NHS RACE & HEALTH OBSERVATORY

INVITATION TO TENDER

RHO Communities Small Grants Pilot Programme

Date: November 2025

Contents

1. About the NHS Race & Health Observatory

1.1. The NHS Race and Health Observatory (RHO) is an independent organisation, supported by the Department of Health and Social Care and NHS England, set up to explore ethnic inequalities in access to healthcare, experiences of healthcare, health outcomes, and inequalities experienced by Black, Asian, and minoritised ethnic members of the healthcare workforce.

1.2. This includes assessing the aspirations to tackle ethnic health inequalities outlined in national healthcare policy. The RHO is a proactive investigator, providing strong recommendations that inform policymaking and facilitate change. We are evidence-driven and solutions-focused.

- The RHO is hosted by NHS Confederation. Its board and team are independent; we dictate our own direction and areas of focus. The RHO has three main functions:
- Facilitating new, high-quality, and innovative research and evidence.
- Making strategic policy recommendations for change.
- supporting the practical implementation of those recommendations and of anti-racism focused interventions more widely, within the NHS.

2. Background

2.1. Entrenched ethnic and racial inequity persists across the NHS and the health system, negatively impacting patients, communities, and staff. Compared to their White counterparts, Black, Asian, and minoritised ethnic patients and communities have worse, inequitable access to, experiences of, and outcomes from healthcare. Black, Asian, and minoritised ethnic staff working in the NHS and the health system experience inequitable working conditions, as well as disproportionate levels of racialised harassment, bullying, and abuse.

2.2. To achieve ethnic health equity, building capacity and capability at the grassroots is critical. Community-led organisations rooted in their communities are crucial partners for the NHS and the health system. Such groups often act as a bridge between minoritised communities and statutory services. As a trusted voice, they play a crucial role not only in advocating for the needs of minoritised ethnic patients, carers and families but also in delivering services and support themselves. Ensuring that these groups are sustainably funded is key to supporting health and wellbeing of minoritised ethnic people and addressing ethnic health inequalities.

2.3. There have been some efforts to resource Black and minoritised-led grassroots organisations, especially following the Black Lives Matter movement, the murder of George Floyd, and in the wake of the Covid-19 pandemic. There was increased reflection within grant making organisations about the need to resource and finance work that addresses racial injustice. However, there are limited funding calls that specifically seek to support grassroots organisations led by, and to support the health and wellbeing of, Black and minoritised ethnic people.

2.4. Informed by the strategic advice and intelligence from the RHO Stakeholder Engagement Advisory Group (SEG), we know that current approaches to grant making for Black and minoritised led grassroots organisations are often too rigid, unethical, and are often transactional, rather than relational. As such, these funding calls often reflect the priorities and assumptions of the grant-making organisations, without responding to and attending to the self-identified needs of grassroots organisations.

2.5. There are also various barriers in grant-making, which impede the ability of ethnic minority led community groups and grassroots organisations to access funding. The Booska Paper, a report by The Ubele Initiative, explores structural racism within grant making, and outlines several barriers such as:

- Racism and paternalism embedded in philanthropic models and grant-making practices which includes a lack of diversity in the boards of grant-making organisations and lack of transparency on decision making processes, and low commitment by funders to provide feedback
- Ethnic minority led organisations being subjected to experiences of being over-scrutinised and being viewed through a lens of suspicion
- Grassroots organisations often lack confidence in the funding system due to exhaustion from long processes and experiences of rejection, and have limited capacity to submit bids
- Grassroots organisations may feel excluded from accessing larger pots of funding, often due to past negative experiences with funders or a perception that their work did not require more substantial resources.
- Funding is often restricted in nature – it is often given on a project basis which limits support to only certain activities and entry requirements frequently are rigid, meaning that many Black and minoritised community groups are excluded from most funding programmes by default because they lack robust financial and governance structures. Funders can also be controlling in setting the agenda, rather than ceding control to communities
- The proportion of funds going to organisations 'serving' Black and minoritised communities as opposed to those led by-and-for them, remains imbalanced
- While efforts have sought to distribute funding more fairly, London based groups are given preference

2.6. These barriers to grant-funding result in ethnic minority led organisations experiencing a chronic lack of sustainable access to resources. Such organisations then often have to plug the funding gaps themselves due to the absence of a supportive grant-making ecosystem. This means then that the crucial they work they do in addressing urgent health inequalities is poorly resourced and limits its impact.

2.7. It is evident therefore that that there is a need for more equitable and ethical grant making processes to resource ethnic minority led grassroots organisations who are doing essential work in tackling ethnic health inequalities.

3. Project scope and outline

3.1. RHO seeks to commission a delivery partner to work with us to create an inclusive and ethical open-call small grants pilot programme. The grants will be designed to provide agile funding to small, grassroots, community-based organisations and initiatives led by racially minoritised communities who are addressing ethnic inequities in health and wellbeing. The first year will be a small scale learning pilot, to inform design and delivery in future years.

3.2. The small grants pilot will distribute a total of £150,000 in funding to grantees. Individual grants of £5000 to £10,000 will be available to community groups with an annual income of £150,000 or less. For the first year of this pilot, funding will likely be targeted in North East, Midlands, and East London, informed by data highlighting racial health inequities and high levels of deprivation. Funding available for the delivery partners responsible for grants administration is in addition to this funding amount.

3.3. The funding is provided by RHO who will have the sole responsibility for finalising the grant's scope and eligibility criteria, and ultimately, selecting grantees. We seek a delivery partner to co-design the grants process with RHO and lead the operational and administrative delivery of the communities small grants pilot.

3.4. The successful applicant/s will be required to work collaboratively and specifically commit to regular meetings with the RHO Project Team, as needed. The Project Team includes: RHO staff members, members of our Stakeholder Engagement Advisory Group, and independent experts, and they will meet monthly during Phase 1 (Co-design phase) and roughly every two months during Phase 2 (delivery phase) and Phase 3 (pilot round wrap-up).

Project phases

The project will comprise of the following phases, please note that the timings are indicative. The successful applicant/s will be expected to work closely with the RHO Implementation team throughout the project:

3.5. **Phase 1: Co-design of grants delivery process with RHO (months 1-2)**

The delivery partner will work closely with the RHO Project Team to co-design the grants delivery pilot process. This includes shaping eligibility criteria, safeguarding protocols, application materials, support mechanisms, and a shortlisting process. Every aspect of this phase must be grounded in anti-racism and equity principles, drawing on best practice in ethical grant making. The process should prioritise accessibility, transparency, and relational values, ensuring that future applicants are met with clarity, respect, and cultural safety from the outset.

3.6. **Phase 2: Delivery of communities small grants pilot (months 3-12)**

This phase involves launching the application process, assessing submissions, issuing payments, and supporting grantees through delivery. The delivery partner will provide tailored guidance, safeguarding support, and responsive engagement. A relational approach is essential. Grantees should feel respected, trusted, and supported as partners in change. The delivery partner should continuously capture learning and reflections throughout this phase, adapting delivery to meet emerging needs and ensuring flexibility in how support is offered and documented. Learnings from this stage will inform later iterations of the small grants programme, beyond the first pilot.

3.7. **Phase 3: Pilot wrap-up and learning (months 12-13)**

The final phase focuses on capturing and sharing learning, progress, and outcomes from the pilot. The delivery partner will produce a public-facing report and co-deliver a webinar with RHO that reflects the experiences of grantees and highlights key insights and recommendations. Data collection should be proportionate and non-burdensome, co-created with grantees to centre their voices. The approach should prioritise reflection, relational accountability, and the generation of learning that can inform future commissioning and practice.

4. Project outputs

Working with the RHO Communities small grants project team , the delivery partner will develop and deliver:

4.1. A fully implemented grant application and selection process that is accessible, transparent, and aligned with anti-racism and equity principles. The process should also leverage region-based networks across Northeast, Midlands, and East London that can be used to support grantees throughout the grants process.

4.2. Specifically, it will ensure that:

- All applicants and grantees receive tailored guidance, safeguarding support, and responsive engagement throughout the grant-making cycle.
- All applicants are assessed against programme criteria with documented decisions and proportionate due diligence checks.
- Grant payments are issued securely and in a timely manner, with appropriate financial documentation and audit-ready records.
- Map out support needs of grantees and co-design relevant capacity-building activities with grantees to enhance delivery and sustainability.

4.2. A public-facing reflective report and webinar, summarising grantee outcomes, insights, and recommendations for future practice.

5. Project timescale and funding

5.1. The RHO will consider adapted timescales or higher value bids if compelling justification is provided – this will not put applicants at a disadvantage in the selection process.

- Indicative **timescale**: 13 months from the date of award, ending March 2027.
- Indicative **funding**: we have identified indicative costs up to £50k plus VAT.

6. Applicant specification

Applications will be scored against the following criteria:

Essential:

- Proven track record and expertise in designing and delivering ethical, anti-racist grant-making processes.
- Has the appropriate infrastructure needed to administer the grants appropriately (financial systems, safeguarding policies, grant management platforms, application portals).
- Ability to work flexibly and responsively to meet the needs of our target grantees: community-led organisations and initiatives.
- Demonstrable commitment to anti-racism, with an understanding of the need to work in ethical partnership with, build capacity in, and cede power to, community-led organisations/initiatives and racially minoritised communities.
- Value for money to the RHO.

Desirable:

- Relevant lived experience, including demonstrable knowledge and learned expertise, of ethnic health inequity and racism in context of healthcare.
- Previous experience of designing grant-making processes in partnership with external organisations.
- Experience of monitoring and evaluating grant-making processes through an anti-racism lens.

7. Bid submission

Your bid submission should be organised under the following headings:

7.1. **'Project plan' to include:**

- Delivery approach:
  - Details of your proposed methods and approach to accessible, ethical grant-making for community and grassroots organisations aligning to anti-racism and equity principles.
  - Grantee support strategy, including your proposed methods for:
    - Practically enabling applications from organisations facing capacity-related barriers, and who may ordinarily 'self-select' out of applying for

grants. For example, this could include developing templates for applicants to share supporting information or their safeguarding policy.

- Supporting applicants and grantees to build their own capacity and capabilities, through the grant-making process.
- Providing grantees regional-based support across the three identified regions (North East, Midlands, East London)
- Identifying and responding to grantee needs flexibly, accounting for their varying levels of capacity, through tailored guidance.
- Ensuring the equitable distribution of funds for organisations who may apply for grants in partnership, for example, through ringfencing.

- Phase-by-phase workplan:
  - a Gantt chart, or similar project management outline, detailing actions, milestones and deliverables, and timescales to demonstrate how you would meet the proposed deadline.
  - An indication of required input and capacity from the RHO team, beyond what is already outlined in this tender document.
- Learning and adaptation plan:
  - How learning and reflections will be captured throughout delivery, including how adaptations will be managed in response to grantee experiences and feedback.
- Risks and safeguarding:
  - Details of anticipated key risks and mitigating actions for the project.
  - Safeguarding approaches
  - Data protection and other ethical considerations

7.2. **'Fee proposal' to include:**

- A budget breakdown as appropriate to your pricing model, covering the following costs: personnel, work provided by another company/freelance staff, non-pay expenses.
- Please note that our expectation is that proposals are primarily based on direct costs. However, we remain open to funding a proportion of overheads where these are reasonable, clearly justified, and demonstrate value for money. We do not have a fixed percentage for overhead recovery. Where your proposed costings include overheads, please:
  - Show how the overhead figure has been calculated
  - Be transparent so that we can accept/decline overhead costs
  - Indicate the proposed percentage, or otherwise
  - Provide a short explanation of what these overheads cover.
- Your bid should detail the fee for each separate element of the tender exclusive of VAT.

7.3. **'Company information' to include:**

- A brief outline your structure, size and capabilities; including details of key personnel who will be involved in the project, their lived and/or learned expertise and skills.
- Your understanding of the brief, and of the role that race, ethnicity, and racism play in determining differential experience and outcomes.
- An explanation of the unique benefit you will bring to this work, including a summary paragraph of relevant work you have previously completed to frame the supporting evidence you give (see section 7.4.).
- Details of how you propose to ensure compliance with data protection regulations, as appropriate.

7.4. **'Supporting Evidence' to include:**

- Two examples of previous programmes or tenders you have successfully delivered that involved administering small grants or similar funding schemes for Black, Asian, and minoritised ethnic communities. These examples should demonstrate meaningful impact or outcomes for these communities, particularly in relation to health equity, anti-racism, or community-led change.
- If your organisation is not community-led, please provide two examples of previous collaborations or partnerships with Black, Asian, and minoritised ethnic communities in the context of grants administration or delivery. This may include co-designed funding programmes, shared decision-making in assessment or shortlisting, or support provided to community-led organisations during grant implementation. We are particularly interested in approaches that prioritised relational engagement, cultural safety, and ethical grant making practices.
- The details of two previous grantees that you have supported through a funding programme. These references should be able to speak to your approach to grant administration, relational support, and impact on Black, Asian, and minoritised ethnic communities. References will only be contacted for shortlisted applicants.
- A completed equalities questionnaire (see Schedule 1).

8. Selection criteria

Applicant specification outlined in Section 6 will be used as selection criteria. We will do an initial shortlist of bids based on the essential criteria, with desirable criteria informing the shortlisting at the interview stage.

9. Key dates

Publication of Invitation to Tender	w/c 24 November 2025
Online Q&A drop-in session	15 December 2025, 1-2pm
Deadline for submission of tender response documents	9 January 2026
Finalised shortlist	w/c 19 January 2026
Formal delivery partner interviews	w/c 26 January 2026
Preferred supplier notified and contract negotiation	w/c 26 January 2026; *tbc*
Contract finalised and project commencement	w/c 23 February 2026; *tbc*

10. Instructions for the return of bids

Bids should be submitted by email to info@nhsrho.org

Bid reference: RHO_Communities small grants

Bids must be received by **13:00 9 January 2026**. Bids received after this date will not be considered.

It is incumbent on applicant/s to ensure they have all the information required for the preparation of their bids.

Further information about this tender can be obtained from:
Sarindi Aryasinghe, Head of Implementation: implementation@nhsrho.org

Schedule 1 - Equalities questionnaire

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. In most cases, references to legislation below refer to the Equality Act 2010. Please see the guidance for completing the questionnaire in Schedule 2.

1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?

Yes No

2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:

• In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?
Yes No

• In relation to delivering services?
Yes No

3. Do you have a written equality policy?
Yes No

4. Does your equality policy cover:

• Recruitment, selection, training, promotion, discipline and dismissal?
Yes No

• Victimisation, discrimination and harassment making it clear that these are disciplinary offences?
Yes No

• Identify the senior position for responsibility for the policy and its effective implementation?
Yes No

5. Is your policy on equality set out:

• In documents available and communicated to employees, managers, recognised trade unions or other representative groups?
Yes No

• In recruitment advertisements or other literature?
Yes No

• In materials promoting your services?
Yes No

Please evidence all questions.

If you answered NO to any part of questions 4 or 5 can you provide (and if so, please do) other evidence to show how you promote equalities in employment and service delivery.

6. In the last three years, have any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?
Yes No

7. In the last three years, has any contract with your organisation been terminated on grounds of your failure to comply with:

• Legislation prohibiting discrimination; or
Yes No

• Contract conditions relating to equality in the provision of services
Yes No

8. In the last three years, has your firm been the subject of formal investigations by the Equality and Human Rights Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes No

9. If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your organisation has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.

10. If you are not currently subject to UK employment law, please supply details of your experience in complying with equivalent legislation that is designed to eliminate discrimination and to promote equality of opportunity. List any attached documents.

Guidance for answering the equalities questionnaire

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

Question 1 and 2
If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

Question 3 and 4
You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- Recruitment, selection, training, promotion, discipline and dismissal
- Victimisation, discrimination and harassment
- Identifies the senior position responsibly for the policy

Question 5
Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff i.e. notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature, you will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

- Open recruitment practices such as using job centres and local newspapers to advertise vacancies
- Instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services This relates to how your firm provides information in materials promoting your services e.g. in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

Question 6
This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

Question 7
This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information which details the actions they have taken to prevent a repeat occurrence.

Question 8
This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

Question 9
If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

Question 10
If your firm is not subject to UK employment law you must ensure that you supply details of equivalent legislation that you adhere to.