



Invitation to Quote

Invitation to Quote (ITQ) on behalf of UK Research & Innovation (UKRI)

Subject: International Benchmarking of Health Innovation

Sourcing Reference Number: PS21164

UK Shared Business Services Ltd (UK SBS)
www.ukpbs.co.uk

Registered in England and Wales as a limited company. Company Number 6330639.
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VAT registration GB618 3673 25
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Version 7.0

UKSBS
Shared Business Services

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Section 1 – About UK Shared Business Services

Putting the business into shared services

UK Shared Business Services Ltd (UK SBS) brings a commercial attitude to the public sector; helping our Contracting Authorities improve efficiency, generate savings, and modernise.

It is our vision to become the leading service provider for the Contracting Authorities of shared business services in the UK public sector, continuously reducing cost and improving quality of business services for Government and the public sector.

Our broad range of expert services is shared by our Contracting Authorities. This allows Contracting Authorities the freedom to focus resources on core activities, innovating and transforming their own organisations.

Core services include Procurement, Finance, Grants Admissions, Human Resources, Payroll, ISS, and Property Asset Management all underpinned by our Service Delivery and Contact Centre teams.

UK SBS is a people rather than task focused business. It's what makes us different to the traditional transactional shared services centre. What is more, being a not-for-profit organisation owned by the Department for Business, Energy & Industrial Strategy (BEIS), UK SBS' goals are aligned with the public sector and delivering best value for the UK taxpayer.

UK Shared Business Services Ltd changed its name from RCUK Shared Services Centre Ltd in March 2013.

Our Customers

Growing from a foundation of supporting the Research Councils, 2012/13 saw Business, Energy, and Industrial Strategy (BEIS) transition their procurement to UK SBS and Crown Commercial Services (CCS – previously Government Procurement Service) agree a Memorandum of Understanding with UK SBS to deliver two major procurement categories (construction and research) across Government.

UK SBS currently manages £700m expenditure for its Contracting Authorities. Our Contracting Authorities who have access to our services and Contracts are detailed [here](#).

Privacy Statement

At UK Shared Business Services (UK SBS) we recognise and understand that your privacy is extremely important, and we want you to know exactly what kind of information we collect about you and how we use it.

This privacy notice link below details what you can expect from UK SBS when we collect your personal information.

- We will keep your data safe and private.
- We will not sell your data to anyone.
- We will only share your data with those you give us permission to share with and only for legitimate service delivery reasons.

<https://www.ukpbs.co.uk/use/pages/privacy.aspx>

For details on how the Contracting Authority protect and process your personal data please follow the link below:

<https://www.ukri.org/privacy-notice/>

Section 2 – About the Contracting Authority

UK Research and Innovation

Operating across the whole of the UK and with a combined budget of more than £6 billion, UK Research and Innovation represents the largest reform of the research and innovation funding landscape in the last 50 years.

As an independent non-departmental public body UK Research and Innovation brings together the seven Research Councils (AHRC, BBSRC, EPSRC, ESRC, MRC, NERC, STFC) plus Innovate UK and a new organisation, Research England.

UK Research and Innovation ensures the UK maintains its world-leading position in research and innovation. This is done by creating the best environment for research and innovation to flourish.

For more information, please visit: www.ukri.org

Innovate UK

Innovate UK works with people, companies, and partner organisations to find and drive the science and technology innovations that will grow the UK economy. They drive growth by working with companies to de-risk, enable and support innovation.

<https://www.gov.uk/government/organisations/innovate-uk>

Section 3 - Working with the Contracting Authority.

In this section you will find details of your Procurement contact point and the timescales relating to this opportunity.

Section 3 – Contact details		
3.1.	Contracting Authority Name and address	UK Research & Innovation (UKRI) of Polaris House, North Star Avenue, Swindon, SN2 1FL
3.2.	Buyer name	Alex Thomas
3.3.	Buyer contact details	ProfessionalServices@uksbs.co.uk
3.4.	Estimated value of the Opportunity	£60,000.00 excluding VAT
3.5.	Process for the submission of clarifications and Bids	All correspondence shall be submitted within the Messaging Centre of the e-sourcing. Guidance Notes to support the use of Delta eSourcing is available here. Please note submission of a Bid to any email address including the Buyer <u>will</u> result in the Bid <u>not</u> being considered.

Section 3 - Timescales		
3.6.	Date of Issue of Contract Advert on Contracts Finder	Tuesday, 14 th September 2021
3.7.	Latest date / time ITQ clarification questions shall be received through Delta eSourcing messaging system	Tuesday, 21 st September 2021 11:00am
3.8.	Latest date / time ITQ clarification answers should be sent to all Bidders by the Buyer through Delta eSourcing Portal	Thursday, 23 rd September 2021
3.9.	Latest date and time ITQ Bid shall be submitted through Delta eSourcing	Wednesday, 29 th September 2021 11:00am
3.10.	Date Bidders should be available if clarifications are required	Thursday, 7 th October 2021
3.11.	Anticipated notification date of successful and unsuccessful Bids	Wednesday, 13 th October 2021
3.12.	Anticipated Contract Award date	Wednesday, 13 th October 2021
3.13.	Anticipated Contract Start date	Tuesday, 19 th October 2021
3.14.	Anticipated Contract End date	Friday, 18 th March 2022
3.15.	Bid Validity Period	60 Days

Section 4 – Specification

Background

Innovate UK (IUK) is part of UK Research and Innovation (UKRI), a non-departmental public body funded by a grant-in-aid from the UK government.

IUK drives productivity and economic growth by supporting businesses to develop and realise the potential of new ideas, including those from the UK's world-class research base. With a strong business focus, IUK drives growth by working with companies to de-risk, enable and support innovation.

IUK connects businesses to the partners, customers and investors that can help them turn ideas into commercially successful products and services and business growth.

IUK funds business and research collaborations to accelerate innovation and drive business investment into research and development.

IUK supports UK businesses to go global in activities that will help their growth and may also help solve global challenges in partnership with other countries. Further details are provided in the 'Background: Innovate UK Global Activities' section below.

Drivers for UK companies to go global include:

- validating technology on a global stage
- access to global value chains
- access to customers, partners, and skills
- reducing risk through co-investments (and encouraging foreign direct investment)
- accelerating the time to market
- benchmarking competitors and adopting technology capability
- influencing standards and legislation
- contributing to global challenges

Given the pace of change in technological developments and global competition, strategic international collaborations in the health innovation sector are more vital than ever in order for the UK to strengthen its global position.

The International Benchmarking – Health Innovation study will contribute to the new UK Innovation Strategy¹ published on 22 July 2021 which “sets out the government’s vision to make the UK a global hub for innovation by 2035”. It states that “to deliver on our Global Britain vision and become an international leader in innovation we must create products and services that are successful in international markets, that provide solutions to the great challenges the world faces, and that promote our values. This international aspect is central to the entirety of this Strategy.” The UK government “has an overarching goal of making the UK a global hub for innovation, placing innovation at the centre of everything this nation does.” The strategy also highlights the UK will contribute globally to help solve the world’s

¹ <https://www.gov.uk/government/news/new-plans-to-put-uk-at-front-of-global-innovation-race>

biggest challenges, and that *“the biggest challenges are often global in nature, requiring international collaboration to really make a difference.”*

In addition, the International Benchmarking study will build on the UK Life Sciences Vision² published on 6 July 2021 which sets out the UK’s vision for *“helping to regain our status as a Science Superpower by making our United Kingdom the leading global hub for Life Sciences.”*

This benchmarking study also aligns with UKRI’s vision *“to be an outstanding organisation that ensures the UK maintains its world leading position in research and innovation”*.

The motivation for this international health benchmarking study is to provide the UK with deeper insights into key health innovation domains where international collaborations have the potential to unlock significant and strategic value capture opportunities.

There are several health innovation sectors with strong potential for increased international collaboration and the proposed study will identify and prioritise potential opportunities, and seek to better understand the challenges and opportunities for international collaboration.

The prioritised domains will be mapped against countries’ expertise and their potential for high impact international collaborations. This study will also consider the demands facing the future health innovation workforce, especially the skills that industry will need in order to sustain competitive advantage.

The study will provide evidence to feed into future IUK international strategy for health innovation and will inform the development of future collaborations and funding competitions.

Aims and Objectives of the Project

Aims

- To understand health innovation priorities of key countries/geographies, their key investments, infrastructures and policies. To understand the healthcare systems as well as innovation capacity/capability, market size and any regulatory constraints. To identify key strengths/areas for development and unique country circumstances and opportunities.
- To benchmark important health innovation areas within the UK and with other key countries/geographies.
- To identify, understand and prioritise potential strategic opportunities for international collaboration (and inward investment) in health innovation in order to strengthen national innovation and competitiveness, complement ongoing activity in the UK and drive UK innovations to market more quickly.
- To provide evidence to steer the development of strategic government and institutional level international partnerships for deep and long-term innovation collaboration.
- To provide evidence to support the business case to secure funding for future IUK international health innovation activities and attract inward investment.

² <https://www.gov.uk/government/publications/life-sciences-vision>

- To produce a full report for IUK of the analysis and recommendations.

Approach

Innovate UK wants to better understand the challenges and opportunities for international collaboration in health innovation, by using a SWOT analysis and benchmarking how the UK compares to leading nations.

For key countries/geographies, the study should identify and analyse national (and for large countries where appropriate also regional/provincial) health innovation and funding policies, priorities and investments. It should also list major health innovation funders, their priorities and investments, and their key international funding/collaboration mechanisms and opportunities for collaboration. If appropriate, it should also examine a range of quantitative indicators and international comparators related to health innovation. The study should also look at the healthcare system in other countries, healthcare market size and opportunities for collaboration (noting some markets are very small but very innovative, so are also of interest).

Taking these insights into account, the report should provide a list of recommended priority international collaboration/funding interventions (e.g. Innovation Missions, bi/multilateral funding for innovation projects) that would most benefit the UK health innovation sector, along with the objectives of each recommended intervention. Examples of international collaboration and funding mechanisms are provided in the section 'Background on Innovate UK Global Activities'. For each proposed intervention the report should specify the country and health innovation area along with evidence to support the business case for Innovate UK investment/funding.

Objectives

Note: Some sentences are marked as optional/desirable – these tasks are desirable but not essential. It would be advantageous for the bidder to undertake these tasks. Please clearly state in your application which of these optional/desirable tasks you would undertake. We envisage most suppliers would be able to address many if not all of the desirable sections.

All other objectives and tasks not marked optional/desirable are required as a minimum.

1. **Develop and agree a project plan** including objectives and milestones, methodology, and outline structure for the key elements of the report.
2. **Clearly define the Health innovation sectors** that will be covered and agree with Innovate UK the scope of what should be included and excluded within these. These will be confirmed with the successful contractor, but IUK envisage these will be the areas listed in the 'Health Innovation areas of interest' section below.
3. **Discussions with key internal IUK/UKRI stakeholders to be suggested by IUK** (for example the Market Insight team, Innovation Leads, ISCF Team, Global Team, possibly the UKRI International Team, and the relevant catapults) at the start of the project, to ensure understanding of the healthcare innovation sectors specified, international activity to date, any existing documents/analysis, any existing relationships and information (for example feedback on 'ease of doing business'), if there is sector specific information they would like gathered if possible as part of this

project and if they have any countries they would like to be particularly analysed for their innovation area.

Optional: external stakeholders could be consulted.

Information on likely internal and external stakeholders is provided in the section 'Stakeholder overview' below.

4. Undertake a desktop literature review and market analysis (informed and validated by discussions with internal IUK/UKRI stakeholders and Catapults) to:

- **Carry out a SWOT analysis to understand the UK's global competitive position in the agreed 'Health Innovation areas of interest'.** What is the UK strong at and how can we build on these globally? Where are the UK's major weaknesses/threats (that internationalisation could address, for example through collaboration or Foreign Direct Investment)? Are there gaps (for example in the UK supply chain/knowledge/expertise/infrastructure)? Are there skills gaps that need addressing? What does the UK need to do to be ready for the next 10-15 years? What are the key trends and dynamics?
- **Desirable:** Review any key international health innovation strategies, technology roadmaps and policies, including in the agreed 'Health Innovation areas of interest'.

5. **To analyse a list of ~25 countries/geographies provided by IUK**, this will be confirmed by IUK, but is likely to be:

- Africa: South Africa
- Asia: China*, India, Japan, Singapore, South Korea, Taiwan
- Europe: Denmark, France, Finland, Germany, Ireland, Israel, Italy, the Netherlands, Norway, Spain, Sweden, Switzerland, UK
- European Union**
- North America: Canada, US*
- Oceania: Australia*, New Zealand
- South America: Brazil

*For the US and China, please consider key areas within the country. For example, innovation or venture capital/investment strengths in the US in Boston, San Francisco, and Texas. For China the contractor may wish to identify (or ask IUK to specify) the top ~5 provinces of interest for health innovation. For Australia the contractor may want to consider key states (for example New South Wales, South Australia, and Queensland) in addition to any national information.

** EU as a whole, for example highlight any relevant major Horizon Europe-related funding such as Partnerships and Missions. Further guidance/information can be provided by IUK.

- Provide a **country/geography profile** for all of the above countries/geographies, to include quantitative and qualitative information:
 - **Level of public and private investment** in research, development and innovation – for all areas, and for health innovation? As % of GDP? Gross domestic expenditure on R&D (GERD)?
 - **National health innovation landscape:** Who are the key organisations (government departments, innovation agencies/funders, national capacity, key companies, key research and technology centres) in each country/geography? What are the similar organisations to IUK in the other countries, and what is their role supporting health innovation and openness to international collaboration? To what extent do they engage

in regional/international collaborations/partnerships? What kinds of companies do the countries have in the given 'Health Innovation areas of interest'? Is innovation concentrated in large companies and/or are there lots of active small microsystems/businesses? What is the health innovation capacity within industry? For example, are there major company research, development and innovation centres? Are there similar organisations to the UK Catapults? How many high growth businesses are there?

What is the access to finance like in each country in the health area, and what is the VC landscape like? How do most overseas companies in the 'Health Innovation areas of interest' operate in the country? Do they set up subsidiaries, joint ventures for example? What is the approach to intellectual property? And to regulatory constraints? (Similar/different/more progressive than the UK?). Are there any tax arrangements/benefits to working with the country/geography on innovation/manufacturing that might inform UK policy?

- **National health innovation priorities and initiatives:** Are there any key health innovation strategies/roadmaps/reports that the country/organisations have produced? What are the government/innovation agency/key organisation's overall health innovation priorities/strategies and support for different areas of healthcare? Is there any evidence of ongoing or planned government/organisational programmes or strategies? Which have available funding nationally, and to work internationally? Who is implementing the health innovation strategies? And what is the time period for any strategies? Where have they focussed in the past and how much has been spent, what are priorities and spending aims for the future? Have these countries/organisations identified the 'Health Innovation areas of interest' section as priorities? Are these also strengths in the country concerned? Or have they been identified any health innovation challenges and problems they wish to overcome, for example where international collaboration/expertise would help? What are the key initiatives and programmes? Is the country a top UK partner for patent applications?

Desirable: Are there also related priorities such as EDI (equity, diversity and inclusion) and net-zero which are not directly healthcare, but where healthcare plays a role.

- **National health research strength and priorities:** Only a high-level overview is required. What key institutes/universities do they have doing health research/innovation, with how many students? How do they interact with industry? Please note that we are not seeking to analyse research, but assessing any key company facing institutes/universities would be useful. Where does the country rank in terms of being an international partner for UK publications (in health innovation)? Where does the country rank in terms of quality health research publications?
- **Healthcare systems (and metrics):** What are the healthcare systems in each country? For example, are they similar to the UK NHS system (so with a driver to reduce costs) or closer to the US insurance model? It would also be useful to know the level of spending on healthcare systems, and the trend for this – for example any planned major

investments or increases. What is the level of digitisation in the healthcare space?

Desirable: It would be good to look beyond the 'state' healthcare system to look at areas such as consumer healthcare and social care spending so we think of healthcare in the widest sense, including digital health. How connected are the (digital) healthcare systems and pipelines? What is the level of interoperability between different data? What is the structure for recruiting people into clinical trials?

- **Healthcare market (and metrics):** What is the size of the healthcare market for each country (and receptiveness to overseas products in local markets)? How has this been changing over time – what is the growth rate? This can help understand if they are good country to sell to (noting we may work with one country to develop innovations, and sell to another market). What metrics for success can be used in addition to CAGR (for example collaboration, jobs created etc). UKRI also note that some markets may be small but very innovative, so may also be of interest.
- **International collaborations:** How easy is it to find a partner organisation for IUK/UKRI to arrange innovation programmes with? What instruments/methods are available for international innovation collaboration? (Optional: Are there key R&I collaboration agreements, including relating to health and/or innovation? This is not essential though, since new collaboration agreements can be established if necessary). Are there are health innovation and health trade relationships with the UK? Is the country a major UK trade partner and what is the scale of trade? As an export partner? As an import partner?

Desirable: Is the country involved in international health innovation training initiatives and collaborations?

- **Benchmarking**

- **Suggest to and agree with IUK appropriate metrics for scoring, ranking and benchmarking the UK against its peers for the countries/geographies specified above and 'Health Innovation areas of interest' listed below.** The proposed qualitative and quantitative information/metrics and approach should take into account where possible the interests of the internal stakeholders. We want to understand which countries are leading and/or on a rapid trajectory to become leading and why? Are there countries which have novel ideas and ways of working?
- **If not feasible to benchmark all areas listed in the 'Health Innovation areas of interest' for all ~25 countries/geographies of interest, propose a longlist of the country and innovation areas combinations** (for example Medicines Manufacturing in Canada) **for which full quantitative and qualitative benchmarking information will be provided and prioritised/scored.** The longlisting suggestions should be evidence-based and will be sanity checked with internal stakeholders. The longlist length can be discussed and agreed with IUK, but is likely to be around 40-50 opportunities (country and innovation area combinations).
- **Carry out the above benchmarking analysis.**

6. **Other than the countries/geographies listed above, investigate and provide an evidenced list of ~2 to 5 additional countries/geographies** which are most significantly increasing their health innovation/healthcare system investments, for example emerging economies who are rapidly changing their healthcare systems or whose investment is rapidly growing. We envisage that this will not require a significant amount of extra work and should be possible using data sources being consulted anyway whilst carrying out tasks listed under points 4 and 5 above.
Desirable: Provide a basic country summary for these countries/geographies.
Optional: Please note that full benchmarking and analysis of the/some innovation areas in these countries/geographies is not essential and is optional.

7. **Bringing together the outputs and insights from the previous objectives. For each 'Health Innovation area of interest' highlight and rank the most promising ~5 countries to work with.**
Identify a shortlist (~10-20 max tbc) which 'country + subsector' combinations could be good candidates for joint activity with the UK, which would be beneficial to both countries ('win-win', where both parties would bring something to the table and both countries would benefit from the proposed collaboration). Which countries would make good collaborators (for example have areas of complementary expertise/facilities/capabilities where collaboration would be mutually beneficial) and who would be the main competitors? What makes a win-win situation? What risks/pitfalls should be avoided? Which funders/organisations are key to work with? What would the benefits be?
Desirable: What type of interventions would be most beneficial based on impact to UK innovators? What would the benefits be? Every country and innovation area is different and so what works in one place might not work in another and, therefore, tailored suggestions might be needed. Examples of existing collaboration/funding mechanisms are provided in the section 'Background: Innovate UK Global Activities'.
Proposed interventions could include:
 - Future Outward (or Inward) Innovation Missions (see the 'Background: Innovate UK Global Activities' section below for background)
 - Enabling UK companies to build contacts internationally
 - Enabling UK companies to address innovation challenges in other countries/geographies
 - Bi/Multilateral funding for innovation projects/programmes, for example bespoke bi/multi-lateral competitions or through schemes such as Eureka
 - Enabling the UK/UK companies to attract inward investment
 - Investor partnerships
 - Activities to address demands facing the future health innovation workforce, especially the skills that industry will need in order to sustain competitive advantage
 - Feeding into international standards and guidance development
 - Enabling UK companies to access international markets (although this is primarily a role for the Department of International Trade (DIT))

8. **Propose ranking, scoring and prioritisation of the opportunities identified above.**
The methodology for this should be discussed and agreed with IUK before this step is carried out. The results should be validated with internal stakeholders and the project steering group.

9. **Produce a final written report and presentation** (with IUK branding and logo, acknowledging the contractor who the report was prepared by). The draft structure and content should be agreed in advance, and draft iterations of the report shared with IUK for comment and feedback.
- This full report will be used primarily by IUK to inform future investment and interventions in the international health innovation. The report may also be shared with other Government agencies (for example BEIS and DHSC), departments and industry bodies. It is not envisaged that the full report will be made public. It should cover key findings and clearly evidenced recommendations for future action, showing the methodology and sources used. *If a separate public version of the report is required, a small additional amount of money may be available for this separately later.*

Health innovation areas of interest:

These will be discussed and confirmed with the successful contractor, but IUK envisage the scope will be the health innovation areas of interest to IUK are likely to be the 21 areas indicated by the bullet points below, which we have grouped into 9 broader areas.

1. Self-Driven Healthcare and Wearable Technology
 - Consumer Health, Self-Care
 - Self-driven Healthcare
 - Wearable Tech (for Health and Care, for prevention)
 - Smart Textiles (e.g., to monitor health, regulate temperature).
2. Diagnostics and targeted therapies/precision medicine
 - Community diagnostic, healthcare and Artificial Intelligence (AI)
 - Prevention, early diagnosis and improved treatment
 - Innovation for Management of Multimorbidities
 - Diagnostics Innovation and Development Capacity
3. Child Healthcare, Physical and Mental
 - Child Health Innovation (for Physical and Mental Health)
 - Mental Health Innovations for young people (13-25) and adults of all ages (including collaborations with the creative industry, and digital mental healthcare)
4. Healthy Longevity
 - Health Longevity Sector Growth
 - Personal Health Resilience (Translating work linking biological mechanisms of ageing and health behaviours into innovations that enhance healthy life expectancy)
 - Healthy Longevity Innovation (including for the poorest communities and for people living with cognitive impairment)
5. Nutrition for Healthy Nation
 - Enhancing food quality
6. Neurotechnology
 - Neurotechnology

7. Bio-innovation

- Bio-innovation in Healthcare

8. Pandemics

- Pandemic Preparedness Innovation (including Anti-Microbial Resistance (AMR))
- Advanced Vaccines Formulation

9. Medicines

- Transforming Medicines Manufacturing
- Complex Medicines Innovation
- Use of genomics and data in drug discovery

Where relevant the seven technology families listed on page 100 of the government's Innovation Strategy³ should be considered for example bioinformatics and genomics. Digital Health should also be considered where relevant.

Stakeholder overview

IUK/UKRI internal stakeholders are likely to include:

Innovate UK

- IUK Health and Life Sciences Team
- IUK Market Insights and Horizon Scanning Team
- IUK Global Team
- ISCF Medicines Manufacturing Team
- ISCF Healthy Ageing Team
- ISCF Accelerating Detection of Disease Team
- ISCF Audience of the Future Team
- IUK Artificial intelligence and Digital Economy (AIDE) Team

UKRI

- UKRI Central International Team
- UKRI Overseas Offices (North America, India, China, Brussels)
- MRC / Other Research Councils

Catapults, including

- Cell and Gene Therapy
- Medicines Discovery

Contact details for the above stakeholders will be provided to the suppliers.

External stakeholders (desirable but not essential): Potentially other government departments and organisations may be consulted, such as BEIS, DHSC, OLS, SIN (the Science and Innovation Network), DIT, NIHR Innovation Observatory, BioCity and MedCity, and relevant trade bodies. If it is not possible to arrange meetings with these within the

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009577/uk-innovation-strategy.pdf

timescale and budget for this contract, then other formats may be considered such as gathering written responses to questions and/or collating and using information from existing information sources published by the external stakeholders.

Background on Innovate UK global activities

Within the context of the UK achieving 2.4% Research and Innovation investment, Innovate UK recognises that 95% of global R&D and innovation is conducted outside the UK.

Innovative companies which internationalise grow faster and are more resilient. Currently less than 11% of UK businesses export and business R&D performance is more concentrated in foreign owned firms.

Global R&D investment has increased 87% since 2000 – with significant increases in countries such as China and South Korea. This has resulted in increased competition, but also an increase in the pool of potential collaboration partners.

Global innovation networks and trade value chains are closely connected – an existing trade relationship increases the chances of finding an innovation partner.

There are various health innovation sectors with strong potential for increased international collaboration and we have a strong track record.

Innovate UK supports innovative UK businesses grow and scale globally, helping them access knowledge and expertise in other countries, develop new partnerships and explore international innovation opportunities, that contribute to their growth and may – at a later stage - also lead to export wins, attract inward investment, or contribute to help solve global challenges in partnership with other countries.

Through the international programmes that we offer, we help businesses:

- build their knowledge about other countries through the insight we provide
- build relationships with businesses, research organisations, investors, and governments in other countries
- collaborate with international partners and innovate together
- participate and receive funding from Horizon Europe - the EU's EUR 95.5 bn transnational research and innovation programme which runs from 2021-2027, including €8.3 bn for the Health theme (UK based organisations are eligible for Horizon Europe funding)
- explore innovation opportunities and future market potential.

For example, Innovate UK funds:

- **Global Scoping Workshops** which bring together in workshops businesses, research organisations and other stakeholders in a specific technology and sector area to help identify countries offering the best prospects of partnership and collaboration with the UK.
- **Global Expert Missions (GEMs)** to gather and disseminate knowledge and insight about innovation opportunities in specific technologies and sectors in other countries. Delivered by the KTN on behalf of Innovate UK, the detailed reports published provide

a rich source of insight and highlight specific opportunities. KTN reports⁴ from previous GEMs are available online, including Advanced Therapies (Canada), Precision Medicine and Vaccines (China), Healthy Ageing (China), AMR (Germany), Precision Medicine (Israel), Digital Health and MedTech (South Korea and Japan) and Digital Health (Texas, US). As at mid-2021 potential future GEMs include a further Advanced Therapies Mission to Canada (Ottawa and Montreal).

- Innovate UK also organised for the first time an **'Inward Mission'** on AMR⁵. A virtual event in Spring 2021 brought together over 400 delegates from 64 countries, including SMEs and academia. As well as a series of presentations there were also over 200 individual 1:1 matchmaking meetings. A follow-up physical Mission on AMR is planned for ~Spring 2022. It is envisaged that inward missions become an integral part of the IUK suit of international activities.
- **Global Business Innovation Programmes (GBIPs)** helps high-growth innovative UK businesses explore and exploit the collaboration, growth and innovation opportunities offered through working globally. Understanding the needs of a different market and building collaborations and partnerships can be a barrier to businesses expanding globally. This programme helps businesses to familiarise themselves with and build partnerships and connections in their target country to maximise their chances of success. It does this by providing a programme of support to help businesses to meet their specific business goals as they scale up. Each Global Business Innovation Programme lasts 9-12 months and supports cohorts of 15 businesses: prepare for the market; visit the market; and exploit the opportunity. GBIPs are run on a competitive basis and are delivered by Innovate UK EDGE. Information on current opportunities⁶. As at mid-2021, there has been a recent virtual GBIP on Precision Medicine (China), and current/potential future GBIPs include AMR Diagnostics (Germany), Advanced Therapies (Canada), Healthy Ageing (China) and Digital Health (South Korea). IUK is also supporting an inward Canadian mission in biomanufacturing organised by the High Commission of Canada to the UK.
 - Draft evaluation of GBIPs noted that participation in the programme increases firms' familiarity with the innovation landscape or collaboration opportunities: 85% of participants believed the GBIP increased their familiarity with the innovation landscape and 79% believed it increased their familiarity with collaboration opportunities. It also suggested that the number of participants engaged in innovation collaboration tripled in the year after the GBIP, while the number of participants engaged in commercial collaboration (collaboration to supply and input or share production facilities) more than doubled.
- **Global Incubator Programme** is an accelerator programme for cohorts of 6-8 innovative high-growth and scaling businesses to spend time in world-leading incubators abroad. These structured programmes use an intensive four-stage method to tackle the challenges that most companies face when entering global markets. SMEs can explore the potential of specific overseas markets and access world-class mentors and tailored workspaces. The programme operates in four countries: the USA, Canada, Singapore, and India. This programme is delivered by Innovate UK EDGE. Find out more here⁷.
- **Bilateral and Multilateral Research, Development, and Innovation Funding Programmes:** Innovate UK run joint funding competitions with another country or set of countries and make competitive grant awards to business (and research organisations).

⁴ <https://ktn-uk.org/news/global-expert-mission-reports>

⁵ <https://www.amr-insights.eu/amr-innovation-mission-uk-2021/virtual-mission-may-2021>

⁶ <https://www.innovateukedge.ukri.org/Global-Business-Innovation-Programme>

⁷ <https://www.innovateukedge.ukri.org/enter-new-markets/Global-Incubator-Programme>

- For example, Innovate UK participate in international funding competitions delivered by the Eureka network⁸, to make other international collaboration opportunities available to UK businesses.
- Another example is that Innovate UK has delivered a competition and awarded 3 projects funded by the National Research Council (NRC) of Canada focused on biomanufacturing, more specifically addressing challenges for both upstream and downstream for adeno associated virus (AAV) manufacturing. These projects run from July 2021 until June 2023.

Suggested Methodology

The contractor should indicate their preferred approach to meeting the research/evaluation objectives as set out above.

The approach should primarily use desktop research using available market data and reports (such as the Global Expert Mission reports⁹), with consultations with key stakeholders (including internal UKRI stakeholders) to inform and validate findings. For more information on stakeholders, see the 'Stakeholder overview' section.

Potential limitations of a desk-based approach are recognised - benchmarking organisations and countries without direct engagement is challenging. Consideration should be given to using indicators to show the relative strength of the information used to produce the analysis. This is important as it informs whether Innovate UK could use it to support an intervention.

Deliverables

The contractor is expected to deliver the objectives outlined above. This will require (but not be limited to) the following:

1. Clearly define the Health innovation sectors and geographies/countries that will be covered and agree with Innovate UK the scope of what should be included and excluded.
2. Develop and agree a project plan including objectives, milestones, Gantt chart, timeline, methodology, and outline structure for the key elements of the report.
3. Conduct primary research and 1:1 interviews with a range of internal IUK/UKRI stakeholders (and possibly external stakeholders) in the sector and related to the sector. Contacts will be available from Innovate UK, but the successful consultant might also reach out to their own external networks and contacts to illuminate the study.
4. Conduct a comprehensive literature review and market analysis. Innovate UK will be able to provide some direction on relevant documents, but the supplier should confirm in their application that they have access to an appropriate range of data and evidence sources as they will be expected to conduct their own broad ranging research. However, IUK is an active subscriber to various data sources and may be able to provide some information for the sole purpose of the commissioned reports.

⁸ <https://www.eurekanetwork.org/>

⁹ <https://ktn-uk.org/news/global-expert-mission-reports>

5. Undertake SWOT, country profiles/policy/landscape analyses, and benchmarking using a mix method approach (desktop research complemented with stakeholder input).
6. Consider which ~2 to 5 additional countries have the fastest growing health innovation/healthcare systems.
7. Develop and justify shortlist recommendations (including ranking/scoring and prioritisation) for Innovate UK's international health innovation engagement plans.
8. Produce a detailed written full research report for Innovate UK with the SWOT, country analyses and benchmarking analyses, and clear recommendations for future action or interventions, detailing the methodology employed, results obtained, and recommended next steps. The report should include an executive summary, a summary of inputs, findings, and input from internal and external stakeholders. The supplier should consider how the information could be managed or updated over time, for example a spreadsheet model that can be updated with new data as it becomes available could be presented alongside the report (with the report providing a snapshot of the current information).
9. Provide a full list of all sources, references and materials used, where they can be found if available online and electronic copies of those that are documents/PDFs rather than active websites. Excel datasets and analysis used for project should also be provided if applicable. This should include a measure of confidence and credibility for all source information.
10. Present summary research findings and recommendations to Innovate UK. A high-level summary of recommendations and findings should be produced as a PowerPoint (or similar) presentation deck, and to act as a high-level summary and reference for senior stakeholders.
11. The successful supplier will be required to hold formal project kick off and close out meetings, and to participate in short weekly checkpoint calls to monitor progress, highlight and agree planned activities, discuss drafts, manage any issues, and raise any request for support. The agenda for these meetings should be provided at least 24 hours in advance.
The meetings should include an update on findings to date, planned activities, flag any issues and any requests for support. This is intended to be a highly collaborative project and the Innovate UK project team expect to be engaged frequently and involved in any decision making.

Timetable

The below table is a timeline of key project deliverables that the supplier is expected to deliver to Innovate UK. The supplier shall deliver clear and concisely written reports, presentations, and data tables along with relevant evidence to support any hypothesis, selection criteria and recommendations.

Date	Activity	Deliverables
T + 0 weeks	Kick off meeting with project team	
T + 1 week	Confirmation of countries/geographies to be addressed and Health Innovation sectors to be included.	Country/geography list Stakeholder list

	Agree list of internal and external stakeholders to engage.	
T + 2 week	Present project plan (including work packages and Gantt chart, milestones, methods, processes, and scope), report outline for review and sign off, including agreement of any support needed from IUK/UKRI.	Project plan Report outlines
~Month 1	Internal IUK/UKRI stakeholder consultations. Summary of inputs, findings, and recommendations from stakeholders.	Draft summary of stakeholder input
Month 1 and 2	<p>Draw up potential metrics for benchmarking exercise for review with Innovate UK.</p> <p>Begin desktop research for SWOT, country profiles, benchmarking. Undertake desktop/literature review of countries and health innovation areas of interest as defined in the scope (and confirmed at the start of the project), utilising quantitative and qualitative data.</p> <p>If it is not feasible to benchmark all 'Health Innovation areas of interest' for all countries of interest, propose a longlist of the country and innovation areas combinations for which full quantitative and qualitative benchmarking information will be provided. Discuss and agree this with IUK.</p> <p>Update project team of findings as project progresses.</p> <p>Consider which ~2 to 5 additional countries have the fastest growing health innovation/healthcare systems.</p>	<p>Benchmarking metrics</p> <p>Draft SWOT, country profiles and benchmarking</p>
Month 3 and 4	<p>Re-engage key internal stakeholders to help inform and validate findings and recommendations while continuing desktop research.</p> <p>Agree impact-based methodology for ranking, scoring and prioritisation.</p>	Stakeholder engagements
Month 4	Agree (any proposed changes to) the structure and content of report with IUK.	Draft report

	Complete draft full report with overall structure and interim findings for review and sign off by IUK/UKRI. Prioritisation must be backed by evidence and must anticipate the benefits to the UK health innovation sector.	
Month 4 and 5	Revise and finalise full report.	Finalise report
Month 5	Final deliverable should include a detailed full report detailing the analysis carried out, methodology employed, criteria and rationale for any decisions and recommended next steps. Full list of sources, references, and materials used. High level summary that can be used to brief senior decision makers on the outcome of the study and recommended way forward. Presentation of findings to IUK/UKRI.	Final full report and supporting information Presentation

The supplier should include a risk register highlighting any risks to the timeline and the actions they will take to mitigate these.

A final meeting will be held to hand over the report and data. The successful contractor will need to make themselves available for emails or short phone calls to answer any questions on the data and/or address and correct any data anomalies for at least six weeks after the data and final report has been delivered.

Please note, the project must be completed by Friday, 18th March 2022.

Terms and Conditions

Bidders are to note that any requested modifications to the Contracting Authority Terms and Conditions on the grounds of statutory and legal matters only, shall be raised as a formal clarification during the permitted clarification period.

Section 5 – Evaluation model

The evaluation model below shall be used for this ITQ, which will be determined to two decimal places.

Where a question is 'for information only' it will not be scored.

The evaluation team may comprise staff from UK SBS and the Contracting Authority and any specific external stakeholders the Contracting Authority deems required.

After evaluation and if required moderation scores will be finalised by performing a calculation to identify (at question level) the mean average of all evaluators (Example – a question is scored by three evaluators and judged as scoring 5, 5 and 6. These scores will be added together and divided by the number of evaluators to produce the final score of 5.33 ($5+5+6=16 \div 3 = 5.33$))

Pass / Fail criteria		
Questionnaire	Q No.	Question subject
Commercial	SEL1.2	Employment breaches/ Equality
Commercial	SEL1.3	Compliance to Section 54 of the Modern Slavery Act
Commercial	FOI1.1	Freedom of Information
Commercial	AW1.1	Form of Bid
Commercial	AW1.3	Certificate of Bona Fide Bid
Commercial	AW3.1	Validation check
Commercial	AW4.1	Compliance to the Contract Terms
Commercial	AW4.2	Changes to the Contract Terms
Price	AW5.1	Maximum Budget
Price	AW5.4	E Invoicing
Quality	AW6.1	Compliance to the Specification
Quality	AW6.2	Variable Bids
-	-	Invitation to Quote – received on time within e-sourcing tool
In the event of a Bidder failing to meet the requirements of a Mandatory pass / fail criteria, the Contracting Authority reserves the right to disqualify the Bidder and not consider evaluation of any of the Award stage scoring methodology or Mandatory pass / fail criteria.		

Scoring criteria

Evaluation Justification Statement

In consideration of this particular requirement the Contracting Authority has decided to evaluate Potential Providers by adopting the weightings/scoring mechanism detailed within this ITQ. The Contracting Authority considers these weightings to be in line with existing best practice for a requirement of this type.

Questionnaire	Q No.	Question subject	Maximum Marks
Price	AW5.2	Price	10%
Quality	PROJ1.1	Approach	40%
Quality	PROJ1.2	Staff to Deliver	30%
Quality	PROJ1.3	Understanding the Project Environment	05%
Quality	PROJ1.4	Project Plan & Timescales	10%
Quality	PROJ1.5	Risk Management	05%

Evaluation of criteria

Non-Price elements

Each question will be judged on a score from 0 to 100, which shall be subjected to a multiplier to reflect the percentage of the evaluation criteria allocated to that question.

Where an evaluation criterion is worth 20% then the 0-100 score achieved will be multiplied by 20%.

Example if a Bidder scores 60 from the available 100 points this will equate to 12% by using the following calculation:

$$\text{Score} = \{\text{weighting percentage}\} \times \{\text{bidder's score}\} = 20\% \times 60 = 12$$

The same logic will be applied to groups of questions which equate to a single evaluation criterion.

The 0-100 score shall be based on (unless otherwise stated within the question):

0	The Question is not answered, or the response is completely unacceptable.
10	Extremely poor response – they have completely missed the point of the question.
20	Very poor response and not wholly acceptable. Requires major revision to the response to make it acceptable. Only partially answers the requirement, with major deficiencies and little relevant detail proposed.
40	Poor response only partially satisfying the question requirements with deficiencies apparent. Some useful evidence provided but response falls well short of expectations. Low probability of being a capable supplier.
60	Response is acceptable but remains basic and could have been expanded upon. Response is sufficient but does not inspire.
80	Good response which describes their capabilities in detail which provides high levels of assurance consistent with a quality provider. The response includes a full description of techniques and measurements currently employed.

100	Response is exceptional and clearly demonstrates they are capable of meeting the requirement. No significant weaknesses noted. The response is compelling in its description of techniques and measurements currently employed, providing full assurance consistent with a quality provider.
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All questions will be scored based on the above mechanism. Please be aware that there may be multiple evaluators. If so, their individual scores will be averaged (mean) to determine your final score as follows:

Example
 Evaluator 1 scored your bid as 60
 Evaluator 2 scored your bid as 60
 Evaluator 3 scored your bid as 40
 Evaluator 4 scored your bid as 40
 Your final score will $(60+60+40+40) \div 4 = 50$

Once the above evaluation process has been undertaken and the scores are apportioned by evaluator(s) this will then be subject to an independent commercial review and moderation meeting, if required by the commercial lead, any and all changes will be formally recorded relative to the regulatory obligations associated with this procurement, so as to ensure that the procurement has been undertaken in a robust and transparent way.

Price elements will be judged on the following criteria.

The lowest price for a response which meets the pass criteria shall score 100. All other bids shall be scored on a pro rata basis in relation to the lowest price. The score is then subject to a multiplier to reflect the percentage value of the price criterion.

For example - Bid 1 £100,000 scores 100.
 Bid 2 £120,000 differential of £20,000 or 20% remove 20% from price scores 80
 Bid 3 £150,000 differential £50,000 remove 50% from price scores 50.
 Bid 4 £175,000 differential £75,000 remove 75% from price scores 25.
 Bid 5 £200,000 differential £100,000 remove 100% from price scores 0.
 Bid 6 £300,000 differential £200,000 remove 100% from price scores 0.
 Where the scoring criterion is worth 50% then the 0-100 score achieved will be multiplied by 50.

In the example if a supplier scores 80 from the available 100 points this will equate to 40% by using the following calculation: Score/Total Points multiplied by 50 $(80/100 \times 50 = 40)$

The lowest score possible is 0 even if the price submitted is more than 100% greater than the lowest price.

This evaluation criteria will therefore not be subject to any averaging, as this is a mathematical scoring criterion, but will still be subject to a commercial review.

Evaluation process

The evaluation process will feature some, if not all, the following phases.

Stage	Summary of activity
Receipt and Opening	<ul style="list-style-type: none"> ITQ logged upon opening in alignment with UK SBS's procurement procedures.

	<ul style="list-style-type: none"> Any ITQ Bid received after the closing date will be rejected unless circumstances attributed to the Contracting Authority or the e-sourcing tool beyond the bidder control are responsible for late submission.
Compliance check	<ul style="list-style-type: none"> Check all Mandatory requirements are acceptable to the Contracting Authority. Unacceptable Bids maybe subject to clarification by the Contracting Authority or rejection of the Bid.
Scoring of the Bid	<ul style="list-style-type: none"> Evaluation team will independently score the Bid and provide a commentary of their scoring justification against the criteria.
Clarifications	<ul style="list-style-type: none"> The Evaluation team may require written clarification to Bids
Re - scoring of the Bid and Clarifications	<ul style="list-style-type: none"> Following Clarification responses, the Evaluation team reserve the right to independently re-score the Bid and Clarifications and provide a commentary of their re-scoring justification against the Evaluation criteria.
Moderation meeting (if required to reach an award decision)	<ul style="list-style-type: none"> To review the outcomes of the Commercial review To agree final scoring for each Bid, relative rankings of the Bids
Due diligence of the Bid	<ul style="list-style-type: none"> the Contracting Authority may request the following requirements at any stage of the Procurement. Submission of insurance documents from the Bidder Request for evidence of documents / accreditations referenced in the / Invitation to Quote response / Bid and / or Clarifications from the Bidder Taking up of Bidder references from the Bidders Customers. Financial Credit check for the Bidder
Validation of unsuccessful Bidders	<ul style="list-style-type: none"> To confirm contents of the letters to provide details of scoring and meaningful feedback on the unsuccessful Bidders Bid in comparison with the successful Bidders Bid.

Section 6 – Evaluation questionnaire

Bidders should note that the evaluation questionnaire is located within the **e-sourcing questionnaire**.

Guidance on how to register and use the e-sourcing portal is available at <http://www.uksbs.co.uk/services/procure/Pages/supplier.aspx>

PLEASE NOTE THE QUESTIONS ARE NOT NUMBERED SEQUENTIALLY

Section 7 – General Information

What makes a good bid – some simple do's 😊

DO:

- 7.1 Do comply with Procurement document instructions. Failure to do so may lead to disqualification.
- 7.2 Do provide the Bid on time, and in the required format. Remember that the date/time given for a response is the last date that it can be accepted; we are legally bound to disqualify late submissions. Responses received after the date indicated in the ITQ shall not be considered by the Contracting Authority, unless the Bidder can justify that the reason for the delay, is solely attributable to the Contracting Authority
- 7.3 Do ensure you have read all the training materials to utilise e-sourcing tool prior to responding to this Bid. If you send your Bid by email or post it will be rejected.
- 7.4 Do use Microsoft Word, PowerPoint Excel 97-03 or compatible formats, or PDF unless agreed in writing by the Buyer. If you use another file format without our written permission, we may reject your Bid.
- 7.5 Do ensure you utilise the Delta eSourcing messaging system to raise any clarifications to our ITQ. You should note that we will release the answer to the question to all Bidders and where we suspect the question contains confidential information, we may modify the content of the question to protect the anonymity of the Bidder or their proposed solution
- 7.6 Do answer the question, it is not enough simply to cross-reference to a 'policy', web page or another part of your Bid, the evaluation team have limited time to assess bids and if they can't find the answer, they can't score it.
- 7.7 Do consider who the Contracting Authority is and what they want – a generic answer does not necessarily meet every Contracting Authority's needs.
- 7.8 Do reference your documents correctly, specifically where supporting documentation is requested e.g., referencing the question/s they apply to.
- 7.9 Do provide clear, concise, and ideally generic contact details, telephone numbers, e-mails, and fax details.
- 7.10 Do complete all questions in the questionnaire or we may reject your Bid.
- 7.11 Do ensure that the Response and any documents accompanying it are in the English Language, the Contracting Authority reserve the right to disqualify any full or part responses that are not in English.
- 7.12 Do check and recheck your Bid before dispatch.

What makes a good bid – some simple do not's Ⓜ

DO NOT

- 7.13 Do not cut and paste from a previous document and forget to change the previous details such as the previous buyer's name.
- 7.14 Do not attach 'glossy' brochures that have not been requested, they will not be read unless we have asked for them. Only send what has been requested and only send supplementary information if we have offered the opportunity so to do.
- 7.15 Do not share the Procurement documents, they are confidential and should not be shared with anyone without the Buyers written permission.
- 7.16 Do not seek to influence the procurement process by requesting meetings or contacting UK SBS or the Contracting Authority to discuss your Bid. If your Bid requires clarification the Buyer will contact you. All information secured outside of formal Buyer communications shall have no Legal standing or worth and should not be relied upon.
- 7.17 Do not contact any UK SBS staff or the Contracting Authority staff without the Buyers written permission or we may reject your Bid.
- 7.18 Do not collude to fix or adjust the price or withdraw your Bid with another Party as we will reject your Bid.
- 7.19 Do not offer UK SBS or the Contracting Authority staff any inducement or we will reject your Bid.
- 7.20 Do not seek changes to the Bid after responses have been submitted and the deadline for Bids to be submitted has passed.
- 7.21 Do not cross reference answers to external websites or other parts of your Bid, the cross references and website links will not be considered.
- 7.22 Do not exceed word counts, the additional words will not be considered.
- 7.23 Do not make your Bid conditional on acceptance of your own Terms of Contract, as your Bid will be rejected.
- 7.24 Do not unless explicitly requested by the Contracting Authority either in the procurement documents or via a formal clarification from the Contracting Authority send your response by any way other than via e-sourcing tool. Responses received by any other method than requested will not be considered for the opportunity.

Some additional guidance notes

- 7.25 All enquiries with respect to access to the e-sourcing tool and problems with functionality within the tool must be submitted to Delta eSourcing, Telephone 0845 270 7050
- 7.26 Bidders will be specifically advised where attachments are permissible to support a question response within the e-sourcing tool. Where they are not permissible any attachments submitted will not be considered as part of the evaluation process.
- 7.27 Question numbering is not sequential and all questions which require submission are included in the Section 6 Evaluation Questionnaire.
- 7.28 Any Contract offered may not guarantee any volume of work or any exclusivity of supply.
- 7.29 We do not guarantee to award any Contract as a result of this procurement
- 7.30 All documents issued or received in relation to this procurement shall be the property of the Contracting Authority / UKSBS.
- 7.31 We can amend any part of the procurement documents at any time prior to the latest date / time Bids shall be submitted through the Delta eSourcing Portal.
- 7.32 If you are a Consortium you must provide details of the Consortiums structure.
- 7.33 Bidders will be expected to comply with the Freedom of Information Act 2000, or your Bid will be rejected.
- 7.34 Bidders should note the Government's transparency agenda requires your Bid and any Contract entered into to be published on a designated, publicly searchable web site. By submitting a response to this ITQ Bidders are agreeing that their Bid and Contract may be made public
- 7.35 Your bid will be valid for 90 days or your Bid will be rejected.
- 7.36 Bidders may only amend the contract terms during the clarification period only, only if you can demonstrate there is a legal or statutory reason why you cannot accept them. If you request changes to the Contract terms without such grounds and the Contracting Authority fail to accept your legal or statutory reason is reasonably justified, we may reject your Bid.
- 7.37 We will let you know the outcome of your Bid evaluation and where requested will provide a written debrief of the relative strengths and weaknesses of your Bid.
- 7.38 If you fail mandatory pass / fail criteria we will reject your Bid.
- 7.39 Bidders are required to use IE8, IE9, Chrome or Firefox in order to access the functionality of the Delta eSourcing Portal.
- 7.40 Bidders should note that if they are successful with their proposal the Contracting Authority reserves the right to ask additional compliancy checks prior to the award of

any Contract. In the event of a Bidder failing to meet one of the compliancy checks the Contracting Authority may decline to proceed with the award of the Contract to the successful Bidder.

- 7.41 All timescales are set using a 24-hour clock and are based on British Summer Time or Greenwich Mean Time, depending on which applies at the point when Date and Time Bids shall be submitted through the Delta eSourcing Portal.
- 7.42 All Central Government Departments and their Executive Agencies and Non-Departmental Public Bodies are subject to control and reporting within Government. In particular, they report to the Cabinet Office and HM Treasury for all expenditure. Further, the Cabinet Office has a cross-Government role delivering overall Government policy on public procurement - including ensuring value for money and related aspects of good procurement practice.

For these purposes, the Contracting Authority may disclose within Government any of the Bidders documentation/information (including any that the Bidder considers to be confidential and/or commercially sensitive such as specific bid information) submitted by the Bidder to the Contracting Authority during this Procurement. The information will not be disclosed outside Government. Bidders taking part in this ITQ consent to these terms as part of the competition process.

- 7.43 The Government introduced its new Government Security Classifications (GSC) classification scheme on the 2nd April 2014 to replace the current Government Protective Marking System (GPMS). A key aspect of this is the reduction in the number of security classifications used. All Bidders are encouraged to make themselves aware of the changes and identify any potential impacts in their Bid, as the protective marking and applicable protection of any material passed to, or generated by, you during the procurement process or pursuant to any Contract awarded to you as a result of this tender process will be subject to the new GSC. The link below to the Gov.uk website provides information on the new GSC:

<https://www.gov.uk/government/publications/government-security-classifications>

The Contracting Authority reserves the right to amend any security related term or condition of the draft contract accompanying this ITQ to reflect any changes introduced by the GSC. In particular where this ITQ is accompanied by any instructions on safeguarding classified information (e.g., a Security Aspects Letter) as a result of any changes stemming from the new GSC, whether in respect of the applicable protective marking scheme, specific protective markings given, the aspects to which any protective marking applies or otherwise. This may relate to the instructions on safeguarding classified information (e.g., a Security Aspects Letter) as they apply to the procurement as they apply to the procurement process and/or any contracts awarded to you as a result of the procurement process.

USEFUL INFORMATION LINKS

- [Contracts Finder](#)
- [Equalities Act introduction](#)
- [Bribery Act introduction](#)
- [Freedom of information Act](#)

8.0 Freedom of information

8.4.1 In accordance with the obligations and duties placed upon public authorities by the Freedom of Information Act 2000 (the 'FoIA') and the Environmental Information Regulations 2004 (the 'EIR') (each as amended from time to time), UK SBS or the Contracting Authority may be required to disclose information submitted by the Bidder to the Contracting Authority.

8.4.2 In respect of any information submitted by a Bidder that it considers to be commercially sensitive the Bidder should complete the Freedom of Information declaration question defined in the Question FOI1.2.

8.4.3 Where a Bidder identifies information as commercially sensitive, the Contracting Authority will endeavour to maintain confidentiality. Bidders should note, however, that, even where information is identified as commercially sensitive, the Contracting Authority may be required to disclose such information in accordance with the FoIA or the Environmental Information Regulations. In particular, the Contracting Authority is required to form an independent judgment concerning whether the information is exempt from disclosure under the FoIA or the EIR and whether the public interest favours disclosure or not. Accordingly, the Contracting Authority cannot guarantee that any information marked 'confidential' or "commercially sensitive" will not be disclosed.

8.4.4 Where a Bidder receives a request for information under the FoIA or the EIR during the procurement, this should be immediately passed on to UK SBS or the Contracting Authority and the Bidder should not attempt to answer the request without first consulting with the Contracting Authority.

8.4.5 Bidders are reminded that the Government's transparency agenda requires that sourcing documents, including ITQ templates such as this, are published on a designated, publicly searchable web site, and, that the same applies to other sourcing documents issued by UK SBS or the Contracting Authority, and any contract entered into by the Contracting Authority with its preferred supplier once the procurement is complete. By submitting a response to this ITQ Bidders are agreeing that their participation and contents of their Response may be made public.

8.5. Response Validity

8.5.1 Your Response should remain open for consideration for a period of 90 days. A Response valid for a shorter period may be rejected.

8.6. Timescales

8.6.1 [Section 3](#) of the ITQ sets out the proposed procurement timetable. the Contracting Authority reserves the right to extend the dates and will advise potential Bidders of any change to the dates.

8.7. The Contracting Authority's Contact Details

8.7.1 Unless stated otherwise in these Instructions or in writing from UK SBS or the Contracting Authority, all communications from Bidders (including their sub-contractors, consortium members, consultants, and advisers) during the period of this procurement must be directed through the e-sourcing tool to the designated UK SBS contact.

8.7.2

All enquiries with respect to access to the e-sourcing tool may be submitted to Delta eSourcing on 0845 270 7050 please note this is a free self-registration website, and this can be done by completing the online questionnaire at <https://uksbs.delta-esourcing.com/>

8.7.3 Bidders should be mindful that the designated Contact should not under any circumstances be sent a copy of their Response outside of the e-sourcing tool. Failure to follow this requirement will result in disqualification of the Response.

Appendix ‘A’ Glossary of Terms

TERM	MEANING
“UK SBS”	means UK Shared Business Services Ltd herein after referred to as UK SBS.
“Bid”, “Response”, “Submitted Bid”, or “ITQ Response”	means the Bidders formal offer in response to this Invitation to Quote
“Bidder(s)”	means the organisations being invited to respond to this Invitation to Quote
“Call Off Contract”	means the document set out in Schedule 2 of the Contract
“Central Purchasing Body”	means a duly constituted public sector organisation which procures supplies/services/works for and on behalf of contracting authorities
“Conditions of Bid”	means the terms and conditions set out in this ITQ relating to the submission of a Bid
“Contract”	means the agreement to be entered by the Contracting Authority and the Supplier following any award under the procurement
“Contracting Bodies”	means the Contracting Authority and any other contracting authorities described in the Contracts Finder Contract Notice
“Contracting Authority”	A public body regulated under the Public Procurement Regulations on whose behalf the procurement is being run
“Customer”	means the legal entity (or entities) for which any Contract agreed will be made accessible to.
“Due Diligence Information”	means the background and supporting documents and information provided by the Contracting Authority for the purpose of better informing the Bidders responses to this ITQ
“EIR”	mean the Environmental Information Regulations 2004 together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such regulations
“FoIA”	means the Freedom of Information Act 2000 and any subordinate legislation made under such Act from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such legislation
“Invitation to Quote” or “ITQ”	means this Invitation to Quote documentation and all related documents published by the Contracting Authority and made available to Bidders and includes the Due Diligence Information. NOTE: This document is often referred to as an Invitation to Tender within other organisations
“Mandatory”	Means a pass / fail criteria which must be met in order for a Bid to be considered, unless otherwise specified.
“Named Procurement person ”	means the single point of contact for the Contracting Authority based in UK SBS that will be dealing with the procurement
“Order”	means an order for served by any Contracting Body on the Supplier
“Other Public Bodies”	means all Contracting Bodies except the Contracting Authority
“Supplier(s)”	means the organisation(s) awarded the Contract

“Supplies / Services / Works”	means any supplies/services and supplies or works set out at within <u>Section [4] Specification</u>
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