Request for Proposal (RFP)

Supporting primary care sector response to family, domestic and sexual violence, and child sexual abuse (FDSV) (PAC105)

Contents

Introduction

Capital Health Network (CHN) is the Primary Health Network (PHN) for the ACT. PHNs have been established by the Australian Government with the key objectives of:

- increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

Part A: Reference Schedule

Information in this Reference Schedule must be read in conjunction with **Part E** of this RFP.

Item 1	**RFP Reference**	**PAC105 Supporting primary care response to family, domestic and sexual violence, and child sexual abuse**
Item 2	**Key contact during RFP process**	Name: Dr Suman Shetty Email: tenders@chnact.org.au
Item 3	**Timetable***	
	RFP issued	Thursday, 29th February 2024
	Briefing Session	Thursday, 7th March 2024 (10.00 - 11.00am) *Registration for the Briefing Session is via Eventbrite link*
	End of period for questions or requests for information**	5.00 pm Monday, 18th March 2024
	Closing time and date	5.00 pm Friday, 22nd March 2024
Item 4	**Lodgement**	
	Lodgement instructions	Responses must be submitted on Request for Proposal template provided. Responses to be emailed (as Word **and** PDF) to tenders@chnact.org.au Email subject line to include: **PAC105 RFP [respondent name or organisation].** All responses must respond to the Statement of Requirements (Part B) in consideration of the assessment criteria (Part C), compliance and assurance requirements (Part D) and the standard Conditions of the RFP Process (Part E).
Item 5	**Additional materials and information**	The following additional materials have been made available to prospective respondents: 1. ACT Domestic and Family Violence Risk Assessment and Management Framework 2. Standards+of+Practice+Manual+for+Services+Against+Sexual+Violence+3rd+Edition.PDF (squarespace.com)

		3. Minimum Practice Standards: Specialist and community support services responding to child sexual abuse. Terminology Final December 2022 (childsafety.gov.au)
Item 6	**Additional Rules**	Applicants must adhere to: • The National Redress Scheme Grant Connected Policy that makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. • Commonwealth Child Safe Framework

** May be changed by CHN in accordance with the Conditions of the RFP Process set out in Part E of this RFP.*

*** Questions or requests for information **must** be submitted via tenders@chnact.org.au using the subject heading **PAC105 – Questions**.*

Part B: Statement of Requirements

Overview of Program

Capital Health Network (CHN) has received funding to establish a pilot program in the ACT to support primary health care professionals to better recognise, respond to and refer people at the risk of, or experiencing, family, domestic and sexual violence, including child sexual abuse (FDSV). The funding forms part of a suite of Australian Government initiatives to reduce all forms of family, domestic and sexual violence against women and children, and supports the implementation of the *National Plan to End Violence against Women and Children 2022-23*.

CHN's FDSV Pilot builds upon existing domestic and family violence (DFV) pilots which have been underway since 2019-20 in six other Primary Health Network (PHN) regions across Australia. CHN is one of the five new PHN FDSV pilot sites funded until 30th June 2026.

The funding aims to support primary healthcare professionals to better recognise and respond to early signs of FDSV; facilitate coordination of referrals from general practices to relevant FDSV support services; improve integration between primary health care and FDSV services sector and enhance service navigation for victim-survivors of FDSV, through commissioning of FDSV Link Worker roles.

For the scope of this Pilot, primary healthcare professionals include the whole of general practice (general practitioners, practice nurses, practice managers, allied health practitioners, including non-clinical staff within the practice), Aboriginal community controlled primary healthcare service staff, dentists, and broader allied health professionals.

The primary care workforce and FDSV Link Workers through CHN's FDSV Pilot activities will aim to provide better care and service navigation for:

- people experiencing domestic and family violence (DFV),
- people experiencing sexual violence (SV),
- adult survivors of child sexual abuse (CSA), and
- children experiencing sexual abuse.

CHN is seeking responses from suitably qualified and experienced organisations with capacity and capability to establish FDSV Link Worker roles with the aim of enhancing primary healthcare knowledge via education and training opportunities and supporting the provision of better care and service navigation for victim-survivors of FDSV within ACT. For detailed description of FDSV Link Worker role, refer to the 'Services Required' section of this document.

Given the highly specialised nature of the work, organisations have the option to propose for the provision of services in either one or two, or all three specialised areas (family and domestic violence, sexual violence, and child sexual abuse). Please make clear in your proposal whether you are applying to offer training and Link Worker role(s) for all three specialised areas, any two specialised areas, or exclusively one of the three specialised areas.

CHN welcomes consortium applications, where applicants cannot demonstrate expertise in all three specialised areas (family and domestic violence, sexual violence, and child sexual abuse) and/or cannot demonstrate capacity/capability to develop training content and resources.

CHN also encourages partnerships between mainstream services and specialised services delivering culturally appropriate and inclusive care (e.g., Aboriginal community organisations, multicultural health organisations, disability support organisations, and organisations providing gender-affirming care).

Problem Statement

Family, domestic and sexual violence, including child sexual abuse is a serious public health issue. It can cause significant physical, emotional, psychological, and financial harm to those impacted by it.

Nationally, about 1 in 3 women had experienced physical violence since the age of 15, and 1 in 5 had experienced sexual violence. Approximately 1 in 4 women and 1 in 14 men had experienced violence by an intimate partner. On average, 1 woman is killed by an intimate partner every 10 days. Aboriginal and Torres Strait Islander women, women with disabilities, and women from culturally and linguistically diverse (CALD) backgrounds, and gender-diverse people are more likely to experience violence at higher rates.

Children exposed to domestic and family violence may experience trauma symptoms, including post-traumatic stress disorder, which may have long-lasting effects on their development, behaviour, and well-being, and may also increase the risk of the child themselves experiencing or using family, domestic, or sexual violence in the future. According to the Australian Child Maltreatment Study, the overall national prevalence of child sexual abuse in Australia is 28.5%, with more than 1 in 3 girls, and almost 1 in 5 boys having experienced child sexual abuse. Child sexual abuse has been linked with lifetime impacts and diagnoses of mental health issues, including depression, anxiety, self-harming behaviours, suicide attempts, and substance abuse.

In the ACT, 42% of women had experienced violence since the age of 15, with around 4.5% of women reporting experience of violence in the last 12 months. Among women aged 18 to 44 years, violence is the single biggest risk factor contributing to disease burden; more than smoking, drinking or obesity.

It is estimated that a full-time GP is likely to see up to 5 women per week who had experienced some form of intimate partner abuse in the last 12 months. Primary health care professionals such as GPs are often the first point of health professional contact for victim-survivors of family, domestic and sexual violence (FDSV) due to the physical injuries and mental health issues resulting from abuse and violence. As such, primary healthcare professionals have an important role in prevention, early identification, responding to disclosures of FDSV, and maintaining engagement as part of an interdisciplinary team to support people experiencing violence.

People experiencing FDSV have diverse and complex needs and require support from a range of health, justice, housing, and specialist FDSV services. CHN FDSV Pilot aims to support primary healthcare professionals become part of a multidisciplinary and integrated response to addressing family, domestic and sexual violence, and child sexual abuse.

Key Objectives

The key objectives of the Pilot are to:

- Enhance whole-of-practice education and training opportunities for primary healthcare professionals to better care for people living experiencing family, domestic and sexual violence, and child sexual abuse (FDSV).
- Improve understanding and awareness of the role of the primary care sector in addressing FDSV.
- Improve readiness and confidence of the primary care sector to address FDSV.
- Improve recognition of FDSV by the primary care sector.
- Increase referrals from primary care to specialist domestic and family Violence (DFV), sexual violence (SV), and child sexual abuse (CSA) support services.
- Improve specialist support service's understanding of the role of primary care in supporting victim-survivors.
- Improve partnership and trust between primary care and FDSV sector.
- Increase primary care referrals to other specialist support services.
- Increase continued care coordination loops between primary care and special support services to support the recovery of victim-survivors of FDSV.

The intended outcomes of this Pilot activity are:

- Improved primary healthcare sector capacity and capability to recognize, respond to, and refer people experiencing family, domestic and sexual violence, and child sexual abuse (FDSV).
- Improved system integration between primary healthcare sector and specialist support services sector.
- Improved integration of primary healthcare services with Territory-level FDSV initiatives to ensure a coordinated response.
- Improved health system navigation for victim-survivors of FDSV.
- Improved health outcomes for people experiencing family, domestic and sexual violence, and child sexual abuse in the ACT region including an equity focus.
- Identification of the most viable options for sustainable change to support victim-survivors of FDSV in the primary health care setting into the future.

Anticipated timeframes

This procurement activity will be undertaken in accordance with the below timeframes:

Stage 1 - Request for Proposals:

- Request for Proposal released – Thursday 29th February 2024
- Stakeholder briefing – 10.00 - 11.00am Thursday 7th March 2024
- End of period for questions or requests for information – 5.00 pm Monday 18th March 2024
- Proposals closes – 5.00pm Friday 22nd March 2024

Stage 2 - Review of Submissions:

- Review of proposals by Friday 29th March 2024
- Preferred provider(s) identified by Wednesday 17th April 2024

Stage 3 - Contract Negotiation:

- Contract negotiation finalised by Wednesday 15th May 2024

Stage 4 - Establishment:

- Establishment from mid-May – July 2024 (To be discussed)

Stage 5 - Services Commence:

- Services to commence 1 August 2024

Services Required

The Successful Provider(s) will be required to develop, establish, and deliver FDSV Pilot activities with the aim of strengthening primary care sector response to FDSV, and integrating primary care and FDSV sector response to provide better care for victim survivors of FDSV. The FDSV activities required can be broadly categorised into the following three core program components:

1. **Workforce capacity building activities** to support primary care providers in better recognising and responding to FDSV.
   The FDSV Link Workers will:
   - Develop localised accredited FDSV training content and resources in collaboration with CHN and key stakeholders from the FDSV and primary care sector to ensure a place-based approach to primary care FDSV training. This will include specific training for primary care around supporting FDSV victim-survivors from priority population groups (First Nations people, multicultural people, people with disability, and gender-diverse people), and training for primary care staff around working safely and effectively with people using violence.
   - Develop organisational supports and resources for general practices and other primary healthcare providers (e.g., posters, practice-level FDSV policies and procedures)
   - Regularly visit interested practices (general practice, allied health, and Aboriginal medical services) to build relationship, engagement, and rapport with clinicians and non-clinical staff, and promote the scope of the FDSV Link Worker role and FDSV training opportunities and resources available to the primary healthcare sector.
   - Facilitate and deliver formal accredited FDSV training for the whole-of-practice (primary care clinicians and non-clinical staff), in collaboration with CHN staff.

2. **System integration measures:** Establishing and embedding FDSV Link Worker role/s within existing specialist FDSV services to improve service navigation for victim-survivors. The FDSV Link Workers will work closely with general practices and other primary health care providers to:
    - Identify or develop and establish referral pathways and triage tools.
    - Establish a dedicated one-point-of-referral service for primary healthcare staff to refer patients experiencing FDSV.
    - Provide ongoing engagement and secondary consultations (as required) to primary healthcare staff to enable better recognition of early signs of FDSV, appropriate response to disclosures, and timely referral to FDSV Link Workers.
    - Visit primary care practices in-person to provide advice/information to practice staff and attend appointments with patients in the presence of practice staff, if required.
    - Provide case coordination, risk assessment, safety planning, escalation to acute/tertiary services (if required), and warm referrals to appropriate long-term supports and specialist services for victim-survivors that have been referred into the service through primary care.
    - Support FDSV services to close the referral loop with primary care.
    - Support primary care quality improvement activities (e.g. embedded referral forms within general practice software)
    - Participate in CHN established FDSV Pilot Communities of Practice, Working Groups, Advisory Committees, and networking events, as required.
    - Participate in joint national PHN FDSV Pilot meetings and initiatives, as required by CHN.

3. **Locality integration measures** to improve linkages between FDSV responses at primary care and local specialised FDSV service sector level. The Link Workers will:
    - Work closely will other FDSV Link Worker providers and primary care providers to share knowledge and learnings and ensure integration and collaboration across all Pilot FDSV sites and activities.
    - In collaboration with CHN, foster partnerships with the ACT Government and other key FDSV stakeholders to integrate primary care into Territory-wide FDSV initiatives and reforms, identify opportunities for collaboration, leverage existing resources and avoid duplication of activities.

Service Delivery

The Successful Provider(s) must work in partnership with CHN and other key FDSV service sector stakeholders on service design and integration activities.

The Pilot will establish a minimum of 3 dedicated Link Worker roles for the three specialist areas (domestic and family violence, sexual violence, and child sexual abuse). Please note that if more than one Successful Provider is identified for the Link Worker roles, it is expected that these providers will work in close collaboration with each other to ensure seamless provision of training, support, and one point of referral and advice to general practices and primary healthcare providers in the ACT.

All personnel employed to deliver or administer CHN-funded services must have access to debriefing, clinical supervision and/or mentoring to ensure availability of support for clinical decisions and continuation of professional development. They must also maintain Working with Vulnerable People registration.

All positions who interact with FDSV victim-survivors are required to have completed education/training on trauma-informed care, cultural safety/competency, and specialist training in domestic and family violence, sexual violence, and child sexual abuse. If the service provider does not currently have experience in delivering direct services to people who experience domestic and family violence/sexual violence/child sexual abuse, the workforce will be expected to upskill through available courses.

It is a requirement of the service to be willing to work outside of normal business hours to support the family and domestic violence, sexual violence, and child sexual abuse training for primary healthcare sector.

All activities undertaken must align with:

- ACT Domestic and Family Violence Risk Assessment and Management Framework (Attachment 1)
- National Standards of Practice Manual for Services Against Sexual Violence 3rd Edition (Attachment 2)
- Minimum Practice Standards for Specialist and Community Support Services Responding to Child Sexual Abuse (Attachment 3)

Evaluation

The Successful Provider(s) must:

- Participate in evaluation activities, as directed by CHN.
- Contribute to a national evaluation of the FDSV Pilot being conducted by the Sax Institute. This includes the requirement to enter data relating to engagement with general practices and primary care providers into a third party's Customer Relationship Management (CRM) tool or into reporting templates provided by Sax Institute. Training to utilise the new CRM will be provided by the third party.
- Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) to be used will be determined in consultation with the successful respondent/s as part of contract negotiation.

Service Agreements and Deliverable/Reporting Requirements

Services Orders will commence on execution of the agreement and continue until 30th June 2026. Indicative deliverable requirements are detailed below. These items and timeframes will be finalised during contract negotiation.

Deliverable	Timeframe
Service Delivery Model documents and associated Operational Guidelines	Within one month of contract execution date
Project Implementation Plan, Primary Care Training and Workforce Capacity Building Plan, and Risk Plan	Within one month of contract execution date
Stakeholder Engagement Plan	Within one month of contract execution date
Marketing and Communications Plan	Within one month of contract execution date

Logic Model and Outcomes Framework	Within one month of contract execution date
Recruitment Strategy and Timeline	Within one month of contract execution date
First Suite of FDSV Training Module for General Practice Developed	Within two months of contract execution date
Commencement of Service Delivery	Service commencement 1st August 2024
Performance and Financial Acquittal reporting	Six-monthly
Independent evaluation reporting	Periodically, as advised by Sax Institute
Status meetings and reporting	Weekly until service delivery implementation; fortnightly for the first 6 months and monthly thereafter

Anticipated Service Budget

CHN invites proposals from both solo providers who can demonstrate capacity and capability across all three specialised areas, and multiple providers who are looking to establish Link Workers in either one or two specialised areas (domestic and family violence, sexual violence, child sexual abuse).

Funding will be made available following the execution of a relevant services order (contract) with CHN through to 30th June 2026. The amount of funding (exclusive of GST) available is:

Specialised area	2023-24	2024-25	2025-26	Total
Family and Domestic Violence	$133,000.00	$336,000.00	$301,000.00	**$770,000.00**
Sexual Violence	$110,960.00	$280,320.00	$251,120.00	**$642,400.00**
Child Sexual Abuse	$136,040.00	$343,680.00	$307,880.00	**$787,600.00**
FDSV Pilot(total)	**$380,000.00**	**$960,000.00**	**$860,000.00**	**$2,200,000.00**

2023-24 service delivery underspends are anticipated and will be explored.

This funding will be budget in accordance with the following splits:

- Domestic and Family Violence (35%), Sexual Violence (29.2%), Child Sexual Abuse (35.8%) of the total budget
- Administration costs (maximum 14.5% of the total budget)

Part C: Assessment Criteria

The following criteria will be used to assess proposals.

All responses to each criterion must stand on their own and should not rely on attachments to be a complete response. While reference to attachments is allowed in the written response to provide background information, a point of reference, or relevant insight into the written response, additional material should not be a necessary component for your response to be understood.

1. Assessment Criteria	Weighting
1.1 Service Delivery Model *(max. 2,000 words)* • Indicate which specialist area you are proposing to establish Link Worker/s and provide services in: - Domestic and Family Violence - Sexual Violence - Child Sexual Abuse <u>Local context</u> • Articulate your vision for the scope of the FDSV Link Worker/s role and respective services that will be provided by the FDSV Link Worker/s in the ACT, including an understanding of the local context and the unique needs of your target population group and demonstrate how this service will meet those needs. • Consider distinct approaches for the different types of violence and different cohorts of people affected by violence. • Outline how this service would work within the ACT FDSV Services landscape and how it will integrate with other services and initiatives, without duplicating existing initiatives. • Include how you will involve people with lived experience, other FDSV service providers, primary care sector and ACT Government in the design and ongoing operation of the service, including development of training resources. <u>Service delivery</u> • How will the Link Worker/s deliver services that support FDSV victim-survivors and a busy General Practice environment, while ensuring better integration between primary healthcare sector and FDSV services sector. Your answer must include: o Proposed strategy to engage with primary healthcare providers and other FDSV service providers. o What supports will be provided to primary health care professionals (please include clinical and non-clinical employees) to create a safe climate for disclosure in the practices. o How will the FDSV victim-survivors and primary healthcare staff engage with, and access services provided by the Link Worker/s. o How will Link Workers support clients that are referred to your service. Include an example of how your organisation currently supports clients that are referred to your services.	**35%**

○ How will the service ensure that responses are strengths-based, inclusive, person-centered, trauma-informed, and culturally safe and appropriate. ○ Proposed operating hours. <u>Data collection</u> • Client management systems or clinical software currently utilized by your organization and any interoperability that exists with other platforms. • How referrals are received and sent securely. • Proposed data collection and reporting, including how your organisations will demonstrate program outcomes and experience measures. • How a specifically designed Customer Relationship Management (CRM) tool developed by a third party will be integrated into existing reporting workflows to track General Practice engagements and referral information as required for the Sax Institute-led national PHN FDSV Pilot Evaluation.	
1.2 Experience, skills and knowledge *(max. 800 words)* Demonstrated skills, expertise, and experience in providing domestic and family violence and/or sexual violence and/or child sexual abuse support services and engaging in workforce capacity building activities. Your answer must provide evidence to demonstrate: • A brief overview of FDSV services and programs you currently deliver. • Your organisation's knowledge of and experience in providing navigation services including case coordination and safety planning to victim-survivors of FDSV; debriefing and case consultations with clinicians; and developing and maintaining referral pathways. • Your organisation's knowledge of and experience in developing training modules and resources for a variety of audiences and co-facilitating training with other organisations. • Proposed or demonstrated collaboration and integration with FDSV sector. Include a list of any existing Memorandums of Understanding (MOUs) and/or Services Order (contract) with FDSV service providers. • Proposed and/or demonstrated collaboration and integration with ACT Community Services Directorate, peak bodies, non-government organisations (NGOs), private providers and First Nations Organisations. Include a list of any existing MOUs and/or contracts with key stakeholders. • Ability and experience to engage with stakeholders and develop and maintain collaborative partnerships to support service integration and deliver training.	**25%**
1.3 Workforce *(1-page staffing profile and max. 500 words)* Describe the proposed staffing profile for CHN FDSV Pilot Program, indicating: • Expected FTE staff and their experience delivering similar services. • If the staffing profile are existing staff or if staff will need to be recruited or sub-contracted.	**20%**

• Strategies that your organisation will deploy for recruitment (e.g., secondment, sub-contracting arrangements). • Mechanisms in place to ensure adequate supervision/ debriefing. • Cultural competency training. • Trauma-informed and specialist training in domestic and family violence, sexual violence, and child sexual abuse. • If the existing or recruited workforce does not currently have experience in delivering direct services to people who experience domestic and family violence or sexual violence or child sexual abuse, outline how the workforce will be upskilled.	
1.4 Governance Structure and Systems *(max. 700 words)* Outline your proposal for key governance structures and systems for establishing FDSV Link Worker role/s within your organisation, and incorporate considerations for: • Adequate identification of risk and appropriate mitigation strategies and contingencies. • Clinical accountability, decision making and reporting processes. • Details of proposed consortium arrangements where a solo provider cannot demonstrate capability across all three specialised areas (DFV, SV and CSA). *Note: Respondent should be aware of the requirement to demonstrate support from other prospective consortium members including agreement in principle to contributing the equivalent of 0.2 FTE of staff time from each prospective consortium member to enhance the capacity of the proposed FDSV Link Worker Pilot.*	**10%**
1.5 Budget and Value for Money *(max 1-page itemised budget and max 500 words response)* • The proposal must include an itemised budget, within funding available as outlined in Part B, and provide an explanation of how the proposal is going to deliver value for money. • The budget should adequately reflect resources required for establishment, development of training modules, recruitment and staffing the Link Worker/s, ongoing operational costs, communication, and promotion. These considerations are not necessarily exhaustive, and applicants are welcome to include additional budget items in order to provide greater detail. • Applicants are encouraged to budget in accordance with anticipated expenditure, details will be discussed during contract negotiation. • In compiling your budget, please note that: o Administrative costs are capped at a maximum of 14.5% of proposed budget. o Funding split for the three specialised areas are: Domestic and Family Violence (35%), Sexual Violence (29.2%), Child Sexual Abuse (35.8%) of the total funding.	**10%**

Part D: Additional Requirements, Assurance and Compliance Considerations

Additional Requirements
The following information should be included in your response to the RFP (space is provided): • Overview of current organisation structure • Any existing organisation-level clinical/corporate governance frameworks
Assurances and Compliance
The following information should be included in your response to the RFP (space provided): a. Conflict of Interest b. Risk management and mitigation strategies c. Insurances d. Accreditation/Registration certification (as appropriate)

Part E: Conditions of the RFP Process

1. Application of these rules

Participation in the RFP Process is subject to compliance with the rules contained in this **Part E**.

All persons (whether or not they submit an RFP) having obtained or received this RFP may only use it, and the information contained in it, in compliance with the rules set out in this **Part E**.

All Respondents are deemed to accept the rules contained in this **Part E**.

The rules contained in this **Part E** of the RFP apply to:

a. the RFP and any other information given, received or made available in connection with the RFP including any additional materials specified in **Reference Schedule (Part A)** and any revisions or addenda,

b. the RFP Process, and

c. any communications (including any Briefings, presentations, meetings or negotiations) relating to the RFP or Process.

2. Structure of Request for Proposal

This RFP consists of the following parts:

Introduction – contains an overview of the opportunity presented in, and the objectives of, this RFP.

Part A – **Reference Schedule**

Part B - Statement of Requirements describes the Goods and/or Services in respect of which CHN invites proposals from invited suppliers.

Part C – Assessment Criteria

Part D – Additional Requirements, Assurance and Compliance Considerations

Part E - Conditions of the RFP Process sets out the rules applying to the RFP documents and to the Process. These rules are deemed to be accepted by all Respondents and by all persons having received or obtained the RFP.

3. Request for Proposal

3.1 Status of RFP

This RFP is not an offer. It is an invitation for potential Suppliers to submit a proposal for the provision of the Goods and/or Services set out in the Statement of Requirements contained in Part B of this RFP.

Nothing in this RFP is to be construed as creating any binding contract for the supply of the Goods and/or Services (express or implied) between CHN and any Respondent until CHN and a Respondent enter into a final, binding contract.

3.2 Accuracy of RFP

While all due care has been taken in connection with the preparation of this RFP, CHN does not warrant the accuracy of the content of the RFP and CHN will not be liable for any omission from the RFP.

3.3 Additions and amendments

CHN reserves the right to change any information in or to issue addenda to this RFP.

3.4 Representations

No representation made by or on behalf of CHN in relation to the RFP (or its subject matter) will be binding on CHN unless that representation is expressly incorporated into any contract(s) ultimately entered into between CHN and a Respondent.

3.5 Licence to use and Intellectual Property Rights

Suppliers obtaining or receiving this RFP and any other documents issued in relation to this RFP may use the RFP and such documents only for the purpose of preparing a proposal.

Such Intellectual Property Rights as may exist in the RFP and any other documents provided to Respondents by or on behalf of CHN in connection with the Process are owned by (and will remain the property of) CHN except to the extent expressly provided otherwise.

3.6 Availability of additional materials

Additional materials (if any) may be accessed in the manner set out in the **Reference Schedule (Part A)**.

4. Communications during the RFP Process

4.1 Key contact

All communications relating to the RFP and the Process must be directed to the Key Contact by email to tenders@chnact.org.au

4.2 Requests for clarification or further information

Any communication by a Respondent to CHN will be effective upon receipt by the Key Contact (provided such communication is in the required format).

CHN may restrict the period during which it will accept questions or requests for further information or for clarification and reserves the right not to respond to any question or request, irrespective of when such question or request is received.

Except where CHN is of the opinion that issues raised apply only to an individual Respondent, questions submitted and answers provided will be made available to all potential Suppliers via email from tenders@chnact.org.au at the same time without identifying the person or organisation having submitted the question.

A Respondent may, by notifying the Key Contact in writing, withdraw a question submitted in accordance with this **section 4.2**, and only if the question remains unanswered at the time of the request.

4.3 Improper assistance

Respondents must not seek or obtain the assistance of Directors, employees, agents, contractors or service providers (with respect to this RFP) of CHN in the preparation of their proposal. In addition to any other remedies available to it under law or contract, CHN may, in its absolute discretion, immediately disqualify a Respondent that it believes has sought or obtained such assistance.

4.4 Anti-competitive conduct

Respondents and their respective officers, employees, agents and advisers must not engage in any collusion, anti-competitive conduct or any other similar conduct with any other Respondent or any other person in relation to the preparation, content or lodgement of their proposal. In addition to any other remedies available to it under law or contract, CHN may, in its absolute discretion, immediately disqualify a Respondent that it believes has engaged in such collusive or anti-competitive conduct.

4.5 Complaints about the RFP Process

Any complaint about the RFP Process must be submitted to the Key Contact in email to tenders@chnact.org.au immediately upon the cause of the complaint arising or becoming known to the Respondent. The written complaint statement must set out:

a. the basis for the complaint (specifying the issues involved)

b. how the subject of the complaint (and the specific issues) affect the person or organisation making the complaint

c. any relevant background information, and

d. the outcome desired by the person or organisation making the complaint.

5. Submission of Proposals

5.1 Lodgement

Respondent proposals must be lodged only by the means set out in the **Reference Schedule (Part A)**.

5.2 Late proposals

Proposals must be lodged by the Closing Time set out in the **Reference Schedule (Part A)**. The closing time may be extended by CHN in its absolute discretion.

Proposals lodged after the closing time or lodged at a location or in a manner that is contrary to that specified in this RFP will be disqualified from the Process and will be ineligible for consideration, except where the Respondent can clearly demonstrate (to the reasonable satisfaction of CHN) that late lodgement of the proposal:

a. resulted from the mishandling of the Respondent proposal by CHN; or

b. was hindered by a major incident and the integrity of the Process will not be compromised by accepting a proposal after the closing time.

The determination of CHN as to the actual time that a proposal is lodged is final. Subject to **Section (a) and (b)** above, all proposals lodged after the closing time will be recorded by CHN, and will only be processed for the purposes of identifying a business name and address of the Respondent. CHN will inform a Respondent whose proposal was lodged after the closing time of its ineligibility for consideration.

6. RFP documents

6.1 Format and contents

Respondents must ensure that:

a. their proposal is presented on the required template, and

b. all the information fields in the RFP template are completed and contain the information requested

c. links to websites or online documents must not be included in the proposal as they will not be reviewed by CHN.

CHN may in its absolute discretion reject a proposal that does not include the information requested or is not in the format required.

Unnecessarily elaborate proposals beyond what is sufficient to present a complete and effective RFP are not desired or required.

Word limits where specified should be observed and CHN reserves the right to disregard any parts of the proposal exceeding the specified word limit.

Respondents should fully inform themselves in relation to all matters arising from the RFP, including all matters regarding CHN's requirements for the provision of the Goods and/or Services.

6.2 Illegible content, alteration and erasures

Incomplete proposals may be disqualified or evaluated solely on the information contained in its proposal.

CHN may disregard any content in a proposal that is illegible and will be under no obligation whatsoever to seek clarification from the Respondent.

CHN may permit a Respondent to correct an unintentional error in its proposal where that error becomes known or apparent after the Closing Time, but in no event will any correction be permitted if CHN reasonably considers that the correction would materially alter the substance of the proposal.

6.3 Obligation to notify errors

If, after a proposal has been submitted, the Respondent becomes aware of an error in the proposal (excluding clerical errors which would have no bearing on the assessment of the proposal) the Respondent must promptly notify CHN of such error.

6.4 Preparation of proposals

CHN will not be responsible for, nor pay for, any expense or loss that may be incurred by Respondents in the preparation of their proposal.

6.5 Disclosure of Respondent contents and information

All proposals will be treated as confidential by CHN. CHN will not disclose proposal contents and information, except:

a. as required by Law

b. for the purpose of investigations by the Australian Competition and Consumer Commission (ACCC) or other government authorities having relevant jurisdiction

c. to external consultants and advisers CHN engaged to assist with the Assessment Process

d. to other government departments or agencies in connection with the subject matter of the related Commonwealth programme or Process, or

e. general information from proposals required to be disclosed by government policy.

CHN does however, reserve the rights to benchmark costings against relevant industry standards and across other primary health network organisations.

6.6 Use of proposals

Upon submission in accordance with the requirements of **Section 5** of this **Part E** and the **Reference Schedule (Part A)**, all proposals become the property of CHN. Respondents will retain all ownership rights of intellectual property contained in the proposal. The submission of a proposal does not transfer to CHN any ownership interest in the Respondent's intellectual property rights, or give CHN any rights in relation to the proposal, except as expressly set out below.

Each Respondent, by submission of their proposal, is deemed to have licensed CHN to reproduce the whole, or any portion, of their proposal for the purposes of enabling CHN to evaluate the proposal.

6.7 Withdrawal of proposal

A Respondent who wishes to withdraw a proposal previously submitted by it must immediately notify CHN of that fact. Upon receipt of such notification, CHN will cease to consider that proposal.

7. Capacity to comply with Statement of Requirements

8. Assessment of proposals

8.1 Assessment process

Following the Closing Time, CHN intends to evaluate all proposals received.

Proposals will be evaluated against the Assessment Criteria specified in Part B of the RFP.

A proposal will not be deemed to be unsuccessful until such time as the Respondent is formally notified of that fact by CHN.

8.2 Clarification of proposal

If, in the opinion of CHN, a proposal is unclear in any respect, CHN may in its absolute discretion, seek clarification from the Respondent. Failure to supply clarification to the satisfaction of CHN may render the proposal liable to disqualification.

CHN is under no obligation to seek clarification to a proposal and CHN reserves the right to disregard any clarification that CHN considers to be unsolicited or otherwise impermissible in accordance with the rules set out in this **Part E**.

9. Next stage

9.1 Options available to CHN

After assessment of all proposals, CHN may, without limiting other options available to it, do any of the following:

a. prepare a shortlist of Respondents and invite further response to the RFP from those Respondents,

b. prepare a shortlist of Respondents and call for tenders for Goods and/or Services or any similar Goods and/or Services,

c. call for tenders from the market generally for the Goods or Services or any similar or related goods or services,

d. enter into pre-contractual negotiations with one or more Respondents without any further need to go to tender,

e. decide not to proceed further with the RFP or any other procurement process for the Goods or Services,

f. commence a new process for calling for proposals on a similar or different basis to that outlined in this invitation, or

g. terminate the process at any time.

9.2 No legally binding contract

Being shortlisted does not give rise to a contract (express or implied) between the Respondent and CHN.

No legal relationship will exist between CHN and a shortlisted Respondent relating to the supply of the Goods or Services unless and until such time as a binding contract is executed by them.

10. Additional rules

Any rules governing this Request for proposal Process in addition to those set out in this **Part E**, are set out in the **Reference Schedule (Part A)**.

11. Respondent warranties

By submitting a proposal, a Respondent warrants that:

a. in lodging its proposal it did not rely on any express or implied statement, warranty or representation, whether oral, written, or otherwise made by or on behalf of CHN, its

officers, employees, agents or advisers other than any statement, warranty or representation expressly contained in the RFP documents,

b. it did not use the improper assistance of CHN employees or information unlawfully obtained from CHN in compiling its proposal,

c. it has examined this RFP, and any other documents referenced or referred to herein, and any other information made available in writing by CHN to Respondents for the purposes of submitting a proposal,

d. it has sought and examined all necessary information which is obtainable by making reasonable enquiries relevant to the risks and other circumstances affecting its proposal,

e. it has otherwise obtained all information and advice necessary for the preparation of its proposal,

f. it is responsible for all costs and expenses related to the preparation and lodgement of its proposal, any subsequent negotiation, and any future process connected with or relating to the RFP Process,

g. it otherwise accepts and will comply with the rules set out in this **Part E** of the RFP,

h. it will provide additional information in a timely manner as requested by CHN to clarify any matters contained in the proposal, and

i. it is satisfied as to the correctness and sufficiency of its proposal.

12. CHN rights

Notwithstanding anything else in this RFP, and without limiting its rights at law or otherwise, CHN reserves the right, in its absolute discretion at any time, to:

a. vary or extend any time or date specified in this RFP for all or any Respondents or other persons, or

b. terminate the participation of any Respondent or any other person in the Process.

13. Governing law

This RFP and the Process is governed by the laws applying in the Australian Capital Territory.

Each Respondent must comply with all relevant laws in preparing and lodging its proposal and in taking part in the Process.

14. Interpretation

14.1 Definitions

Respondent means an organisation that submits a proposal.

Briefing means a meeting (the details of which are specified in the **Reference Schedule**) that may be held by or on behalf of CHN to provide information about the RFP and the Process.

Capital Health Network (CHN) means the organisation responsible for the RFP and the Process.

Closing Time means the time specified as such in the **Reference Schedule** by which proposals must be received.

Proposal(s) and/or Response(s) means a document lodged by a Respondent in response to this RFP containing a proposal to provide Goods and/or Services sought through this Process.

RFP Process means the process commenced by the issuing of RFP and concluding upon formal announcement by CHN of the selection of shortlisted Respondent(s) or upon the earlier termination of the process.

Assessment Criteria means the criteria set out in **Part C** of the RFP.

Goods means the goods or other products required by CHN, as specified in **Part B** of this RFP.

Intellectual Property Rights includes copyright and neighbouring rights, and all proprietary rights in relation to inventions (including patents) registered and unregistered trademarks (including service marks), registered designs, confidential information (including trade secrets and know how) and circuit layouts, and all other proprietary rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

Request for Proposal (RFP) means this document (comprising each of the **Parts A, B, C, D and E**) and any other documents so designated by CHN.

Statement of Requirements means the statement of CHN requirements contained in **Part B** of this RFP.

Reference Schedule means the schedule so designated forming part of **Part A** of the RFP.

Services means the services required by CHN, as specified in **Part B** of this RFP.

14.2 Instruction

In this RFP, unless expressly provided otherwise a reference to:

- "includes" or "including" means includes or including without limitation, and
- "$" or "dollars" is a reference to the lawful currency of the Commonwealth of Australia, and
- if a word and/or phrase is defined its other grammatical forms have corresponding meaning.