initiate a new contract award procedure at its sole discretion. The Contracting Authority particularly welcomes applications from academic and research institutions, including consortia and cross-institutional partnerships, with demonstrated expertise in homeless health services research, addiction and inclusion health, health economics, and participatory or trauma-informed research with people with lived experience of homelessness.
Scope	The scope of this procurement includes the active participation of the following (hereafter 'the HSE'): – Ushers Island Health and Addiction Care Facility (HACF)
CPV Code[s]/Description[s]	73110000 Research Services 79315000 Social Research Services 79313000 Performance review services 79314000 Feasibility study

Type	Open
Contract Duration	The Agreement will be awarded for an 12 month period
Budget	As the HSE has a limited budget available for this evaluation, it seeks to achieve value for money in line with the current budgetary constraints. The maximum budget is €75,000.00 (inclusive of VAT if applicable). Tenderers should be cognisant of this budget when preparing their tender submission.
Payments Terms	A payment schedule will be agreed with the successful tenderer on award of contract for each lot. Proportionate payment will be made to the successful tenderer on them achieving agreed KPI's. Appendix 7 Sample KPI's / Milestones
Completed Tenders must be submitted to (Please note that submissions by any other means will not be accepted):	**The electronic Post Box on www.etenders.gov.ie**
Closing Date	**07th December @ 12 noon**
Late Submissions	Please note that the electronic post box on www.etenders.gov.ie is subject to a time and date lock and therefore submissions cannot be uploaded to the post box after the official closing date.
Queries (Queries submitted via Telephone, fax or email are not permitted)	All queries and clarification requests relating to this tender competition must be submitted via the eTenders facility on eTenders: http://www.etenders.gov.ie Please note that all queries and clarifications alerts relating to this competition will be broadcast (emailed) via www.etenders.gov.ie to the specific email address registered by the supplier on www.etenders.gov.ie
Queries Deadline	**15th December @ 12 noon**
Interview / Clarification meeting	The HSE reserves the right to seek additional information and/or interview any, all or none of the candidates in connection with its assessment of their submission, but will not be held liable for any costs incurred in this regard by tenderers. Please note this meeting may take place virtually. It is anticipated that this meeting will take place in December 2026/ January 2027
Data controller	The HSE remains the owner and Data Controller of all data collected, generated, or accessed as part of this research project. Any access to or use of such data by third parties is subject to HSE data governance policies, and requires prior written agreement via a Data Sharing Agreement or Memorandum of Understanding.

HSE Contact - through eTenders messenger only	Jody Callan, Assistant Category Specialist.

Submission of Electronic Documentation	**Submit to:**
The completed '***Tender Response Document'*** must be uploaded in its original *Microsoft Word* format – Not Scanned. Sections that require a signature can be scanned and uploaded to eTenders.	Electronic Post Box on **www.etenders.gov.ie**
The completed '***Appendix 1 Pricing Schedule'*** must be uploaded in its original Microsoft Excel format – Not Scanned	
Supporting documentation e.g. Certificates, Brochures, Product Images, Technical Data sheets etc. should be submitted in PDF format where possible. Each of these files should be clearly titled and referenced to the particular section it relates to.	

Note:

- **It is imperative that all questions in the Tender Response Document are completed in the format provided as the Tender Response Document will be used as the basis for evaluation of selection and award.**
- **The Tender Response Document must not be altered or edited in any way.**
- **If you have any queries or problems completing Tender Response Document please contact the HSE via e-tenders.**
- **For general information on HSE refer to www.hse.ie**
- **Defined terms used in this Invitation to Tender include defined terms contained in the Tender Competition Rules available at www.hse.ie. This Invitation to tender should be read in conjunction with the Tender Competition Rules.**

1. SPECIFICATION OF REQUIREMENT

1.1. HSE's Requirements

Introduction and Overview

The Service

The Usher's Island Health and Addiction Care Facility (HACF), Dublin 8, is a purpose-built, homeless-specific health and addiction service operated by Dublin Simon Community under a Section 39 service level agreement with the Health Service Executive (HSE). The facility opened on a phased basis from October 2024, with 75 beds currently operational out of a total capacity of 100. The service delivers an integrated, low threshold model of care, bringing detoxification, step-up and step-down intermediate care, Blood Born Virus (BBV) unit, recovery and stabilisation treatment together with primary care, addiction and social care support for adults experiencing homelessness with complex health needs.

1.2. Specific Conditions of the Agreement

Project Purpose

The HSE Dublin & Midlands Health Region is seeking to commission an independent, robust, mixed-methods evaluation of the Usher's Island Health and Addiction Care Facility (HACF). The evaluation is intended to:

- Generate evidence on the effectiveness, implementation, and outcomes of the service to date;
- Ensure the perspectives and lived experience of people who have used the service are central to the evidence base, alongside those of staff, referral partners, and system stakeholders;
- Inform decision-making on the future funding, scale-up, and refinement of the service; and
- Strengthen organisational learning, and continuous quality improvement.

2. Specific Conditions of the Contract

2.1 Duration, Governance and Reporting

- The contract shall run for 12 months from the date of award, with an interim report available for consideration within 6 months of the date of award.
- The successful Tenderer shall report to the Research Advisory Group comprising representatives of the HSE Community services, Acute services, National Social Inclusion Office and Dept. of Health.
- The Group shall meet every 6 weeks or at a frequency required therein.

3. Research Objectives

The evaluation will address the following objectives:

- To assess the extent to which Usher's Island HACF has been implemented as intended, including clinical leadership and governance, and delivery of an integrated, low-threshold model of care across its five service streams (BBVU, Stabilisation, Detox, SUSD, Recovery Phase 1) for adults experiencing homelessness with complex health and addiction needs aligned with the intended service model.
- To review service data and examine the operational processes, workforce arrangement and service delivery practices which support the delivery of the service, including:
    - Admission criteria, referral pathways and decision-making process, and stakeholder perspectives on their clarity, consistency and accessibility
    - Timelines and effectiveness of referral, admission and care-planning processes
    - Approaches to supporting individuals with complex needs and behaviours within the service environment, including associated care pathways and outcomes
    - The extent to which day-to-day practice reflect the services' low threshold, harm reduction and trauma informed principles.
    - Workforce composition, staffing arrangements, training, supervision and support structures
    - Workforce capabilities and clinical competencies relevant to the intended model of care
    - How governance, clinical leadership and workforce arrangements operate in practice and support the delivery of the intended model of care
    - Factors that influence service capacity, responsiveness and integration with referring and partner services in acute hospitals
- To evaluate the health, addiction, and homelessness/housing pathway outcomes achieved by people who engage with the service and variation in outcomes across population groups (e.g. gender, age, ethnicity).
- To examine access and referral pathways into and through the service, including equity of access across sub-groups (for example, women, older homeless adults, people who inject drugs, and those with the most complex or entrenched needs).
- To assess the service's contribution to, and interaction with, the wider health and homelessness system, including its role in supporting pathways between acute hospitals, community services and homelessness services and its impacts on these systems.

- To capture and centre the perspectives and experiences of people with lived experience of homelessness who have engaged with the service, including those who disengaged or did not complete treatment.
- To assess the experiences and perspectives of staff and of external referral and partner agencies, including acute hospitals, inclusion health teams, maternity and perinatal services, social inclusion and community addiction services.
- To examine how the service gathers, responds to and learns from feedback, complaints and compliments from people who use the service, staff, referrers and partner organisations, and how this informs ongoing service development and quality improvement.
- To assess the costs of service delivery against the outcomes achieved.
- To generate actionable, evidence-based recommendations to inform future service needs.

4. Research Questions

Implementation

To what extent has the service been implemented as intended and how effective is the integrated operating model in practice?

Consideration should include:

- Fidelity to the intended service model, including governance and clinical leadership arrangements
- Referral, admission and discharge pathways
- Admission criteria and decision-making processes
- Integration with acute hospitals, community services and other partner organisations
- Workforce capacity, staffing arrangements, skill mix and clinical competencies
- Staff training, supervision and support
- The application of trauma-informed and harm-reduction approaches in practice
- Approaches to supporting individuals with complex needs and behaviours
- Factors that enable or hinder service delivery, responsiveness and efficiency
- Equity of access and experience across service-user groups

Outcomes

What outcomes are being achieved for people who engage with the service?

Consideration should include:

- Health outcomes
- Addiction and recovery outcomes
- Housing and homelessness outcomes

- Discharge outcomes, including unplanned and premature discharges
- Continuity of care following discharge
- Variation in outcomes across service-user groups
- Collection, interpretation and reporting of key service indicators
- Quality, consistency and completeness of routinely reported data

Experience

How is the service experienced by those who use, deliver, refer to and accept referrals from the service?

Consideration should include:

- The perspectives of people with lived experience
- Strengths and examples of effective practice identified by service users, staff, referrers and partner organisations
- Experiences of individuals who disengage from treatment
- Staff experience
- Experience of relevant stakeholder including inclusion health, social inclusion, acute hospitals, addiction services, mental health services, housing services
- Experiences of care, communication, dignity and person-centred practice
- Experiences of referrers and partner organisations across referral pathways and referral outcomes
- Accessibility, effectiveness and perceived responsiveness of feedback, complaints and compliments processes

System impacts and future development

What contribution does the service make to the wider health and homelessness system and what are the implications for future development?

Consideration should include:

- The service's contribution to coordinated pathways across health, housing and homelessness services
- Impact on healthcare utilisation, patient flow and wider system outcomes
- Working relationships with key stakeholders.
- Responsiveness to the needs of the service user and potential referral pathways including acute hospitals, community services and other referral partners, including the ability to adapt to changing patterns of demand.
- Factors influencing the service contribution to continuity of care, efficient use of healthcare resources, provision of the right care in the right place, and support for avoiding acute admission and supporting a quality acute discharge as required.
- Resource requirements and service costs

- Opportunities for refinement, improvement and expansion

5. Proposed Methodology

The Contracting Authority sets out below the minimum methodological approach expected of Tenderers. Tenderers are encouraged to refine, strengthen, and propose the evaluation framework in their proposal, provided that the core mixed-methods, participatory character of the evaluation is retained.

5.1 Study Design

The evaluation should combine quantitative and qualitative methods to develop a comprehensive understanding of how the service operates, the outcomes it achieves, and the experiences of those who use, deliver and interact with it.

The study design should be informed by a clear understanding of the service model and the context in which it operates. Tenderers should describe how they will assess implementation, outcomes, experiences and wider system impacts, and how evidence from different sources will be integrated to produce robust and balanced findings.

In line with good practice in independent evaluation, the evaluation should draw on multiple sources of evidence, including routine service data, data from other services, documentary review, service-user perspectives and the perspectives of referrers and partner organisations. Tenderers should describe how evidence from these sources will be triangulated to provide a comprehensive assessment of the service.

The evaluation should include appropriate consideration of data quality, completeness and consistency, and should set out how finding derived from multiple sources of routinely collected data will be interpreted alongside evidence from other sources. Where sources differ, this should be explored and reported transparently.

Tenderers should set out their overall design, how the quantitative and qualitative elements relate to one another, and an indicative timeline, with a brief rationale for the approach chosen.

5.2 Data Collection Methods

Tenderers should describe the data sources, methods, and sample they propose to use, and why. The Contracting Authority anticipates this will draw on multiple relevant existing sources of service data and, alongside it, direct engagement with people who have used the service, staff, and relevant external stakeholders.

The Contracting Authority anticipates that the evaluation will include both quantitative and qualitative data collection. However, Tenderers are encouraged to propose and justify the

specific methods, sampling strategy and balance of approaches they consider most appropriate.

Any proposal should also address:

- Recruitment and participation of stakeholders, including people with lived experience of homelessness
- Ethical considerations, informed consent and safeguarding arrangements
- Approaches to ensuring inclusion of a diverse range of perspectives and experiences
- Arrangements for data management, confidentiality and GDPR compliance
- Assessment of the completeness, consistency, quality and interpretation of routinely reported indicators and outcome measures, including independent review of a sample of underlying records and triangulation with other available sources
- How quantitative and qualitative evidence will be integrated and triangulated to support robust findings

Quantitative strand

Tenderers should propose an appropriate quantitative approach using routinely collected service data and other relevant datasets.

Consideration should include:

- Analysis of service activity and performance data, including referrals, admissions, occupancy, discharge, treatment outcomes and incidents
- Analysis of outcomes across service streams and service-user subgroups
- Review of the quality, consistency and application of key service measures and indicators, including assessment of how metrics are defined and recorded in practice, examination of a sample of underlying records, and comparison with other available data sources where feasible
- Analysis of referral pathways and outcomes, including referral sources, admission decisions, time to admission, reasons for acceptance or non-acceptance of referrals, and how eligibility and suitability criteria are applied in practice
- Analysis of discharge pathways, continuity of care and engagement with follow-on services where data are available
- Assessment of the service's contribution to wider health and homelessness system outcomes, including healthcare utilisation where feasible
- Exploration of factors influencing access to the service, progression through care pathways and service outcomes
- Collection and analysis of service delivery cost data (staffing, overheads, per-bed and per-episode costs by stream (e.g. BBV,) to describe costs of delivering the service and examine this alongside service outcomes

Qualitative strand

Tenderers should propose an appropriate qualitative approach to understanding how the service is delivered and experienced by those who use, provide and interact with it.

Consideration should include engagement with:

- People who have used the service
- People who disengaged from the service or did not complete treatment
- Staff involved in delivering and managing the service
- Referrers and partner organisations
- Relevant health, housing, homelessness and policy stakeholders

Areas for exploration may include:

- Experiences of accessing, navigating and engaging with the service across different stages of the care pathway
- Strengths, examples of effective practice and perceived impacts identified by service users, staff and partner organisations
- Experiences of referral, admission, discharge and transition processes, including movement between services and continuity of care
- How the service model, values and intended approach to care are understood and experienced in practice
- Partnership working, service integration and collaboration between the service and relevant health, housing, homelessness and community partners
- Workforce experiences, including staffing, training, supervision, support and professional development
- How trauma-informed, harm-reduction and person-centred approaches are applied and experienced in practice
- Experiences of communication, dignity, respect and involvement in care and decision-making
- Experiences of referral and partnership working, including perspectives on referral processes, transitions between services and ongoing collaboration
- Experience with feedback, complaints and compliments process, including accessibility, responsiveness and factors influencing engagement with these mechanisms
- Views on factors that support or limit effective service delivery, responsiveness, sustainability and future development

Tenderers should describe their recruitment strategy and how they will ensure participation from a broad range of service users and stakeholders. Consideration should be given to including the perspectives of people who have disengaged from the service or not completed treatment. Recruitment approaches should not rely solely on current service contacts and may include collaboration with relevant outreach, inclusion health, referral and partner services, where appropriate, to support inclusion of a diverse range of experiences and perspectives.

Tenderers should propose and justify their qualitative methods. Approaches may include:

- Interviews with a purposively sampled group of people with lived experience who have engaged with the service, sampled to capture diversity of gender, age, length and pattern of homelessness, and service stream/stage of engagement - with a deliberate, proportionate sub-sample of people who disengaged, self-discharged, or did not complete treatment, since this group is under-represented in the service's existing staff-administered surveys.
- Semi-structured interviews or focus groups with external stakeholders, including HSE Social Inclusion and Inclusion Health teams, the Inclusion Mental Health Team, acute hospital liaison staff, maternity/perinatal partners (Cuan Dara, Rotunda Hospital, Ashleigh House), and Department of Health/Housing officials as relevant
- Interviews, focus groups and/or surveys with staff across disciplines, grades and service areas to explore experiences of service delivery, training, supervision, support and implementation of the service model in practice
- Interviews, focus groups and/or surveys with referrers, partner organisations and other relevant stakeholders across the health, homelessness, housing and social care sectors
- A small number (1-2) of consent-based, longitudinal case studies which may include, subject to consent and anonymisation, women who have moved through the developing perinatal pathway or clients supported through the Inclusion Mental Health Team pathway - tracing individual journeys through the service and, where possible, beyond discharge.
- Documentary and review of the service model, referral protocols, the 2025 Outcome and Trend Report, prior internal complaint/dispute correspondence
- Non-participant observation of the service environment may be proposed by the Tenderer as an optional, lower-weighted method, subject to a clear consent and confidentiality protocol.

Document Review

Tenderers should describe how documentary evidence will be used to support assessment of the service model, implementation, governance, and outcomes.

Relevant documentation may include:

- Service specifications, operating procedures and referral protocols
- Service performance and outcome reports
- Admission criteria and documentation relating to referral and admission decision-making
- Incident reporting, quality assurance and service improvement documentation
- Feedback, complaints and compliments records and evidence of organisational learning

- Workforce documentation such as training, supervision and staffing records
- Policies and supporting documentation relating to trauma-informed care, harm reduction and the management of complex needs and behaviours
- Other governance, operational or partnership documentation relevant to the evaluation objectives

6. CVs

Tenderers must also submit CV's of proposed staff that will be working on this project. CVs should outline experience of lead investigators (esp. in health inequality, social inclusion, homelessness) and peer-reviewed outputs.

7. Ethical Considerations

This study will follow ethical guidelines to ensure informed consent, confidentiality, and the respectful treatment of participants. Ethical approval will be sought from HSE Research Ethics Committee.

8. Expected Outputs

- An interim presentation to relevant stakeholders regarding the application of the approach to the research topic and any challenges experienced.
- A draft report highlighting key findings.
- Recommendations for improving service delivery
- A comprehensive report on the service evaluation
- A presentation on the final report to the relevant stakeholders.
- Preparation and submission of at least one manuscript to peer reviewed journal.
- Preparation and submission of abstracts for presentation of findings at national and /or international conferences.

9. Payment

Payment will be delivered depending on the delivery of milestones. See Appendix 4 Sample KPI's / Milestones

10. Provision addressing obligations and responsibilities under the Children First Act 2015

10.1.1. Where any of the successful Tenderer's Personnel and/or sub-contractors carry out any work or activity, a necessary and regular part of which consists mainly of the successful Tenderer's Personnel or sub-contractors having access to or contact with children in any of the types of establishments listed in Schedule 1 of the Children First Act 2015. (Which for the avoidance of doubt includes any hospital, hospice, health care centre or other centre, which receives treats or otherwise

provides physical or mental health services to children). The services provided by the successful Tenderer shall be regarded as "Relevant Services" for the purposes of the Children First Act, 2015 (the "Children First Act") and the successful Tenderer shall comply with all applicable obligations arising under the Children First Act and the Children First National Guidance for the Protection and Welfare of Children 2017.

10.1.2 Where Clause 10.1.1 is applicable, the successful Tenderer shall:

10.1.3. carry out a Child Safeguarding Risk Assessment in accordance with Section 11 (1) and (2) of the Children First Act;

10.1.4. ensure a Child Safeguarding Statement (reviewed in last 24 months) is in place, is displayed in a prominent place and is furnished to all staff, as per Section 11 (3-10) of the Children First Act;

10.1.5. ensure that a procedure for maintaining a list of Mandated Persons (as per Schedule 2 of the Children First Act) is in place;

10.1.6. ensure that Mandated Persons (as per Schedule 2 of the Children First Act) have been identified and informed of their role;

10.1.7. ensure that a Child Protection & Welfare Policy is in place;

10.1.8. ensure that all staff and relevant volunteers have completed the HSE e-Learning Module "An Introduction to Children First"; and

10.1.9. Ensure that the HSE Children First Implementation and Compliance Self-Audit Checklist has been completed and is available on request.

Without prejudice to Clause 10.1.1 above, upon request from the HSE, the successful Tenderer shall, irrespective of whether the Services it provides are regarded as "Relevant Services" within the meaning of the Children First Act, provide reasonable assistance to the HSE so that the HSE can undertake appropriate risk assessments and put in place appropriate controls to safeguard children from harm as part of the HSE's Child Safeguarding Risk Assessment and Child Safeguarding Statement, which controls may include requiring the successful Tenderer's Personnel and/or sub-contractors to be Garda/Police Vetted in accordance with the relevant clause of the Contract Agreement, undertake assigned Children First training and adhere to applicable HSE Child Protection and Welfare policies (as applicable)

The HSE reserves the right to include other requirements and specifications over the lifetime of the contract if the need arises.

2. EVALUATION PROCESS

The methodology for evaluation of tenders is outlined in the following stages:

2.1. Qualitative Selection Criteria PASS/FAIL

Main Criteria	Sub-Criteria	Minimum Requirement
Economic and Financial Standing	**Professional Statement**	***Demonstrate & confirm sufficient financial capacity to undertake this agreement.***
Technical and Professional Ability	**Tender specific company references similar to those required**	***Tenderers must demonstrate substantial experience working with disadvantage groups and provide relevant examples of research employing similar methodologies to that proposed by the tenderer within the last 5 years***
	Research Experience	***Tenderers must demonstrate previous experience in research, with specific experience of evaluating service delivery models and vulnerable populations.*** ***Note that given the sensitive nature of the population and the complexity of the data involved, tenderers are strongly encouraged to demonstrate a track record of ethically approved, peer-reviewed research in the field of health and social inclusion. Evidence of capacity to publish and disseminate findings through academic and/or policy channels should be provided.*** ***Where tenderers are operating as consortia, it is acceptable to demonstrate the required expertise and capacity across partner organisations, provided that clear roles and responsibilities are identified.***
	Capacity (Manpower and Facilities)	***Demonstrate overall staffing resources and facilities are sufficient to manage contracts***

		projects similar to the specific requirements of this tender.
	Administrative Support & Management Reporting	***Demonstrate satisfactory administrative support facilities including ability to provide management reports.***
Quality Assurance Standards	**Quality Assurance Procedures**	***Demonstrate satisfactory quality assurance procedures in place and in operation. These may be internal, external or both. Give details of any external quality assurance mechanisms in place and accreditation attained.***
	Staff Training & Vetting Procedures	***Provide details on staff training and vetting procedures in place***
	Data Protection	***Must be compliant with General Data Protection Regulation (GDPR). Demonstrate satisfactory policies and procedures in relation to maintaining data protection and security of information***

Note: Tender proposals must meet the minimum requirements in all criteria above to qualify for the next stage of the evaluation process.

3. Award Criteria

Tenders that achieve the minimum requirements set out in the Qualitative Selection Criteria will be evaluated to determine which presents the most economically advantageous tender. Tenders will be evaluated using the criteria and associated weightings outlined below.

Award Criteria

Main Criteria	Weighting	Sub Criteria	Weighting	Marks Available	Minimum Marks Required
	25%	**Quality and appropriateness of the proposed methodology (including integration of qualitative and quantitative methods,**	**25%**	**2500**	**1500**

Technical Merit		**ethical considerations, and service evaluation) to be adopted in carrying out work that is designed to meet the study's aim and objectives as outlined in the Invitation to Tender (ITT), including Proposed Work Packages.**			
	25%	**Demonstrated merit of the resources assigned to the project, including a clear outline of the staff proposed and their respective roles in delivering all elements of the research within the specified timeframe. The proposal should also include a detailed timeline for project commencement, completion, and timeline of the key deliverables.**	**25%**	**2500**	**1500**
Sustainability Management	**10%**	**How your execution of this contract can minimise any environment impact statement - relevant to this contract - in relation to your Organisation's Sustainability Management Programme**	**10%**	**1000**	**N/A**
Ultimate Cost	**40%**	**N/A**	**40%**	**4000**	**N/A**
Total	**100%**		**100%**	**10000**	

***Please Note: Tenderers must achieve 60% of the available marks for the following Main Criteria; Methodology and Service Delivery. Failure to achieve the minimum mark for each of these criterion will result in the Tenderer being eliminated from the competition and will not be evaluated for Ultimate Cost.**

Guide to Award Evaluation Process

Scoring of Non-Cost Criteria will be based on Tenderers response and the full provision of information requested. The Evaluation Group will assess the information provided and attribute scoring using the following methodology specific for each group.

Weighting	Meaning
95% - 100%	A response that demonstrates an excellent level of quality and understanding of requirements and provides comprehensive and convincing assurance that the Tenderer will deliver to an excellent standard.
85% - 94%	A response that demonstrates a very good level of quality and understanding of requirements and provides assurance that the Tenderer will deliver to a very good standard.
75%- 84%	A response which is deemed good demonstrates a better than satisfactory level of quality and understanding of requirements and gives sufficient assurance of delivery to an adequate standard.
60% - 74%	A response that demonstrates a satisfactory level of quality and understanding of requirements and gives reasonable assurance of delivery to an adequate standard but does not provide sufficiently convincing assurance to award a higher mark.
40% - 59%	A response where reservations exist. Lacks full credibility/convincing detail, and there is a significant risk that the required services would not be delivered.
1% - 39%	A response where serious reservations exist. This may be because, for example, insufficient detail is provided, and the response has fundamental flaws, or is seriously inadequate or seriously lacks credibility with a high risk of non-delivery.
0%	Response completely fails to address the criterion under consideration.

Ultimate Cost (4000 Marks)

Tenderers are required to complete Appendix 1 Pricing Schedule (without qualification or amendment) and return it with the Tender Response Document. Tenders submitted containing no pricing or pricing in any other form will not be considered and will be rejected.

The highest score is awarded to the Tenderer with the lowest ultimate cost to the HSE. All other Tenderers cost scores are calculated pro rata in relation to this score.

The cost is calculated as follows: Lowest Valid Tender Cost / Vendor Tender Cost X Maximum Score Available. **The lowest cost is given the maximum score** and the remaining costs are calculated pro rata.

For example, if there are 50 marks available for cost.
Company A tenders €1,500,000
Company B tenders €2,000,000
Company C tenders €2,500,000
Lowest Valid Tender cost therefore is €1,500,000.
Applying the formula: Lowest Valid Tender Cost / Vendor Tender Cost X Maximum Score Available
Company A: 150 / 150 x 50 = 50 marks awarded
Company B: 150 / 200 x 50 = 37.5 marks awarded
Company C: 150 / 250 x 50 = 30 marks awarded

4. EVALUATION PROCESS

The methodology for evaluation of tenders is outlined as follows:

Stage 1:

1. Conduct assessment of Qualitative Selection Criteria **(Pass/Fail)**

Non-compliance to any of the minimum requirements will produce a “Fail” result. Only responses that have achieved a “Pass” against measures will progress to Stage 2

Stage 2:

1. Conduct assessment of Award Criteria and Ultimate Cost

Stage 3:

1. Tenderer(s) may be invited by the HSE to make presentations on their proposals for the purpose of clarification and/or aiding mutual understanding
2. The marks will be calculated to identify the ranking of bids.

As a guidance document it is not intended to be definitive and if there is any procurement related issue that requires clarification it should be raised with the Procurement Lead for the specific process at the first opportunity.