![Department of Health & Social Care logo]

Request For Information (RFI)
Research Commissioning and Management Services

Department of Health and Social Care (DHSC)

DHSC Reference: C292360

August 2024

1.0 Introduction

1.1 The Department of Health and Social Care (DHSC) is seeking information regarding a procurement opportunity they are intending to launch to identify delivery partners for NIHR's Research Commissioning and Management Services from 1 April 2027.

1.2 This is a Request for Information (RFI) only. This RFI is issued solely for information and planning purposes – it does not constitute an Invitation to Tender (ITT) or a promise to issue an ITT in the future. This RFI does not commit DHSC to contract for any supply or service whatsoever.

1.3 Further, DHSC is not at this time seeking proposals and will not accept unsolicited proposals. DHSC will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the Respondent's expense, by responding to the RFI the Respondent accepts these terms. It is not intended that this RFI will be used to pre-qualify potential Respondents. Responding or not responding to this RFI does not preclude participation in any potential future ITT, if any is issued.

1.4 The information provided in the RFI is subject to change and is not binding on DHSC.

2.0 The Requirement

2.1 Background

2.1.1 The Department of Health and Social Care (DSHC) funds the National Institute for Health and Care Research (NIHR).

2.1.2 NIHR research drives better health outcomes and grows the economy through:

- **Impact** - delivering Research and Development (R&D) focused on needs and priorities of the health and care system, improving the health and wealth of patients and the public.
- **Investment** - using R&D to drive the country's life sciences sector and technical advantage, making the UK an international competitive world leader.
- **Innovation** - utilising R&D to invest in foundational underpinning science, facilities, talent and capacity building across the health and care workforce.

- **Inclusion** - embedding R&D across the health and care system, improving access to new treatments, and developing interventions for adoption across our population.

2.1.3   NIHR's policies and functions are directed by DHSC's Chief Scientific Adviser, who is NIHR CEO, supported by the DHSC Science, Research and Evidence Directorate.

2.1.4   Currently the day-to-day operations of the NIHR are carried out by two coordinating centres:

- the NIHR Coordinating Centre (NIHRCC)
- the Research Delivery Network Coordinating Centre (RDNCC)

2.1.5   Four of the five contracts/Service Level Agreements that make up NIHRCC will come to an end on 31 March 2027 (note that the fifth contract, for Public Partnerships and Maximising Impact, is currently being procured). These are the:

- NIHR Evaluations, Trials and Studies Coordinating Centre (NETSCC)
- Central Commissioning Facility (CCF)
- NIHR Office for Clinical Research Infrastructure (NOCRI)
- NIHR Academy

2.1.6   Details of the specific services delivered under each contract can be found in the accompanying Attachment 1.

2.1.7   DHSC is planning to appoint suppliers to continue delivering the services currently provided through these contracts from 2027/28 onwards through a competitive procurement.

2.1.8   It is important to note that any future procurement will be run in accordance with the Procurement Act 2023, not the Public Contract Regulations 2015. It is likely that DHSC will:

- use the new Competitive Flexible Procedure (a multi-stage process), launching the procurement in December 2024 with the following provisional process and timeline:

Stage	Timing

Publish Invitation to Tender Notice	Dec 2024
Conditions of participation stage	Dec-Jan 2025
Initial supplier presentation stage	Jan-Feb 2025
Invitation to submit initial tenders (ISIT)	Feb 2025
Dialogue stage	Apr-May 2025
Second supplier presentation stage	May-June 2025
Invitation to submit final tenders (ISFT)	June 2025
Post tender negotiation stage	Aug-Sept 2025

- commence with new contracts on 1 April 2027 with a transition period prior to this of up to 12 months.
- use an adapted version of the Model Services Contract (MSC). It should be noted that the MSC will be updated to align with the Procurement Act 2023 at the end of August and any actual contract will be based on the most recent version at the time of procurement.
- welcome single bidders or consortia.

2.1.9   DHSC is exploring options for the procurement design and in particular the approach to lotting the services. Our current approach is outlined in the Draft Requirement below and we would welcome feedback from suppliers.

2.1.10   Please note the following information is provisional and subject to change.

2.2   Overview of requirement:

2.2.1.1   The contract term is anticipated to be for an initial term of 5 years with options for DHSC to extend for a further 4 years.

2.2.1.2   The total value for the procurement for the 5-year term is anticipated to be approximately £400 million.

2.2.1.3   DHSC are provisionally planning to:

- structure the procurement into six lots, outlined below in section 2.3.
- permit suppliers to submit bids for, and be awarded, multiple lots.
  - However, DHSC's current preference is not to have a single supplier for all lots.
- restrict the awarding of lots with the following rules:

- o tenders must achieve an evaluation score for their bid(s) above a minimum quality threshold.
- o the top three initial tenders for each lot will be invited to the negotiation stage.

2.2.1.4 The Transfer of Undertakings (Protection of Employment) Regulations 2006 ("TUPE") is likely to apply in respect of incumbent supplier employees currently engaged in the provision of the services under the incumbent contracts.

- DHSC is collating information and taking advice on the application of TUPE in any future procurement.
- DHSC will not be liable to any Tenderer and/or incumbent supplier for any opinion given on the application of TUPE in this document or in future tender documentation, and it remains the responsibility of Tenderers to carry out their own due diligence to determine if TUPE is likely to apply to their proposal and the circumstances of the Contract (s).
- Incumbent suppliers will provide high level workforce information for Tenderers to view in any future procurement.
- As it is anticipated that TUPE will apply and the potential for employees to transfer, Tenders should take into account all future staffing costs within their price.

2.2.2 Strategic objectives:

2.2.2.1 NIHR's overall operational priorities for the new procurement are set out in Best Research for Best Health: The Next Chapter, defined as NIHR's six 'core workstreams':

- Funding high quality, timely research that benefits the NHS, public health and social care
- Investing in world-class expertise, facilities and a skilled delivery workforce to translate discoveries into improved treatments and services
- Partnering with patients, service users, carers and communities improving the relevance, quality and impact of our research
- Attracting, training and supporting the best researchers to tackle complex health and social care challenges

- Collaborating with other public funders, charities and industry to shape a cohesive and globally competitive research system
- Funding applied global health research and training to meet the needs of the poorest people in low- and middle-income countries.

2.2.2.2   In addition, there is an overarching operational priority to support Secretary of State to meet research duties under the Health and Care Act 2022 and DHSC require delivery of the following five new strategic objectives to:

- embed collaborative working across the NIHR Coordinating Centres (CCs) to deliver strategically important programmes and initiatives that add value to our stakeholders and reduce the burden on researchers.
- embrace a culture of NIHR-wide digital innovation, working flexibly with the NIHR Digital, Data and Technology (DDaT) Office to implement new digital solutions and act as a proactive and intelligent customer to improve user experience of our systems and websites.
- generate evidence to support the delivery of low carbon, sustainable and resilient health and care systems and reduce the environmental impact of our research, including via the NIHR Coordinating Centres' carbon reduction plans and an active programme of work to achieve them.
- provide strategic leadership with an agile and proactive approach to horizon scanning and identification of emerging research needs.
- identify, resource and galvanise opportunities to contribute to cross-NIHR efforts to increase NIHR-funded and supported research participation in international collaborative research.

2.2.2.3   In addition, NIHR's five operating principles will continue to shape and reflect our culture and guide our decision-making:

- **Impact** - We prioritise the challenges that are most important to those who use, work in and manage health and social care services and that could most benefit from research evidence. We accelerate the translation of discoveries and partner with others to ensure our evidence is used to improve everyday practice. We track progress against our goals and strive to ensure that our research addresses the needs of patients, service users, carers, communities, and the public.

- **Excellence** - The quality of our researchers, research outputs and training is world leading, and we have a highly skilled research design and delivery workforce. We embrace the latest developments in technology, research data and methods and knowledge mobilisation. We operate to the highest standards of integrity and transparency in our funding and commissioning processes, and ensure that our evidence is accessible and actively disseminated.

- **Inclusion** - We are committed to equality, diversity and inclusion in everything we do. Diverse people and communities shape our research, and we strive to make opportunities to participate in research an integral part of everyone's experience of health and social care services. We develop researchers from multiple disciplines, specialisms, geographies and backgrounds, and work to address barriers to career progression arising from characteristics such as sex, race or disability.

- **Collaboration** - We partner with the NHS, public health and social care systems, people and communities, universities, government, regulators, the devolved administrations, industry, charities and other research funders to maximise our collective impact. We encourage collaboration across disciplines and specialisms, between researchers and the public, and within our own organisation. We foster equitable partnerships with researchers and institutions in low and middle income countries.

- **Effectiveness** - We are sound custodians of public money. We have a strong track record of improving the efficiency of research and of generating evidence that enables health and social care systems to become more effective. We have a culture of continuous improvement, finding ways to simplify and streamline our processes, improve our communications and accessibility, harness the power of digital technology, and enhance people's experience of working with and for us.

2.2.2.4   [Best Research for Best Health: The Next Chapter](#) also set out seven areas of strategic focus. However, these will evolve over the coming years and over the life of the new contracts and potential suppliers will need to demonstrate a high degree of flexibility and innovation to pivot to new strategic priorities as they arise.

2.3 Lotting structure

2.3.1 The following is the provisional lotting structure for the procurement. Please note that this structure is not final, and the exact services and their organisation may change or be consolidated in the final requirement specification.

2.3.2 Price

2.3.2.1 The provisional award value for each lot for a 5-year term is as follows:

- Lot 1 – Strategic Business Services – £90M
- Lot 2 – Research Commissioning: Individual level and Global Health Programmes – £125M
- Lot 3 – Research Commissioning: Population and Policy level Programmes – £80M
- Lot 4 – Research Infrastructure Commissioning: Translational and delivery – £20M
- Lot 5 – Research Infrastructure Commissioning: Applied, public health and social care – £25M
- Lot 6 – Research commissioning: Training and capacity building – £60M

2.3.3 NIHR digital – to note

2.3.3.1 The NIHR manages a number of digital systems which support the NIHR community and the health and care research landscape more widely (for example, NIHR funding and awards systems and digital platforms such as Be Part of Research and Join Dementia Research).

2.3.3.2 In any future tender for NIHRCC services, existing and future NIHR digital systems that enable research will, from April 2027, be the responsibility of the NIHR Chief Digital Officer (CDO) and NIHR Data, Digital and Technology function, hosted by the NHS Business Services Authority. As such, the development and management of NIHR digital systems would not be included in any future NIHRCC competitive tender and bidders for the lots described in this RFI would not need to include costings for developing and maintaining digital systems in their bids.

2.3.3.3 Post April 2027, the successful bidders for any lots as described within this RFI would work with the NIHR CDO on the further development of NIHR funded digital systems in response to stakeholder needs, with the NIHR CDO being accountable for the delivery of all technical solutions for NIHR digital systems.

2.3.4 Business development and external affairs – to note

2.3.4.1 NIHR is currently undertaking an Industry Engagement Review to understand how to best partner with and support the life sciences industry. The scope of the review will include the business development and collaboration, and external affairs services detailed in sections 2.3.5.7. and 2.3.5.8. The outcome of the review will inform the procurement design together with responses to feedback from suppliers.

2.3.5 Lot 1 – Strategic Business Services

2.3.5.1 The functions outlined in this lot are services to the NIHR as a whole and will ensure a holistic approach in the activities described.

2.3.5.2 As this lot is a central resource of expertise to the NIHR more widely, bidders for lots 2-6 should not include costings for resources in the service areas below in their bids. Bidders for lots 2-6 will however need to include costings within their bids which will allow them to be intelligent clients for the services outlined in Lot 1.

2.3.5.3 The requirements for suppliers of lots 2-6 to work together and with lot 1 in these areas of service provision are likely to be defined through an interface agreement(s) between the successful bidders. An example interface agreement would be shared as part of any DHSC tender documentation.

2.3.5.4 This lot will provide the following foundational services for the NIHR:

- Corporate communications and stakeholder engagement
- Impact, insight and evaluation
- Business development and collaborations
- External affairs
- Assurance
- Intellectual property (IP) and Contracting
- Open research and publication

- Research Inclusion
- Climate, health and sustainability

2.3.5.5   Corporate communications and stakeholder engagement

- Planning and delivering communications products, activities and campaigns to raise awareness of the NIHR and the research that the NIHR funds and supports, with a range of stakeholders, including the public, health and care professionals, the wider research community, the charity and commercial sector and local and national Government.
- Supporting all areas of the NIHR in communicating new research funding and support opportunities and their outcomes.
- Providing corporate NIHR leadership to the wider NIHR communications community across NIHR infrastructure and other elements of the research system funded by the NIHR.
- Liaising with DHSC R&D policy leads, communications leads and working with DHSC ALBs on cross-Government communications objectives.
- Planning and delivering engagement events with NIHR stakeholders.

2.3.5.6   Impact, insight and evaluation

- Providing business intelligence and insight into the research that the NIHR funds and supports and its impacts in order to support NIHR communications, public and Parliamentary accountability and briefings and intelligence for DHSC/wider Government.
- Enabling an embedded culture of monitoring, evaluation and learning across NIHR to understand and articulate the difference that NIHR makes and how this can be improved upon.

2.3.5.7   Business development and collaborations

- Lead and manage NIHR's national and international visibility to the life science industry at high profile events, conferences, and webinars with key international organisations.
- Provide services to support life science companies to navigate and access both the expertise and industry supporting services funded by NIHR and when appropriate the wider UK healthcare system.

- Support and develop opportunities across NIHR research infrastructure to collaborate with other parts of NIHR, the life sciences industry, charities and the clinical research landscape, including the Translational Research Collaborations (TRCs).

2.3.5.8 External affairs

- Lead NIHR's role in UK Government engagement with key life science industry partners to develop strategic R&D partnerships and onshoring of clinical trial activity.
- Support delivery of the vision for UK clinical research by coordinating and driving implementation of the activities underway to improve how clinical trials are delivered in the UK, through the cross-sector UK Recovery, Resilience and Growth (RRG) Programme.

2.3.5.9 Assurance

- Undertake the Annual Funding Review (AFR) of a sample of research organisations, and continue to develop the AFR approach
- Implement NIHR's Assurance Strategy and keep under review
- Support, develop and manage NIHR's Assurance Framework, ensuring that collectively it provides relevant assurance across the NIHR portfolio, to the NIHR Board
- Represent NIHR on cross-sector assurance groups and contribute to the development of relevant initiatives.
- Provide assurance support and training for those involve in assurance activities.

2.3.5.10 Intellectual property (IP) and Contracting

- Provide IP and research contracting support cross-NIHR, delivering a comprehensive service covering operational and strategic delivery and development, and a proportionate approach to research contracting that enables innovation in health and care, whilst ensuring that:
  - o DHSC contractual rights are managed appropriately;
  - o Commercial interactions are transacted appropriately; and
  - o HMG return on investment is considered and accounted for.

- This includes due diligence, commercialisation analysis, value extraction, data management, NIHR staff support and development, and consulting and advising on contract drafting and policy development.

2.3.5.11 Open research and publication

- Support NIHR's priorities for Open Research to NIHR funded research outputs by working closely with DHSC to develop, implement, monitor and review NIHR Open Research policies, processes, guidance and infrastructure. Including by:
- Managing a cross NIHR Open Research Working Group to ensure buy-in and effective implementation of all NIHR Open Research policies.
- Undertaking stakeholders' consultations to inform policy development and implementation.
- Representing NIHR on key external forum and open research infrastructures, such as Europe PMC.
- Developing effective and efficient systems to monitor policy implementation and compliance.
- Supporting the Department in considerations around cost-effective academic read and publish agreements, working with organisations such as NHS England, NICE, UKRI and Jisc.
- Managing the [NIHR Journals Library](#) and [NIHR Open Research](#) F1000 publishing platforms.

2.3.5.12 Research Inclusion

- Provide leadership, advocacy, and expertise across the NIHR on all matters related to equality, diversity, inclusion, under-served communities, and their interactions with health inequalities.
- Strategic development and implementation of NIHR's [research inclusion strategy](#), ensuring compliance with all legal and mandatory requirements, including through coordination and collaboration across NIHR.
- Work in partnership with key stakeholders including health and care regulators, NHS England, local authorities, communities, researchers, and other funders.

2.3.5.13 Climate, health and sustainability

- Coordinate and lead cross-NIHR action to deliver against the NIHRs commitments on climate, health and sustainability commitments (Our commitments to climate, health and sustainability 2024-2026).
- Refresh and update NIHR climate, health and sustainability commitments year-on-year and drive cross-NIHR action against new NIHR objectives.

2.3.6 Lots 2 to 6 – Research commissioning services

2.3.7 The functions outlined in lots 2-6 are for the end-to-end commissioning and management services, covering NIHR's entire research portfolio. This includes research programmes, infrastructure and infrastructure-like schemes and training schemes.

2.3.8 Successful bidders for any of these lots will be required to:

- Take a strategic view of the current health and care landscape, proactively identifying areas of changing priority and research need.
- Adapt and develop their commissioning offer in response to emerging areas of need and priority.

2.3.8.1 Current projected research spend for 2024/25 for each programme/scheme is listed in square brackets and has been provided to give indicative volumes. However, it should be noted that the values and proportions of funding between programmes/schemes are likely to change.

2.3.9 Lots 2 and 3 – Commissioning of NIHR research programmes

2.3.9.1 The functions outlined in lots 2 and 3 are for the end-to-end commissioning and management of NIHR's research programmes. Lot 2 is focused on individual level and global health research, while lot 3 is focused on population and policy level research.

2.3.10 Calls for research programmes are both research-led and commissioned to respond to evidence-user need.

2.3.11 The key outcomes of the end-to-end commissioning process for research programmes include:

- ensuring programmes are agile, offering ways to deliver research to different timescales, particularly research that is required at pace.
- ensuring research requirements in under-researched topics or in areas where demand is high are met.
- ensuring calls reach a wide range of relevant researchers and the funding application process is fair.
- ensuring researchers have the same experience regardless of which research programme they apply for, including by developing standardised guidance and applications, and are referred between programmes as appropriate (including between lots)
- supporting researchers, including those in LMICs, to submit applications and providing high quality feedback and outcomes to applicants.
- ensuring research addresses questions that are relevant to end users, including by partnering with patients and the public to deliver evidence-based solutions that address health and care inequalities.
- ensuring funding is awarded to the highest quality applicants, including via involving appropriate expertise particularly during peer/public and selection committee review and providing briefing and support for selection committees and secretariat function to minute meetings.
- ensuring NIHR funds inclusive research undertaken by diverse research teams.
- ensuring that patients and the public are appropriately involved in funding decisions and that public involvement is reflected in research and its findings.
- ensuring proportional due diligence and contracting
- ensuring risk-proportionate post award monitoring.
- ensuring complete research findings are made freely and openly accessible to all.
- maximising potential for impact and minimise research waste, adhering to the principles of the NIHR Adding Value in Research framework.

2.3.12 Lot 2 – Research Commissioning: Individual level and Global Health Programmes

2.3.13 End-to-end commissioning for the following **domestic research** programmes, focussed on individual level interventions:

- [Efficacy and Mechanism Evaluation](#) (EME) [£22.0M]
- [Health Technology Assessment](#) (HTA) [£94.0M]
- [National Research Collaboration Programme](#) (NRCP) [<£1.0M]
- [Invention for Innovation](#) (i4i) [£32.7M]
- [Research for Patient Benefit](#) (RfPB) [£18.8M]
- [Programme Grants for Applied Research](#) (PGfAR) and [Programme Development Grants](#) (PDG) [£42.4M]

2.3.14 End-to-end commissioning for the following **global health** research programmes, with experience managing Official Development Assistance (ODA) funding [£82.4M]:

- [Global Health Researcher-led](#) (GHR Researcher-led), including:
  - [Global Health Research Units](#) (monitoring existing contracts only)
  - [Global Health Research Groups](#) (monitoring existing contracts only)
- [Global Health Policy and Systems Research](#) (Global HPSR)
- [Research on Interventions for Global Health Transformation](#) (RIGHT)
- [Global Health Research Centres](#)
- [Global Health Research Development Awards](#)

2.3.15 Management of the following research infrastructure and infrastructure-like schemes:

- NIHR Horizon Scanning Centre (NIHR HSC) (formerly [NIHR Innovation Observatory](#)) [£4.4M]

2.3.16 Lot 3 – Research Commissioning: Population and Policy level Programmes

2.3.16.1 End-to-end commissioning for the following research programmes:

- [Health and Social Care Delivery Research](#) (HSDR) [£31.6M]

- [Policy Research Programme](#) (PRP) including Policy Research Units (PRUs) [£42.1M]
- [Public Health Research](#) (PHR) [£25M]
- [Research Programme for Social Care](#) (RPSC) [£4.1M]
- [Evidence synthesis](#) (ES) [£16.3M]

2.3.16.2 Deliver the coordination and management of the [James Lind Alliance](#) (JLA) on behalf of NIHR:

- provide leadership and quality assurance for the Priority Setting Partnerships (PSPs).
- ensure co-production with patients, carers and healthcare professionals, to identify, shape and agree research priorities.
- recruit, train and support JLA Advisers who work with PSPs.

2.3.17 Lots 4 and 5 – Research Commissioning of NIHR infrastructure and infrastructure-like schemes

2.3.17.1 The functions outlined in lots 4 and 5 are for the end-to-end commissioning and management of NIHR's infrastructure and infrastructure-like schemes. Lot 4 is focused on translational and delivery infrastructure, while lot 5 is focused on applied, public health and social care infrastructure. In addition to the schemes outlined below, bespoke, closed commissioning calls for infrastructure may be required in response to emerging areas of need and priority.

2.3.17.2 The key outcomes of the end-to-end commissioning and management process for research infrastructure include:

- developing applicant guidance and application forms for infrastructure schemes.
- ensuring funding is awarded to the highest quality applicants including expert peer review and assessment of applications via an independent selection committee.
- briefing and support for independent selection committees and provision of the secretariat function to minute the meetings and provide feedback and outcomes to applicants.

- ensuring proportionate due diligence and contracting, including variations to contract for infrastructure.
- ensuring ongoing risk-proportionate monitoring and evaluation of schemes.
- maximising potential for impact and minimising research waste, adhering to the principles of the NIHR Adding Value in Research framework.
- providing briefing on infrastructure and responding to queries from DHSC.

2.3.18   Lot 4 – Research Infrastructure Commissioning: Translational and delivery

2.3.18.1 End-to-end commissioning and management of the following research infrastructure and infrastructure-like schemes, focussed on individual level interventions:

- Research Support Service (RSS) and Specialist Centres for Public Health and Social Care [£13.9M]
- Clinical Research Facilities (CRFs) & UK CRF Network [£32.9M]
- Patient Recruitment Centres (PRCs)/Commercial Research Delivery Centres (CRDCs) & UK CRDC Network [£2.0M]
- Biomedical Research Centres (BRCs), Translational Research Collaborations (TRCs) and BioResource [£172.4M]
- Blood & Transplant Research Units (BTRUs) [£3.7]
- Support for Experimental Cancer Medicine Centres (ECMCs), which are jointly funded with Cancer Research UK and the health departments of the devolved nations. CRUK hosts a programme office which leads on end-to-end commissioning and management. [£4.6M]

2.3.18.2 Provide the Research Capability Funding (RCF) function on behalf of NIHR:

- Distribute RCF funding according to amounts calculated by DHSC, including collection of RCF agreements. NIHR RCF is allocated to research-active NHS organisations or NHS health care providers, to enable them to maintain research capacity and capability.

2.3.19 Lot 5 – Research Infrastructure Commissioning: Applied, public health and social care

2.3.19.1 End-to-end commissioning of the following research infrastructure and infrastructure-like schemes, focussed on population, policy, service and public health investments:

- Health Determinants Research Collaborations (HDRCs) [£23.5M]
- Health Protection Research Units (HPRUs) [£16.9M]
- Patient Safety Research Collaborations (PSRCs) & PSRC Network [£5.1M]
- Applied Research Collaborations (ARCs) [£43.8M]
- HealthTech Research Centres (HRCs) & HRC Network [£8.5M]
- Research Schools (for Primary Care Research, for Public Health and for Social Care Research) [£24.9M]

2.3.19.2 End-to-end commissioning of the following training schemes, in partnership with the supplier of Lot 6

- Local Authority Academic Fellowship (LAAF)
- Population Health Career Science Award (PHCSA)

2.3.19.3 Deliver the following functions on behalf of NIHR:

- Public Health Hub
- Social Care Hub
- Supporting research elements of the UK Public Health Rapid Support Team (UK-PHRST)

2.3.20 Lot 6 – Research commissioning: Training and capacity building

2.3.20.1 The functions outlined in this lot are for the end-to-end commissioning, management and administration of NIHR's research academic training schemes and cross NIHR leadership and coordination of research capacity building.

2.3.20.2 The key outcomes of the end-to-end administration of research academic training schemes include:

- attracting and retaining a highly skilled academic research workforce through the development and provision of awards for researchers at different career stages and from different professional backgrounds
- administering both personal awards and applied for directly, and institutional awards which are applied for through the host institution.
- developing and coordinating of NIHR academic training, career and research capacity building offer.
- developing guidance notes and application forms for each training scheme.
- supporting applications from professionals from a wide range of backgrounds, particularly targeting underrepresented groups, to attract a diverse and inclusive cohort of trainees at each level in the career pathway.
- ensuring funding is awarded to the highest quality applicants through a robust shortlisting and panel process.
- ensuring proportional due diligence and contracting.
- ensuring risk-proportionate post award monitoring and ongoing evaluation of the impact of current schemes.

2.3.20.3 End-to-end administration of the following **domestic** research academic training schemes [£188.7M]:

- NIHR Fellowships
  - Pre-doctoral (4 panels covering health and care professionals, methodologists, local authority professionals and primary care)
  - Doctoral (3 panels covering health and care professionals, local authority professionals and those from all backgrounds)
  - Post-Doctoral (3 panels covering health and care professionals, local authority professionals and those from all backgrounds)
- Integrated Academic Training (IAT) Awards
  - Academic Clinical Fellowships
  - Clinical Lectureships
- In-practice fellowships
  - NIHR Research Professorships
  - Senior Investigators Programme
  - Senior Clinical and Practitioner Research Award

- Undergraduate schemes
  - Internships
  - New medical schools
- INSIGHT Programme
- Bridging and short-term support
  - Development and Skills Enhancement Award
  - Pre-Application Support Fund
- [Incubators](#) (currently 10 active incubators, 5 additional being introduced from 2025)
- Team Science Award (including Team Science Camp and competition)

2.3.20.4 End-to-end administration of the following **global** research academic training schemes [£5.3M]:

- NIHR Global Health Research Training Programme
  - Support for Training Leads
  - Global Health Research Short Placement Award for Research Collaboration
  - Global Health Research Cohort Academic Development Award
- NIHR Global Health Advanced Fellowship
- NIHR Global Research Professors

2.3.20.5 Deliver the following NIHR research capacity building services [£4.3M]:

- Academy Member support: Mentoring and Leadership Programmes
- NIHR Schools capacity building programmes
- NIHR Infrastructure academic career development support
- Academic Career Development Leads
  - Short Placement Awards for Research Collaborations
  - Doctoral Training Camp
  - Pre-Application Support Fund for Infrastructure

2.3.20.6 Collaborate across the NIHR to ensure that opportunities to support capacity building are maximised and that there is a consistent approach to it integrated across the health and care research system.

2.3.20.7 Collaborate with life science companies and charity partners to deliver the following joint awards, as well as to develop new opportunities:

- Clinical Academic Research Partnerships
- Cancer Research Transatlantic Development and Skills Excellence (DSE) Award
- AMS/NIHR Cross-Sector Experience Award
- Innovation Fellowships
- Tessa Jowell Fellows
- Harkness Fellowships

2.3.21 Key performance indicators (KPIs):

2.3.21.1 Indicative KPIs from the current contracts have been provided below. Please note that these are not final and may change in any final specification.

	KPI	Measure	Targets	Applicable to lot(s)
1	Process audit results -hard or electronic signed contracts	Inspection of live contracts and associated variations based on DHSC-provided sample.	Red = Failure to produce within agreed timeframe	2 & 3
2	Research Management Overhead	% management cost of scheme spend. Target 7% across all programmes; 4% for Infrastructure	Amber = Exceeding targets by 1% Red = failure to rectify according to Rectification Plan	2, 3, 4, 5, 6
2b	Research Management Overhead - Submission	Submission by the end of the month following the end of the previous quarter	Green = Timescale met	2, 3, 4, 5, 6
3	Time to funding recommendation	Time between date of last Funding committee to have reviewed the application and the date of submission to DHSC for ratification. Excluding applications deliberately held up by Programme Committee or Lead or at DHSC request.	Average: Green: <1 month Amber: >1 month Red: >3 months	2 & 3

4	Time to notify awardees of outcome	Time between receiving DHSC/HEE approval of funding and notifying applicants of outcome	Total time between receiving DHSC approval of funding and issuing outcome letter: Green = Less than 4 working days Amber = Between 4 and 7 working days Red = Over 7 working days -	2, 3, 4, 5, 6
5	Stakeholder feedback	Annual Performance Improvement Plan (PIP).	Implement feedback areas in PIP	All
6	Scheme spend	Actual spend for period plus any reconciliation/accruals adjustments.	Green = Total programme and infrastructure outturn spend is within ± 1% of the annually agreed budget (taking into account DHSC requirements of reconciliation and accruals). Amber = > ± 1% but <± 3% Red = Total programme and infrastructure outturn spend is > ± 3% of the annually agreed budget (taking into account DHSC requirements of	2, 3, 4, 5, 6

			reconciliation and accruals).	
6b	Scheme spend	Movement in Forecast Spend for the year between previous quarterly forecast and the current	Green = Movement in forecast expenditure on Total programme spend is within ± 1% of the forecast expenditure at the last quarterly submission (taking into account DHSC requirements of reconciliation and accruals)	2, 3, 4, 5, 6
6c	Scheme spend	Movement in Forecast Spend for each programme line between Q0 and final actual spend at the end of Q4	Green = the actual spend for each programme line at the end of Q4 is within ± 2% of the forecast expenditure agreed at Q0, unless changes from the Q0 projections are agreed by DHSC (eg due to agreed changes in activity).	2, 3, 4, 5, 6
7	Delivery against cost efficiency continuous improvement initiatives	Financial efficiency demonstrated. According to clause 13 and in line with agreed targets noting assumptions, reliance on action of other independent parties (e.g. Programme Leads and other NIHR Centres) and excluding issues out of NETSCC's control. Excluding where due to failure on part of Authority.	Amber = Failure to deliver Clause 13.4 Continuous Improvements. Red = failure to rectify according to Rectification Plan.	All

8	Vacancy rate	% vacant positions/total positions according to annually agreed workforce plan. Excludes maternity and other short term vacancies.	Amber >10% Red = failure to rectify according to Rectification Plan.	All
9	Response to Parliamentary & FOI requests	<u>Time</u> Individual reports delivered to agreed deadline. Excludes requests failed to be delivered due to circumstances mutually agreed to be out of NETSCC control. <u>Quality</u> Responses are accurate.	<u>Time</u> Green = 100% of requests delivered to deadline Amber = 98-100% of requests delivered to agreed deadline Red <98% delivered to agreed deadline <u>Quality</u> Amber = unsatisfactory review resulting in clause 32.2 rectification process. Red = failure to deliver Rectification Plan.	All
10	Response to information/briefing requests (non-PQ/FOI)	<u>Time</u> Individual reports delivered to agreed timeline. <u>Quality</u> Responses are accurate.	<u>Time</u> Green = 100% of requests delivered to agreed deadline Amber = 98-100% of requests delivered to agreed deadline	All

			Red <98% delivered to agreed deadline Quality Amber = unsatisfactory review. Red = failure to deliver Rectification Plan.	
11	Anti-fraud training	% staff that are up to date with mandatory anti-fraud training (excluding: i) those within the first 6 weeks of joining the organisation or returning to the organisation after long-term absence ii) those currently on long-term absence from the organisation	Green = >95% of staff Amber = 90-95% of staff Red = <90% of staff	All
12	New projects resulting from business development unit activity	Number of collaborations by type	Total # by type	1
13	Funding leveraged resulting from business development unit activity	Value of contracts by type	£ by type	1
14	Conversion rate	% leads converted into collaborations formed	%	1
15	Production of a forward business plan for the forward financial year	Plan to be submitted and agreed	Time Green - Delivery to deadline Amber - Failure to meet deadline Quality	1

			Green - Acceptance first time Amber - Single revision	
16	Response time to approaches and requests from Industry, Charity, wider NIHR and other stakeholders	Reporting measures of efficiency, quality and feedback.	<u>Time</u> Green - Delivery to deadline Amber - Failure to meet deadline	1
17a	Academy Member feedback - award management	Overall level of satisfaction with support, award management and engagement provided by NIHR Academy Executive staff. Reported every 2 years - data collected via online survey and post-award evaluation.	Green = more than 70% of award holders are satisfied/completely satisfied	6
17b	Academy Member feedback - events	Overall level of satisfaction with conferences, events, workshops and webinars delivered by the NIHR Academy Executive staff. Reported annually - data collected via post-event evaluations.	Green = more than 70% of award holders are satisfied/completely satisfied	6

3.0   Response Guidance

3.1   To maximise the success of any subsequent procurement process we request that suppliers are open and honest in their responses.

3.2   Prior to completing this questionnaire, suppliers are requested to read the whole of section 2, the Requirement, which sets out the background and the proposed service requirements.

3.3   Participation in this Request for Information is voluntary. It is not required to provide an answer to every question if particular questions are not relevant.

3.4   DHSC wishes to encourage participation at this stage in order to ensure a wide number of responses. The market engagement processes described in this document do not form part of the formal procurement process and suppliers

are not being evaluated based on responses to this exercise. When the formal procurement process commences all supplier bids will be evaluated on a fair basis and based on their Tender submission only.

3.5   The Freedom of Information Act 2000 (FOIA) applies to the DHSC. You should be aware of the DHSC's obligations and responsibilities under the FOIA to disclose, on written request, recorded information held. Information provided by you in connection with this procurement exercise, or with any Contract that may be awarded as a result of this exercise, may therefore have to be disclosed in response to such a request, unless DHSC decides that one of the statutory exemptions under the FOIA applies. DHSC may also include certain information in the publication scheme which it maintains under the FOIA.

3.6   In certain circumstances, and in accordance with the Code of Practice issued under section 45 of the FOIA or the Environmental Information Regulations 2004, DHSC may consider it appropriate to ask you for your views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under the FOIA, DHSC must comply with a strict timetable and DHSC would, therefore, expect a timely response to any consultation within two working days.

3.7   You may provide information which is confidential in nature and which you may wish to be held in confidence. You must give a clear indication which type of material is to be considered confidential and why it is considered to be so, along with the time period for which it will remain confidential in nature. The use of blanket protective markings such as "commercial in confidence" will not be appropriate. In addition, marking any material as confidential or equivalent should not be taken to mean that DHSC accepts any duty of confidentiality by virtue of such marking. Please note that even where you have indicated that information is confidential DHSC may be required to disclose it under the FOIA if a request is received.

3.8   DHSC cannot accept that trivial information or information which by its very nature cannot be regarded as confidential should be subject to any obligation of confidence.

3.9   In certain circumstances where information has not been provided in confidence, DHSC may still wish to consult with you about the application of any other exemption such as that relating to disclosure that will prejudice the commercial interests of any party.

3.10   The decision as to which information will be disclosed is reserved to DHSC notwithstanding any consultation with you.

3.11 Whilst DHSC expects to proceed to procurement in due course, there is no obligation to do so as a consequence of this early market engagement activity.

3.12 The publication of any documents at this stage is intended to provide potential bidders with the opportunity to view and comment on draft requirements and the current procurement approach. DHSC does not intend to be bound by any information at this stage. DHSC makes no commitment to accept recommendations or suggestions. Once published, the Invitation to Tender will contain the final requirements in relation to this service. All previous versions, including any documents published at this stage should be disregarded.

4.0 Requested Information

Please provide responses to all or some of the following questions:

1. DHSC are provisionally planning to structure the procurement into six lots. Please indicate your organisation's level of interest in bidding for each lot, by completing the following table with 1 = High interest, 2 = Some interest, 3 = Unsure, 4 = Low interest, 5 = No interest.

Lot	Interest in bidding for (1-5)
1	
2	
3	
4	
5	
6	

2. For the lots you have responded '1 = High interest' or "2 = Some interest" to in Q1, please complete the table below to advise whether your organisation has the capability to deliver the full scope of the requirements for that lot.

Lot	Capability (Y, N, N/A)
1	
2	
3	
4	
5	
6	

3. If you have answered 'No' to any of the lots in Q2, please provide details of which service(s) under the lot your organisation does not currently have the full capability to deliver and advise whether this would prevent you from submitting a bid for that lot?

	Response
Which lot?	
Issue with capability for which service:	
Comment:	
Would you be prevented from submitting a bid?	

4. Are there any lots that your organisation would need further detail on before you are able to determine whether you have interest/capability to deliver all the services within the lot?

	Response
Lot:	
Further information required:	

5. Please provide any other feedback on DHSC's provisional procurement lotting structure which we may wish to consider at this stage? DHSC is particularly interested if there is anything about the proposed approach that would act as a barrier to your organisation's participation in this procurement.

6. DHSC are provisionally planning to permit suppliers to submit bids for, and be awarded, multiple lots. Does your organisation view this approach favourably or would this reduce the likelihood of your organisation participating in the procurement?

7. Given that the services have been provisionally reorganised across six lots, we anticipate that any successful bidder will need to undertake TUPE consultations and transitions with more than one incumbent supplier. Tenderers should therefore give consideration as to whether they have the resource necessary to undertake such consultations before participating in this procurement. Would this be a barrier to your organisation's participation in this procurement?

8. Suppliers of different lots will be required to work together collaboratively to ensure external stakeholders experience NIHR as a single entity. This is likely to be mediated via an interface agreement. Would this be a barrier to your organisation's participation in this procurement?

9. Are there any aspects of the Model Services Contract (https://www.gov.uk/government/collections/model-services-contract) that would act as a barrier to your organisation's participation in this procurement?

10. Are there any aspects of the procurement process or timeline, outlined in 2.1.8, that would act as a barrier to your organisation's participation in this procurement?

11. Is there any other feedback you would like to provide on the procurement which we may wish to consider at this stage?

5.0 Responses

Interested parties are requested to respond to this RFI in the following format:

- Complete the template found in the accompanying Attachment 2.
- Arial size 12
- Responses must be submitted using Microsoft Word or PDF.
- There is no word limit for responses or individual questions however we request that Suppliers provide relevant information only and do not provide generic sales or marketing content.

Responses are due no later than **12pm on 6th September 2024** and shall be submitted via email to: nihrsupplierengagement@dhsc.gov.uk

Section 1 of your response should be administrative information and include:

- Organisations' name
- Organisations' address
- Contact name
- Telephone number for contact
- E-mail address for contact.

Section 2 of your response should include answers to the questions in Section 4 of this document.

6.0   Clarifications

If you require clarification on any part of this RFI please email
nihrsupplierengagement@dhsc.gov.uk.