# NIHR Due Diligence Questionnaire – Development Awards

**Instructions**

* The form must be completed in English.
* Where possible attachments should also be in English. If policies are not available in English, please provide a summary in English of what the policy covers alongside the policy in its original language.
* ALL sections of the form need to be completed

Please complete the form as comprehensively as possible. Each section should be completed by the most appropriate person eg Finance Manager for Finance information, project team for project-related information.

If you have any questions or require clarification, contact your NIHR Manager.

| **Required information** | **Response** |
| --- | --- |
| Organisation Name |  |
| Description of Organisation - What is the main purpose of the organisation? |  |
| Organisational Postal Address |  |
| Named Head of Organisation |  |
| Name and Contact Details of Main Contact Person (who can deal with queries in relation to this questionnaire). |  |
| What is the legal status of the organisation |  |
| Is your organisation affiliated to any other organisation? ie owned in part or in full by another organisation or have shared governance with another organisation. |  |

#### Section 1: Policies and procedures

| **Ref.** | **What controls does your organisation have in place to manage:** | **Document Provided e.g. policy** | **Please explain how your organisation manages associated risks in each of these areas** | **Reviewer’s comments** |
| --- | --- | --- | --- | --- |
| 1.1 | Anti-fraud, corruption & bribery |  |  |  |
| 1.2 | Whistleblowing |  |  |  |
| 1.3 | Conflict of Interest |  |  |  |
| 1.4 | Travel and subsistence |  |  |  |
| 1.5 | Safeguarding (prevention of harm to staff and participants) |  |  |  |
| 1.6 | Project Risks |  |  |  |
| 1.7 | Downstream Partners |  |  |  |

**Section 2: Ability to Deliver**

| **Ref.** | **Area to be assessed** | **Document required** | **Applicant responses and comments** | **Reviewer’s comments** |
| --- | --- | --- | --- | --- |
| 2.1 (a) | How many staff are employed to do research at:  (i) your organisation?  (ii) within your faculty (where relevant) |  |  |  |
| 2.1 (b) | What facilities are provided to support the research eg labs, space for clinics etc |  |  |  |

#### Section 3: Finance and Support

| **Ref.** | **Area to be assessed** | **Document required** | **Applicant responses and comments** | **Reviewer’s comments** |
| --- | --- | --- | --- | --- |
| 3.1 | What administrative support will be provided to support this project? |  |  |  |
| 3.2 | What Finance support will be provided to support this project? |  |  |  |
| 3.3 | What finance system is used at your organisation? |  |  |  |
| 3.4 | Can your finance system provide quarterly detailed transaction listings for all expenditure incurred on the award? |  |  |  |
| 3.5 | What documents are kept to evidence expenditure and how do you ensure they can be linked to the lines on the transaction list, especially if they are in different currencies? |  |  |  |

#### Section 4: Financial Viability

| **Ref** | **Area to be assessed** | **Document required** | **Applicant responses and comments** | **Reviewer’s comments** |
| --- | --- | --- | --- | --- |
| 4.1 | Please provide financial statements) for the past 2 years. |  |  |  |
| 4.2 | Does the organisation have a bank account with a reputable bank, held in the organisation’s name, which can receive award funds in GBP? | **MANDATORY** - Bank “Letter of Good Standing” for this account confirming account holder and account details |  |  |
| 4.3 | Does your organisation need any licenses (or other permissions) to receive funds in GBP? | Copy of any relevant license(s) and additional information |  |  |

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#### Section 5: Insurance

| **Ref** | **Area to be assessed** | **Document required** | **Applicant responses and comments** | **Reviewer’s comments** |
| --- | --- | --- | --- | --- |
| 5.1 | Does your organisation hold public liability insurance? | Copy of insurance policy |  |  |
| 5.2 | Please provide justification that the amount of public liability insurance is sufficient to cover the work required on this award. |  |  |  |
| 5.3 | Do you have professional indemnity insurance? | Copy of insurance Policy |  |  |
| 5.4 | Please provide justification that the amount of professional indemnity insurance is sufficient to cover the work required on this award. |  |  |  |
| 5.5 (a) | Does your organisation have a UK processing agent?  UK process agents are UK organisations that can act on behalf of the overseas organisation in case there is a need for legal action under UK law. This will usually be a law firm that has offices both in your country, but also in the UK. | Letter of appointment |  |  |

### Section 6: Intellectual Property

The following section is aimed at making sure the organisation has controls in place to prevent unauthorised use of outputs from the research such as data, designs, inventions, written publications, films etc.

| **Ref** | **Areas to be assessed** | **Document required** | **Applicant responses and comments** | **Reviewer’s comments** |
| --- | --- | --- | --- | --- |
| 6.1 | Does your country (or any of the countries that are involved in the project) have any legislation in place which may impact on publications or on the ability to undertake planned research activities where these are required for the project? |  |  |  |
| 6.2 (b) | If Yes, please describe what they are and anything which has been put in place to mitigate them. |  |  |  |
| 6.3 (a) | Will any of the outputs deliver Patient, Care User and Public Benefit[[1]](#footnote-1) |  |  |  |
| 6.3 (b) | If Yes, please describe which outputs will deliver the above, how this will be delivered, and what the expected impact of these outputs will be. |  |  |  |
| 6.4 | Is there any legislation governing IP creation, ownership and exploitation in any of the jurisdictions in which the research is being undertaken that will affect the use of the Research outputs by all parties? |  |  |  |
| 6.5 | Briefly describe the security measures you have in place to protect personal, clinical and research data. | Cyber Security Policy  Data/Information Management Plan  Other relevant policies |  |  |
| 6.6 | Are you likely to be using any material which is covered by the [Nagoya Protocol](https://www.gov.uk/guidance/abs)? |  |  |  |
| 6.7 | Please can you provide the name and contact details of the person responsible for IP at your organisation | Name, role and email address of Organisational IP Contact |  |  |

**Declaration**

**PLEASE NOTE** - To avoid any conflict of interest, this section should be signed by someone who is not directly involved in the project. This could be a member of the research management, contracts team (or similar) or a senior member of staff.

The information provided in this questionnaire should be a true representation of your organisation. If false information has been provided there is a chance this will affect your funding.

Please sign below to confirm.

Signed ………………………………………………………………

Position ……………………………………………………………...

Date ………………………………………………………………….

1. Achieving any one or more of the following:

   1. identifiable improvements in the quality of Health Care or Social Care offered by any Health Service Provider in any LMIC;
   2. identifiable improvements in the experience of patients receiving by any Health Service Provider in any LMIC;
   3. identifiable improvements in patient health outcomes;
   4. identifiable improvements in the efficiency of Health Care, Social Care or Public Health services in any LMIC;
   5. identifiable and measurable cost savings achieved in any LMIC;
   6. generating revenue for any Health Service Provider in any LMIC;
   7. or any other outcome that has been accepted in writing by the Authority and that is designed to benefit any Health Service Provider in any LMIC,

   Except that where the Health Service Provider is a commercial for profit entity, that Health Service Provider may not rely on (d), (e) or (f) above. [↑](#footnote-ref-1)