

Invitation to tender

The Health Foundation is seeking a supplier to work with us to deliver round seven of the Innovating for Improvement programme

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Prepared by

Daphne Amevenu, Programme Manager
The Health Foundation
Tel: +44 (0)20 7257 8000
www.health.org.uk

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1.0 About the Health Foundation

- 1.1 The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
- 1.2 Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.
- 1.3 We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.
- 1.4 We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

2.0 Summary of project

- 2.1 The Health Foundation launched the Innovating for Improvement programme in 2014. This has been a well received and successful programme that aims to make demonstrable improvements in the delivery of health care and/or the way people manage their own health care, through the innovative redesign of services, practices and processes.
- 2.2 Each round of Innovating for Improvement supports up to 20 clinical teams to develop and implement innovative ideas, interventions and approaches, and gather evidence and learning about how their innovation improves care.
- 2.3 Projects are given up to £75,000 for a period of fifteen months and access to external support in the form of coaching, learning events and technical expertise. Six rounds have taken place since the programme was launched and around 120 innovation projects have been supported.
- 2.4 The seventh round (which this **Invitation to tender** (ITT) relates to) will open for applications in June 2018. The projects are expected to commence in January 2019 and continue until early 2020.
- 2.5 In the seventh round we will state that we would particularly welcome applications from projects focusing on a workforce theme (see appendix 1 for further information). We anticipate making up to 23 awards with between 8 and 12 projects focusing on this theme and most projects will feature elements of collaboration between multiple organisations and sectors.
- 2.6 We are now seeking to appoint a supplier to work collaboratively with the Health Foundation to provide support and challenge to the selected project teams over the lifetime of their projects. The following should be incorporated in any proposal:
 - The provision of individual project team support and constructive challenge - designed around their specific team/project needs.
 - Providing oversight and updates to the Health Foundation about support to teams.
 - Opportunities to share learning within and between teams.
 - Supporting the Health Foundation to capture learning about what it takes to lead, support or deliver innovation in health care (please note this is not a

programme level evaluation but instead supporting the gathering of intelligence from project teams).

- 2.7 The supplier¹ will have a strong knowledge of health and health care systems, and an ability to work across organisations. They will have knowledge and experience of how to successfully test and demonstrate an innovation and may have a network (or ready access to a network) of specialists who are able to provide timely input based on the project teams' needs. Suppliers may find applying as a consortium or partnership will enable them to better meet the broad range of requirements set out in this ITT.
- 2.8 Although not essential, we are interested in proposals that explore opportunities to involve Health Foundation Fellows and/or our networks (eg Q) in the support we offer to grant holders. There may also be opportunities to support and build on the capability of existing local networks. Further information on our alumni and Fellows (Generation Q, Improvement Science Fellows and others) can be found via our website: <http://www.health.org.uk>
- 2.9 We anticipate that the value of this contract will be in the region of £250,000 (inclusive of VAT and all associated expenses). The deadline for submitting your completed tender is **10am on 28 February 2018**. Please submit your tender via email to innovating.applications@health.org.uk

3.0 Overview of the programme and its projects

- 3.1 The **Innovating for Improvement** programme aims to:
- Encourage health care services to develop innovative approaches and ideas to improve the quality of health care.
 - Build a portfolio of well-described, real-life examples readily available to other health care organisations.
 - Generate solutions for further testing and demonstration at scale in health care.
 - Build the capacity and capability for innovation and quality improvement.
- 3.2 Project teams will be clinically led and involve individuals who work in the operational environment(s) where the innovation will be tested. Teams will vary in size and are likely to include individuals with a broad range of skills, knowledge and experience in innovation and improvement in health care, and may include clinicians, operational managers, patients and service users, academic professionals or staff with specific technical skills.
- 3.3 Many projects will be working with a number of partners that could include commissioners, other health care providers, universities, charities and community interest groups or regional bodies such as Academic Health Science Networks.
- 3.4 Some examples of previous Innovating for Improvement projects:
- 3.4.1 **AlcoChange: reducing alcohol use and admissions in patients with alcoholic liver disease**, is led by Royal Free London NHS Foundation Trust. Ongoing alcohol use in patients with alcoholic liver disease (ALD)

¹ Suppliers in this instance may mean single organisations, a consortium or partnerships

is the main cause of readmission and death. This project uses a digital app to provide a sustained intervention to support patients with alcoholic liver disease to self-manage their condition. It is expected that the intervention will result in a 20% reduction in alcohol consumption.

- 3.4.2 **Personalised long-term follow-up of cochlear implant patients using remote care**, is led by the University of Southampton. Around 1,400 people in the UK receive a cochlear implant and require a follow-up at one of 19 specialist tertiary centres for their implant to be readjusted. This project seeks to design a long-term follow-up pathway that will offer patients remote self-monitoring and a personalised intervention package for testing their own hearing at home.

4.0 What is being commissioned through this tender?

- 4.1 Rather than prescribing a specific model of delivering support for project teams, we are open to fresh ideas on how this can best be provided. This ITT offers a brief description of the elements of support we anticipate teams may require, however it is by no means exhaustive.
- 4.2 The successful provider will be expected initially to work with project teams and the Health Foundation to assess which elements of support are most appropriate and/or should receive most focus in each case.
- 4.3 The 15-month timeframe of the programme is relatively short and so bidders should consider the best way to provide support in proportion to the size of the grant and the length of the programme.
- 4.4 The ability of the support provider to build strong collaborative working relationships with project teams to support capacity and capability building is important, and bidders should demonstrate appropriate ways of achieving this. This may include coaching, workshops or webinars for example.
- 4.5 The project teams begin their set-up in January 2019 and a launch event is anticipated for March 2019. We look to our support provider to lead the design of events and manage them together with any associated resources.
- 4.6 For clarity, the Health Foundation is not outsourcing the delivery of this programme, but is commissioning support for grant holders to help them deliver their projects successfully. Our project teams have full ownership and responsibility for how they deliver their projects. It is not the role of the support provider to manage the performance of projects. The support provider will be expected to have oversight of the projects' progress and appropriately communicate this to the Health Foundation's programme management office. The Health Foundation has an experienced and effective programme management office that will lead the programme and hold relationships with grant holders.
- 4.7 A broad range of skills and experience is being requested within this ITT and providers may find that this is best met through a consortium arrangement - we actively welcome partnership/consortium bids. Alternatively, providers may find that using a network of associates or experts could be an effective way to fulfil the brief.

5.0 Examples of support teams may benefit from

- 5.1 Below are some specific examples of support teams may benefit from during the programme:

- Support to achieve a realistic and deliverable project plan (including project governance procedures).
 - Development of realistic plans for data capture and measurement (including helping to identify appropriate baseline measures) to support effective evaluation and the case for ongoing sustainability of the innovation.
 - Support to measure and communicate the financial impact of a project.
 - Appropriate stakeholder identification including plans for effective engagement and influencing.
 - Building and maintaining senior support and buy in from within their own organisation and the wider local health system.
 - Maintaining strong partnership relationships within the project team.
 - Effective and meaningful patient/public engagement and involvement.
 - Developing effective clinical engagement strategies.
 - Ensure appropriate attention is paid to human factors when implementing innovative technology solutions.
 - Unblocking any unforeseen challenges, and identifying and mitigating delivery risks (for example delays in ethics approval, MHRA requirements for apps or medical devices).
 - Developing the narrative of projects including, for example, storytelling techniques, use of patient/staff stories and different communication approaches (videos, social media etc).
- 5.2 This list is illustrative only and we would expect the support provider to work with teams and the Health Foundation to identify priority areas for focus for each team.
- 5.3 Because of the broad range of projects and levels of expertise and experience, some teams may need significant levels of support while others very little at all – the ability to be make this judgement and be flexible with support provided will be important to demonstrate.

6.0 Sustainability and spread

- 6.1 Project teams will be expected to look beyond the lifetime of their grant funding period to plan for ongoing sustainability of their projects. As such, building a strong evidence base, developing effective ways to communicate this alongside strong stakeholder engagement will be central to their success. We expect the provider to support grant holders to be planning for sustainability and spread from the beginning of the programme.

7.0 Cross cohort learning and sharing

- 7.1 Despite the broad range of projects being supported as part of this programme, we anticipate teams will have much to learn from each other. They will face many of the same challenges as they attempt to make improvements in complex systems in the face of competing priorities.
- 7.2 To facilitate this peer learning and support we would suggest that a number of whole or half day events may be helpful, including as a minimum a launch and final celebratory event. The provider would be expected to work with the Health Foundation to design and deliver these events. These events should be proportionate to the scale and scope of the programme, and we would ask support providers to be mindful of time commitment required from busy clinicians and project teams.

- 7.3 We anticipate that any key events are attended by a core team of up to three people for each project. For the purpose of budgeting, the provider will be expected to include all the costs related to these events, including but not limited to the venue, technology and speaker arrangements as necessary. The project teams are responsible for their own travel expenses.
- 7.4 In addition, the Health Foundation is interested in other mechanisms which could enable peer support and cohort learning throughout the project. Facilitating this will add significantly to the benefits of the programme for grant holders. We encourage innovative and creative suggestions for how this could be achieved.

8.0 Reporting arrangements

- 8.1 Learning about how to successfully test innovations is an important part of the programme. Project teams will be responsible for reporting their progress to the Health Foundation as agreed in their award agreements, and so are not expected to formally report progress to the support provider.
- 8.2 However it is important that the support provider is able to gather intelligence about how teams are progressing (both highlights and challenges) in order to inform the support they deliver – please consider how this can be best achieved using light touch mechanisms (such as utilising existing documents and internal project reporting/governance processes).
- 8.3 On a quarterly basis the support provider will report to the Health Foundation providing an update on the delivery of support and provider budget. This report should highlight project learning, as well as any issues or challenges the teams are facing. Plans for providing support to each team to mitigate any identified risks should also be included. This formal reporting will be supplemented by (at a minimum) monthly conversations between the support provider and the Health Foundation programme manager.

9.0 Knowledge and skills required from providers

- 9.1 We would expect the following to be demonstrated in any proposal:
- A flexible and adaptable approach, and a willingness to work collaboratively with the Health Foundation throughout the programme.
 - Credibility when working with senior teams including experience in facilitation, coaching and encouraging reflective practice.
 - Ability to work at both a strategic and operational level to support delivery through advice, problem-solving support and challenge.
 - A good knowledge of health and healthcare systems, and an ability to work across organisations (including experience in primary care).
 - Knowledge and experience of how to successfully test, embed and sustain an intervention or innovation.
 - Ability to work with teams on designing mechanisms for data capture and analysis requirements with the aim of supporting a business case for sustainability and evidence gathering to demonstrate effectiveness.
 - A good understanding, and practical experience, of how to create culture and behaviour change within health and social care organisations.
 - Effective communication and spread experience including methods of storytelling and stakeholder identification/influencing.

- Experience of analysing learning from projects, and an ability to make connections across diverse areas of focus.
- Creative and innovative event design to support learning from and between teams.
- Being able to support innovation through example – demonstrating that as an organisation you reflect on your own creativity and innovation in your approach to working with others.

9.2 Whilst we would like suppliers to demonstrate knowledge and experience of supporting innovation in health care, it is not essential that they have expertise in formal quality improvement methodologies (though this may be helpful).

10.0 Contract monitoring

10.1 The agreed deliverables shall be clearly documented in any contract entered into as a result of this ITT, and in accordance with the terms and conditions of this ITT. These deliverables and plans will be reviewed regularly and amended where necessary with the agreement of both parties.

10.2 Payments will be released in stages alongside agreed deliverables, providing these have been met.

10.3 The supplier will be expected to:

- Work collaboratively with the Health Foundation to discuss any concerns as they arise, through regular contact and monthly meetings.
- Ensure the Health Foundation's input and approval at key stages is sought.
- Through engaging dialogue and enquiry, have a clear understanding of the issues and challenges being faced by each of the project teams.
- Provide quarterly reports to the Health Foundation, including project management and financial progress, as well as highlight learning, issues and challenges, and actions planned to minimise risks to the programme's progress.
- Participate in at least four face to face sponsor meetings each year (following receipt of reports) with members of the programme management team at the Health Foundation offices in London.
- Form a good working relationship with the programme management team at the Health Foundation through regular email and telephone conversations.
- Liaise with the supplier of rounds five and six, if required, and use the learning and insights gathered in previous rounds to feed into the design and implementation for round seven.

10.4 The contract will be reviewed quarterly. This will review the:

- Support provided and experience reported by participants.
- Overall management of the project.
- Responsiveness and communication with the award holders and the Health Foundation.

11.0 Costs

11.1 Responses to this invitation should include accurate pricing, inclusive of expenses and VAT. It is emphasised that assessment of responses to this tender invitation will be on perceived quality of service and demonstrable ability to meet the brief, rather than lowest cost, but value for money is a selection criterion.

11.2 We anticipate that the value of this contract will be in the region of £250,000 (inclusive of VAT and all associated expenses).

12.0 Tender response requirements

Providers are requested to comply with the following structure in presenting their response.

12.1 Detailed provider information to include:

- organisation name, address, registered address (if different) and website address
- organisation's legal entity i.e. company, charity, LLP or other (please provide further information on your organisation if other)
- description of the organisation's activities or services,
- history and ownership
- organisational governance and management structure
- most recent company accounts.

12.2 A tender response, which must include:

- summary of your proposed approach
- summary of the experience of the key personnel who will be involved in the project
- costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
- risk management
- any other relevant information the Foundation should take into account
- primary contact name and contact details
- details of the team carrying out the work – names, roles and expertise relevant to the tender

12.3 A statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties.

13.0 Instructions for tender responses

13.1 The Foundation reserves the right to adjust or change the selection criteria at its discretion. The Foundation also reserves the right to accept or reject any and all responses at its discretion, and to negotiate the terms of any subsequent agreement.

13.2 This ITT is not an offer to enter into an agreement with the Foundation, it is a request to receive proposals from third parties interested in providing the deliverables outlined. Such proposals will be considered and treated by the Foundation as offers to enter into an agreement. The Foundation may reject all proposals, in whole or in part, and/or enter into negotiations with any other party to provide such services whether it responds to this ITT or not.

13.3 The Foundation will not be responsible for any costs incurred by you in responding to this ITT and will not be under any obligation to you with regard to the subject matter of this ITT.

13.4 The Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.

- 13.5 Your bid is to remain open for a minimum of 180 days from the proposal response date.
- 13.6 You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided delivery is effected prior to the established proposal response date.
- 13.7 Please note that any proposals received which fail to meet the specified criteria contained in it will not be considered for this project.

14.0 Selection criteria

- 14.1 Responses will be evaluated by the Foundation using the following criteria in no particular order:
- Ability to deliver on all required services or outputs
 - The quality and clarity of the proposal, products or services
 - Responsiveness and flexibility
 - Transparency and accountability
 - Value for money
 - Financial stability and long-term viability of the organisation (Due diligence will be undertaken on all shortlisted organisations)
- 14.2 It is important to the Foundation that the chosen provider is able to demonstrate that the right calibre of staff will be assigned to the project; therefore, the project leader who will be responsible for the project should be present during the panel interviews if you are selected.

15.0 Selection process

- 15.1 An information call for potential suppliers will be held on **16:00 GMT on 13 February 2018**. It is important that suppliers use this opportunity to ask questions and seek clarity on this tender.
- 15.2 Please email electronic copies of your full proposal plus any accompanying documents to **innovating.applications@health.org.uk** by **10:00 GMT on 28 February 2018**.
- 15.3 A response to your application will be made by **8 March 2018**.
- 15.4 Interviews will be held on **27 March 2018**.
- 15.5 Final decision will be communicated by **w/c 9 April 2018**.
- 15.6 Start date to be agreed following the final decision but is anticipated to be **January 2019**.

16.0 Confidentiality

- 16.1 By reading/responding to this document you accept that your organisation and staff will treat information as confidential and will not disclose to any third party without prior written permission being obtained from the Foundation.
- 16.2 Providers may be requested to complete a non-disclosure agreement

17.0 Conflicts of interest

- 17.1 The Foundation's conflicts of interest policy describes how it will deal with any conflicts which arise as a result of the work which the charity undertakes. All external

applicants intending to submit tenders to the Foundation should familiarise themselves with the contents of the conflicts of interest policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are bidding for. The policy can be found and downloaded from the Foundation's website at the following location: <http://www.health.org.uk/about-us/>

Appendix 1: Programme theme description

In round seven of Innovating for Improvement, the Health Foundation is particularly interested in applications for projects using innovation in the workforce to improve quality of care.

The programme remains open call and applications not linked to workforce are also welcome.

We are encouraging projects that aim to use innovative methods to improve the quality of patient care, for example through:

- Developing extended clinical services within an integrated care pathway.
- Using new approaches to information and data.
- Providing enhanced coordination of care.
- Improving access to care.
- Embedding technology in a way that improves care for patients.
- Using innovation in the workforce to improve quality.
- Developing person-centred and community-based approaches.

Specific areas of interest relating to workforce innovation

- Innovations that support the physical and mental well-being of staff and contribute to improved care to patients. Applicants might, for example, aim to increase emotional resilience, reduce sickness absence or improve staff retention.
- Innovations that focus on improved team working and relationships. This could include, for example, multi-disciplinary teams involving non-clinical staff differently eg volunteers or patients; or supporting new ways of working within clinical teams.
- Innovative use of technology or automation to address workforce challenges. Projects might, for example use new technology or innovative data analysis to improve efficiency of care while improving or maintaining the quality of care. Given the theme of this round, we are particularly interested in innovations that improve staff experience and productivity.