

Invitation to tender: Management capacity and capability in NHS trusts and system-level partnerships

Also included:

- [Sample contract](#)
- Tender response form ([via our online applicant portal](#))
- Contract budget template ([on the online portal](#))

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About the Health Foundation

The Health Foundation is an independent charitable organisation working to build a healthier UK.

We will play our part in building a healthier nation by focusing on three key priorities.

| | |
|--|---|
| Improving people's health and reducing inequalities | We will work with others to improve people's health and reduce inequalities by: <ul style="list-style-type: none">• increasing understanding about the economic and societal benefits of good health• focusing on the key role of economic, social and environmental factors in shaping health and driving inequalities• working with stakeholders to build cross-sector support and mobilise action for the changes needed to promote healthier lives. |
| Supporting radical innovation and improvement in health and care services | We will support radical innovation and improvement in health and care services by: <ul style="list-style-type: none">• promoting and evaluating new approaches to improve and transform services• helping to build an ecosystem for the generation, spread and adoption of new ideas and innovations• strengthening cultures and capability to deliver change among health and care professionals, organisations and systems. |
| Providing evidence and analysis to improve health and care policy | We will provide evidence and analysis to improve health and care policy by: <ul style="list-style-type: none">• publishing high quality research• producing analysis, insights and commentary to inform discussion and debate• working with stakeholders to develop long-term thinking and solutions to the challenges facing the health and care system. |

We are also continuing to develop our thinking and practice on the ways we can have a positive impact on our mission through how we work, particularly through the following three cross-cutting themes.

Equity, diversity and inclusion: We are committed to equity, diversity and inclusion as an employer and a funder and in our contributions to health and care policy and practice in the UK. Download our [equality and diversity policy](#).

Public participation: We are also developing how we engage and involve people – individuals and communities – in what we do. We want to embed public participation more consistently and more widely across our work to realise the benefit of multiple and diverse perspectives.

Environmental sustainability: We are committed to our environmental sustainability work, through both our research and analysis and through our grant programmes.

Further details about the organisation can be found at www.health.org.uk

Summary

High-performing health care provider organisations and system-level partnerships are underpinned by well-developed management capacity. Yet knowledge of the current state of management capacity across the NHS is limited.

To address this evidence gap, the Health Foundation is seeking a supplier to undertake a programme of research that will explore NHS management capacity. The primary focus is to examine existing capacity in NHS trusts in England. The aim of this is to determine whether NHS trusts, which have been highlighted in a succession of national strategies and reviews, including the **NHS Long Term Workforce Plan** and the '**Messenger Review**', have the capacity they need to meet the current demands, identify and plan for potential future demands and support innovation.

However, in order to build a comprehensive picture of NHS management capacity, it is important to look beyond NHS trusts and explore capacity within system-level bodies (such as integrated care systems, provider collaboratives and primary care networks) and primary care organisations (such as GP practices) in England. Therefore, in addition to research on management capacity in NHS trusts, the chosen supplier will conduct exploratory research work with those wider bodies, which will help both contextualise initial research and identify questions for a potential second phase of research looking at the wider system.

Specifically, the objectives of the research commission are to:

1. determine the current level of management capacity of NHS trusts in England
2. examine whether the current capacity is sufficient to meet the strategic and operational demands that trusts are currently facing and are likely to face in the next decade
3. examine the extent to which managers in English NHS trusts have the capacity to lead and support the identification, testing, adoption and spread of innovation, especially innovation that is technology related
4. identify how management capacity could be strengthened in English NHS trusts and what strategic, cultural, operational and infrastructural factors need to be in place in order to allow this to happen.
5. develop a working understanding of the current management capacity of:
 - system-level bodies in England – including but not limited to integrated care systems, provider collaboratives and primary care networks
 - primary care organisations in England – including but not limited to GP practices.

Applicants should have the necessary skills and experience to complete all elements of the work.

The budget for this study is up to **a maximum of £250,000 including VAT and expenses**. The work will start in May 2024 with a final technical report produced in spring 2026. The deadline to submit proposals is **12.00 (midday) on Friday 22 March 2024**. An information call for the programme will be held from 15.00–16.00 on Thursday 8 February 2024.

Background and rationale for the work

High-performing healthcare organisations and system-level partnerships are underpinned by well-developed management capacity. Without this they will struggle to deal effectively with the key delivery challenges facing the NHS, such as waiting times, winter pressures or patient flow, or to test, adopt and spread clinical, process or technology-related innovations.

Management capacity has been defined as the ability of an organisation to respond effectively to the demands it faces at any given time (Buchanan 2013). Previous Health Foundation research suggests that health care provider organisations with well-developed management capacity are likely to have a cohort of managers that is large enough and has the requisite skills, experience, motivation, time and job control to meet these demands. This cohort of managers is likely to be supported by an organisational strategy, culture and infrastructure that is conducive to good management. Among other things, this may include:

- strategic ambidexterity – the capacity to maintain an effective strategic balance between short and medium-term performance objectives and long-term transformation, innovation and improvement goals (Jones and Pereira 2023)
- an ability to focus the organisation on the delivery of a manageable number of strategic objectives that are understood and supported by staff, patients and the wider community (Jones 2022; Jones, Horton, Warburton 2019)
- the presence of a learning culture and psychological safety at all organisational levels and a commitment to openness, knowledge sharing and relationship building across the organisation (Jones and Pereira 2023b, 2023c; Jones 2022)
- the existence of data systems that give managers the ability to extract and analyse reliable and relevant data about organisational performance in order to identify variation and determine improvement priorities (Hardie, Horton, Thornton et al 2022)
- A structured and accessible capability-building programme that provides managers and prospective managers with the means of developing core management skills in a timely fashion (Jones, Horton, Home 2022)

Although the need for well-developed NHS management capacity has been highlighted in a succession of national strategies and reviews, knowledge of whether the NHS has the management capacity to perform effectively is limited. This makes it difficult to judge whether the NHS is under or over-managed or to understand and address any constraints that affect the work of NHS managers. It also makes it harder to determine the extent to which NHS managers have the capacity to lead and support the adoption and spread of innovation and technology across the NHS (a key Health Foundation strategic priority).

Most of the available evidence on the NHS management population is derived from national-level datasets, such as NHS Digital's NHS workforce statistics, the NHS Electronic Staff Record and other commercial databases. These datasets are useful in terms of determining the size of the full-time NHS management population (see Asaria 2021; Institute for Government 2023; Kirkpatrick and Malby 2022), and how it has changed over time, but are less helpful in understanding management capacity. In fact, these national datasets may not even provide an accurate representation of the total management population, as they often exclude some professional groups who are not badged as managers but have management

responsibilities. The most obvious examples are certain medical, nursing and allied professional staff groups who perform hybrid frontline clinical and managerial roles.

To build an accurate picture of NHS management capacity, it is necessary to look beyond national datasets and undertake research at the provider level. One such study (Bloom 2013) has demonstrated an association between high performance and the application of certain management practices. However, few studies examine the capacity required in order to apply these practices effectively. The one major study that does so (Buchanan 2013) identifies mature management capacity as a key component of 'the enabling environment' associated with effective management, but concludes that more research is needed on the topic. Buchanan's study was also carried out when NHS trusts were often much smaller in size than in the 2020s and prior to the restructuring of the health care landscape that gave rise to system-level partnerships such as integrated care systems, provider collaboratives and primary care networks.

In addition to the demands the NHS is facing, NHS management has a potential role to lead and support innovation. International research in health care and other sectors suggests that the actions and attitudes of middle and frontline managers to innovation can often determine the take-up and impact of new ways of working or products (see Birken 2012). However, there is a dearth of evidence as to the current state of NHS management capacity in relation to the leadership, promotion, support and delivery of innovation.

In a bid to assess NHS management capacity in the mid-2020s, the Health Foundation has decided to commission new research on the topic. As stated, the first phase of this research, which is the subject of this invitation to tender, will focus on the management capacity of NHS trusts in England, with a particular emphasis on management capacity to adopt and spread innovation and technology. It will also include exploratory research on capacity in system-level bodies and primary care organisations in England to inform potential future research.

Future phases of this programme may involve commissioned research to determine management capacity in other health and social care settings across the UK, as well as the management capacity of organisations in other public and private sectors.

Details of the work

Aims and objectives

This proposal seeks to commission a supplier to undertake a programme of research to:

1. determine the current level of management capacity of NHS trusts in England
2. examine whether the current capacity is sufficient to meet the strategic and operational demands that trusts are currently facing and are likely to face in the next decade
3. examine the extent to which managers in English NHS trusts have the capacity to lead and support the identification, testing, adoption and spread of innovation, especially innovation that is technology related.
4. identify how management capacity could be strengthened in English NHS trusts and what strategic, cultural, operational and infrastructural factors need to be in place in order to allow this to happen

5. develop a working understanding of the current management capacity to meet existing demands and identify and plan for future demands of:
 - system-level bodies in England – including but not limited to integrated care systems, provider collaboratives and primary care networks
 - primary care organisations in England – including but not limited to GP practices.

In meeting these objectives, the Health Foundation anticipates that the research will generate evidence and insights on the following topics:

- the size, composition and core duties and responsibilities of the management population of NHS trusts. Issues of particular interest to the Foundation are:
 - the size of the hybrid manager population (that is, managers with ongoing clinical responsibilities) relative to that of the full-time manager population
 - the proportion of time spent by hybrid managers on managerial duties and the support and training they receive to enable them to undertake these duties
 - the typical day-to-day activities undertaken by key categories of managers (for example, clinical managers, general managers, operations managers, corporate service managers) and the factors that impede and support the delivery of these activities
 - the differences between the formal responsibilities of managers as stated in their job descriptions and elsewhere and their actual, day-to-day activities
 - the management functions (for example, quality management, data and informatics management, technology management, strategy management) required to run an effective NHS trust and the extent to which they have the available capacity to deliver these functions effectively.
- the distinction between management and administrative roles in NHS trusts and the extent to which managers are undertaking tasks that are administrative in nature
- the extent to which the management population of NHS trusts matches the diversity of their respective workforces and local communities
- the extent to which NHS trust managers are equipped and supported to engage in system-wide partnership working led by and involving integrated care systems, provider collaboratives and primary care networks and other relevant bodies.

Contribution to the Health Foundation's strategic priorities and the desired impact of this project

This project will make an important contribution to the Health Foundation's radical innovation and improvement and policy strategic priorities (as set out above) and our routes to impact. A detailed assessment of the management capacity of NHS trusts in England would allow us to generate impact in the following ways:

Contribute to a thriving ecosystem for the generation, spread and adoption of innovation and improvement

Research has shown that managers are a key enabler of the development and implementation of innovation and improvement. By exploring the extent to which managers

are able and motivated to lead and support innovation and improvement, this research project will strengthen the sector's ability to identify and address the barriers to innovation and improvement in the NHS.

Strengthen improvement capability and culture at the organisation and system-level

NHS frontline and middle managers have a critical role to play in building and maintaining an organisational culture that is conducive to improvement. They can also strengthen efforts to build improvement capability by promoting and unlocking barriers to training and development and by role modelling effective leadership for improvement behaviours. The data and insights from this project will build our understanding of the extent to which NHS managers are able and supported to undertake these critical roles.

Designing the project

The proposed project will comprise two components:

1. a mixed-methods study to understand the management capacity and management workforce composition of NHS trusts in England
2. an exploratory study to explore the management capacity and activities of system-level bodies and primary care providers in England.

Component one: Mixed-methods research to understand the management capacity and management workforce composition of NHS trusts in England

Study sites

The supplier will be expected to engage at least four NHS trust study sites in England across different geographies and provider organisations. The sites should include:

- at least two acute care hospital-based NHS trusts (preferably one district general hospital type trust and one metropolitan, multi-site teaching hospital type trust). In each acute trust, the following should be examined:
 - the clinical, general and operations management of at least three clinical divisions or care groups (for example, emergency medicine, cardiovascular services, surgery)
 - the management of at least one corporate or cross-cutting function (for example, data and tech, finance, estates, strategy, transformation).
- at least two other NHS trusts. These trusts should be either mental health, specialist, ambulance or community care-focused trusts. As with the first category of trusts, the focus would be on both frontline clinical and corporate management functions.

Applicants are asked to include a description of the sampling framework in their proposal with a justification for the proposed choice of sites. The supplier will be responsible for recruiting the study sites and conducting the research in each site as part of the study. The supplier will also be responsible for obtaining, and for ensuring compliance with, any ethics and data-protection approvals associated with conducting the study.

Scope

The work will involve three elements, which are presented here as individual workstreams but in effect will be conducted as a single programme:

1. Analysis of the size and composition of the managerial workforce of NHS trusts

This workstream will combine qualitative research (for example, interviews with management and operational leaders) with analysis of operational data and organisation charts to build a detailed picture of the size and composition of the management group responsible for managing individual divisions or care groups and the overall organisation.

2. Qualitative research on NHS trust management activities and capacity

This workstream will examine managerial processes and activities to identify the presence and configuration of attributes known to support management capacity and the extent to which management capacity exists to lead and support the adoption and spread of innovation – for example, digital innovation. The work should also seek to identify novel attributes of management capacity (and associated hierarchies and cultures, where appropriate) specific to supporting service innovation.

The workstream will include qualitative research involving a sample of managers and other relevant stakeholders at each site. The research will focus on all NHS trust staff with management responsibility as well as aspiring managers who are receiving management-related training and support. As such, the study will examine the management capacity of full-time general, operations and corporate service managers, clinicians with part-time management roles (hybrid managers) and any staff preparing to become managers.

3. Survey-led research of the management workforce of a representative sample of NHS trusts

This workstream will use a survey-led approach to examine the management capacity and population of at least 50 NHS trusts in England. A representative sample of the total NHS trust population of 215 should be selected according to criteria such as trust type, size, location, performance, innovation and improvement track record. The survey is intended to enable analysis of the broader relevance and applicability of the detailed insights from the qualitative research undertaken as part of Component one of the work.

In their proposal, applicants should describe the proposed approach for each element of the work and how they will bring them together into a single cohesive programme of work to address the research objectives outlined. Information provided in your proposal should include (but not be limited to) the foci of the research, the methodologies used to gather, analyse and triangulate the data, the sampling framework, ethics and quality assurance considerations and processes, resource allocation and timelines and knowledge mobilisation and dissemination plans for the work.

Component two: Exploratory study of the management capacity and activities of system-level bodies and primary care providers in England

Study sites

The supplier will be expected to engage with a range of system-level bodies and primary care organisations in England. This should include a mix of integrated care systems, provider collaboratives and primary care networks and other relevant bodies. Applicants should describe in their proposal the suggested approach for the work, but we anticipate the scale of the work to include up to 30 key management stakeholders from system-level bodies and primary care organisations.

Scope

This component has two objectives:

1. analysis of the management and operational activity led by and involving system-level bodies outside of NHS trusts. This will allow the supplier to develop an understanding of the management capacity required by NHS trusts to meet their external, system-level strategic and operational commitments.
2. a high-level examination of the management capacity of system-level bodies and primary care organisations. This will enable a comparison of management capacity and capability between system-level bodies and providers and NHS trusts, helping to identify areas of commonality and divergence in terms of management capabilities and practices across different structures in the health and care system.

It will also enable the Health Foundation to inform and ground a potential future phase of more extensive research examining the management capacity of primary care organisations, system-level bodies and other care sectors.

The direction and focus of the research with this set of stakeholders will be led by the emerging findings from component one of the study. In their proposal, applicants should provide an overview of their approach for component two of the work along with details of how they will use the emerging findings from the work with NHS trusts to focus the design and delivery of the work with system-level bodies and primary care organisations. An updated protocol for component two of the study will be required prior to the start of the work, which will describe the specific focus of the research, including key stakeholders involved in component two the study. In their proposal, applicants should include a clear timeline and budget (from the total budget envelope) for the development and delivery of component two of the study.

It is important the proposal also includes details of how the findings from the exploratory study (and the work with NHS trusts, where relevant) will be used to generate recommendations for potential future work on management capacity and capability of system-level bodies and primary care organisations.

Ways of working

The work will be managed by a project team involving a Research Manager and Research Officer in the Research team, alongside colleagues from the Foundation's Insight and Analysis Unit (Senior Improvement Fellow and National Medical Director's Clinical Fellow).

We will want to engage regularly and collaborate with the supplier on this project, but we will agree the nature of updates with the provider at the inception meeting. We anticipate the supplier will provide agile updates throughout the duration of the study, and we will work together once appointed to co-design the ways of working.

A light-touch review will take place following the delivery of the updated protocol for component two of the study. The protocol will be agreed by the Health Foundation prior to the work commencing.

A privacy impact assessment will be submitted by the Health Foundation to the data protection team. If the supplier has not worked with the Health Foundation before, they will be required to complete a data protection assessment.

Deliverables and requirements

Specific deliverables are to include the following.

| Deliverables | Date |
|---|------------------------------------|
| Finalised protocol for the delivery of the research programme, covering components one and two of the study, as agreed at the inception meeting. | May 2024 |
| Interim project meeting updates with the Health Foundation project team throughout project (depending on methodological milestones and when decisions need to be made between the supplier and the Health Foundation to progress the project). | As agreed at the inception meeting |
| Interim technical report for the Health Foundation to include updates on progress, challenges and findings/themes emerging from the research. Findings should reflect the objectives set out in the invitation to tender as well as a synthesis of study-level learning. | As agreed at the inception meeting |
| Updated protocol for component two of the study based on the emerging findings from component one of the research. | As agreed at the inception meeting |
| Final technical report for the Health Foundation addressing each of the aims and objectives set out in the invitation to tender (and including the scope of the work, methodologies and reasons for choosing these, findings from the research, conclusions, recommendations and next steps, and limitations of the work). | Spring 2026 (date TBC) |
| Detailed case studies on the management capacity of the participating NHS trusts. | As agreed at the inception meeting |
| Recommendations for follow-on work to examine the management capacity of primary care organisations, system-level bodies and other care sectors. | Spring 2026 (date TBC) |

Audiences for this work

The primary audience for this work is organisation and system leaders and middle managers in England and national policymakers with an interest in NHS management, transformation, improvement and innovation, such as the NHS Impact and Messenger Review implementation teams. A secondary audience are researchers and academics focused on improvement science, innovation and healthcare management.

We will work closely with the supplier to develop key messages and any communications and public affairs (including media) related to the project. We are keen to ensure that the development process of this work supports our wider stakeholder engagement work. Our aim in terms of dissemination is to provide outputs useable by those in policy and politics who are research literate but time poor.

Costs

Based on previous similar work commissioned by the Health Foundation, the budget is a **maximum of £250,000 including VAT and expenses**. We are open to working with either a single supplier or consortium bid.

We will commission this study by issuing a contract for services and, as such, we expect VAT is likely to be payable on all aspects of the work. **Please consult your contracting team and/or finance team to ensure that VAT has been included appropriately before submitting your proposal and budget.**

What we are looking for (selection criteria)

The following criteria will be used to assess the applications and inform the short-listing process:

- how the approach meets the needs of the Health Foundation and aims of this study
- suitability of the proposed approach, including ways of working with the Health Foundation and other stakeholders mentioned in this invitation to tender
- expertise in conducting research to examine management capacity and capability in a UK setting, preferably in health and social care
- knowledge of health and social care in the UK and experience working with stakeholders to develop long-term thinking and solutions to the challenges facing the health and care system
- appropriate project management, risk management and quality assurance processes
- value for money and capacity to deliver
- commitment to environmental sustainability.

Submitting your tender and selection process

Information call and Frequently Asked Questions

We will hold an **information call from 15.00–16.00 on Thursday 8 February 2024**. If you would like to attend, please register your interest by emailing us at research.mailbox@health.org.uk

The information call will offer applicants the opportunity to hear more about the project and ask questions to clarify understanding. It is not essential, but applicants are encouraged to take part.

If you have any questions about the project, please email them to us in advance of the information call if possible. Please note that we will not be able to answer specific technical questions about individual tender responses. Our responses to general questions will be added to a Frequently Asked Questions document, which we will keep updated until the invitation to tender closes.

How to apply

Please **complete your application** by **12.00 (midday) on Friday 22 March 2024**. **We will not accept proposals submitted after this time.**

You will need to log in/register a new account on our portal, then select the relevant opportunity. We use a standard online form for all tender responses, and there is opportunity to upload relevant documents.

Suppliers will need to submit their completed application form via our applicant portal, referring to our guidance.

Assessment and selection

Assessment of applications will take place during late March and early April 2024. Applications will be assessed by representatives from the Health Foundation and external advisers.

We plan to inform applicants whether their proposal has been shortlisted in the week commencing **15 April 2024**.

We intend to interview shortlisted bidders **24–25 April 2024** to explore proposals in more depth. Please ensure you have availability on those days.

Proposals will be assessed using the criteria noted.

It is important to the Health 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 an applicant is shortlisted.

Instructions for tender responses

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.

This work specification 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 specification and request for response or not.

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

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

Bids will remain open for a minimum of 180 days from the proposal response date.

Applicants may, without prejudice to themselves, modify their proposal by written request, provided the request is received by the Foundation prior to the proposal response date. Following withdrawal of an applicant's proposal, the applicant may submit a new proposal, provided delivery is affected prior to the established proposal response date.

Please note that any proposals received that fail to meet the specified criteria contained in it will not be considered for this project.

Confidentiality

By reading/responding to this document, applicants accept that their organisation and staff will treat information as confidential and will not disclose it to any third party without prior written permission being obtained from the Health Foundation.

Providers may be requested to complete a non-disclosure agreement.

Conflicts of interest

The Foundation's conflicts of interest policy describes how it will deal with any conflicts that arise as a result of the work 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:

<https://www.health.org.uk/COI>

Timetable

| Item | Date |
|---|---------------------------------------|
| ITT launched | 23 January 2024 |
| Information call | 15.00–16.00, Thursday 8 February 2024 |
| Closing date for applications | 12.00 (midday), Friday 22 March 2024 |
| Review of applications and shortlisting | March–April 2024 |
| Confirmation of shortlisted applicants | w/c 15 April 2024 |

| Item | Date |
|----------------------------|-------------------|
| Interviews to be held | 24–25 April 2024 |
| Successful bidder notified | w/c 29 April 2024 |
| Inception meeting | early May 2024 |

Questions

If you have any queries relating to the tendering process or the nature of the service required, please email research.mailbox@health.org.uk. We will aim to reply to queries within five working days. Responses to general questions will be added to a Frequently Asked Questions document, which we will keep updated until the invitation to tender closes.

Contract arrangements

The Health Foundation's standard contract for delivery of services is attached to this invitation to tender. Please ensure that you have read our sample contract and agree to the terms. Any queries about the contract terms should be detailed in your application.