

Invitation to tender

Evaluation of the Adopting Innovation programme

July 2021

Deadline: 12:00 (midday), 10 September 2021

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The associated documents to read alongside this Invitation to Tender include:

- Sample tender response form
- Sample contract
- Budget template
- FAQ document
- AIMS user guide

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1 Summary

- 1.1 The Health Foundation, through this Invitation to Tender (ITT), is seeking a provider to undertake a programme evaluation of its Adopting Innovation programme. The evaluation work will run from November 2021 to the end of 2023, with delivery of a final evaluation report in summer 2024.
- 1.2 The Adopting Innovation programme will provide funding for the creation of innovation hubs; centres of expertise and support within NHS provider organisations, to help them become better adopters of innovation. Hubs will be led by an NHS provider organisation in partnership with other local organisations (eg voluntary sector, local authority).
- 1.3 The aim of the programme evaluation is to deliver practical insights into the approach used by the innovation hubs to effectively set up and support the infrastructure, systems and conditions to encourage adoption of innovations. The evaluation will also develop knowledge and learning which can inform system-level priorities and policy to support adoption and spread of innovation, where local health systems are able to identify and adopt innovations that best meet their local challenges (ie 'pull in' innovations). In conducting the evaluation, the provider will be expected to build on the existing body of knowledge concerning the spread and adoption of innovation.
- 1.4 The appointed programme evaluator will undertake a mixed-methods evaluation, comprising:
 - A **formative evaluation** of the programme to draw shared learning from the set-up and implementation of hubs, their working relationships across partner organisations and stakeholder groups, and their approach to building a culture to support the adoption of innovation in each of their local health systems. The information will be used to help each hub understand their own processes and ways of operating, and to gather learning from other hubs, to enable improvement and course corrections during the programme lifespan.
 - A **summative evaluation** to assess the extent to which the hubs are able to effectively support local adoption of innovation, and better understand the ways in which the principles for success interact to support (or hinder) adoption of innovation.
- 1.5 Responses to this ITT will be assessed using several criteria, including: knowledge or awareness of health and social care; experience of conducting complex evaluations using a range of research techniques; suitability of the proposed evaluation approach, including ways of working with the hub teams; knowledge and awareness of the body of knowledge linked to spreading, scaling up and adopting innovations in health and social care; experience of developing policy recommendations to support service innovation at a local and national level; the capacity to deliver the evaluation on time, on budget and to the required standard; and proven ability to flex resource, capabilities and adapt to changing environments, when required.
- 1.6 An information webinar will be held on Monday 26 July 2021 from 14:00 to 15:00, offering applicants the opportunity to learn more about the Adopting Innovation programme and the aims and requirements of the evaluation.
- 1.7 The successful evaluation partner will be selected in October 2021, to commence work in early November 2021. The evaluation is to be undertaken over approximately 30 months and the final evaluation report will be due in summer 2024. We anticipate bids of up to a maximum of £250,000 (inclusive of VAT and expenses).
- 1.8 Your tender should be completed using the Health Foundation's online AIMS system by 12:00 (midday) on 10 September 2021.

2 About the Health Foundation

- 2.1 The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
- 2.2 Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line, to carrying out research and policy analysis, we shine a light on how to make successful change happen.
- 2.3 We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.
- 2.4 We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.
- 2.5 **Our commitment to diversity and inclusion:** The Health Foundation is committed to embracing values of equality, diversity and inclusion by promoting and sustaining an open, inclusive and supportive environment which affirms the rights of individuals to be treated fairly, equitably and with respect. Our equality and diversity policy applies to our relationships within and between our staff, our board of governors and the external stakeholders, grant holders, partners and suppliers with whom we work. Download our equality and diversity policy.
- 2.6 Further details about the organisation can be found at www.health.org.uk

3 Background

- 3.1 Health care improvement is not only about identifying innovative solutions¹ to the challenges facing the health service, but ensuring those solutions are taken up widely and successfully.
- 3.2 Evidence from 10 years of investing in scale and spread of innovation in the NHS demonstrates the complex challenge of taking an innovation that has been developed and worked successfully in one location and making it work in a new context. The Health Foundation report, *The spread challenge*², discusses the importance of supporting adopters as well as innovators, and highlights that funding and support is often concentrated on the development of innovative solutions, as opposed to paying attention to the challenges of adopting solutions that have already been shown to be effective.
- 3.3 Quality improvement communities, which use a wide range of improvement methods to facilitate complex change, have not traditionally been explicitly involved in the implementation of innovation or technology. While the gap has closed in recent years, there is still a tendency for these communities to operate within a narrow focus and to gravitate towards known implementation traditions.
- 3.4 Technological innovation is one such example of where a lack of collaboration between stakeholder groups, for example between clinical teams, technology companies and quality improvement communities, can present specific challenges for adoption.

¹ In the context of the Adopting Innovation programme, we are using a broad definition of innovation to include systems, technologies, ideas and service changes.

² Horton T, Illingworth J and Warburton W. *The spread challenge: How to support the successful uptake of innovations and improvements in health care*. The Health Foundation. 2018.

Innovations are often not sufficiently tailored to the needs of patients, carers and staff. Health care staff involved in implementing innovations are often recipients of such innovation rather than acting as co-innovators (partners in evolving the innovation alongside the innovator).³

3.5 Making an innovation work in a new context is a complex challenge, but it is more likely to succeed if the new context – the resources, local culture and infrastructure – is better understood and those adopting the innovation are given the time, skills and support to do so.

3.6 In response to this challenge, the Health Foundation has been working with system partners including the Care Quality Commission, NHS England and NHS Improvement, NHSX, the Academic Health Science Networks (AHSNs), the Accelerated Access Collaborative (AAC) and others to develop principles for successful spread and adoption of innovation:

- **Develop a culture where innovation can happen** – organisations having open dialogue between organisational leadership and staff, with leaders seeking ideas for improvement and listening to staff feedback. There is permission to innovate and high standards for safety.
- **Support your people** – organisations build on the strengths of their people. Staff are given time to develop and deliver ideas, and are supported to secure external resources and to develop the capabilities and connections they need to innovate.
- **Adopt the best ideas and share your learning** – organisations tapping into networks and learning about what other organisations are doing. They understand what is important to make innovations work and share learning with others.
- **Focus on impact and outcomes** – organisations articulate realistic objectives and success measures that are linked to outcomes for people who use services. Outcomes should be monitored to understand whether the innovation is delivering intended (or unintended) benefits, and how it can be adapted to achieve more for people.
- **Develop and deploy innovation with the people who will use it** – where possible, organisations involve staff, people who use the services and anyone else who is going to use an innovation. This should include co-production to help shape the innovation and how it is implemented, as well as user testing once it is in place.
- **Be flexible when managing change** – implementing new ideas (or adapting existing solutions in a new context) can be unpredictable, so it is important that plans and resources are flexible enough to cope with unexpected changes. Innovators need to engage early with concerns to understand what is needed to make their idea work and build support for what they are doing. The success of an innovation depends on involving the right people.

3.7 By establishing the conditions for successful spread and adoption of innovation, NHS teams will be better supported to implement innovative approaches that can help them to deliver high-quality care.

3.8 In light of increasing pressures on the NHS, not least the unprecedented demands on health and care services caused by the COVID-19 pandemic, promoting the adoption of innovations that have the potential to improve patient outcomes and/or improve the effectiveness of care delivery is more important than ever. NHS teams are having to

³ Greenhalgh T. *How to implement evidence-based healthcare*. Wiley. 2013.

rapidly adopt new ways of working and adapt to constant change. As we move into future stages of the pandemic and beyond, time and support are needed for new ways of working to be sustained and create long-lasting impact for patients.

4 The Adopting Innovation programme

Overview

- 4.1 The Adopting Innovation programme is a unique opportunity for local health systems⁴ to establish innovation hubs – centres of expertise and support within NHS provider organisations to help them become better adopters of innovation.
- 4.2 More information on the programme can be found on the Health Foundation website.
- 4.3 The programme is funding four innovation hubs (see the next section for more details on each of the hubs) in the NHS to promote a local approach to pulling in appropriate innovations to a local health system, so that innovations are adopted that respond to the local need and context.
- 4.4 Each hub will be led by NHS provider organisations, working in partnership with other local organisations (eg voluntary sector, local authority) to create the conditions within their organisations that evidence shows lead to more effective implementation of innovations.
- 4.5 Each hub will receive:
 - grants of up to £475,000 to establish and deliver hubs that will run for two and a half years from early 2022
 - tailored support packages in addition to the grant, which could include coaching, training and facilitation, provided by a support provider appointed by the Health Foundation
 - a programme of activities, including regular events, to help teams to build a supportive community, share experiences and offer peer support.
- 4.6 Hubs will work to support the adoption of mature and tested innovations and service changes rather than focus on more developmental work around new innovations. Hubs will work through a process of problem definition, identifying a range of potential solutions as part of small-scale testing, which can then be adapted and implemented in their local setting.
- 4.7 The majority of the hubs' work will focus on the adaptation of innovation to the local context, using co-production principles to ensure that the process takes account of, and is sensitive to, the needs of patients, staff, existing culture and working practices.
- 4.8 The hubs will be closely linked into local system priority setting. This will include partnering with, and reporting directly into, regional or national improvement or innovation bodies. The AHSNs will be important regional partners for the hubs.

Hub sites

- 4.9 Final selection of the four organisations to gain funding as innovation hubs was completed in May 2021. Details of the selected hubs is on the Health Foundation website.
- 4.10 Hubs will begin a six-month set-up phase in July 2021. During this time, they will recruit staff, strengthen local partnerships, refine their delivery plans and begin the

⁴ See section 4 of the Adopting Innovation Call for Applications for more details on the definition of health systems.

process of problem definition. In early 2022, the hubs will move into the main delivery phase of their hub, focusing on adopting innovations over the following two years that have the potential to help tackle the agreed area for improvement.

Local hub evaluations

- 4.11 The hubs will be expected to capture learning, measure impact and create links with local systems. They will be required to spend between 10 and 30 per cent of their grants on measurement and evaluation.
- 4.12 Each hub will have a local evaluation proposal and evaluation capacity in place at the start of the project.
- 4.13 The aim of the local evaluations will be to measure local impact, reflect on how successfully the organisations involved in each hub are collaborating and capture the experiences of the members of the public, health care professionals and researchers working together on the local projects. The local evaluations will be integrated with the delivery of each hub so that the partnerships can respond to the findings on an ongoing basis and track local improvements to health care services.

5 Details of the work: Adopting Innovation programme evaluation

- 5.1 The Health Foundation, through this ITT, is seeking an evaluator to undertake a mixed-methods evaluation of its Adopting Innovation programme.
- 5.2 The evaluation will comprise a formative and a summative component, and the entire evaluation will last throughout the funded programme period, from November 2021 to the end of 2023, with delivery of a final evaluation report in summer 2024. Timelines for the specific components of the evaluation are given in section 17.

Purpose of the evaluation

- 5.3 The purpose of the **formative** evaluation is to deliver practical insights across the programme into the approach used to set up and support local infrastructure and systems to encourage adoption of innovations. The formative evaluation will:
 - work with the innovation hubs to identify learning from the set-up, implementation and delivery of the hubs, which can be shared with the participating organisations across the programme, to support hub development and delivery
 - explore how the programme is being delivered and how the principles for successful spread and adoption of innovation have been adopted and implemented across the hubs.
- 5.4 The **summative** evaluation will generate robust evidence and learning which can inform system-level priorities and policy to support greater adoption and spread of innovation, where local health systems are able to identify and adopt innovations that best meet their local challenges (ie 'pull in' innovations). The summative evaluation will:
 - examine the extent to which the hubs supported and accelerated the adoption of innovation across their local health and care system
 - use results of local evaluations to provide an overview of the extent to which the adoption of innovation has impacted on key outcomes in services or departments which have applied innovations
 - identify lessons learned from the programme which could support policy and system-level levers to prioritise adoption of innovation.

Details of the formative evaluation

- 5.5 The formative evaluation will examine how the innovation hubs are operating, including the set-up of the infrastructure, their working relationships across partner organisations

and stakeholder groups, and their approach to building a culture to support the adoption of innovation in each of their local health systems. The learning will be shared across hubs in order to enable improvement and course corrections during the programme lifespan.

5.6 The formative evaluation will seek to answer the following questions:

1. What activities are hubs undertaking in order to establish the sites and support the effective take-up of innovation?
 - How has the approach developed and evolved over time?
 - What partnerships are they drawing in, and how have these influenced their approach?
2. How are the hubs seeking to foster the principles for successful spread and adoption of innovation at a local level?
 - What have been the barriers to the different approaches and how have the hubs sought to overcome the barriers?
3. What are the features common across the hubs that enable them to build a culture to support the adoption of innovation in each of their local health systems?
4. What are the lessons learned about how best to gather and share collective learning across geographical, organisational and systems boundaries to support organisations to share knowledge to support systems improvement?

5.7 The evaluation will explore the relationship between the contextual factors and processes that support or hinder the adoption of innovation, as well as how these impact the success of each individual hub.

5.8 The programme evaluator will share emerging knowledge across the hubs on how best to address known and emerging socio-cultural and socio-technical factors that are important to achieving and making change happen effectively in each hub.

5.9 The formative evaluation should be developmental in design, with regular feedback loops to support the sharing of knowledge and to ensure that individual hubs gain maximum benefit from the programme approach.

5.10 In responding to the tender, prospective evaluators should describe the proposed methodologies for capturing information on the experience and learning of setting up and running an innovation hub, and data around structures and processes, relevant to their design and context, which enable comparison and shared learning between hubs. This should include details on how you will work with the hubs during the set-up and delivery phases to establish data collection and feedback loops for the formative evaluation.

Details of the summative evaluation

5.11 The summative evaluation will seek to understand the extent to which the hubs, and the programme as a whole, were able to effectively support local adoption of innovation, and to identify lessons learned in taking a localised approach to the adoption of innovation.

5.12 The summative evaluation should therefore answer the following questions:

- 1 To what extent has the programme been effective in supporting the local networks/hubs to create the conditions needed to accelerate the adoption of innovation?
- 2 How has the programme, and the efforts to create the conditions needed to accelerate the adoption of innovation, impacted on key outcomes for services and patients?
- 3 What is the added value provided by the programme in terms of supporting adoption of innovation in each hub?
- 4 What is the learning from the programme about how we can better foster the social-cultural and socio-technical change needed to develop the right conditions to support

NHS providers to successfully adopt and adapt innovations and support sustainable change?

- 5 What learning and recommendations can we draw to help promote a shift at a national level from 'pushing out' innovations to enabling local health and care systems to identify and 'pull in' innovations which seem most likely to help them address local priorities and challenges?
- 6 What are the lessons learned about how best to evaluate adoption of innovation, based on the learning from the programme?

5.13 The summative evaluation will be expected to draw on a range of qualitative and quantitative data to understand the success of the programme in supporting local hubs to create conditions that support adoption of innovation. It will also examine the interactions between the different actors (eg approach to innovation culture, ways of working and engagement with different stakeholders, the ability to maintain a flexible approach to innovation adoption) present at each site which supported, or hindered, the adoption of local innovations.

5.14 The summative component will generate robust and generalisable learning that will further our understanding of what it takes to adopt innovations at a micro, meso and macro level. The evaluation should therefore seek to build on existing knowledge in the field of spread and scale of innovation.

5.15 Hub sites are expected to vary in terms of the defined problem(s) they are seeking to address, and the innovations adopted in each site. This will be defined during the six-month set-up phase, and prospective evaluators will need to demonstrate that they can work with a degree of uncertainty around the nature of the projects.

5.16 In responding to the tender, prospective evaluators should describe their overall approach to the summative evaluation. They should also explain how they will work with the hub team, wider partners and the core team at the Health Foundation (see section 7) during the set-up and delivery phases to refine and agree the summative evaluation approach (including data collection, analysis and reporting), in line with the hub design and structures.

6 Design principles

6.1 We envisage the evaluation will incorporate the following design principles:

- A mixed-methods approach.
- Feasibility of the evaluation methods.
- Appropriateness of the evaluation methods, avoiding duplication and overburdening partners.
- Regular communication and liaison with the hubs and the support partners, which will include running a workshop with each hub during Q4 2020 and early Q1 2021, agreeing and ensuring linkages with local evaluation frameworks and data collection plans.
- Stakeholder engagement – joining the Health Foundation team for up to three roundtable meetings with key stakeholders that may be necessary, to add to the debate about the evaluation findings, and/or to test and validate the findings.

7 Ways of working

General

7.1 The process and quality of engagement between the programme evaluator, hub teams, the Health Foundation and support provider will be vital to the success of the evaluation.

7.2 During the first three months of the evaluation, the evaluator will be expected to develop a relationship with each of the project teams, and to formally agree ways of working with each of the teams through a concordat or similar. These will be informed by the set of principles agreed at the outset between the Health Foundation, the evaluator and the hubs.

Relationship with the Health Foundation

7.3 The Health Foundation will meet with the successful provider at an inception meeting (expected to be mid-November 2021) to refine the evaluation approach before they submit a final evaluation protocol for approval by the Health Foundation in Q1 2022. We will also work with the evaluator to agree interim and final report structures; and expect the programme evaluator to set the findings in the context of the wider strategic narrative.

7.4 The work will be managed by the Research Manager, with strategic and content input provided by the Programme Manager in the Health Foundation's Improvement directorate.

7.5 We will want to meet or speak with the evaluator regularly, but we will agree the nature of updates with the provider at the inception meeting. In the first six months we anticipate holding monthly evaluation meetings, either in person or virtually, before moving to meeting every two months.

7.6 The Health Foundation is establishing a Programme Advisory Group (see Appendix for the programme governance structure), comprised of Health Foundation staff and external experts from relevant fields. This group will provide strategic and academic direction to the programme as a whole, as well as constructive challenge and rigour to the design and delivery of the evaluation. The programme evaluator will be expected to attend meetings of the Programme Advisory Group (expected to be quarterly), as agreed with the Health Foundation.

7.7 Time and capacity to prepare any required documentation for meetings and for key members of the evaluation team to attend meetings should be built into your proposal.

Relationship with project teams

7.8 The programme evaluator will work with the local evaluation partners at each hub to gather and share learning across hub sites and programme partners.

7.9 The programme evaluator will need to work with the local hub evaluators early in the evaluation design process to ensure a clear understanding among all parties regarding the plans for local impact evaluation and the programme-level formative and summative evaluation, and ensure collaborative working at the different levels of the evaluation.

7.10 The programme evaluator will work with the local evaluation teams to agree a core set of data to enable comparison of how the hubs are creating conditions for adoption of innovation. The programme evaluator will explore compatibility in terms of evaluation frameworks and data collection plans, and agree the collection of site-specific data required for the summative evaluation. If data is required for the programme evaluation in addition to that already collected as part of the local site evaluations, consideration should be given to avoid overburdensome data collection.

7.11 The programme evaluator will also identify any risks or areas of incompatibility in the local and programme evaluations. Where issues emerge, the programme evaluator will need to work with the Health Foundation programme and research teams to resolve these with local partnerships.

Relationship with support provider

- 7.12 The Health Foundation has commissioned a support provider who will work with the Health Foundation and the innovation hubs to support the delivery of the programme.
- 7.13 The support partner will collaborate with each hub to understand their delivery support needs (which could include project management and operational set-up, coaching, facilitation, leadership, organisational development and sustainability planning) and their technical expertise needs (which could include co-production, improvement methodologies, diversity and inclusion, partner and network development, information governance, implementation of digital technology, legal matters, evaluation and measuring impact and communication). The support partner will then co-produce a support model for each hub, and work to deliver these support packages, working with additional suppliers where needed. The support provider will work with the hubs from the beginning of their set-up phase in summer 2021.
- 7.14 The programme evaluator will need to work closely with the support provider, and the hub teams, to ensure emerging findings are fed back into the programme.
- 7.15 The evaluator will work with the support provider to review information on the activities initiated by the hubs in their local health care system to support the effective take-up of innovation, what has gone well, the barriers they are facing to successful engagement and implementation, and the learnings about how to address the barriers.
- 7.16 The support provider will use the information to share best practice and learning, and to modify the packages of support based on the formative evaluation intelligence, ensuring that individual hubs gain maximum benefit from the programme approach.
- 7.17 It is expected that the evaluator will make themselves available to attend programme meetings and meetings with the support provider, as agreed with the Health Foundation. Costs incurred for meetings should be factored into the budget.

8 Deliverables

8.1 Specific deliverables include:

Deliverable	Date
Draft evaluation protocol for the evaluation <i>To include the methods and tools to be employed during the evaluation, including ethical and governance considerations; ways of working with the local site evaluators and the support provider; the proposed approach for the formative and summative evaluations; and the proposed approach for collecting the core data set, including establishing data sources and frequency of data collection.</i>	November 2021 (date TBC)
Concordat(s) on ways of working with each hub	Q1 2022 (date TBC)
Final evaluation protocol (formative and summative) to be approved by the Health Foundation	Q1 2022 (date TBC)
Progress report to the Programme Advisory Group <i>To include an update on progress, challenges, risks and mitigation, plus emerging findings and learning from the evaluation.</i>	Quarterly throughout the project (date TBC)
Interim reports	September 2022 and September 2023 (date TBC)

<p><i>To contain updates on progress, challenges and findings/themes emerging from the programme. Findings should reflect individual project characteristics for each of the innovation hubs, as well as a synthesis of programme-level learning. Information should also include details of how the formative evaluation has helped shape the delivery of the innovation hubs.</i></p>	
<p>Attendance at up to three roundtable events over the course of the evaluation.</p>	<p>Dates TBC</p>
<p>Final report and learning materials</p> <p><i>To include key findings from each of the individual innovation hubs, together with a programme-level synthesis of the learning, and recommendations on how to create the right conditions to support NHS providers to successfully adopt and adapt innovations and support sustainable change.</i></p> <p><i>Consideration will be given to providing a range of outputs in order to support a breadth of stakeholders to maximise the benefit from the programme learning, as agreed with the Health Foundation.</i></p>	<p>Summer 2024 (date TBC)</p>

9 Audience for this work

9.1 The primary audiences for the evaluation are:

- the Adopting Innovation sites involved in the programme
- the support provider
- the Health Foundation.

9.2 Other audiences for the evaluation, with whom the Health Foundation would like to reach with the learnings from the work, are:

- Individuals and groups involved in leading and supporting the adoption of innovation that can contribute to lasting and sustainable change in health and social care. This sector of the audience includes clinicians, managers and frontline improvers, who might want to use the evaluation to indicate if a model works and whether it should be adopted in their local area. The group might also include local and regional health networks that are interested in the necessary insight to create the social and cultural environment that supports adoption of innovation. At a national level, this might include policymakers who require proof of concept to understand the types of organisational forms needed to create change.
- Academics seeking to understand the dynamics of innovation adoption, change management and the methods for conducting mixed-method evaluations of complex programmes.
- Those interested in the contribution of innovation to achieving national-level objectives for effective health and care services, including policy and influencing bodies, and NHS England and NHS Improvement.

9.3 In commissioning any piece of research or evaluation, we ensure that an outline communications plan accompanies the evaluation plans from the start, and that this is fully developed through to completion.

- 9.4 We will work closely with the provider to develop key messages and to draw out the implications of the findings, and any communications and public affairs (including media) related to the evaluation and its findings.
- 9.5 We will also work with the provider to consider different presentational options for the different audiences. We are keen to ensure that the development process of this work supports our wider stakeholder engagement work. Our aim in terms of dissemination is to provide outputs that are useable by those in policy and practice who are research literate but time poor.
- 9.6 Proposals should include suggestions for potential outputs and dissemination routes for the work, to support a breadth of stakeholders to maximise the benefit from the programme learning.
- 9.7 We may commission an independent writer to produce a Health Foundation learning report based on the provider's evaluation report. In such an instance, we expect our provider to work with the writer to provide insight into the key findings, and feedback on early drafts of the learning report.
- 9.8 We will also expect our provider to join us for any roundtable meetings with key stakeholders that may be necessary, to add to the debate about the findings, and/or test and validate the findings. We may also submit the outputs from the evaluation for independent peer review.
- 9.9 Please ensure that your proposal makes reasonable allowance for the time required to fulfil these obligations for dissemination throughout the duration of the evaluation.

10 Requirements

- 10.1 The appointed programme evaluator will be responsible for delivering all aspects of the programme evaluation, including developing the initial evaluation protocol, obtaining relevant authorisations and approvals where applicable (such as ethics approval, patient informed consent), data collection and analysis, and reporting of findings.
- 10.2 The successful evaluator must ensure that they have both **capacity and adequate resources** in place to deliver a robust, timely evaluation that will be complex in nature.
- 10.3 The evaluator will be comfortable in dealing with a degree of uncertainty around the size and scale of the proposed hub developments. This will be particularly important in the early stages of the evaluation, as the individual innovation hubs are likely to develop at a different pace.
- 10.4 We are looking for innovative approaches to this evaluation which draw on a range of methods, backgrounds and expertise, and we welcome bids from consortia of evaluators. In such cases, we would require there to be a lead evaluator who would take overall responsibility for the delivery of the contract. Bids should describe in detail how these arrangements would be managed.
- 10.5 The successful evaluator will be able to describe how they would address key evaluation questions through a diverse range of methods, particularly when data are likely to be accessible at different times. The evaluator will also be able to demonstrate knowledge of contextual factors likely to determine effectiveness in adopting innovation.
- 10.6 Assessment and selection criteria for the programme evaluator are shown in section 14 of this ITT.

11 Intellectual property

- 11.1 In commissioning this evaluation, the Health Foundation will own the intellectual property generated (please see the intellectual property clause in Schedule 6 of the example commissioning contract).

12 Budget

- 12.1 We anticipate of bids up to a maximum of £250,000 (inclusive of VAT and expenses) to undertake the combined process and impact evaluation and to provide the deliverables outlined in section 8 of this ITT.
- 12.2 We will commission this evaluation by issuing a contract for services and, as such, we expect VAT is likely to be payable on all aspects of the work. **Please consult your contracting team and/or finance team to ensure that VAT has been included appropriately before submitting your proposal and budget.**
- 12.3 Assessment of applications will be on value for money, alongside criteria as outlined in section 14 of this ITT, rather than the lowest bid. We expect the budget to cover all aspects of the evaluation: staff time, specific deliverables, recruitment, travel and subsistence required for site visits and meetings, as allowed by government guidelines concerning COVID-19, and reporting costs.

13 Tender response requirements

- 13.1 Providers are requested to complete a tender response form on AIMS in presenting their response. A PDF form is included as an example – do not use this to submit your application; this must be done online.
- 13.2 Detailed provider information to include:
- Organisation name, address, registered address (if different) and website address
 - Primary contact name and contact details
 - Description of the organisation's activities or services
 - History and ownership
 - Organisational governance and management structure
 - Most recent company accounts.
- 13.3 The tender response must include:
- Details of your proposed approach
 - Details of potential outputs and dissemination routes for the work to support a breadth of stakeholders to maximise the benefit from the programme learning
 - Details of the team carrying out the work – names, roles and expertise relevant to the tender
 - Costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
 - Your approach to risk management
 - Client references, including a list of comparable organisations to which you have supplied a similar service and a brief project description for each
 - A statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties
 - Any other relevant information the Health Foundation should take into account.

Instructions for tender responses

- 13.4 The Health Foundation reserves the right to adjust or change the selection criteria at its discretion. The Health Foundation also reserves the right to accept or reject any and all responses at its discretion, and to negotiate the terms of any subsequent agreement.
- 13.5 This work specification/Invitation to Tender is not an offer to enter into an agreement with the Health Foundation; it is a request to receive proposals from third parties interested in providing the deliverables outlined. Such proposals will be considered and treated by the Health Foundation as offers to enter into an agreement. The Health Foundation may reject all proposals, in whole or in part, and/or enter into negotiations with any other party to provide such services, whether it responds to this ITT or not.

- 13.6 The Health Foundation will not be responsible for any costs incurred by you in responding to this ITT and will not be under any obligation to you with regard to the subject matter of this ITT.
- 13.7 The Health Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.
- 13.8 Your bid is to remain open for a minimum of 180 days from the proposal response date.
- 13.9 You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Health Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided delivery is affected prior to the established proposal response date.
- 13.10 Please note that any proposals received which fail to meet the specified criteria contained in this ITT will not be considered for this project.

14 Submitting your tender and selection process

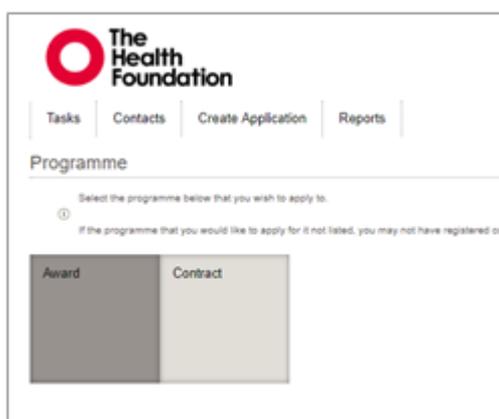
How to apply

- 14.1 The deadline to submit a tender response is **12:00 (midday) on 10 September 2021. We will not accept proposals submitted after this time.**
- 14.2 All proposals must be submitted on the Health Foundation’s online AIMS system. Please read the AIMS user guide before starting to complete the form. This is available on our website and via the online form on AIMS.

Getting started on AIMS

- 14.3 If you are applying on behalf of a team or organisation, register with the organisation via the ‘Contacts’ tab first. Once you have registered with AIMS and have activated your profile via the verification email, you can start a tender response. Then click on ‘Create Application’ and select to **apply on behalf of the organisation** you have just registered with. Select the ‘Contract’ programme, as shown below.

Open tender instructions. Select the ‘Contract’ programme.



On the next screen, click into the drop-down menu and select the ‘Evaluation of the Adopting Innovation programme’ in ‘Programme call’

Information webinar

- 14.4 An information webinar will be held on **Monday 26 July, at 14:00–15:00**. Please register to attend the webinar on Eventbrite.
- 14.5 The information webinar will provide applicants with the opportunity to hear more about the Adopting Innovation programme and the aims and requirements of the evaluation. Prospective applicants are strongly encouraged to attend the webinar.
- 14.6 If you have any questions about the evaluation or the ITT that you would like to be answered during the webinar, please email Research.Mailbox@health.org.uk by 12:00 (midday) on 22 July 2021. Please note that we will not be able to answer specific technical questions about individual tender responses during the webinar.
- 14.7 The webinar will be available to view, from a link on the Health Foundation website, from the week commencing 2 August 2021 to the closing date of the ITT.

Assessment and selection

- 14.8 Assessment of applications will take place during September and early October 2021. Applications will be assessed by representatives from the Health Foundation and external advisers.
- 14.9 You will be informed whether your proposal has been shortlisted in the week commencing **11 October 2021**.
- 14.10 We intend to interview a selection of shortlisted bidders on **20 and 21 October 2021** to explore proposals in more depth. Please ensure you have availability on those days.
- 14.11 Proposals will be assessed using the following criteria:
- expertise in evaluating complex interventions using a range of qualitative and quantitative research methods and approaches
 - experience and strong understanding of designing and collecting robust data and its analysis, in situations where data may not be routinely available
 - suitability of the proposed evaluation approach, including ways of working with the hub teams to refine the evaluation methodologies as the hubs develop
 - knowledge and awareness of the health and social care sector and health care settings
 - knowledge and awareness of the body of knowledge linked to spreading, scaling and adopting innovations in health and social care, and the ability to generate and share evidence that will help further our understanding of the mechanisms and factors which impact on systems to affect the adoption of innovation
 - experience of developing policy recommendations to support service innovation and a local and national level
 - appropriate project management, risk management and quality assurance expertise
 - demonstrable capacity to deliver the evaluation on time, on budget and to the required standard, with proven ability to flex resource capabilities and adapt to changing environments when required

- ability to draw on other expertise if needed and work collaboratively with a range of stakeholders.

14.12 It is important to the Health Foundation that the chosen provider is able to demonstrate that the right calibre of staff will be assigned to the project; therefore, the project leader who will be responsible for the project should be present during the panel interviews if you are shortlisted.

15 Confidentiality

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

16 Conflicts of interest

16.1 The Health Foundation's conflicts of interest policy describes how it will deal with any conflicts which arise as a result of the work which the charity undertakes. All external applicants intending to submit tenders to the Health Foundation should familiarise themselves with the contents of the conflicts of interest policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are bidding for. The policy can be found and downloaded from the Health Foundation website.

17 Timetable

Item	Date
Information webinar: Questions to be submitted to research.mailbox@health.org.uk by 12:00 (midday) 22 July 2021	26 July 2021
Closing date for applications	12.00 (midday), 10 September 2021
Review of applications and shortlisting	September–October 2021
Confirmation of shortlisted applicants	Week commencing 11 October 2021
Interviews to be held	20 and 21 October 2021
Successful bidder notified	Week commencing 25 October 2021
Inception meeting	Week commencing 15 November 2021
Evaluation project to commence	November 2021
Evaluation workshops: meetings arranged by programme evaluator between each hub, support partner and the Health Foundation	Q4 2021 – Q1 2022

Item	Date
Concordats deadline: programme evaluator to share its written agreement on ways of working with hubs	Q1 2022
Final evaluation protocol (formative and summative) to approved by the Health Foundation	Q1 2022
Expected delivery of final evaluation report	Summer 2024

18 Questions

18.1 If you have any queries relating to the tendering process or the nature of the service required, please email research.mailbox@health.org.uk. We will aim to reply to queries within five working days, but please ensure that you allow plenty of time ahead of the closing date for applications.

19 Contract arrangements

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

Appendix: Governance structure for the Adopting Innovation programme

Adopting Innovation: programme structure

Health Foundation Internal Management Group

Purpose: Oversight of the programme and its evaluation. Responsible for providing oversight of the strategic direction and delivery of the Adopting Innovation Programme and its evaluation.

Members: Representatives from the Health Foundation Improvement, Research and Communications team

Report to: Assistant Director, Improvement and Assistant Director, Research

Innovation Hubs

Purpose: 4 NHS Provider organisations are being funded to develop Innovation Hubs working in partnership with their local system to test mechanisms to enable better adoption of innovation.

Report to: The Health Foundation (and their own local governance structures)

Programme Support Provider

Purpose: Commissioned by the Health Foundation to provide specialist support and ongoing coaching to the 4 innovation hubs.

Report to: The Health Foundation Improvement team (with feed-up on progress to HF internal management group)

Evaluation Provider

Purpose: Commissioned by the Health Foundation to independently evaluate the programme.

Report to: The Health Foundation Research team (with feed-up on progress to HF internal management group)

External Advisory Group

Purpose: To bring specialist expertise and external critical challenge to the strategic direction of the programme and evaluation. Group will be advisory and does not hold accountability for the programme (which sits with HF)

Members: External stakeholders who will bring expertise from across the health system, the third sector and academia. Representatives from the Health Foundation, Programme Support Provider and Evaluation provider will also attend

Feeds into: Health Foundation Internal Management Group