**Appendix 1 - Outline of Requirements and Request for Information for**

**Employers’ Services Organisation Contract for the NHS in England.**

**Request for Information Reference: C283162**

**Section 1 Outline of Requirements**

**1.Background to the Requirement**

1.1.1. The current contract is executed and delivered by a single supplier.

* The functions under the scope of the contract were originally part of the Department of Health. In 2004 they were removed from the Department of Health’s direct remit and formed into a separate service under a contract with the current incumbent.
* Department of Health and Social Care (DHSC) is seeking to modernise the current contract and refresh the service provision.
* Fundamentally, the contract supports the development, practical application and delivery of workforce policy within DHSC by feeding in a unified employer voice from across the whole NHS in England.
* It also allow the staff side voice (employee representatives such as trade unions) to be represented.
* The contract allows DHSC to be at arm’s length from the NHS, enabling more frank conversations with NHS workforce leaders on workforce policy that allows issues to be identified early.
* The contract ensures workforce leaders are equipped to implement new changes.

**2. Notice to Suppliers**

2.1 This Request For Information (RFI) and any related documents referred to have been prepared by the Authority for the pre-market test to gather information.

2.2 Whilst prepared in good faith, the RFI documents are intended only as a preliminary background explanation of the Authority’s activities and plans. Therefore, it is not intended to form the basis of any decision on whether to enter into any contractual relationship with the Authority.

2.3 The RFI documents do not purport to be all inclusive or to contain all of the information that a supplier may require.

2.4 Nothing in the RFI documents is, or should be, relied upon as a promise or a representation as to the Authority's ultimate decisions in relation to the RFI.

2.5 The publication of the RFI documents in no way commits the Authority to award any contract.

**3. Confidentiality**

3.1 Subject to the exceptions referred to in paragraph 3.2, the contents of the RFI are being made available by the authority on the conditions that the supplier:

3.1.2 Treats the RFI as confidential at all times, unless the information is already in the public domain;

3.1.3 Does not disclose, copy, reproduce, distribute or pass any of the Information to any other person at any time or allow any of these things to happen, except where, and to the extent that, the Information has been publicised in accordance with Section 4 Freedom of Information Act 2000 (FOIA);

3.1.4 Only uses the Information for the purposes of preparing a response (or deciding whether to respond); and

3.1.5 Does not undertake any promotional or similar activity related to this RFI within any section of the media.

3.2 The supplier may disclose, distribute or pass any of the Information to its members of its Group of Economic Operators (if acting as a Lead Contact), Sub-Contractors, advisers or to any other person provided that:

3.2.1 This is done for the sole purpose of enabling the supplier to submit its response and the person receiving the information undertakes in writing (such written undertaking to be made available to the Authority on the Authority’s request) to keep the information confidential.

3.2.2 It obtains the Authority’s prior written consent in relation to such disclosure, distribution or passing of Information; or

3.2.3 The disclosure is made for the sole purpose of obtaining legal advice from external lawyers in relation to this RFI;

3.3.4 The supplier is legally required to make such a disclosure; or

3.3.5 The information has been published in accordance with paragraph 4 Freedom of Information (FOIA).

3.4 The Authority may disclose information submitted by suppliers during this RFI to its officers, employees, agents or advisers or other government departments who are stakeholders in this RFI.

**4. Freedom of Information Act 2000 (FOIA)**

4.1 In accordance with the obligations and duties placed upon public authorities by the FOIA and the EIR (Environmental Information Regulations 2004) and in accordance with any Government Code of Practice on the discharge of public authorities’ functions under the FOIA all information submitted to the Authority may be disclosed under a request for information made pursuant to the FOIA and the EIR.

4.2 Suppliers should note that the information disclosed pursuant to a FOI or EIR request may include, but is not limited to, the disclosure of its RFI response (including any attachments or embedded documents).

4.3. If the supplier considers any part of its response or any other information it submits to be confidential or commercially sensitive, the supplier should:

4.3.1 Clearly identify such information as confidential or commercially sensitive;

4.3.2 Explain the potential implications of disclosure of such information taking into account and specifically addressing the public interest test as set out in the FOIA; and

4.3.3 Provide an estimate of the period of time during which it believes that such information will remain confidential or commercially sensitive.

4.2 If the supplier identifies that part of its response or other information it submits is confidential or commercially sensitive, the Authority in its sole discretion will consider whether or not to withhold such information from publication. Suppliers should note that, even where information is identified as confidential or commercially sensitive, the Authority may be required to disclose such information in accordance with the FOIA or the EIR.

4.3 The Authority is required to form an independent judgement of whether the supplier information referred to in paragraph 9.4 is exempt from disclosure under the FOIA or the EIR and whether the public interest favours disclosure or not. The Authority cannot guarantee that any information indicated as being confidential or commercially sensitive by the supplier will be withheld from publication.

4.4 If the supplier receives a request for information under the FOIA or the EIR during and in relation to this RFI, it should be immediately referred to the Authority.

**5. Description**

5.1 DHSC are looking to procure a new contract for Employers’ Organisation Services for the NHS in England. DHSC intend to award the contract around October/November 2024.

5.2 The proposed procurement process is the Competitive Procedure with Negotiation (CPN) in accordance with Regulation 29 of the Public Contracts Regulations 2015 (the “**Regulations**”) or any amendment thereof.

5.3 The purpose of this Request for Information (RFI) is to gain market knowledge on specific areas to ensure the successful delivery of the requirements (please refer to section 2 of this document).

5.4 Suppliers are asked to advise if they would be interested in bidding for this opportunity as part of their response to the RFI.

5.5 DHSC will consider delivery by Voluntary Community or Social Enterprise (VCSE) groups or a public service mutual, as well as joint ventures with other public and private sector providers. It is currently envisaged that the procurement exercise will be let as one single contract to deliver all services required.

5.5.1 Cabinet Office defines a Public Service Mutual as, “An organisation which has spun out of the traditional public sector, but continues to deliver public services under contract, and in which employee ownership and/or engagement has a discernible impact on its operation. They can take a variety of forms in terms of business model, legal structure, and membership.”

5.6 DHSC are estimating the value for staff costs only (excluding all additional overheads) to be between 12,000,000.00 - 20,000,000.00 Currency: GBP (excluding VAT) for the initial 3 year term of the contract. The expectation is that there will be a further 2 year Contract extension after the initial 3 year term, taking the full duration of the contract including any extension provisions to 5 years.

5.7 Total running costs across all 9 Work Programmes have not been included in 5.6 above. Through market engagement (Please see section 2 – Request for information in relation to questions around total running costs) and further benchmarking, DHSC will have a better understanding of what the total value of this contract is estimated to be. The total estimated value of the contract will be published within the Invitation to Tender.

**6. Core Objectives**

6.1. The overall objectives of the Contract are to represent employer views in the development of NHS workforce policy and to support NHS Workforce leaders with the delivery and implementation of workforce policies.

6.2. These objectives include (but are not limited to):

* To ensure a clear employer voice, representative of all employers across the NHS in England, is input into policy development relating to the NHS workforce.
* To manage and lead, on behalf of DHSC, negotiations to make any changes to national terms and conditions of employment for all NHS staff at any level or grade in England.
* To enable the staff side voice (stakeholders representing NHS employees) to also be represented in matters relating to terms and conditions of service and any other key matters as identified.
* To ensure that new NHS workforce policies are effectively implemented and communicated across the NHS.

6.3 The Contract must achieve and maintain vital relationships with both the NHS in England and with DHSC including Arm’s Length Bodies such as NHS England (NHSE) to enable the smooth implementation and consistent delivery of workforce policies.

**7**. **Proposed Service Description:**

7.1 The Service requirements and description highlighted in this Pre Market Engagement are only a high level outline of what is proposed. The description is subject to change following market feedback and further discussions with DHSC Policy Teams.

7.2 The Contract will consist of 9 work programmes covering workforce policy which will be agreed on an annual basis. The proposed work programmes are as follows:

* Work Programme 1: Pay and Contracts
* Work Programme 2: Education, skills, and redesign of workforce
* Work Programme 3: International Recruitment
* Work Programme 4: Workforce Supply and Retention
* Work Programme 5: Pensions and total reward
* Work Programme 6: Employment services
* Work Programme 7: Staff Experience
* Work Programme 8: Staff Engagement including Social Partnership Forum (SPF)
* Work Programme 9: Communications

7.3. To ensure successful delivery of the comprehensive and challenging 9 work programmes, the successful supplier must work with key stakeholders in DHSC and the NHS. This includes collaboration across the wider NHS infrastructure (for example, NHSE).

7.4. The successful supplier will be required to provide additional surge capacity to flex evolving DHSC/Ministerial priorities. For example, in the last 2 years, this has included (not an exhaustive list):

* involvement in industrial action negotiations, successfully managing the relationships with trade unions.
* implementation of pay and non-pay aspects of deals reached with various workforces across the NHS in relation to industrial disputes.
* Supporting the response to changes in legislation, such as the introduction of the Minimum Service Levels legislation.

7.5. The successful supplier will be required to manage the delivery of the 9 work programme objectives as well as any overarching contractual obligations within the specified timeframes. This will require robust project management and reporting processes to be in place in line with the expected standards across the NHS. Experience in the following is essential:

* Design and delivery of workforce policies
* Experience and insight into the NHS
* Project management
* Experience working with government
* Experience of developing networks with diverse stakeholders
* Experience of flexing workloads according to need

**8. Indicative core personnel costs and requirements per programme, for each year.**

8.1 The indicative core personnel costs set out in Column C in the table below do not include non-staff costs such as office costs, IT, telephony, travel, events, and communications to support the delivery of the Work Programme.

|  |  |  |  |
| --- | --- | --- | --- |
| **A: Name of Work Programme** | **B: High Level Overview** | **C: Indicative core personnel costs** **(per Annum)** | **D: Estimated core personnel requirements** |
| Work Programme 1: Pay and Contracts | For effective support of non-medical (Agenda for Change), medical and dental pay, contracts, and workforce issues in the NHS | £400,000 | 6-8 x Policy/Programme Officer  1 x Programme Manager |
| Work Programme 2: Education, Skills, and Redesign | Represent employer views in the development of education, skills, and training policy. | £140,000 | 2x Policy/Programme Officer  1 x Programme Manager |
| Work Programme 3: International Recruitment | Supports employers and Integrated Care Systems to expand and improve approaches to international recruitment practice | £140,000 | 2x Policy/Programme Officer  1 x Programme Manager |
| Work Programme 4: Workforce Supply and Retention | Provides employers across the NHS with advice, guidance, and shared learning to support workforce supply and retention of staff | £140,000 | 2x Policy/Programme Officer  1 x Programme Manager |
| Work Programme 5: Pensions and Rewards | Supports employers to develop, implement and communicate an effective strategic reward approach | £220,000 | 2-4 x Policy/Programme Officer  1 x Programme Manager |
| Work Programme 6: Employment Relations | This work programme is responsible for providing expertise on changes to employment legislation or NHS policy which may have an impact on HR procedures and NHS terms and conditions of service. | £140,000 | 2 x Policy/Programme Officer  1 x Programme Manager |
| Work Programme 7: Staff Experience | Brings together the provision of support, and expert resources for employers on health and wellbeing thereby supporting staff retention | £300,000 | 4-6 x Policy/Programme Officer  1 x Programme Manager |
| Work Programme 8: Staff Engagement including the Social Partnership Forum (SPF) | The national SPF brings together DHSC and  Arms Length Bodies (ALBs) with NHS employers and NHS trade unions for policy development at an early stage | £140,000 | 2 x Policy/Programme Officer  1 x Programme Manager |
| Work Programme 9: Communications | Development and distribution of high impact quality communications which enable the supplier to be the first port of call for workforce information in the NHS | £140,000 | 2 x Policy/Programme Officer  1 x Programme Manager |

**Indicative Leadership Team Requirements**

8.2. We expect up to 6-8 Directors across all 9 Work Programmes. This could be supplemented by an additional 4-6 Deputy Directors. We estimate the costs for these positions to be in the range of £1-2,000,000 per annum.

**8.3 Indicative Salary Ranges and Role Descriptions:**

8.3.1 Policy/Programme Officer role is equivalent to HEO/SEO grades within the Civil Service with salary ranges from £32-48,000 per annum. At this level, the role is that of a programme officer carrying out the daily activities on the programme, including developing and agreeing work proposals and programme plans with commissioners. The variation of work is dependent on the work programme.

8.3.2 Programme Manager role is equivalent to G7 grade within the Civil Service with salary ranges between £54,000- £62,909 per annum. At this level, the role is more strategic, developing policy in line with the organisational objectives of DHSC and the NHS system as a whole.

8.3.3 A Head of Team/Deputy Director role is equivalent to G6 grade within the Civil Service with salary ranges between £65,233 to £72,328 per annum. At this level, the role has oversight of a branch and sets the strategic direction of a team.

8.3.4 A Director is equivalent to Deputy Director grade within the Civil Service with salary ranges between £75,000-£117,800 per annum. At this level, the role has oversight of distinct projects, ensuring they are connecting the dots with wider strategic and organisational objectives with clear delegation to G6 led teams.

8.3.5 DHSC are requesting further information from potential suppliers to understand if the above costings we have set out are sufficient to ensure the contract continues to deliver high quality and sustainable services. Please see Section 2 in this document for the information we would like to gather from potential suppliers.

8.3.6 DHSC are also requesting information on suitable key performance indicators to suitably measure the success of the contract. Please also refer to Section 2 in this document for the information we would like to gather from potential suppliers.

**9. Key Customers and Responsibilities**

9.1 The supplier will engage with DHSC programme leads and relevant stakeholders across the NHS in England (including Arm’s Length Bodies such as NHSE and other relevant organisations) to feed into the development of workforce policies and to support employers across the NHS to implement new policies consistently.

**10. Contract Aims**

10.1 The aims of this contract are to:

* + Support the NHS with the development, implementation and delivery of workforce policies
  + Build and maintain networks with NHS senior workforce leaders, employers across the NHS in England and staff side representatives (trade unions)
  + Execute the deliverables detailed in Work Programmes 1-9 inclusive on an annual basis
  + Respond and action any ad hoc requirements of DHSC i.e., any changes in legislation or to reflect any changes in ministerial/DHSC priority over the course of the year

10.2 More information on Work Programmes 1-9 within Section 12 below

**11. Interdependencies**

11.1. The 9 Work Programmes are interlinked – there are some overarching services that cut across all work programmes. For example: the need for clear and updated communications for all work programmes is covered by the Work Programme 9: the Communications Work Programme. There is also overlap between the work programmes where they deal with cross cutting priorities or themes such as the aims under the Long-Term Workforce Plan (LTWP).

Policy responsibility and commissioning for these work programmes sits within the Workforce Directorate of DHSC.

**12. Work Programmes**

12.1 Please note this is a high-level overview of each proposed Work Programme and is subject change following market engagement. A more detailed specification will be included within the published Invitation to Tender.

12.2 Work Programme 1 – Pay and Contracts

This programme of work seeks to deliver effective support for non-medical (Agenda for Change workforce), medical and dental pay, contracts, and workforce issues within the NHS, through the delivery of principled negotiations and partnership working. It seeks to bring employers, NHS trade unions and other stakeholders together to ensure that the NHS holds effective and relevant national terms and conditions of service, which support the attraction, recruitment, and retention of staff into the NHS which provides and enhances quality patient care.

12.2.1Deliverables:

* Ensuring the voice of employers is covered in the annual pay round by submitting written and oral evidence to the health pay review bodies on behalf of NHS employers.
* Support employers with workforce policy queries by:
* Providing up to date online repository of terms and conditions of service
* Publication of pay circulars
* Publication of guidance on pay and contractual issues for access by NHS HR staff
* Managing an inbox for HR queries – all queries to receive a response within 14 days
* Publication of Advisory Notices to inform employers when minor changes to terms and conditions are made.
* Provision of support and resources for NHS workforce and HR professionals, including the hosting of regular network events and/or conversations, giving employers opportunity to hear and understand developments in policy direction, connect with each other, share intel and best practice, test ideas, and influence positive change
* To be both reactive and proactive when using intel from employers to respond to changing priorities of employers across the NHS in England. The supplier must be proactive when implementing changes to employers’ commitments/obligations, for example, due to changes in employer legislation or practices. The supplier must be reactive in responding to Ministerial priorities. The structure of the delivery of this is to be designed in a bespoke manner and will need to be flexible.
* Supporting employers to respond to industrial action in the NHS.
* Developing a route map for re-establishing governance arrangements, stakeholder priorities and relationships following the end of the current period of industrial action.
* Delivery of the negotiation and partnership machinery for the NHS Staff Council and the Joint Negotiating Committees for medical staff – bi-monthly meetings of NHS Staff Council and each medical Joint Negotiating Committee, including the involvement of Integrated Care Board Chief People Officer Peer Network (CPO) as appropriate.
* Supporting a system workforce focus to shape and influence workforce policy and products by having Integrated Care Board Chief People Officer Peer Network (CPO) representatives on the Staff Council
* Actively representing employers when negotiating proposals with NHS Trade Unions to agree changes to terms and conditions of service, acting within policy frameworks put in place/agreed by DHSC.
* Supporting a system workforce focus to shape and influence workforce policy and products.
* Co-ordination of quarterly meeting with the providers of the Electronic Staff Record to address any issues arising relating to contract interpretation and pay of NHS staff.
* Managing a network to support Guardians of Safe Working Hours who are responsible for ensuring that issues of compliance with safe working hours are addressed by employers and doctors in training.
* Delivery of specialist Job Evaluation training, supported by educational resources. Frequency of this to be reviewed depending on requirements. Currently monthly sessions are provided to Trusts and some degree of flexibility will be required.

12.3 Work Programme 2 – Education and skills expansion, reform and redesign

This programme of work is designed to help employers to consider education and skills expansion, workforce reform and redesign of medical, non-medical and dental roles in their organisations, reviewing skills gaps and new pathways.

12.3.1 Deliverables:

* Working with stakeholders e.g., NHS England Workforce Training and Education (WTE) and Talent for Care teams, Department for Education, and regulators on the sharing of relevant educational opportunities with employers across the NHS.
* Engaging with employers on education, skills expansion, and reform and redesign topics. This includes offering advice and guidance, testing ideas, clarifying policies, sharing good practice, and connecting employers with other employers that are working on similar priorities.
* Responding to enquiries: engaging with employers about matters relating to education and training via email, MS Teams, or telephone.
* Engaging with employers to develop support networks and facilitate sharing of best practice e.g., apprenticeship expansion giving employers opportunity to hear and understand developments in policy direction, connect with each other, share intel, test ideas, and influence positive change
* Reviewing policy documentation, and providing feedback to DHSC from an employer perspective on policy and provide intelligence from employers on implementation of initiatives (including whether employers have highlighted any risks and issues)
* Supporting DHSC’s strategic objectives through timely intelligence on risks, issues, and barriers to policy implementation of education and training priorities from an employer.
* Collection and sharing of data to evaluate and demonstrate impact and reach of service deliverables and for this to inform any future programme planning and resources.
* Contributing to relevant partnership groups.
* Supporting workforce design across Integrated Care Systems (ICS) partners including supporting innovation and sharing best practice.

12.4 Work Programme 3 – International Recruitment

This programme of work supports employers and integrated care systems to expand and improve approaches to international recruitment practice, helping to ensure the NHS can attract and ethically source skilled healthcare professionals in line with the NHS People Plan.

12.4.1 Deliverables:

* Managing the list of recruitment organisations, agencies, and collaborations recruiting internationally that adhere to the Code for the international recruitment of health and social care personnel
* Reviewing national policy and guidance related to the international recruitment of health and social care personnel
* Engaging with employers via email, virtual meetings, face-to-face or telephone to provide support for queries on overseas supply related topics.
* Producing high quality communications and resources to support employers with ethical international recruitment
* Evaluating and collecting data to demonstrate impact and reach of programme.
* Delivering the key commitments for the NHS such as the workforce expansion plans under ‘Growing For The Future’ and supporting new ways of working supporting staff retention
* Delivering the care strands of the NHS People Plan
* Supporting the delivery of the Long-Term Workforce Plan (LTWP) through timely intelligence on risks, issues, barriers to policy implementation of international, education and training priorities within the LTWP from an employer perspective

12.5 Work Programme 4 – Workforce Supply and Retention

This programme of work provides employers across the NHS with advice, guidance, and shared learning to support workforce supply and retention of staff, through routes in and staff development opportunities.

12.5.1 Deliverables:

* Engagement with stakeholders and employers, and representation of employer voice, on the retention of healthcare and medical students and qualified staff
* Supporting the retention of non-medical students and staff across the ICS including support supply routes and career progression
* Providing feedback to DHSC from an employer perspective on policy and providing intelligence from employers on implementation of retention initiatives.
* Supporting the strategic objective of DHSC workforce expansion and reform, including that set out in the 15-year NHS LTWP, training more staff, retaining current staff, and reforming the way staff work
* Specifically, this includes almost doubling the number of adult nurse training places by 2031,
* boosting apprenticeship routes (by 2028 16% of all training for clinical staff will be offered through apprenticeships)
* and a 40% rise in Nursing Associate training places over 5 years,
* double the number of medical school places in England to 15,000 places a year by 2031/32,
* alongside a commensurate increase in specialty training places that meets the demands of the NHS in the future, expansion of the Physician Associates and Anaesthesia Associate, Medical degree Apprenticeships.

12.6 Work Programme 5 – Pensions and Total Reward

The aim of this work programme is to support employers to develop, implement and communicate effective strategic reward approaches that support organisational priorities, and provide the employer voice on issues associated with the NHS Pension Scheme.

12.6.1 Deliverables:

* Providing a secretariat function for the NHS Pension Scheme Advisory Board (SAB), a neutral collaborative forum for staff and employer representatives which supports building and maintaining constructive industrial relations with trade unions. This is important to support the discharge of statutory obligations and to operate a SAB that has recognised independence from DHSC.
* Engaging with a range of employers on their approach to pensions and strategic reward including how they might adapt their reward offer to respond to latest developments and workforce challenges.
* Developing new and updated tools and resources to support employers’ approach to strategic reward.
* Gathering and presenting intelligence on a suitable total reward approach to feed into the annual pay round process for all workforces across the NHS

12.7 Work Programme 6 – Employment Services

This programme of work holds responsibility for providing legal and policy expertise relating to changes which will have an impact on HR policy and practice covering the two core areas of safe recruitment and ongoing employment practice.

12.7.1This is split into two core areas:

* Safe Recruitment – To enable the protection of patients through safe and effective supply of staff.
* Employment policy and practice to review and effectively implement any changes to NHS terms and conditions of service which are not pay related and ensure that employer duties and staff rights are clear, fair, and transparent. [This includes disciplinary, grievance, use of suspension and dismissal, exit arrangements such as compulsory and voluntary redundancy and those under Mutually Agreed Resignation Schemes (MARS), transfers under TUPE, and the correct use of confidentiality clauses in settlement agreements].

12.7.2 Deliverables:

* Ensuring employers are supported in making continual improvements to recruitment check processes and ongoing employment safeguards to ensure NHS staff are and remain fit, suitable, and safe to carry out the duties of their role.
* Where practice or conduct comes into question, ensuring any mechanisms to mitigate risk and take a people centred approach to those who raise concerns or have concerns raised against, them are supported.
* Collection of data to evaluate and demonstrate impact and reach of service deliverables and for this to inform any future programme planning and resources.
* Working closely with relevant government bodies and partners across the system to review statutory employer duties, processes, and staff terms and conditions such as those relating to disciplinary, grievance, fair use of suspension and dismissal, rights under TUPE transfers, and the correct use of confidentiality clauses in settlement agreements and employment contracts.

12.8 Work Programme 7 – Staff Experience

This programme of work aims to enhance the capacity of NHS organisations to be the best employers they can be, delivering and sustaining positive staff experience which enhances their working lives and has a positive impact on patient care.

12.8.1 This programme includes the National Engagement Service (NES). The NES will continue to use its unique position as a trusted partner within the senior workforce community and wider and with regional trade unions to convene peer-led transformative regional networks and vibrant and productive social partnership forums that support employers to attract and retain an inclusive workforce and make NHS workplaces the best that they can be.

12.8.2 Deliverables:

* Maintaining, developing, and sharing relevant health and wellbeing guidance to support network of health and wellbeing leads.
* Hosting regular health and wellbeing network conversations – giving employers and broader ICS partners opportunities to connect with each other, feedback nationally and share learning.  As part of this, gathering intelligence to act as the employer voice to relevant bodies representing needs and views of health and wellbeing leads.
* Providing expert advice and secretariat to the Staff Council Health, Safety and Wellbeing Group to develop relevant, practical and partnership guidance for NHS organisations.
* Contributing to relevant partnership groups including the Social Partnership Forum (SPF)’s Workforce Issues Group to support their work, share and connect health and wellbeing work.
* Providing DHSC with appropriate intelligence in terms of early warning of potential areas of concern/proposed new questions for inclusion in the staff survey through NHS.
* Evaluation and collection of data including NHS Staff Survey to demonstrate impact and reach of the programme. This is also used to inform future resource development and programme planning.
* Organising quarterly “share and learn” and twice-yearly webinar events to share good practice and build networks.
* Reviewing and updating high volume usage tools such as the Emotional Wellbeing Toolkit and Sickness Absence Toolkit.
* Promoting and communicating appropriate practice and guidance for the NHS and the wider health and social care system in response to issues around equality, diversity, and inclusion (EDI).
* The NES will use stakeholder intelligence to develop actionable insights and to amplify and represent the voice of employers to influence and to be heard on a range of policy matters (including making policy development and making policy decisions) and complex workforce challenges

12.9 Work Programme 8 – Staff Engagement including Social Partnership Forum (SPF)

This programme brings together DHSC and ALBs with NHS employers and NHS trade unions to involve them, at an early stage, in the development and implementation of policy and programmes that impact on the healthcare workforce. It also encourages and supports employers and trade unions to work in partnership to build positive working environments in which staff can deliver high quality care and services.

12.9.1 Deliverables:

* Supporting and underpinning implementation of LTWP and People Promise
* Supporting service delivery and planning through effective social partnership working.
* Supporting effective policy development through collation of the employer and staff voice within the SPF vehicle.
* Providing effective secretariat support to monthly workforce issues group, quarterly violence reduction subgroup meetings and ad hoc partnership workshops.
* Developing and maintaining the SPF website with news and information relevant to its audience.
* Producing and communicating messages from the national SPF, such as key comms and monthly SPF bulletins, ensuring the level of subscribers is maintained or increased.
* Ensuring co-ordinated national and regional SPF communications through communications team, and through organising a programme of national SPF rep visits to the regional SPFs.
* Maintaining the SPF twitter account to publicise information and resources from the SPF and encourage partnership activity.
* Supporting a system workforce focus to shape and influence workforce policy and products by having ICB CPO reps and other system reps where appropriate on the social partnership working and NHS Employers policy board.

12.10 Work Programme 9 – Communications

This work programme ensures that the work DHSC and ALBs do is communicated effectively across the system to achieve the greatest impact in terms of policy implementation and delivery.

12.10.1Deliverables:

* Providing strategic and tactical communications advice and support to programme teams to deliver the communications elements of their work programmes.
* Creating communications plans for key projects and campaigns.
* Producing engaging content to keep the audience up to date with the latest news and developments on workforce issues in the health and care sector.
* Ensuring key communications channels, website, social media accounts and bulletins, are kept running and up to date, progressively improving them to suit the needs of the audience.

**13. Indicative Procurement Timeline**

13.1

|  |  |
| --- | --- |
| **Description** | **Date** |
| Launch of Procurement/Publication of Tender | July 2024 |
| Deadline for Initial Bids | August 2024 |
| Initial Evaluation | August 2024 |
| Negotiation Phase | August/September 2024 |
| Deadline for Final Tender Submission | September 2024 |
| Final Evaluation | September/October 2024 |
| Tender Award | October 2024 |
| Mobilisation Period | Approximately 5-6 months from October 2024 until March 2025 |
| Contract Commencement | April 2025 |

**Section 2: Request for Information**

Prior to launching the Invitation to Tender, DHSC understand the importance of obtaining market feedback and engaging with the market. The primary focus of the feedback is to gain a better understanding of supplier appetite, current market pricing standards and ability to deliver the requirements. We are also seeking to gain knowledge of potential Key Performance Indicators and valuable reporting to measure the success of the Contract delivery.

Your feedback is important as it will allow views from the market to inform the development and finalisation of the procurement strategy and requirements to ensure successful contract delivery.

Are you interested in participating in this opportunity? YES/NO

If you are not interested in bidding for this opportunity, please could you outline reasons why in the response box below.

**1 Proposed Budget**

In relation to the table in Section 1 Outline of Requirements, Part 8 - Indicative core personnel costs and requirements per programme, for each year.

Through identifying historical costs for the core personnel delivery for all 9 work programmes each year DHSC are requesting feedback from potential suppliers to understand the costs outlined:

* 1. **Current Market Standards**

Would the outlined core personnel costs reflect the current market pricing standards and rates?

YES/NO

If your answer is no, please outline the reasons in the below response box below.

**b. Core Personnel Costs**

Would the budget outlined for core personnel costs allow you to provide all the required services and outputs? YES/NO?

If your answer is no, please complete **Column D** in the table below giving your high-level overview of potential costs for the core personnel delivery for all 9 work programmes each year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Column A: Name of Work Programme** | **Column B: High Level Overview** | **Column C: Indicative core personnel costs** **(per Annum) DHSC** | **Column D: Your High Level Indicative core personnel Costs** | **Column E: DHSC estimated core personnel requirements** | **Column F: Your estimated core personnel requirements** |
| Work Programme 1: Pay and Contracts | For effective support of non-medical (Agenda for Change), medical and dental pay, contracts, and workforce issues in the NHS | 6-8 x Policy/Programme Officer  1 x Programme Manager |  | £400000 |  |
| Work Programme 2: Education, Skills, and Redesign | Represent employer views in the development of education, skills, and training policy. | 2x Policy/Programme Officer  1 x Programme Manager |  | £140,000 |  |
| Work Programme 3: International Recruitment | The international recruitment programme supports employers and Integrated Care Systems to expand and improve approaches to international recruitment practice | 2x Policy/Programme Officer  1 x Programme Manager |  | £140,000 |  |
| Work Programme 4: Workforce Supply and Retention | This programme of work provides employers across the NHS with advice, guidance, and shared learning to support workforce supply and retention of staff | 2x Policy/Programme Officer  1 x Programme Manager |  | £140,000 |  |
| Work Programme 5: Pensions and Rewards | Supports employers to develop, implement and communicate an effective strategic reward approach | 2-4 x Policy/Programme Officer  1 x Programme Manager |  | £220,000 |  |
| Work Programme 6: Employment Relations | This work programme is responsible for providing expertise on changes to employment legislation or NHS policy which may have an impact on HR procedures and NHS terms and conditions of service. | 2 x Policy/Programme Officer  1 x Programme Manager |  | £140,000 |  |
| Work Programme 7: Staff Experience | Brings together the provision of support, and expert resources for employers on health and wellbeing thereby supporting staff retention | 4-6 x Policy/Programme Officer  1 x Programme Manager |  | £300,000 |  |
| Work Programme 8: Staff Engagement including the Social Partnership Forum (SPF) | The national SPF brings together DHSC and Arm’s Length Bodies (ALBs) with NHS employers and NHS trade unions for policy development at an early stage | 2 x Policy/Programme Officer  1 x Programme Manager |  | £140,000 |  |
| Work Programme 9: Communications | This covers the development and distribution of high impact quality communications which enable NHS Employers to be the first port of call for workforce information in the NHS | 2 x Policy/Programme Officer  1 x Programme Manager |  | £140,000 |  |

**c. Core Personnel Grade Composition**

With the indicative core personnel grade composition that has been set out for each of the work programme, in your view, does this represent the right balance for each work programme?

YES/NO

If your answer is no, please share your perception of the core personnel grade composition within **column F in the Table above**

**d. Set Up Costs**

DHSC are interested to understand from a budget perspective what the initial set up/mobilisation costs would be, along with the associated requirements?

Please outline in the below response box what you foresee as the initial set up/mobilisation costs and include the associated requirements.

**e. Non Staff Running Costs**

In addition to core personnel costs, DHSC from a budget perspective would like to understand the estimated costs that would be involved to deliver this requirement per year excluding core personnel costs, for example, events, communications, office, IT, Telephony and general overheads and charges (this list is not exhaustive)

Please list in the response box below what you foresee to be non-staff running costs per item and the associated costs with it per year to deliver the requirements

**e. Risks**

What risks could you foresee delivering the requirements?

Please outline the risks in the below response box.

**f. Mitigation of Risks**

Could these risks be mitigated? If so, how?

Please include your risk mitigation in the response box below

**g. Additional ad-hoc Requirements**

DHSC have calculated we would require the budget to include circa £0.5-1 million per annum across all 9 work programmes to enable the successful supplier to deliver any ad-hoc/flex requirements needed throughout the year. Does this value reflect an accurate calculation to cover the ad-hoc/flex requirements?

YES/NO

If your answer is no, please share your perception of the required costs and your explanation of your perceived costs, including a breakdown where possible in the response box below?

2 Proposed Key Performance Indicators

The proposed Key Performance Indicators are set out in the below table

Do these look tangible and effective given the overview of the contract in Section 1?

YES/NO

If no, what are the types of key performance indicators you would think are suitable to measure the contract’s required performance against key metrics?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KPI Ref.** | **Summary of KPI** | **Proposed KPI wording** | **Is this tangible and effective? YES/NO** | **Other Comments** |
| **1.1** | **Meeting Structure** | Agenda cascaded seven (7) days prior to meetings. Minutes to be produced fourteen (14 days) after date of meeting. |  |  |
| **1.2.** | **Meeting Actions** | Actions to be completed within thirty (30) calendar days |  |  |
| **1.3.** | **Response time to Employer Queries** | Response to Employer queries within fourteen (14) days |  |  |
| **1.4** | **Delivery of Work Programme Deliverables** | 98% completion of all 9 work programme deliverables within each contract year |  |  |
| **1.5** | **Production of financial summary report, including breakdown of costs by each Work Programme in a format agreed with Authority** | No later than thirty  (30) working days after the end of each quarter |  |  |
| **1.6** | **User Satisfaction Survey – networks** | Surveys issued upon establishment of any new network and at regular intervals throughout the lifetime of the network to assess usefulness.  75% of respondents ‘agree’ or ‘strongly agree’ that the network is useful. |  |  |
| **1.7** | **User Satisfaction Survey – advice and guidance** | Surveys issued at regular intervals on the usefulness of advice and guidance provided.  75% of respondents ‘agree’ or ‘strongly agree’ that the content is useful. |  |  |
| **1.8** | **Response to Key Communications** | 75% of respondents rate the overall content on our website as excellent or good. |  |  |
| **1.9** | **Reporting format evidencing the progress against each of the Work Programme Deliverables as agreed with the Authority and**  **against the Contract KPIs as outlined in 1.1 – 1.6 above.** | Report to be delivered on a  quarterly basis and within eighteen (18) working days of the end of each quarter, |  |  |

Please use the response box below to highlight any additional information you feel is important relating to KPIs through your own personal experience.

**3 Additional Comments relating to the outline service description for example,**

* Any risks to the service delivery,
* Any further clarity required across the 9 Work Programmes,
* Proposed timelines including the suggested 5-6-months mobilisation,
* The potential of any additional value-added services that you have experience of
* Any additional comments that you feel are important

**Please return your completed RFI no later than Monday 3rd June at 15:00.**

**To register your interest for the Market Engagement Event please use the messaging platform within the Atamis reference C283162 by Monday 3rd June at 15:00 to ensure you are included in the Market Engagement. Please include contact details (name and email address of each person wishing to join the Market Engagement. Maximum 2 people for each organisation. Joining details for the market engagement will be issued on Tuesday 4th June 2024.**