Schedule 1a
Potential Provider's Response Document
Project_120
ITT_215

Version: Final

Date: 7 March 2019

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ABLE OF CONTENTS

SCHEDULE 1A – POTENTIAL PROVIDER'S RESPONSE

1. Introduction.

The Potential Provider's Response Document is made up of the following parts:

1.1. Potential Provider's Responses

The Potential Providers must respond to each row of Statement of Requirements ("SoR") compliance list in their initial tender.

Where the Potential Provider's Initial Tender is only partially- or non-compliant, Potential Providers must detail in Appendix A how they believe any alternative solution will meet the Authority's requirements.

Please answer all questions as failure to do so may result in the Initial Tender being considered non-compliant and rejected. Where questions do not apply, please mark as "N/A" (Not Applicable) and provide a brief explanation as to why this is so.

Note: Whilst the Authority expects Potential Providers to further develop their Initial Tender at later stages of the procurement process (for example in their Detailed Tenders), they are also expected to respond fully and in good faith to the draft Specification at ISIT stage. The Authority expects Potential Providers' developed proposals at later stages of the procurement to be consistent with their Initial Tender.

1.2. Appendix A

Where the Potential Provider's Initial Tender is only partially- or non-compliant, Potential Providers must detail in Appendix A how they believe any alternative solution will meet the Authority's requirements. A list of the mandatory and desirable requirements has been provided. Please complete

1.3. Appendix B

The Potential Provider shall highlight areas of concern or show any specific amendments they wish to make to the Conditions of Contract. Feedback should include, but not be limited to, those parts which they will either not accept or would attach a significant risk premium and any proposed amendments should be shown as tracked changes. Potential Providers must include a commentary to explain the reasons behind their proposed amendment(s) to the Conditions of Contract or the proposed inclusion of additional terms and identifying the value for money benefits to the Authority. The Authority reserves the right not to accept any or all amendments to its Conditions of Contract.

Potential Providers are required to complete all the following sections and return the completed Initial Tender to the Authority. Please answer all questions as failure to do so may result in the Initial Tender being considered non-compliant and rejected. Where questions do not apply, please mark as "N/A" (Not Applicable) and provide a brief explanation as to why this is so.

Organisation details

Potential Provider name

Please confirm the name of the Potential Provider:

Potential Provider Name:	LGC Ltd

Full name of organisation tendering (or of organisation acting as the lead contact where a consortium bid is being submitted)

Contact details

Potential Providers must provide contact details for this Initial Tender.

Contact Name*	FOI 40
Telephone number	FOI 40
Email address:	FOI 40
Address:	Grange House, 15 Church Road, Twickenham, TW1 3NL

Contact is the person responsible for any queries relating to this proposal

Lot details

Potential Providers must indicate by crossing the relevant box which lot this response is in relation to.

Lot 1 – NCD	
Lot 2 – PPIPER	
Multi bid (Lot 1& Lot 2)	X

Part 1 - Potential Provider Response Document

QUESTION	AQ1	WEIGHT	N/A	WORD COUNT	6 PAGES
QUALITY QUESTION		Overview			
QUESTION		Potential Providers must provide a concise summary highlighting the key aspects of the proposal, and how their solution meets the Authority's objectives. Including the combination of lots for which they are tendering plus their ranked preference for the award of single and combined multiple lot (as detailed in ISIT Attachment 1 section 4.1 to 4.6). This should include any strength, which in their opinion makes their proposal well placed to meet the Authority's requirements. Please include the overall price and any key assumptions made.			
EVALUATION INTENTION		To demonstrate that the Potential Provider has an excellent grasp of the strategy, aims and objectives plus the complexities/environment.			
EVALUATION CRITERIA		***This response is not evaluated and is used to contextualise the Potential Provider's response.***			

POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 6 pages as per Authority's communication dated 21st March 2019

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ1

1.1 LGC's Proposal

LGC Ltd is pleased to submit its final tender response to deliver the NIHR Centre for Dissemination (NCD) and Centre for Patient and Public Involvement, Participation and Engagement in Research (PPIPER) to the Authority from 1st April 2020. Our combined price to run both lots is **£8.6 million** for the five years of the contract. We have planned a comprehensive set of activities in the transition period that will enable us to start all services on 1st April 2020.

LGC believes that our proposals extend to NCD and PPIPER the core skill set that we use in our successful delivery of the NIHR Central Commissioning Facility (CCF) and NIHR Office for Clinical Research Infrastructure (NOCRI). Our strategy includes:

- Aligning and delivering the Authority's priorities
- Constructive collaboration with organisations across the health research landscape including other NIHR Coordinating Centres, NHS Trusts, universities, SMEs, charities and other funders
- Actively promoting patient and public involvement, engagement and participation in research, including co-developing the Standard for Public Involvement in Research
- Acting as part of the NIHR communications team to coordinate and develop promotion of NIHR funded research
- Active engagement with researchers and their support teams including face-to-face interactions that build rapport and mutual understanding of goals
- A focus on activities that deliver real world outcomes that contribute to improving the health and wealth of the nation
- Impact assessment strategy and implementation to identify and dissemination best practice
- Extending our robust operational and quality control processes to NCD and PPIPER to ensure that all activities are delivered on time
- A constructive, open and adaptable relationship with the Authority.

In addition to the expertise and activities provided by LGC, our proposals coordinate a range of specialists and expert service providers to provide updated approaches for NCD and PPIPER that will accelerate the impact of these centres on the NIHR and wider system.

1.2 LGC's Experience and Understanding of NIHR

LGC is a 175-year old, global life science company with over 2,700 employees and is a trusted supplier to UK government, through its role as Government Chemist and as a National Measurement Institute. LGC has been responsible for delivering the NIHR Central Commissioning Facility (CCF) and NIHR Office for Clinical Research Infrastructure (NOCRI) since 2006 and 2009 respectively, through its Grant Management Group (GMG).

LGC's considerable experience providing NIHR services has resulted in detailed and extensive understanding of the Authority's strategy, aims and objectives for the constituent parts of NIHR and the complexities of the area in which NIHR operates. We understand the complex structure of NIHR and the overarching principles by which it runs. We understand that NIHR is only successful if the best research is commissioned, performed, analysed and disseminated to ultimately generate impact that benefits individual patients and the wider community. We understand that NIHR funded research occurs in diverse types of organisations around England, the UK and globally for Official Development Assistance related projects. We understand that NIHR funds personal awards,

programmes, research infrastructure and support systems that collectively deliver quantitative and qualitative improvements to the health and wealth of the nation. We understand that research only creates impact if it is successfully disseminated to different stakeholder groups who can make use of information in diverse ways. We understand that patient and public involvement, engagement and participation in research is essential so that all research funded by NIHR meets the needs and delivers the priorities of patients and the wider public. We understand that research is one part of the overall translational pathway that generates impact and NIHR needs to actively work as part of the wider health and care research ecosystem. LGC will apply our collective understanding of NIHR to deliver NCD and PPIPER.

1.3 This Tender Process as an Opportunity to Modernise NCD and PPIPER

Though previous contracts, the Authority has developed NIHR to the point where it is a leader in Patient and Public Involvement, Participation and Engagement (PPIPER) and dissemination of outputs. Based on LGC's experience of working as part of the NIHR, we believe that are opportunities to further improve how both centres operate. For example:

- Moving to a proactive engagement model, we believe both dissemination and PPIPER require more interactive, tailored engagement with groups including visiting stakeholders around the country to understand their needs and perspectives
- Producing synergies and best practice by joining up the islands of PPIPER expertise, PPIPER understanding and practice within and without NIHR to catalyse effective diffusion across the wider system
- Application of PPIPER into new NIHR priorities such as multimorbidities, social care and Global Health requires focused attention as there are different needs and challenges in these areas
- The current Dissemination Centre has focused on dissemination via the traditional academic publication route and has not enabled distribution of alternative formats of material (e.g. such as business cases, presentations, patient information packs, implementation manuals, training videos, Living Systematic Reviews and policy notes) that is now possible with modern technology
- Appointing a Director of NCD and PPIPER who will be responsible for both functions to ensure collective working that maximises the impact of these functions
- Promoting development of dissemination and PPIPER capability in the wider ecosystem so that the wider system benefits from NIHR's expertise and insights
- Having an annual programme of pilot projects that will test ideas from the wider ecosystem to evaluate whether they should be implemented in to NCD and PPIPER

This tender process provides the Authority with the opportunity to identify and implement next generation versions of NCD and PPIPER. LGC believes that its proposals have the appropriate mixture of maintaining current service provision with improvements and innovations that address opportunities such as those listed above. Our approach will significantly evolve the services provided by both centres over the five year contract period to produce improvements in the impact of PPIPER and dissemination on NIHR.

1.4 Delivery of NCD and PPIPER by LGC

LGC's strategy for improving NCD and PPIPER over the next five year contract period is summarised in Figure 1.1. Starting from the base service that has been provided to the Authority by the incumbent, LGC will apply its core expertise and strengths (expert staff, management of subcontractors, HR and Learning & Development systems, programme management expertise, cross NIHR experience provided by senior members of staff, a flexible approach to delivery and expertise in outcomes management, impact and intellectual property) to introduce a range of improvements that will collectively result in an

improved, integrated NCD and PPIPER service. The LGC managed NCD and PPIPER will deliver wide ranging initiatives that will involve the Authority, patients and the public, researchers, healthcare professionals, policy experts and clinical commissioners in NIHR funded research.

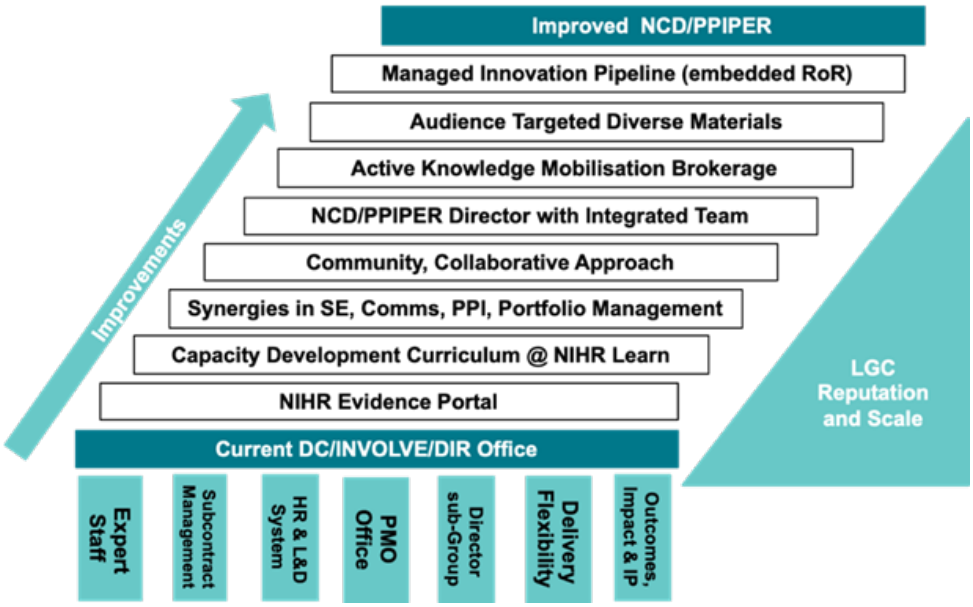


Figure 1.1 Summary of LGC's Proposed Approach for NCD and PPIPER

We believe the Authority is looking for significant, immediate enhancements to the NCD and PPIPER services. To ensure consistency and quality of delivery, and mitigate any perceived risk of transition to a new supplier, LGC will deliver all existing requirements with targeted enhancements (e.g. NIHR Alerts will be succinct items targeted at non-specialists with plain English and no technical jargon, Highlights delivered as collections of Alerts, Themed Reviews, PPI standards/frameworks/guidance, events, etc), but in parallel substantially modernise both services by a number of new initiatives and strategies. The transition of NCD and PPIPER to being managed by LGC will use our existing expertise in managing contract and staff transfer. For example, LGC has recently successfully integrated the NIHR Office for Clinical Research Infrastructure (NOCRI) and Central Commissioning Facility (CCF) services to generate an optimised team structure and operational synergies.

LGC will deliver NCD and PPIPER using a combination of staff transferring to LGC under TUPE and newly appointed members of staff who will bring the technical and soft skills needed for our revised model. By combining delivery of PPIPER and NCD in to one operational team led by a Director of NCD and PPIPER, we will immediately generate synergies that will benefit the Authority, the public and the research community. By having shared team members and ways of working, we will maximise the results generated by our focus on stakeholder engagement, identification and dissemination of high quality research that will create real world benefit, promotion of cross-community working and communication of best practice. LGC also aims, as an existing provider of NIHR services to the Authority, to capture significant and valuable synergies with our existing CCF and NOCRI contracts to augment our delivery of both contracts that also feature significant stakeholder engagement and communications tasks. Using the existing gain share mechanism with the Authority we will agree the best way to re-invest and prioritise new activities made possible through efficiencies and synergies. This ensures that the Authority is fully involved in decisions about the strategic direction of PPIPER and NCD and highlights LGC's flexible and responsive approach to customer requirements

Staff on the NCD and PPIPER contracts will join our existing 133 strong CCF and NOCRI team that is highly qualified (75% BSc, 45% MSc and 35% PhD) and experienced in delivering diverse aspects of NIHR on behalf of the Authority including running NIHR funding programmes (e.g. PRP, PGfAR, i4i, RfPB, GH RIGHT, Schools for Public Health/Primary Care/Social Care), managing the NIHR infrastructure (e.g. BRCs, CRFs, ECMCs, ARCs, RDS, SI) and working closely with other organisations from across the health and care ecosystem (e.g. NHSE, NICE, MHRA, AHSNs, OLS, LGA, ADASS, SCIE, JUCSWEC, RIPfA, BASW, AHSC; other funders: MRC, Wellcome Trust, Health Foundation; Royal Colleges; AHP Chartered Societies etc). Staff transferring to LGC will receive training and support to help them adapt to our standardised ways of work, quality management systems and modernised operating models that will ensure high quality delivery from the first day of the contract.

LGC will be responsible for strategic and operational delivery of all aspects of NCD and PPIPER, with a small proportion (~20%) of work being performed by specialists. This is approach does not create any additional risks for the Authority as LGC will apply its existing robust subcontractor management processes current used on the CCF and NOCRI contract (e.g. management of CC Technology, another provider of IT services). To enhance the service delivered and provide flexibility, LGC will coordinate work by subcontracted experts in open publishing at F1000, knowledge mobilisation experts, independent medical writers/editors and patient/public involvement experts. For NCD and PPIPER we will appoint Assistant Directors who will be responsible for operational delivery of both functions including coordinating and quality management of all work performed by subcontractors. Our subcontractors are highly experienced in their areas and will bring world leading expertise to NIHR coupled with experience of successful collaborations. For example, F1000 is a leader in the open publishing space that is already working with a number of high profile and reputable research funding agencies and organisation (including Wellcome, the Bill and Melinda Gates Foundation, and the Health Research Board Ireland) to provide 'Open Research' publishing solutions to support funder requirements for more rapid and cost effective ways to deliver open access to research findings. All content produced by NCD and PPIPER that is published on NIHR Evidence will be owned by the Authority and can be transferred to a different system with no ties or licences required. We have planned collaborations with patient and public engagement experts including the National Coordinating Centre for Public Engagement (NCCPE) and the National Elf Service. Highly experienced independent medical writers and editors with extensive experience in disseminating complex research to diverse audiences will contribute accessible, succinct and compelling dissemination items in a variety of formats. To enhance our understanding of the requirements of end users and capacity development across NIHR, experts in knowledge management and mobilisation, including former NIHR Knowledge Management Fellows will be part of our wider collaboration. This model enables the Authority and NIHR to benefit from diverse expertise that is managed by LGC's robust subcontractor management processes.

Central to our modernisation strategy is the **NIHR Evidence** portal that LGC and F1000 will co-develop during the transition period. Available from 1st April 2020, NIHR Evidence will enable different audiences to access targeted PPIPER and dissemination products such as research summaries, patient perspectives, implementation manuals, training videos, news items, data sets, protocols, negative results and policy notes in a variety of formats and through a variety of gateways (or virtual 'shopfronts'). We recognise that different audiences have different dissemination needs. Therefore, we will create a range of different items aimed at different end users including: (i) Patients and the wider public; (ii) researchers; (iii) clinical users; (iv) policy professionals; and (v) health care commissioners. The NIHR funded work performed by F1000 will be entirely owned by the Authority enabling all information to be transferred to another system in the future.

The NIHR Evidence platform will immediately transform the NCD system by leveraging the features of a delivery platform which offers: >1m per annum unique visitors; gateway

interfaces to allow cross funder collaboration (e.g. in priority thematic areas such as multimorbidity, cancer, global health); feedback systems attracting commentary from stakeholders; built-in support for multimedia documents; full usage tracking metrics; and, workflow tools to facilitate plain language research communication (social media, email) and measurement (e.g. 23% more full text downloads). All this delivered through collaboration with F1000 that has itself commissioned >1,300 health research themed reviews.

1.5 Innovation in NCD and PPIPER

LGC will facilitate the modernisation agenda in NCD and PPIPER by curating and prioritising long and short lists of improvement, innovation and best practice projects (see Question 2 for details). This process will result in an agreed set of annual pilot projects that have approved by the Authority and aim to identify new ideas and improved ways of working that could be adopted by PPIPER and NCD. These pilot projects will be co-produced with external experts so that we access the best ideas for new approaches to dissemination and patient/public involvement. LGC has generated, through dialogue with stakeholders, a number of ideas through for potential pilot projects that could be performed in the first year of the contract. These projects are a Knowledge Mobilisation Alliance, a PPIPER Toolkit and facilitating living systematic reviews using the NIHR Evidence portal (details are provided in the next question). We propose to confirm these projects with the Authority during the transition phase by presenting a rigorous analysis of costs, risks, project deliverables and expected mechanism for implementing in to standard ways of working. Approved pilot projects will be run by experts who will have a subcontract with LGC to perform the project. Successful projects will identify improvements that should be included in to NCD and/or PPIPER (and/or the wider NIHR). Before introducing a new concept, we will undertake a full risk based analysis of how it should be introduced to ensure that no issues affect delivery of PPIPER and NCD. As part of the annual review process, LGC will propose ideas for the following year to the Authority so that both services evolve in the direction that the Authority intends.

1.6 Delivery of the Authority's Requirements

This tender response outlines LGC's proposals for NCD and PPIPER that we believe will deliver in full the Authority's needs as stated in the Statement of Requirements. The NCD and PPIPER services will be combined to generate synergies and integrated into the existing CCF/NOCRI management structure with the highly experienced established senior leadership group together with a new PPIPER Director being responsible for delivery of all requirements. In addition to the core services, we will manage NCD and PPIPER with the robust management processes that are currently used for CCF and NOCRI. These processes include defining and delivering key performance indicators, project management, financial management and reporting, providing apprenticeships and training for staff and continuous improvement activity that generates savings that are managed via the gain share mechanism with the Authority. All of these processes are performed under LGC's ISO9001 accredited Quality Management System. LGC has a track record of working with the Authority in a flexible and collaborative way to deliver new requirements quickly and effectively, for example implementing the Research and Innovation for Global Health Transformation (RIGHT) scheme, delivering NIHR budgets to the high levels of precision required by the Authority and delivering our KPIs as agreed in an annual Strategic and Operational Plan that documents all aspects of the services being managed by LGC on behalf of the Authority.

1.7 Summary

Both NCD and PPIPER play important roles in the overall NIHR. This tender opportunity provides the Authority to select LGC as a supplier that will deliver high quality, innovative,

modernised services that will benefit researchers, patients, the wider public and professionals that apply health research in diverse situations.

QUESTION	AQ2	WEIGHT	30%	PAGE COUNT	16 PAGES
QUALITY QUESTION		**Method Statement A – Overall Delivery**			
QUESTION		The Potential Provider must detail the processes and resources it proposes to use in order to deliver the Authority's requirements as set out in the descriptive document, noting that scope of work is comprehensive and consequently prioritisation of key functions and activities will be necessary.			
EVALUATION INTENTION		Seeks to establish that the Potential Provider has understood the requirements and has a credible plan for delivering successful outcomes			
EVALUATION CRITERIA		The Potential Provider's response shows that it: - Has a credible solution that uses appropriately qualified resources. - Demonstrates an understanding of the structures and organisations involved in the delivery of health and care research - Proactively manages the delivery process - Has a quality and performance assurance regime that monitors, measures and assures quality outcomes - Demonstrates an understanding of health and care, and policy contexts of research and up to date awareness of needs, interests and issues - Has ability to create and develop links with other organisations to deliver work.			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 16 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ2

2.1 Experienced Provider and Qualified Resources

LGC is a 175-year old, global life science company with over 2,300 employees and is a trusted supplier to UK government, through its role as Government Chemist and as a National Measurement Institute. LGC has been responsible for delivering NIHR CCF and NOCRI since 2006 and 2009 respectively, through its Grant Management Group (GMG). Our 133 strong NIHR team is highly qualified (75% BSc, 45% MSc and 35% PhD) and experienced in delivering diverse aspects of NIHR on behalf of the Authority including running NIHR funding programmes (e.g. PRP, PGfAR, i4i, RfPB, GH RIGHT, Schools for Public Health/Primary Care/Social Care, Policy Research Units), managing the NIHR infrastructure (e.g. BRCs, CRFs, ECMCs, ARCs, RDS, SI) and leveraging synergies with other organisations from across the health and care ecosystem (e.g. NHSE, NICE, MHRA, AHSNs, OLS, LGA, ADASS, SCIE, JUCSWEC, RIPfA, BASW, AHCS; other funders: MRC, Wellcome Trust, Health Foundation; Royal Colleges; AHP Chartered Societies etc).

2.2 Policy Context for NCD and PPIPER

Both the NIHR Centre for Dissemination (NCD) and Coordinating Centre for Patient and Public Involvement Participation and Engagement in Research (PPIPER) are essential components of the NIHR system that aims to improve the health and wealth of the nation. To deliver benefits to patients and the public, NIHR funded research has to be relevant to, and reach, individuals/groups who can apply the research evidence. The knowledge and skills required by NIHR and researchers to design, execute and communicate health research are still evolving. As outlined in NIHR's Going the Extra Mile strategy, Patient and Public Involvement, Participation and Engagement (PPIPE) in health research is essential in shaping priorities, understanding perspectives, capturing opinions/ideas and harnessing communications input from the ultimate beneficiaries (and funders) of health research. Reflecting the NHS's unique position as a national health care platform, NIHR has an opportunity to be a global thought leader in dissemination and patient/public contribution across the international research ecosystem.

2.3 LGC's Strategy for NCD and PPIPER

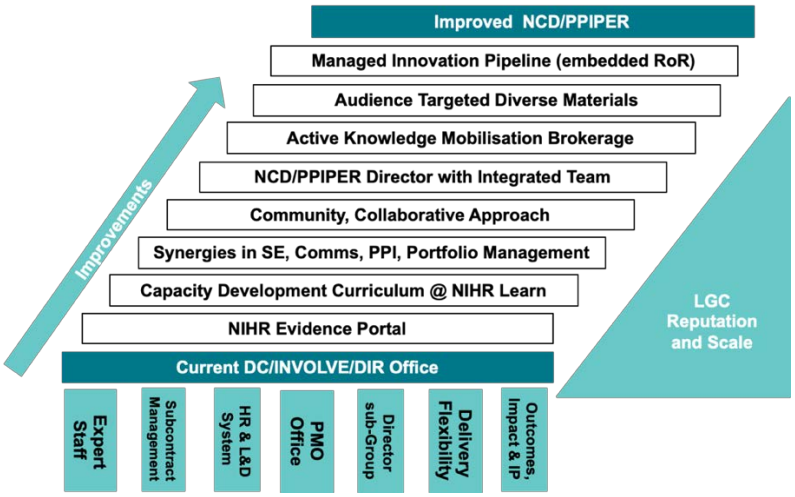


Figure 2.1: LGC's Model for Transforming NCD/PPIPER

We believe the Authority is looking for significant, immediate enhancements to the NCD/PPIPER services. To ensure consistency/quality of delivery and mitigate any perceived risk of transition to a new supplier LGC will continue to: (a) develop promotional content e.g. relaunched as Alerts, Highlights (collections of Alerts) and Themed Reviews; (b) use robust project selection and publication quality assurance processes; (c) drive the implementation of aims/objectives of Going the Extra Mile, (d) support diffusion of PPI Standards/guidance; but immediately modernise the services. Enhancements include:

- **Managed Innovation Pipeline** – an annual programme of innovation pilots, with embedded research on research (RoR) designed to evaluate/generate better practice for implementation
- **Audience Targeted Diverse Materials** – moving away from unfocused summaries we will deliver quality assured, audience targeted, project specific, multimedia artefacts (NIHR Alerts) whose reach is improved through stakeholder engagement
- **Active Knowledge Mobilisation Brokerage** – engaging directly with knowledge mobilisation (KM) resources across the system (including patient groups) to deliver the social networks required to translate research outcomes to new locations
- **Enhanced Community, Collaborative Approach** – introducing a professional approach to stakeholder engagement and collaboration including getting the NDC/PPIPER services "out on the road" and working with communities
- **NCD/PPIPER Director**– leading dissemination and PPIPER strategy development/ implementation across NIHR and managing a synergistic/integrated NCD/PPIPER team within the GMG governance structure
- **Cross GMG Synergies** – team working across stakeholder engagement, communications, PPI, portfolio management (e.g. social care working group) etc
- **Capacity Development** – providing learning and development resources, curricula and practical tools (workbooks, checklists, case studies) for patients/public, researchers, practitioners and NIHR staff, all accessible through NIHR Learn
- **NIHR Evidence Portal** (a platform delivered by LGC in partnership with F1000) – launching a single repository all types of NCD/PPIPER multimedia artefacts configured for public/partner/community engagement and fully usage tracked

All underpinned with LGC's experienced staff, professional approach to managing subcontractors, mature HR and project management systems, outcomes/impact literacy and an agile, flexible approach to delivery.

Many of the modernisations will be available on day 1. For example, through collaboration with a world leading open research platform F1000 we will launch **NIHR Evidence**. The NIHR Evidence platform will immediately transform dissemination and public engagement by leveraging the features of a delivery platform which offers: workflow tools such as GrowKudos which facilitates plain language research communication (social media, email) and measurement (23% more full text downloads); >1m unique visitors per annum; Gateway interfaces to allow cross funder collaboration (e.g. in priority thematic areas such as multimorbidity, cancer, global health) or audience targeting (e.g. members of the public); feedback systems attracting commentary from stakeholders; built-in support for multimedia documents; and, full usage tracking metrics. All this delivered through collaboration with a company that has themselves commissioned >1,300 health research themed reviews.

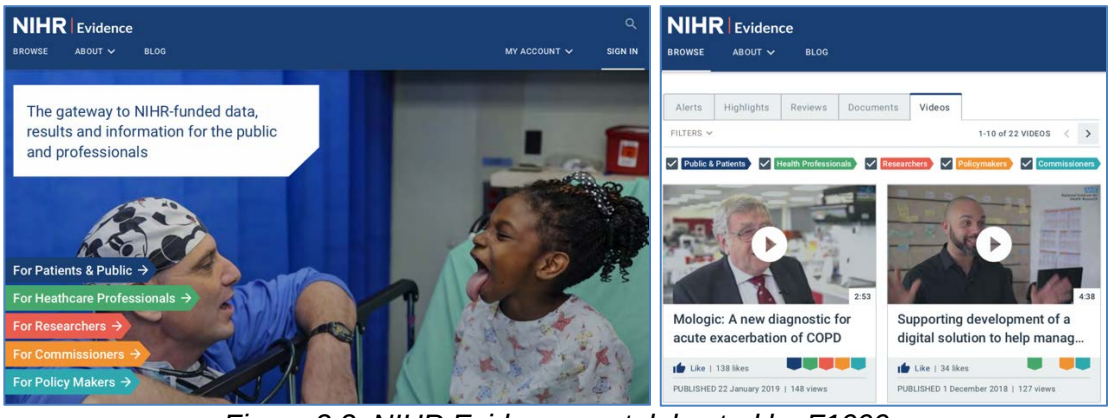


Figure 2.2: NIHR Evidence portal, hosted by F1000

Some modernisations will be introduced early in the contract term. Three Training Programmes "Health and Care Research Dissemination & Knowledge Mobilisation", "Practical Approaches to PPIPER" and "Making a Public Contribution to Research" will be launched on **NIHR Learn** within the first 6 months. Each Programme will bring together the

best of the resources available from across NIHR. In time the training programmes will be expanded through the addition of new units. There is scope to deliver accredited award/certificate/diploma training programmes through collaboration with an appropriate university or professional body.

Figure 2.3: Training Materials will be hosted on NIHR Learn

Other innovations will be introduced during the lifetime of the contract as we invest in, via a dedicated budget and reinvestment of continuous investment savings through a gain share mechanism, a range of initiatives to generate service improvements. Annually we will agree with the Authority detailed annual workplans and Key Performance Indicators (KPIs). The workplan/KPIs will be reviewed as part of the current quarterly LGC/DHSC Contract Management Board meetings. The KPIs will include milestones for pilot initiatives as well as indicators for business as usual. Given the shift away from untargeted Signals we offer the following indicative annual publication KPIs for discussion with the Authority during transition: publish materials on at least 175 projects (many projects will be promoted through multiple artefacts; all projects will have a plain language summary), 12 Highlights and 3 Themed Reviews.

PPIPER related activity will prioritise: (a) developing NIHR PPIPER strategy; (b) providing leadership; (c) working genuinely collaboratively across the NIHR communities of patients, PPI leads, researchers and researcher-on-research; and, (d) facilitating the adoption and implementation of UK Standards for Public Involvement. We will facilitate peer learning and support through a programme of stakeholder engagement, community networking and capacity building. Our NCD/PPIPER Director will be positioned to provide leadership on PPI across NIHR. PPIPER activity will focus on delivering on Going the Extra Mile by building on the progress made to date across NIHR in PPIPER but introducing a step change in leadership, coordination of disparate resources, diffusion of best practice, oversight (and ideally sign-off) of coordinating centre PPI workplans, provision of practical tools, facilitating peer support and developing mechanisms for more, genuinely patient/client-led research. We will catalyse greater and more effective collaboration across the NIHR and wider health ecosystem to ensure that PPIPER impact is valued by all stakeholders, implemented and improved at every opportunity across NIHR.

Our collaboration with the **National Coordinating Centre for Public Engagement (NCCPE)** will allow NIHR to benefit from innovative practice across the wider 'public engagement in research' landscape. This will streamline the flow of developing best practice lessons into NIHR with implications for both the PPIPER and NDC work programmes. LGC will ensure that PPIPER is at the heart of work to develop new PPIPER practice which LGC has considerable experience in leading, for example: (a) development of Community Engagement and Involvement for Global Health; and, (b) initiation of a PPI researcher led review of PPIE in infrastructure (e.g. BRCs) which is challenging and requires best practice to be identified and disseminated.

NCD related activity will include collation, production and publication of:

- Alerts:

- A plain English project summary, taking no more than two minutes to read, will be produced for each project (with none of the statistics, methodology or acronyms in current Signals);
- In addition, and to address the needs of project specific audiences we will collate/produce and publish additional project specific, audience targeted artefacts including, as appropriate: targeted summaries, podcasts, slides, videos, booklets, manuals, business cases, health economics, infographics, animations, posters, webinars, press releases etc;

- Highlights (collections of Alerts); and,
- Themed Reviews (larger co-produced themed collections).

All content will be tagged according to the audiences most likely to be influenced.

Our dissemination efforts will address **project specific audience gaps** rather than simply providing another academic abstract. We will speak to award holders to understand any gaps in their own dissemination plans. Award holders often have excellent channels to disseminate research results to other researchers within their own research field or evidence-users with high evidence literacy. However, disseminating to other audiences is more difficult. For example, in the figure below we set out the current status of dissemination of the ATTOM project. To add value to disseminating the findings from this study we would provide routes to: (a) renal nurses and social workers; (b) NICE/policy makers to discuss sensitive findings; and (c) platforms for timely publication of ancillary findings in methods developments and health economics.

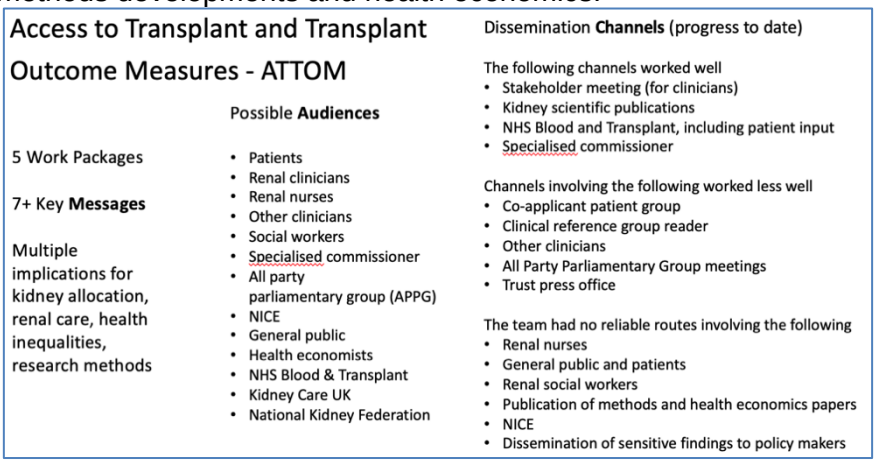


Figure 2.4: Messages, Audiences and Channels Example

We will not duplicate academic abstracts/reviews that have been already written by NIHR-funded researchers; this is a poor use of public funds. Instead we will ingest, republish, co-develop, collate, prioritise, synthesise, quality assure, publish and cascade diverse formats of research outputs that enable all stakeholders to understand/apply NIHR funded research in a way that is relevant to them. We will undertake regular review of usage statistics and dissemination histories to understand the impact of our new products, new channels and refresh our strategy. Tracking will also inform the creation of new learning resources to upskill both our own staff and the wider NIHR community.

Through structured professional Stakeholder Engagement we will cascade content into third party channels. Through Knowledge Mobilisation brokerage we will build and leverage interpersonal networks so that key messages can be socialised to target audiences through trusted intermediaries. We will facilitate research team to evidence user dialogue on the projects, especially those selected for Highlights/Themed Reviews, through attendance at third party regional events (e.g. patient forums, Commissioner Support Unit/AHSN events).

The NCD/PPIPER services will be delivered by LGC together with the Central Commissioning Facility (CCF) and NIHR Office for Clinical Research Infrastructure (NOCRI) overseen by GMG Directors. NCD and PPIPER will benefit from both **strategic and operational synergies** by leveraging our existing strengths in stakeholder

engagement, knowledge mobilisation, staff learning and development (hosted on NIHR Learn), policy awareness (e.g. leveraging LGC's experience managing the Policy Research Programme, Policy Research Units and attending DHSC R&D Committee for Prioritisation), open collaborative approach (e.g. LGC managing creation of multiple Translational Research Collaborations involving charities and their patient groups; taking a central role in pan-NIHR communications; coordinating efforts to development systems to illustrate NIHR values and long-term impact) and taking a lead role in new priority areas (e.g. Social Care capacity building, RfPB social care call, RIGHT Global Health research).

We will coordinate the work of a range of carefully selected subcontractors (F1000, PPIPER experts, medical writers, social media authors, knowledge mobilisation specialists and health economists) who bring additional important skills and expertise to NCD and PPIPER. For example, for social media expertise Minervations' National Elf Service (NES), launched in 2011, has quickly built an international reputation, along with a large and diverse social media audience (>100,000 followers; >1 million unique website visits in 2017). In many major topic areas (e.g. mental health) a set of blogs has already been assembled. NIHR funded research features regularly (e.g. recruitments for NIHR Bioresource GLAD MH study; promotion of PRP self-harm and suicide prevention outputs event). NES will support research dissemination through advising on dissemination strategy and delivering a core annual set of blogs, podcasts, webinars and parallel #BeyondTheRoom social media campaigns alongside live research events (see example below).

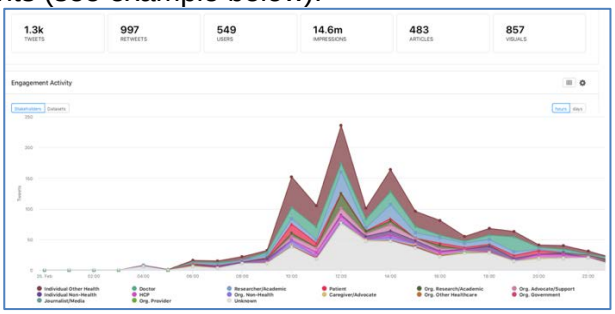


Figure 2.5: NES supported NIHR Policy Research Programme self-harm and suicide prevention event (achieved 14.5m impressions, 483 articles)

In keeping with the remit of NIHR, LGC will use an **evidence-based approach** to refine the approach for delivering the modernised services. For example, our knowledge mobilisation approach will be informed by NIHR HS&DR programme funded work on what health and care commissioners regard as evidence and how researchers can best influence those evidence users. Lesley Wye, author of some of the programmes research papers, will join our delivery team. Our annual pilot projects will also be evidence based.

Patients have a central role to play in the selection of research topics, research oversight, research participation and the timely dissemination of emerging research outputs. Patients and clients of the health and care system can be involved at the earliest stages of research development and can naturally form part of the dissemination resource to communicate the research opportunity and downstream results.

2.4. Common Delivery Principles across NCD/PPIPER

Principle 1: Single NCD/PPIPER Director and Team: Our proposed structure will maximise the opportunities for synergies between the NCD and PPIPER staff and work programmes

LGC will adopt a governance/management structure where the staff delivering NCD and PPIPER services are managed under a single, accountable Director. Synergies will be realised from day one of the contract in communications and stakeholder engagement. A sub-group of existing GMG Directors will work closely with the Director providing routes for recognising further cross GMG synergies. Cross GMG teams will work together to deliver some tasks such stakeholder engagement and knowledge mobilisation into charities and patient/community groups. More NCD/PPIPER roles may be merged over time as LGC gains familiarity with the staff inherited through TUPE, their skills (in particular their soft skills), and evolving annual work plans. We also propose that the Director acts as line

manager for the CCF PPIE team Assistant Director but with the team remaining an autonomous unit rather than being absorbed by PPIPER. This is because uniquely amongst the coordinating centres, the LGC PPIE team work daily on practical PPIE implementation across ALL categories of NIHR project, programme and infrastructure. We anticipate that close working of the teams will enhance performance on both the PPIPER and CCF PPI workstreams and identify improved ways of working for use across NIHR.

We do not envisage the unified team having a unit name which is promoted externally as a brand; there is already a confusing proliferation of NIHR brands. Rather the team will work together to promote a number of branded services/platforms including NIHR Alerts (for promotional artefacts), NIHR Learn (for training materials), NIHR Evidence (publication platform) and NIHR Reviewer Match (for public reviewers). There are sensitivities in some parts of the NIHR community concerning the INVOLVE brand. We propose to engage widely during transition to explore the branding options for PPIPER activities.

Principle 2: Capacity Development Across NIHR: We will leverage the finite NCD/PPIPER resources by recognising, trialling, building and disseminating better practice across NIHR

The resources available at NCD and PPIPER are finite (<20 staff). Across NIHR and the wider health and care system there are much more substantial resources. LGC plans to bring together these individuals and groups to create cohesive and aligned communities of practice, benefiting the wider strategic aim of stimulating more effective dissemination and PPIPE. Within the communities there are already large volumes of knowledge and expertise; but many individuals are time constrained, poorly networked, have limited access to learning and development materials, and, are isolated from sources of peer support. Through community engagement (including dialogue with the relevant academics involved in relevant research-on-research) LGC will collate, develop, trial and introduce, new learning resources that will enhance dissemination and PPIPER capacity within the health research community. For example, we will seek permission to convert the recently published CLAHRC East Midlands toolkit for supporting and improving participation of BAME communities in health and social care research into a training module.

Our staff will encourage interaction and co-production between network members so that NIHR develops a community of practice around best-in-class activity; we will encourage feedback and make regular revisions to tools and training materials. Key proponents in these training, capacity development activities will be local/regional PPI leads, knowledge brokers (e.g. NIHR Knowledge Mobilisation Fellow alumni; new ARC knowledge mobilisers; AHSN staff) and NIHR coordinating centre staff who have day-to-day conversations with award holders. LGC will ensure that these teams all have access to, and familiarity with, the tools and training materials so that they can help research teams develop and deliver better PPIPER and dissemination. LGC's NCD/PPIPER recruitment strategy will include appointing staff with previous PPI practitioner and/or knowledge mobilisation expertise to fill vacancies as they arise. These new recruits will need the soft skills necessary to engage and connect communities.

*Principle 3: Audience Targeted Communications: Our NCD/PPIPER will recognise the diversity of stakeholder audiences and deliver messaging in collaboration with **all** NIHR communications resources*

The NIHR Evidence portal will act as the central hub for access to NCD/PPIPER documents. Effective identification of different audiences and identifying appropriate marketing channels is essential and will be enabled through stakeholder engagement. In this case the risks associated with transition to a new IT platform are very low because the current F1000 platform already hosts the broad range of resources we plan to publish.

We recognise that different audiences have different needs that may not be delivered by the current system. For example, LGC has received anecdotal reports of academics proposing an 8-month study to generate a report while the Central Commissioning Group

they were aiding needed a more focused output that would only require 3-day evidence synthesis. We will create a range of communications approaches that enable diverse audiences to engage with NIHR in a way that is accessible and intuitive. LGC's recent NIHR communications and marketing experience includes: (a) co-delivering the PPIPER Standards launch event; (b) producing webinars such as "Community and Public Involvement" for applications the RIGHT programme; (c) leading the NIHR NHS70/I Am Research campaign; and, (d) leading on production of the NIHR News and Research newsletters. Building on this we will use a variety of methods to contact different audiences including targeting patient interest groups, speaking at conferences, running workshops, leveraging social media networks and running webinars. We will explore novel approaches to reaching out to parts of the population whose voice is currently less well heard within the NIHR (e.g. by working with professionals, including social workers, who are familiar with engaging with those groups).

Our modernisation offer will ensure PPIPER/NCD are both fully integrated into the NIHR communications strategy to ensure maximum reach for impact generation and enhancement of the NIHR profile**.** LGC will provide a shared NCD/PPIPER communication manager who will be responsible for developing and executing bespoke NCD/PPIPER communications plans. This role will operate within the wider NIHR communication strategy. The post holder will be embedded in the GMG communications team which currently takes a central role in supporting the central NIHR communications offering.

We have selected NIHR Evidence as the working name for the portal because: (a) the phrase has already been approved for tweets concerning new NIHR research outputs; (b) there is a similarity to the name "NHS Evidence" which is one of the resources used by scientific evidence literate commissioners within the NHS to access research literature; and, (c) it is highly descriptive of the core purpose of the platform in showcasing evidence coming from NIHR research to multiple audiences. We have used the term Alert rather than Signal to provide a sense of urgency and match the shift towards more succinct messaging. At present NIHR is slightly below-the-radar, given its size, budget and function. This new approach provides an opportunity to strengthen the brand so that 'NIHR-funded' and 'NIHR Evidence' becomes more widely recognised as a badge of research quality.

Principle 4: Stakeholder Engagement and Collaboration: We will introduce professional stakeholder management and expand on LGC's proven competence in collaborative working

LGC's proposal centres on PPIPER and NCD being fully integrated into the NIHR family and wider health and care system, drawing on best practice and collaborating widely. To ensure this level of interaction both services will have dedicated Stakeholder Engagement Managers who will actively work with the wider health research ecosystem and patient/public communities by contacting individuals, organisations and groups that represent stakeholders. These new posts will join, and work collaboratively with, the CCF/NOCRI stakeholder engagement team. This combined team will be trained and tasked to work together to promote all NIHR activities.

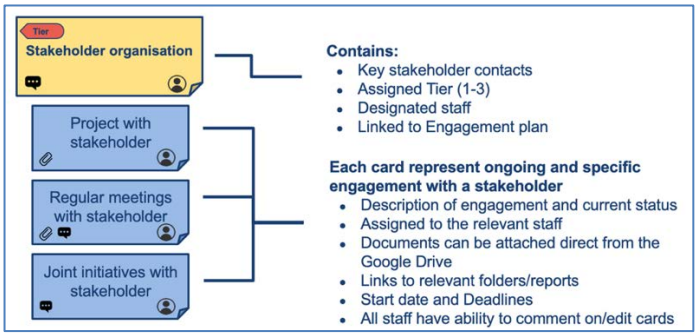


Figure 2.6: GMG Tiered Stakeholder Management Kanbanchi Board

Through attendance at regional workshops, surveys, focus groups and events (similar to recent RfPB social care RDS workshops and ten NIHR medtech SME roadshow events) we will capitalise on and grow our network of relationships which will facilitate knowledge sharing, idea generation, peer support and feedback. The intelligence gained from all these valuable interactions will allow us to identify common challenges or gaps which can be converted into a series of key messages to shape the annual workplans and for diffusion of learnings back into the stakeholder community.

Principle 5: Quality Assurance: All published content will undergo rigorous quality assurance using appropriate authors, expert/public/audience peer reviewers

Our quality assured approach to authorship, editorial, review and escalation is as follows:

	Author	**Editorial**	**Review**	**Escalation**
Alerts	Medical writer	Second medical writer	Peer and public review	
Audience Targeted Alerts	Medical writer	Second medical writer	Audience peer reviewer	
Themed Reviews	Review author	Experienced editor	Key opinion leader reviewers	2 journal peer reviewers
Indexable PPI Documents	PPI author	PPI lead	Public contributor and PPI lead	2 journal peer reviewers
Other indexable documents	Technical author	Experienced editor	Peer and public review	2 journal peer reviewers
Other documents	Subject matter expert or experienced author	GMG comms team	Audience peer reviewer	DHSC escalation for sensitive documents
Training materials	Subject matter expert	Training lead	Peer reviewers	[potential for Accreditation]

In addition, all materials will be reviewed by a member of LGC staff to ensure they fully comply with NIHR branding guidelines and that any materials with potential policy implications are highlighted to the Authority before publication.

2.5 Innovation Pilot Projects

PPIPER and dissemination are dynamic areas where best practice is continually evolving both inside and outside of NIHR. To ensure that NIHR has an opportunity to evaluate and generate new, better practice we will manage a process for the collation, selection and implementation of an annual set of small-scale pilot projects involving new ideas. The process will be managed by LGC staff with oversight from NCCPE acting as independent chair. The process will involve:

- Long-listing: each year a long list of pilot projects ideas will be sourced from NCD/PPIPER staff, PPIPER advisory board, NIHR and beyond
- Short-listing: a group of stakeholders, including members of the PPIPER Advisory Group, will be asked to rank the long-list projects according to co-developed criteria that may include: additionality, robustness, potential impact, and risk mitigation
- Business case development: LGC will develop business cases for the short-listed ideas which each case including: objectives, workplan, milestones, budget, governance arrangements, dissemination plans, risks and mitigation
- Recommendation: LGC will provide the Authority with the business cases and recommendations for incorporation in the next annual workplan.

We expect to be able to resource between two and three initiatives each year. The process would fulfil the annual new idea competition recommendation of Going the Extra Mile.

In preparing for this tender we engaged with public contributors, PPI leads, knowledge mobilisation experts, PPI researchers, award holders etc to generate a set of ideas. We offer the following suggestions for investment of first year pilot project funds (the list will be developed further during transition; the projects are real and could be implemented during the transition if additional funds were available):

Pilot Project 1: Knowledge Mobilisation Alliance (PPIPER/NCD project)
A new Alliance leading to better practice across the whole health and care system

Background: In preparing this proposal LGC engaged widely with individuals across the health and care system whose remit includes knowledge mobilisation. These individuals have a range of job titles and work in a wide range of organisations. Together they represent an invaluable network of experienced and committed professionals. There is currently no forum which unites these individuals. As such many are working in isolation.

Project: This pilot project would see the creation of a more or less formal membership-based KM Alliance which could offer members a range of services including events, peer support, capacity development opportunities, accredited training, word-of-mouth networks for dissemination, lobbying for KM, regional showcase events featuring selected research/researchers, focal point for KM research on research etc. The KM Alliance would initially bring together KM representatives from the NIHR (e.g. ARCs, KMRF alumni) and interested third parties (e.g. charity patient groups, Health Foundation Improvement Science Fellowship alumni) to co-develop the KM Alliance business plan.

Project Key Milestones: (1) Map KM resources across the health and care system; (2) Stakeholder engagement to refine the service offer; (3) Delivery of trial services; (4) Development of business plan; (5) Sponsorship/fundraising

Resources: NCCPE is a highly respected organisation with a long history of nurturing productive collaborations in public engagement across multiple sectors including health and care research. NCCPE will lead this KM Alliance initiative. Representatives from Wellcome Trust, Health Foundation, NESTA and Research Unit for Research Utilisation, St Andrews have expressed interest in the formation of such an Alliance.

Pilot Project 2: NIHR PPI Contribution Toolkit (PPIPER project)
Toolkit to support better PPIPER and better public contribution capture

Background: While PPI contribution to research has become embedded into NIHR there remains an opportunity for implementation of a toolkit which helps researchers capture in real time the impact PPI contribution has on their research. An ideal toolkit would also support researchers in planning, conducting and reporting their PPI and act as an aide mémoire for those who may be less clear about the types of contributions they could seek. Some tools have been developed (e.g. PiiAF and GRIPP1/2) but are not widely used.

Project: PiiAF was designed to help research teams to plan for and qualitatively evaluate the impact of the PPI. GRIPP2 was designed to create high quality, transparent reporting of studies of PPI in research conducted by PPI researchers. GRIPP2 does not take a specific methodological focus and can be used with any methodology or method, including qualitative and quantitative studies. This project will be focused on the development of a Toolkit for mainstream NIHR researchers as opposed to PPI specialists. Alongside the creation of the Framework we will develop tools and training resources to aid its implementation, for example ‘how to use guides’ for researchers, programme chairs and members, and NIHR CC staff.

Project Milestones: (1) Establish and nurture PPI Reference Group, (2) Realist review of literature, (3) Co-production of bespoke NIHR framework (4) Development and testing

Resources: Prof Sophie Staniszewska, University of Warwick, who leads developed of the GRIPP models (e.g. Staniszewska, S. et al, *BMJ* 2017;358:j3453) will lead the project.

Pilot Project 3: NIHR Evidence Living Themed Reviews (NCD project)
An innovative living document model for the provision of up to date themed reviews

Background: Policy and practice guidelines are traditionally based on the results of systematic reviews of the available literature. The current model of publishing systematic reviews typically leads to a significant delay between search, analysis and publication. Recent studies have found that: (a) the median time to complete and publish a systematic review was 67.3 weeks (Borah R *et al*., BMJ Open 2017;7:e012545); and, (b) that two years after publications 23% of systematic reviews are no longer accurate (Elliott JH *et al*., *PLoS Med* 2015; 11(2): e1001603). The lag time to publication may have a negative impact on the literature, which in turn has a negative impact upon guidelines. Living systematic reviews (LSRs) aim to address this issue by providing the ability to continually update the results of a systematic review as new data and research becomes available.

Project: There are a number of barriers to implementing LSRs; these include the challenge of how an author can update their review, how updates can be linked together and how authors justify their selected search schedule and update process. A pilot Living Themative Review (LTR) project would see conversion of a Themed Review into a pilot living document. Developing the framework will also provide a base from which to move into other 'living' article types, including Living Surgical Reviews and Living Clinical Guidelines.

Project Key Milestones: (1) Engagement with the stakeholder community including NIHR Journals Library and NIHR Systematic Review programme; (2) Refinement of the existing F1000 Registered Reports guidelines for NIHR LTRs; (3) Recruitment of authors and peer reviewers; (4) Publication; (5) Scheduled maintenance.

Resources: F1000 will collaborate on delivery of this project as their F1000Research model solves many of the living document issues. Members of F1000 are part of the Cochrane Living Evidence Network, which conceived and piloted the first LSRs. F1000 is currently in the process of implementing a pilot LSR. Authors have been identified for conversion of existing Themed Reviews into living documents and preparation of new LTRs for Common Mental Disorders and Adult Inflammatory Arthritis.

2.6 PPIPER Service Delivery Model

Our PPIPER service will provide strategy development and leadership nationally (and representation internationally) whilst coordinating work across NIHR through stakeholder engagement, promoting best practice dissemination, developing interpersonal networks and capacity development. This will allow 'local' PPIPER resources to be deployed more effectively to meet local needs. PPIPER will ensure that, through leadership or facilitation, new national level programmes of work are initiated in priority areas, such as: (a) increasing diversity in NIHR processes, (b) addressing health inequalities, (c) improving health literacy; (c) community and public involvement; and, (d) partnerships with the voluntary sector and wider society.

We will manage a central database of PPIPER public contributors via our existing **NIHR PPI Reviewer Match** a system developed by LGC, on behalf of the Authority, to record relevant information about public contributors' experience of health conditions. The system was developed with help from 27 public contributors. The information is used to allocate public reviewers to research funding applications. During 2018 the Reviewer Match database held detailed records on 360 active reviewers who undertook 225 reviews. During At the request of the Authority, LGC has created and launched a second-generation system, with input from the other coordinating centres, to provide a scalable, cross-NIHR and GDPR compliant database of all NIHR PPIPER peer review participants.

Public Contributor Journey: Our view is that the segmentation of public contributions across multiple engagement categories (and databases) is inefficient. Many public contributors engage with NIHR (and NHS and Healthwatch) through multiple touchpoints (e.g. as patient, lived experience reviewers, research participant, advocate for dissemination of findings etc). Their level of engagement may evolve over time (e.g. someone multiple public review experiences might transition into a governance role). By re-imagining the NIHR-individual relationship as having multiple opportunities, requiring different commitments/competencies/training we might better leverage those public contributions and provide a more rewarding experience. We might also better recognise that different individuals/group might offer different contributions during lifecycle of individual projects. We will work closely with existing initiatives such as NIHR CRN "Be Part of Research", Patient Ambassadors and key individuals such as the NIHR Clinical Research Network's Clinical Director for NHS Engagement to explore options for unifying disparate systems and approaches, thereby providing more opportunities for more people.

2.6.1 Director and Strategy Development

The role of National Director for Patients, Carers and the Public in Research is being combined into the PPIPER Centre. As a result, LGC will recruit, in collaboration with the Authority, a **NCD/PPIPER Director** who will lead on NIHR PPIPER strategy development and implementation. The Director will sit on NIHR Strategy Board and provide the Authority with advice on incorporating the views of patients and the public in the strategy/operation of NIHR. The Director will be directly involved in national priority projects, be a focus and beacon for thought leadership (nationally/internationally), manage selected stakeholders, monitor NIHR PPIPER performance, set criteria for impact and catalyse new best practice.

In addition to the NCD/PPIPER Director role, LGC believes that NIHR needs to continue to source diverse opinions and perspectives from patients, public and the wider PPIPER community. Therefore, we propose to transform the INVOLVE Advisory Group into a **NIHR PPIPER Advisory Group** chaired by the NCD/PPIPER Director. This group will review reports and provide thought-leadership papers to Strategy Board. We envisage running regular recruitment cycles for group membership so that there is less burden on individuals and NIHR can benefit from greater diversity of input. Membership will be open to patients, community group leaders, researchers, PPI researchers and PPI leads. We are keen to ensure representation from non-experts. We will facilitate wider access to the advisory group by providing alternative ways to participate (e.g. videoconferencing, allowing written or recorded contributions, allowing members to work in sub-groups, holding meetings outside London). We will target recruitment campaigns to community/patient groups who do not regularly work with NIHR, including those with low health literacy.

2.6.2 National and Regional Stakeholder Engagement

Broad National and Regional stakeholder engagement will help in defining strategy, delivering national level programmes, measuring the impact of PPIE across all NIHR activities, identifying and dissemination best practice etc. The PPIPER team, incorporating a Stakeholder Engagement Manager, will work with the wider GMG Stakeholder Engagement team to build enhanced, long term, mutually beneficial **National PPI Community** relationships with all parts of the health research ecosystem including:

- Patient Groups that provide a ready-made network that will be used to distribute information and encourage patients and the wider public to contact the NIHR;
- Community Groups and health/care organisations with daily contact across demographic groups including sections of the community that are currently underrepresented in NIHR PPIPER;
- NHS England Public Voice Team who deliver patient and community engagement programmes for all CCGs in England; and,
- Charities – building on existing NIHR charity engagement programme activities led or co-led by LGC (e.g. JLA/PSP collaboration with McPin; NOCRI TRC collaborations with BHF) and working with smaller charities that support specific patient populations.

PPIPER staff will visit all parts of England, building relationships within the health and care ecosystem. Feedback from PPIPER practitioners suggests that they highly value regular semi-formal catch-ups with like-minded, locally-based, 'PPI leads' as opposed to periodic, national events. Some vibrant **Regional PPI Communities** exist including Voice North, East of England Public Involvement Collaborative, People in Health West of England and Wessex Public Involvement Network (PIN). RDS units (working under LGC managed contracts) have an important role in forming/maintaining regional PPI communities. Our PPIPER team will work with these existing groups and seek to catalyse the creation of new self-administering, flexibly structured, regional groupings where there are gaps. The team will maximise every opportunity to engage the PPIPER stakeholder community by giving presentations, running Q&A "open sessions", holding webinars and online training sessions, participating in steering meetings and promoting NIHR at relevant events.

We will hold quarterly **Cross-NIHR PPIPER Steering Meetings** each year with representatives from all Coordinating Centres and NIHR infrastructure. With the consent of the other centres we will rotate between different locations. We will invite patient and public participants to be active attendees at this meeting with topics for discussion agreed in advance to ensure that their perspectives and opinions are included.

2.6.3 Improving NIHR PPIPER Practice

LGC played a central role in the development and launch of the **UK Standards for Public Involvement in Research.** The next step is to turn the standards into practical tools. We will work with PPIPER leads to development practical resources by identifying case studies and developing training, guidance and forms that promote implementation of the Standards across NIHR. We will also take a lead role in developing revisions/updates.

We recognise that there remain significant barriers to engagement with NIHR processes for some individuals. We have had success recently in coaching a young patient with mental health issues to act as a reviewer on an i4i Challenge committee. We will continue to review **Models for Increased Diversity** in research funding processes. We anticipate that some models may require adjustments to process. For example, engaging with community groups to generate shared reviews of research projects for a funding competition could work alongside a themed call (where several applications could be reviewed by people with similar lived experiences). We may need to flex call deadlines, provide upfront training to the community group leaders and participants, agree a mechanism for combined feedback etc. We will discuss ideas with the Authority and Programme Directors. The LGC managed RfPB programme lends itself to a degree of research funding process experimentation.

Currently NIHR research topics, programme calls, programme highlights and themed calls are primarily selected by a combination of professional policy makers, policy customers, academics and clinicians. We believe that there in an opportunity to review, refresh and potentially enhance the mechanisms available for patients and the public to influence selection. INVOLVE has made efforts to deliver frameworks for co-production. We propose a wider review that takes into consideration the operation of JLA/PSPs, captures lessons from existing NIHR hosted initiatives (e.g. the Cambridge Patient Led Research Hub), and looks outside health to find other models for engagement.

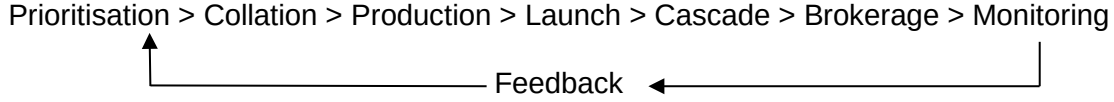
We will actively seek out better mechanisms for engagement. For example, Dr Andy Gibson and Dr Jo Welsman, working under the auspices of the People in Health West of England public involvement collaboration (see www.phwe.org.uk), and CLAHRC West have developed a collaborative relationship with the Knowle West Media Centre (www.KWMC.org.uk). KWMC supports positive changes in people's lives and communities, using technology and the arts. PHWE and CLAHRC West are currently collaborating on a project exploring innovative ways to disseminate the CMO's physical activity guidelines to less frequently heard voices. The partnership with KWMC has helped PHWE develop creative ways to work with communities that are frequently overlooked by

traditional approaches to involvement. Working in partnership with groups like KWMC and PHWE we will explore approaches such as participative workshops, online social media and creative interventions as a way of engaging different public voices.

2.6.4 Dissemination and Impact Assessment

Using NIHR Evidence as a central repository for all NCD and PPIPER content (and community platforms) allows LGC to evaluate different approaches to using **Gateways** to communicate and interact with the various NCD/PPIPER public and professional audiences. For example, we will offer separate Gateways for different key audiences (same core materials, but perhaps presented in a different order). We will partner with other funders (e.g. charities) to pool research outputs against thematic priorities; this will, for example, enable public members seeking an update on their own research project to be guided to read summaries of related work supported by other sponsors. F1000 already offers a mobile phone alert service so access to materials is not limited to internet users. As F1000 has built in metrics patient contribution to dissemination which will be tracked to inform future system development and capture evidence concerning the contribution of patients, clients and the public to project progression on the pathway to impact.

2.7 NCD Service Delivery Model



Effective dissemination can increase the chance of implementation (or where research demonstrates no benefits, decommissioning) enabling NIHR to achieve its mission of improving health. As set out above, our approach is to modernise current dissemination practice into a model that delivers products via an established open publishing model (based on the pioneering work of F1000) to improve the speed, diversity and reach of dissemination. As a funder of translational research, the NIHR only delivers on its goals if research findings are received, understood and used in an appropriate way by a range of different audiences. Since the last tender process for the NIHR Dissemination Centre, there have been significant developments in the area of research publishing, most notably the movement to open up access, remove barriers and delays to publication, share a fuller range of funded research outputs, whilst making the process of publication more transparent, robust and reproducible. NIHR has recently endorsed the aims and goals of Plan S, to make all publicly funded, peer-reviewed research publications immediately and freely Open Access to the reader.

F1000 is a leader in the open publishing space already providing 'Open Research' publishing solutions to a number of high profile and reputable research funders (e.g. Wellcome Trust, Bill and Melinda Gates Foundation). This has enabled F1000 to develop management processes to balance needs of different customers in an effective way. F1000 has also been exploring the opportunities to address a number of long-standing issues around the sharing and publication of clinical, health improvement and service delivery research with many of the Royal Colleges including those representing GPs, Physicians, Pathologists and Surgeons. For example, a pilot project with the Royal College of Surgeons would see ongoing capture of surgical innovation case studies where implementation typically evolves over time as procedures are customised for setting and clinical expertise. This initiative is backed by Professor Jane M Blazeby, NIHR Bristol BRC: *"This is an important idea…it will mean that surgeons can learn simultaneously from each other whilst developing new procedures"*. LGC will capitalise on the above relationships.

Our collaboration with F1000 will enable the delivery of an online customised **NIHR Evidence**. During transition we will absorb and revise all historic content onto the new site. LGC believes that NIHR dissemination currently follows a traditional scientific publishing model that does not provide sufficient audience specific targeted messaging and access to

other useful research outputs such as business cases, presentations, patient information packs, implementation manuals, training videos and policy notes. Similarly the various INVOLVE related websites are hard to navigate with materials presenting either too many options or too little content. New content will be rendered in digital formats and with Open Access (CC-BY) licenses to support online discoverability of content and maximise reach. Having better, more targeted materials available is only part of the solution to improving dissemination. The current Dissemination Centre model also does not provide for more active stakeholder engagement and knowledge mobilisation which is essential for ensuring that findings are socialised into the right communities of interest.

2.7.1 Prioritisation

Prioritisation will be necessary to ensure that the NCD resources are deployed for maximum benefit. Overarching annual priorities will be established through review of published reports and discussions with key stakeholders. A set of priorities developed today would be synthesised from at least the following documents: NHS Long Term Plan, NIHR Strategy, RAND Future of Health, AHSN Regional priorities, delayed Social Care Green paper, PHE Priorities in Health and Social Care and published NICE Guidance/Guidelines refresh schedule. Stakeholders with research priorities include: NHSE (IRLS and Specialised Commissioning), Health and Care Research Wales (e.g. ageing and dementia, mental health, cancer, primary/emergency care, population health/wellbeing), NICE and National Screening Committee.

A second level of prioritisation comes from collecting feedback from expert and public reviewers on individual projects. The reviewers will be drawn from the current reviewer database (assuming this can be transferred), GMG reviewer databases (>30,000 reviewers) and supplemented by F1000's resources (e.g. F1000Prime – voluntary expertise of >8,000 senior academics, including many from NIHR, working across the world providing an alert service for academics and others interested to find out what is 'must read'). Using our establish reviewer processes LGC will secure online/offline feedback ranking from appropriate reviewers for each project. The ranking will inform both the selection of projects for dissemination and the level of resourcing dedicated to the project. A very highly rated project will be promoted through multiple artefacts with more active stakeholder engagement or knowledge mobilisation.

2.7.2 Research Output Collation

Our approach to research output collation will be guided by the following principles:

- use monthly publication forecasts to identify potential projects for dissemination
- do not wait for final report publication; instead aim for timely dissemination
- prioritise publications across the priority areas and highlight rated by reviewers
- disseminate outputs from across the whole NIHR portfolio (not just Journals Library)
- ask raters to highlight projects with conclusive results that would inform changes in practice (include decommissioning) and have viable routes for enacting change
- engage directly with researchers to understand how we can add to their dissemination efforts or help them deliver better dissemination of their own
- invite researchers to approach us with their dissemination challenges

Subject to DHSC approval, we would welcome the opportunity to discuss with Health and Care Research Wales, Chief Scientist Office Scotland and Health & Social Care R&D Northern Ireland, options for securing additional resources to extend the NCD remit to encompass dissemination of the outputs from research funded by the devolved administrations. Similarly we believe the NCD remit should include promoting stakeholder research priorities to patients/researchers.

2.7.3 Production and Launch of Dissemination Products

Using our in-house communications experts supplemented by freelance specialist writers contracted on a flexible basis, we will deliver artefacts on research selected by the expert and public review panel. The artefacts will include written documents that extract the key findings and present them in a way that is easily understood by the target audiences. We

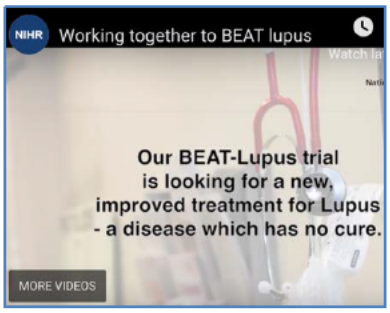
will also capture and produce podcasts, videos, slide packs, patient booklets, manuals, commissioner business cases, health economics summaries, infographics, animations, posters, webinars, press releases etc to communicate findings. We will transform the use of social media by ensuring that our messaging is actionable and includes clear calls-to-action to foster greater audience engagement. We will start conversations within existing online communities, targeting well respected accounts FOI 40

Where we synthesise multiple pieces of research to produce a Highlight or Themed Review we will assign a professional with previous experience in that field to ensure that an academically robust article is produced. We will routinely seek to partner with other funders to co-produce reviews and with our documents highlighting significant research outputs funded by others. We will trial structuring Themed Reviews around user journeys/care pathways, an approach adopted by NHSE Right Care (e.g. Stroke Pathway). Our collaboration with F1000 gives us an opportunity to highlight NIHR outputs to authors of F1000 commissioned reviews (currently 36 reviews every month!). All types of artefact will be published via the NIHR Evidence portal. The following are examples of value-added content that will be included in our NIHR Evidence resource options:

blog

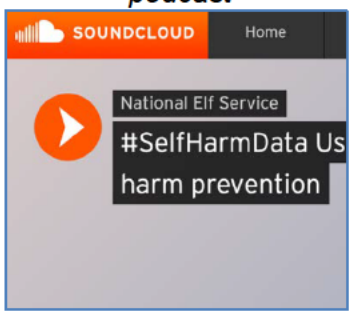
https://elfi.sh/2Ta9psw

video



https://youtu.be/IFC22f3bm9o

podcast



https://elfi.sh/selfharmdata-podcast

Figure 2.7 Types of Resources on NIHR Evidence

The rights to the content prepared for and published on the site (or rights to re-publish content provided by third parties such as award holders) will remain with the Authority and the Authority will be free to move all content created under the NCD/PPIPER workplans to a future supplier. The NIHR Evidence platform is provided by F1000 under a standard IT/website service agreement. F1000 will retain ownership of their website code which is completely separable from the Authority's content.

2.7.4 Stakeholder Engagement for Product Cascade

Proficient, active stakeholder engagement will enable the NCD to: (a) amplify the cascade of products (Alerts, Highlights, Themed Reviews) into target audiences; (b) proactively engage with key contacts when evidence emerges within their field of interest; and, (c) anticipate the future needs of evidence users. There are numerous options for cascading Products into third party networks including: (a) building on existing Dissemination Centre relationships with BMJ (where LGC has previously discussed making more use of the communities of interest associated with BMJ sub-journals such as Heart and Lung) and Nursing Times; (b) using the F1000 Gateway facility to share Products across collaborating communities; and, (c) setting up alerts which push tailored digests to third party newsfeed editors (e.g. CRN regional research networks newsletters).

Oliver *et al.* (BMC Health Services Research 2014, 14:2) reported that it is necessary to proactively cascade evidence to target audiences as opposed to leaving them to find the evidence themselves. This work was partially funded by the NIHR School for Primary Care Research. Similarly, Prof Chris Whitty has highlighted, in a Nature paper, similar *timeliness* issues in the context of public health policy research. Our stakeholder engagement managers will develop relationships with those responsible for evidence synthesis,

evidence use or evidence communication (e.g. Commissioning Support Units, NICE, trade press journalists) to ensure that the latest NIHR evidence is cascaded to those undertaking reviews. The need for dedicated, professional stakeholder engagement approaches is demonstrated in the figure below which is a synthesis of the dissemination routes identified by social care practitioners and NIHR award holders. This abbreviated network map below includes associations, government departments, national/local charities and their patient groups, specialist journals, etc along with NIHR Schools/Units managed by LGC. Our stakeholder engagement managers will target communities to cascade messages.

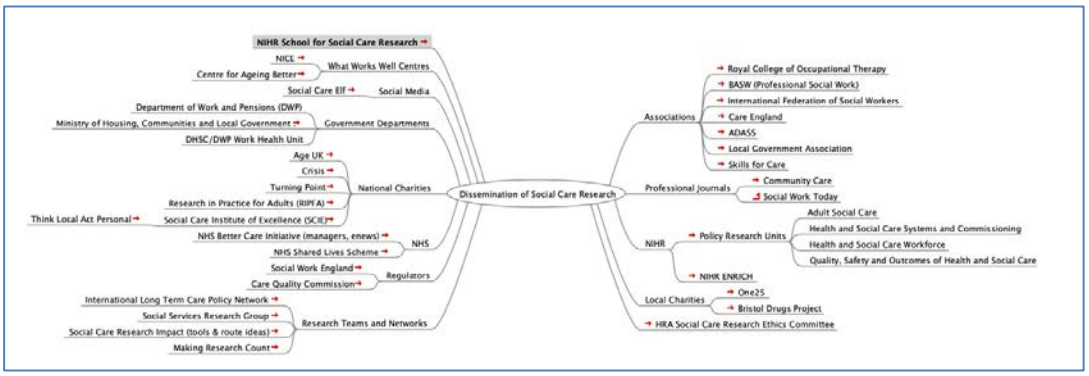
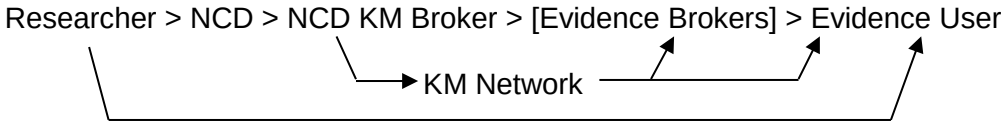


Figure 2.8 : Abbreviated Social Care Dissemination Landscape

2.7.5 Knowledge Mobilisation Brokerage

For a selection of projects, especially packages like Highlights and Themed Reviews, we will go beyond simply cascading information and adopt a more personalised hands-on delivery approach. We will retain staff adept at Knowledge Mobilisation (KM) to broker collaborative working with KM resources from across NIHR (e.g. ARCs) and beyond to create a KM Network for delivery of targeted messaging through networks of interpersonal relationships. Working through this network of individuals will amplify our reach and diversify our domain knowledge. The network will enable evidence promotion to be locally messaged. The best knowledge mobilisers are proficient at bringing together people from different communities to collaborate and share their existing knowledge and create new, relevant, highly customised knowledge. The person-to-person links will streamline researcher-to-evidence user dialogue:



Attendance at regional events, usually arranged by others (e.g. charities, AHSN, and Commissioning Support Units) will provide a platform for showcasing NIHR evidence packages to potential users. Selectively our KM staff, and wider supportive KM Network, will involve dissemination champions from research teams (including patients/public representatives) in events. The events will provide an opportunity to promote particular evidence. But, perhaps even more importantly, they will nurture relationships between research team members and evidence users for sharing future evidence to ensure that materials meet end user requirements and do not need additional rewriting.

2.7.6 Dissemination Impact Monitoring and Feedback

An important part of any effective system is performance measurement and feedback. The effectiveness of the NCD (in terms of reach, improved understanding and utilisation by stakeholders) will be measured by ongoing collation and analysis of qualitative/quantitative data and periodic interviews/surveys of stakeholders. F1000 will incorporate content access and usage indicators around all types of content hosted via NIHR Evidence. The data will be analysed to identify best practice for dissemination and used as feedback to the production team allowing them to improve the methods, format and style used for future

dissemination products. Impact analysis is a critical part of our plans to improve the wider use of dissemination of health research.

QUESTION	AQ3	WEIGHT	20%	PAGE COUNT	12 PAGES
QUALITY QUESTION		**Method Statement B – Team**			
QUESTION		Potential providers must detail their resourcing model in order to demonstrate the teams' knowledge and understanding of the wider NIHR and the research environment. Potential Providers should give a clear explanation of how knowledge will be kept up to date and how they will demonstrate leadership in the wider context of NIHR.			
EVALUATION INTENTION		Seeks to establish that the Potential Provider has a strong team with sound knowledge of collaborations and partnerships appropriate to NIHR.			
EVALUATION CRITERIA		The Potential Provider's response shows that it: - Has a credible solution that uses appropriately qualified resources. - Demonstrates an understanding of the wider research environment, organisations and structures and an awareness of health, public health and social care interests and issues, and the need for collaborations between NIHR and funders of research (including public, industry and charities), and users of research. - Demonstrates an awareness of the research and information needs of: - patients, carers and the public, - healthcare, public health and social care practitioners - policy makers and those who manage services - researchers/academia			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 12 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ3

3.1 NCD and PPIPER Organisational Model

LGC will deliver the NCD and PPIPER services alongside the existing NIHR Central Commissioning Facility (CCF) and NIHR Office for Clinical Research Infrastructure (NOCRI) functions. This approach will allow both synergies between the NCD and PPIPER functions to be maximised and additional value to be derived from additional synergies between NCD/PPIPER and CCF/NOCRI. However, all synergies will be at the operational level ensuring that in the future the Authority is free to reorganise management arrangements for different lots unencumbered by organisational factors. To promote maximum transfer of knowledge and expertise from the current supplier, we have planned to transfer the existing team to LGC assuming that TUPE rules apply. This partly dictates our proposed staffing model but we will provide training and development for our new colleagues to ensure that they have the required skills for the revised ways of working for NCD and PPIPER that will deliver the step changes in performance that we are committed to delivering.

We will have an open recruitment process to appoint a **NCD/PPIPER Director** who will have full responsibility for delivering NCD and PPIPER at a strategic and operational level. A structure with single accountable Director role has been selected to promote integration and synergies between PPIPER and NCD and more widely across the CCF and NOCRI functions also managed by LGC. The Director will have the following duties: (i) NIHR Strategy Board member representing PPIPER and NCD; (ii) NIHR representative on international dissemination and PPI collaborations; (iii) Co-leading for PPI Standards to ensure that they are effectively translated in to daily operations across NIHR; (iv) Convenor of the PPIPER Advisory Group that will allow public and patient representatives to co-develop NIHR's PPIPER strategy; (v) Lead for NCD/PPIPER strategy development and planning; (vi) NCD/PPIPER lead for Contract Management Board meetings between LGC and the Authority to ensure effective reporting of activities and agreeing future directions; (vii) GMG Directorate team member to promote cross function collaboration and synergies; (viii) Line manager for 3 Assistant Directors (NCD, PPIPER and also the CCF PPI team to maximise operational synergies between PPIPER and the CCF team but without locking the Authority in to a particular organisational model so that NCD and PPIPER can be fully separated from CCF in the future). An open recruitment process will be used to ensure that the Director has the diverse skills and experiences needed to successfully deliver this critical role for NCD and PPIPER. The Director of NCD and PPIPER will report to the Director of the Grant Management Group, FOI 40 .

The Director of NCD and PPIPER will actively build collaborations inside NIHR (e.g. at the NIHR Strategy Board, across Coordinating Centres, the Research Design Service, NIHR Infrastructure) and outside NIHR (e.g. with charities, patient representative groups, NHS organisations, public health teams and social care leaders) to ensure that all parts of the wide and diverse health and care system are able to be involved in NIHR's activities at strategic and operational levels. The **NIHR PPIPER Advisory Group** will be the formal mechanism for capturing the perspective of the public and patients on how NIHR identifies needs, prioritises themes and encourages involvement, participation and engagement in health research. During transition we will consult with stakeholders on future branding including use of the historic INVOLVE. For example, we will work with the NIHR Clinical Research Network to agree how to harmonise terminology regarding PPIPER with the objectives of simplifying the way that public and patient contributors are involved, engaged or participate in NIHR.

Within NIHR, the Director of NCD and PPIPER will be responsible to ensuring that both centres are better integrated in to the wider NIHR by improving awareness of their roles and holding regular meetings with colleagues across the NIHR Coordinating Centres and wider clinical research ecosystem (e.g. the Research Design Service, Biomedical Research Centres). The Director will be responsible for ensuring that collaborative

projects with groups such as the RDS (e.g. the “Reaching Out” initiative) continue in a constructive and productive way. Within NIHR, PPIPER and NCD will not have specific branding and will be better integrated in to the NIHR communications system (e.g. on the NIHR website) to reduce potential barriers that can reduce engagement with colleagues. The Director will also be responsible for ensuring that the Authority is aware of any dissemination materials that have the potential for policy related review or highlighting to ministers to ensure that contradictory messages are not communicated by NIHR and the Authority.

Both NCD and PPIPER teams will have a strong emphasis on stakeholder engagement (to foster strong collaboration across the entire health and care system), communications (to ensure that stakeholders are aware of NIHR and can participate in, use or apply research to produce improvements in health and social care) and working with PPIPER and knowledge mobilisation experts to test new ideas that could be introduced into the PPIPER and NCD operating models. NCD and PPIPER team members will ensure that activities serve the needs of key stakeholder groups who have different interests and varying needs from research: (i) **Public and patients** who may be directly or indirectly affected by topics that are the subject of research funded by NIHR and wish to be engaged, involved or informed about research. (ii) **Researchers** who need to understand, analyse, critique, synthesise and apply NIHR funded research in the course of their own work that may or may not be funded by NIHR; (iii) **Professional users** of research who wish to modify practice in the NHS and wider public system including clinicians, allied health professionals, nurses, social workers, public health officials and specialists; (iv) **Health service commissioners** who need research to inform their decisions regarding operational and strategic decisions; (v) **Policy makers** in central and local government, arms-length bodies and non-governmental organisations who need to ensure that policy is informed by the best quality research that is available. All members of NCD and PPIPER will have personalised development plans that will ensure that they continue to develop their understanding of the rapidly evolving dissemination and PPIPER areas. Exchange of information will also be encouraged. Training and knowledge exchange will be formalised using our Learning and Development Collaborative initiative.

For PPIPER service delivery, LGC will have 9 directly employed members of staff. The **Assistant Director PPIPER** (1 FTE) will be responsible for overall operational delivery of PPIPER, including: (i) Subcontractor management (contract management) and periodic review meetings; (ii) Line management of senior staff; (iii) Responsible for delivery of pilot projects; (iv) Responsible for continuous improvement; (v) Responsible for quality of service; (vi) Allocating resources as required to deliver services; (vi) Ensuring PPIPER staff are collaborating on cross NCD, CCF and NOCRI projects; (vii) Representing PPIPER on cross NIHR projects; (viii) Organising cross NIHR PPIPER coordination meetings.

The PPIPER Assistant Director will have a team of 7.5 FTE (**Senior) PPIPER Managers and Officers** (7.5 FTE) who will focus on: (i) Stakeholder engagement; (ii) Promoting NIHR PPIE at meetings and events; (iii) Visiting other NIHR sites and PPIPER experts organisations to promote cross learning; (iv) Identifying best PPIPER practice and disseminating it within the NIHR system. Each individual having their own portfolio of stakeholders that need to be managed with regular team meetings to identify common themes and needs. One person will spend half of their time working for PPIPER and half of their time working for NCD to promote increased involvement of patients and the public in dissemination activities.

There will be a **PPIPER Communications Manager** who splits their time between PPIPER (0.5 FTE) and NCD (0.5 FTE). This individual will be responsible for delivery of PPIPER communications strategy and integrating NIHR Evidence portal with wider NIHR website and comms branding.

For NCD service delivery, LGC will have 8 directly employed members of staff. This team will actively engage with the diverse audiences who need to receive disseminated NIHR funded research findings, collate and prioritise findings based on stakeholder needs and peer/public review, manage production of dissemination items by expert technical writers, coordinate inclusion of materials on the NIHR Evidence portal with F1000, monitor the impact of dissemination activity, promote best practice dissemination to the wider NIHR community, develop and coordinate a community of Knowledge Mobilisers ("KM Network") and identify opportunities for continuous improvement.

The **Assistant Director NCD** (1 FTE) will be responsible for overall operational delivery of NCD. This will include: (i) Subcontractor management (contract management) and periodic review meetings, including F1000; (ii) Line management of senior staff; (iii) Responsible for delivery of pilot projects; (iv) Responsible for continuous improvement; (v) Responsible for quality of service; (vi) Allocating resources as required to deliver services; (vii) Ensuring NCD staff are collaborating on cross PPIPER, CCF and NOCRI projects; (viii) Representing NCD on cross NIHR projects.

The AD NCD will have a team with three distinct activities: dissemination management, stakeholder engagement and communications (see Section 3.2 for an overview of how these roles will deliver NCD in a coordinated way). A **NCD Senior Dissemination Manager** (1 FTE) will (i) Coordinate medical writers and F1000; (ii) Agree production schedule based on prioritisation process; (iii) Line management of junior colleagues. The **NCD Dissemination Managers** (2 FTE) will be responsible for (i) Coordination of collation process; (ii) Coordination of prioritisation process; (iii) Quality control of documents; (iv) Coordination peer review. **NCD (Senior) Stakeholder Engagement Managers** (3.5 FTE) will (i) Work with stakeholder groups to identify needs and styles of output required; (ii) Work with stakeholder groups to identify priorities; (iii) Work with stakeholder groups to obtain feedback on disseminated items to identify opportunities for improvement; (iv) Line manage junior colleagues; (v) develop and coordinate a health and care system wide KM Network. The shared **NCD Communications Manager** (0.5 FTE) will: (i) deliver the NCD communications strategy: (ii) Integrate the NIHR Evidence portal with wider NIHR website and comms branding.

The proposed organisational structure is shown in the Figure 3.1. This also highlights two other aspects of our proposals. To promote efficient use of resources, alignment of strategic directions and transfer of knowledge between functions the PPIPER Director will be supported by existing senior members of the LGC Grant Management Group: FOI 40 [redacted] Director of Research Programmes and General Manager of NOCRI; [redacted] Director of Innovation Programmes and NIHR Head of Intellectual Property and Commercial; and FOI 40 [redacted], Head of External Communications. To further promote efficient collaboration between the teams, we will give team members cross team thematic roles where there will act as champions of a particular theme (e.g. social care) across NCD/PPIPER, CCF/NOCRI and the wider NIHR.

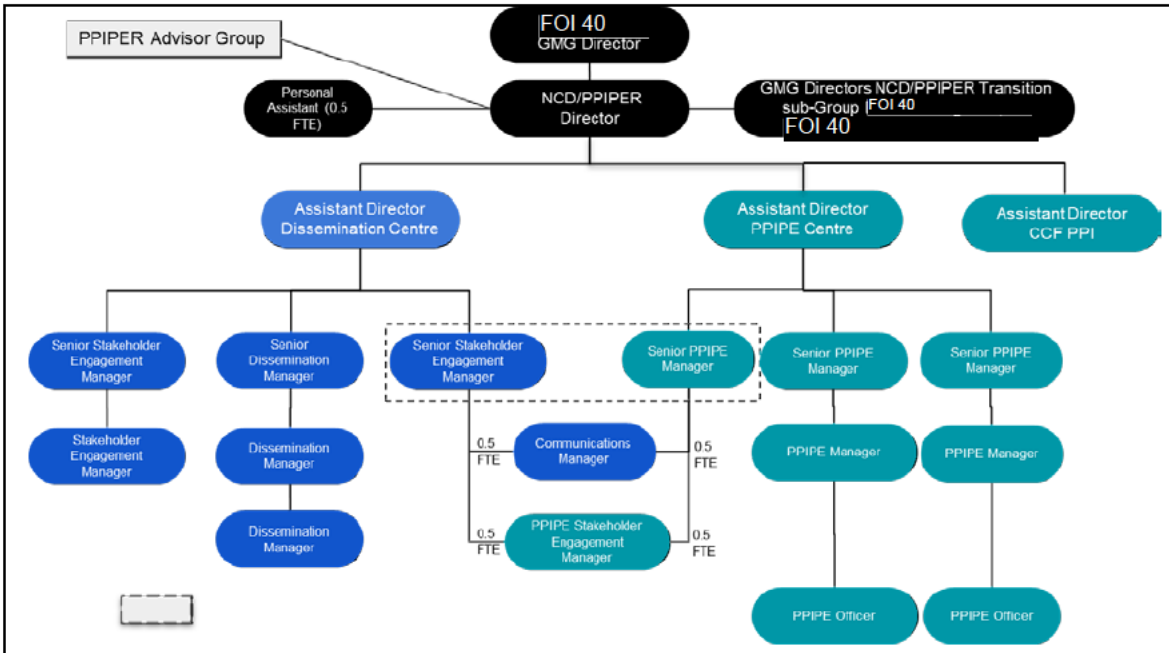


Figure 3.1 Proposed Organisational Structure

Staff on the NCD and PPIPER contracts will join our existing 133 strong CCF and NOCRI team that is highly qualified (75% BSc, 45% MSc and 35% PhD) and experienced in delivering diverse aspects of NIHR on behalf of the Authority including running NIHR funding programmes (e.g. PRP, PGfAR, i4i, RfPB, GH RIGHT, Schools for Public Health/Primary Care/Social Care), managing the NIHR infrastructure (e.g. BRCs, CRFs, ECMCs, ARCs, RDS, SI) and working closely with other organisations from across the health and care ecosystem (e.g. NHSE, NICE, MHRA, AHSNs, OLS, LGA, ADASS, SCIE, JUCSWEC, RIPfA, BASW, AHCS; other funders: MRC, Wellcome Trust, Health Foundation; Royal Colleges; AHP Chartered Societies etc).

During the Transition Period, we will confirm which staff will be transferring from the incumbent supplier to LGC. This will be the basis of a gap analysis of roles discussed above and staff that need to be recruited to fill any vacancies. During the transition period will recruit staff and train them so that the service can start as planned on 1st April 2020.

3.2 Delivery Model

The majority of services (~80% of contract value) will be delivered by LGC with some specific functions performed using specialists who will be managed by LGC. LGC will be directly accountable for subcontractor performance. Using the subcontractor management processes that we have developed as a global company, we will proactively manage delivery and risks so that the Authority receives a seamless service coordinated by LGC. LGC is experienced at managing specialist subcontractors as part of delivering the NIHR CCF/NOCRI contracts. Subcontracts will be agreed with each specialist organisation during the transition period including defined service level agreements, milestones and management mechanisms (as described in Method Statement C – Management and Governance). Activities before the start of service on 1st April 2020 will be focused on developing the NIHR Evidence software platform. LGC has agreed a detailed transition plan with F1000 (see AQ8 Transition Implementation Plan for full details) that will have the software platform developed 6 months before service commencement to allow time for phased data transfer and testing.

LGC will deliver NCD and PPIPER by delivering the core functions as discussed above and also coordinating the contributions of experts in specific roles: open publishing at F1000, knowledge mobilisation experts, independent medical writers/editors and patient/public involvement experts. LGC also aims, as an existing provider of NIHR

services to DHSC, to capture significant and valuable synergies with our existing contracts to augment our delivery of both contracts. Sub-contracts will be signed with F1000, the University of West of England (for the National Coordinating Centre for Public Engagement), National Elf Service Ltd (for FOI 40 and the National Elf team) and individual medical writers and knowledge mobilisation experts. As we expect the services for both centres to evolve over the five year contract period (based on the outcomes of our innovation pilot projects), we will adapt the identity of subcontractors and work assigned to each of them as required.

This approach ensures that LGC will provide a scalable and responsive service. We will be able to recruit medical writers and editors to deliver dissemination materials as the volume of materials varies across the year. LGC will have full responsibility for prioritising research for dissemination using the processes described in Question 2. The NCD Assistant Director will be responsible for ensuring that sufficient medical writers and editors are available for production of dissemination materials by recruiting and contracting additional writers beyond the core writing team. We will also have a core team of knowledge mobilisation experts as part of our delivery team who will be responsible for supporting researchers to develop the most appropriate dissemination mechanisms for their research. This core team will be augmented by additional expertise when needed to deal with higher than usual volumes of research requiring support. Subcontractors will be managed using LGC's existing processes as discussed in Method Statement C – Management and Governance,

Our following Figure 3.2 shows the skills that LGC and subcontractors will contribute to NCD and PPIPER.

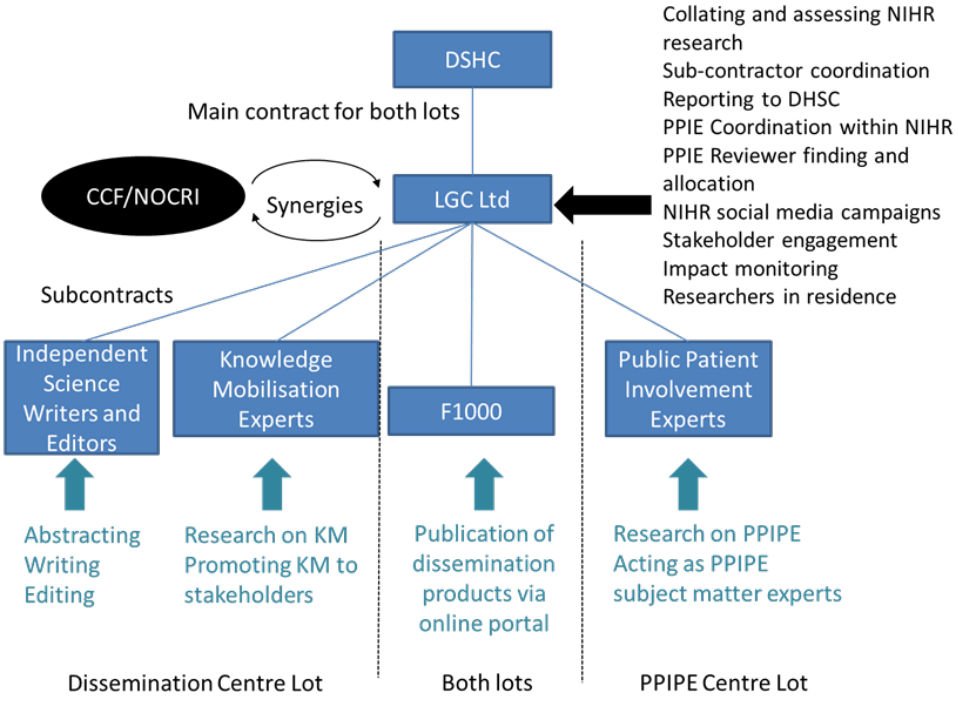


Figure 3.2 Coordination of Activities by LGC

LGC will have overall control of all activities and be responsible for delivery by the subcontractors of service to the required timelines and quality targets. We will actively manage the performance of individual and corporate subcontractors to ensure that they deliver to the expected quality, budget and timeline. As an example, the NCD dissemination process is shown in Figure 3.3 and highlights the roles of different participants.

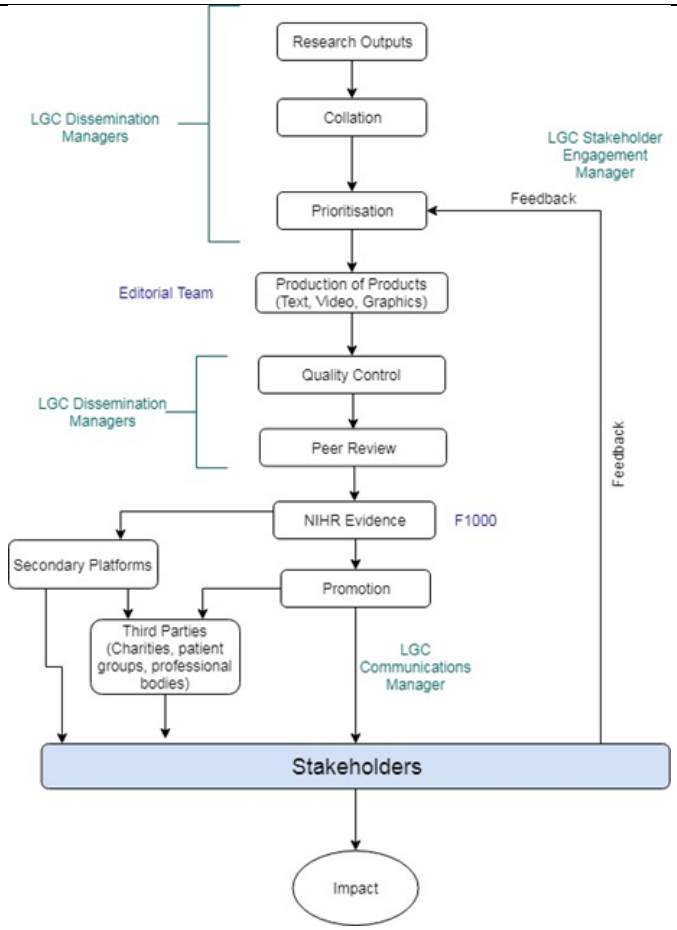


Figure 3.3 Summary of the Dissemination Process

3.3 Staff Transfer and TUPE

LGC will integrate the NCD and PPIPER in to its existing CCF and NOCRI services that are provided to the Authority. Assuming TUPE applies to this tender, we plan to transfer the majority of current centre employees to LGC. As we propose a changed emphasis for both NCD and PPIPER, some roles will evolve and transferring staff will receive training and support to adapt to their revised roles. TUPE transfer of staff will provide continuity to both centres and allow the expertise of PPIPER and NCD team members to also benefit CCF and NOCR by bringing additional communications and PPIPER expertise in to the wider team. As there are some differences in our delivery model, some redundancies will be required. TUPE related changes will be kept to a minimum and resolved by LGC's HR team that has significant experience in managing TUPE issues from LGC's commercial acquisition activities, including TUPE issues that have recently arisen when LGC has been taking on the contract to run the Small Business Research Initiative Healthcare programme management.

To ensure retention of staff transferring under TUPE, LGC proposes to establish an office in Southampton and also allow continued home working arrangements. NCD and PPIPER will benefit from the highly experienced CCF and NOCRI teams who will collaborate with transferring colleagues to integrate the new services effectively and identify opportunities for mutually beneficial improved services and ways of working. LGC recognises that having a satellite office in Southampton in addition to our main site in Twickenham will present operational challenges. To mitigate these issues, staff based in Twickenham will visit the Southampton office several times a week (LGC already does this as part of the NIHR IP Unit service provided under the CCF contract where team members provide support to NETSCC in Southampton on at least three days per week) and NCD/PPIPER members will visit the Twickenham office on a regular basis. We will use digital technology (e.g. the NIHR Hub's Google hangouts functionality) to promote

interaction of all NCD, PPIPER, CCF and NOCRI team members to act as a cohesive whole. Subject to budget, contractual and legal requirements, LGC will periodically review whether it is appropriate to relocate all NCD and PPIPER activities to our Twickenham office over the five year contract period.

3.4 Leadership in the Context of Wider NIHR

LGC's Grant Management Group has a highly experienced leadership group with significant experience of working across all aspects of NIHR and the wider health and care research system. Together with the newly appointed NCD and PPIPER Director, this team will provide management oversight to NCD and PPIPER to ensure that the strategic direction of both centres is aligned with wider goals and that cross-centre synergies are realised to deliver wider NIHR goals. The GMG Senior Leadership Group, NCD/PPIPER Director and Assistant Directors will all work on cross-NIHR committees to provide leadership and collaborative benefits to all parts of the NIHR. Working with leaders from other parts of NIHR, our senior members of staff will collaborate on complex projects that further integrate PPIPER and dissemination in to NIHR's ways of working.

The following senior members of the LGC Grant Management Group will support the Director of NCD and PPIPER to deliver both functions successfully:

FOI 40 is Director of the LGC Grant Management Group (GMG) which manages the NIHR Central Commissioning Facility (CCF) and NIHR Office for Clinical Research Infrastructure (NOCRI). He is a member of the NIHR Strategy Board. FOI 40 has 30+ years' experience in health research management for Department of Health R&D Directorate, Medical Research Council, Wellcome Trust and NHS Trust R&D Management. FOI 40 has led GMG since 2008 and is an expert in research funding scheme design and implementation.

FOI 40 joined LGC's Grant Management Group in 2017 after spending 15 years at Oxford University Innovation managing teams involved in technology transfer and knowledge exchange for Oxford and other institutions and governments from around the world. FOI 40 team created the Oxford Outcomes unit which mobilises Patient Reported Outcome Measures (PROMs). In his early career FOI 40 contributed to development of the RealPage, an e-publishing platform acquired by Taylor and Francis, and worked as a Director for The Oxford Trust, a charity that promotes the study and application of science and technology through public and industry engagement. FOI 40 is currently the Director of Research Programmes CCF and General Manager of NOCRI, managing teams whose roles includes supporting award holders with their PPI and dissemination plans. FOI 40 has recently integrated CCF/NOCRI activities and worked collaboratively with colleagues across NIHR.

FOI 40 is the NIHR's Head of Intellectual Property and Commercial. He is also the Director of Innovation Programmes within the NIHR Central Commissioning Facility (CCF) where he oversees NIHR's two most commercial funding programmes (i4i and HICF), managing a £150m+ portfolio of commercially focused collaborative research projects and leading NIHR's SME engagement activities.

FOI 40 joined LGC's Grant Management Group in 2009 as part of the NOCRI team, maximising the Department of Health's investment in research infrastructure. As Head of External Relations, FOI 40 provides senior leadership of the GMG teams focusing on communications, marketing and stakeholder engagement. FOI 40 has a broad experience including: (i) interpreting and translating a charity's funded research programmes and research outputs for dissemination to a variety of audiences and evidence users; (ii) leading the development of an information booklet for patients and carers that won a Crystal Mark Plain English Award; (iii) contributing to a team that led development of the People in Research website.

FOI 40 is Director Finance, Operations and Information Services. FOI 40 joined GMG in 2014 following 14 years in research management, grant administration and then as Head of Operations in the Strategy and Research Funding Directorate at Cancer Research UK (CRUK). FOI 40 brings with him experience in leading significant change management projects such as the implementation at CRUK of a new electronic grants management system.

3.5 Governance

NCD and PPIPER will benefit from LGC's existing rigorous governance processes overseen by the Head of Governance, Improvement and Performance, FOI 40 who joined LGC's Grant Management Group in 2011 initially as a Senior Programme Manager. As a Senior Finance Manager, FOI 40 was heavily involved in driving the transition of GMG to the new contracts to delivery CCF and NOCRI. In her current role, she oversees a team that is responsible for the coordination of policy development, business planning, reporting, project management, continuous improvement and quality management.

3.6 Training and Development

Professional Development for staff will be integrated into PPIPER and NCD and will benefit from our NIHR Learning and Development Collaborative initiative. Our strategy of modernising how both NCD and PPIPER operate will require all staff members to enhance their current skill sets and in some cases develop new competencies. Evolving knowledge of best practice and concepts in PPIPER and dissemination will be captured as part of our impact evaluation workstream. Team members within NCD and PPIPER will receive training on new tools and ways of working that they need to incorporate into their working days. This training will also be rolled out to all other NIHR coordinating staff via the Learning and Development Collaborative project being led by LGC's Learning and Development Lead, FOI 40. As part of LGC's established Personal and Professional Development Review (PPDR) process, all staff will meet their line manager at least twice a year to review performance and discuss development needs. The outcomes of this discussion will be formalised as a PPDR plan that will ensure that all staff have the expertise and skills needed to be effective in their roles.

FOI 40 joined LGC's Grant Management Group (GMG) in 2018 as Learning and Development (L&D) Lead. He is a Chartered Member of the CIPD, the professional body for HR and people development. FOI 40 has an MSc in Education, Power and Social Change and a BSc in Social Sciences with Psychological Studies. He brings a wealth of experience in learning and organisational design, gathered from working in large and complex organisations experiencing change.

3.7 LGC's Stakeholder Engagement, Dissemination and Communications Expertise

Our CCF and NOCRI experience provides our team with an understanding of the wider research environment, organisations and structures and an awareness of health, public health and social care interests and issues, and the need for collaborations between NIHR and funders of research (including public, industry and charities), and users of research. The NCD and PPIPER teams will be integrated in to this wider group.

FOI 40 has worked across the entire health research translational pathway, from early R&D to health services evaluation, setting up several NIHR funded programmes and initiatives. FOI 40 currently leads the NIHR Policy Research Programme, a scheme designed to provide evidence to UK government health and social care policy customers. FOI 40 attends meetings of the DHSC R&D Committee for Prioritisation and has been working with NIHR colleagues on the emerging lists of NHSE research priorities.

FOI 40 joined LGC's Grant Management Group in 2017 to take up the newly created post of Senior Communications Manager at NIHR Central Commissioning Facility, where she supports NIHR media relations, social media, website, email newsletters and

campaigns. Most recently FOI 40 was a Senior Medical Editor for NICE where she was lead editor on a number of guidelines, standards and implementation tools in the areas of public health and social care. Her career has encompassed commissioning, writing, editing and project managing daily, weekly and monthly content for internationally-renowned publications, such as the British Medical Journal and the Nature Clinical Reviews series.

FOI 40 is an Honorary Senior Research Fellow at the University of Bristol. FOI 40 is a mixed methodologist, with substantial experience in qualitative methods. FOI 40 research interests include knowledge exchange, commissioning, end of life care, community nursing and quality indicators. FOI 40 was a NIHR Knowledge Mobilisation Fellow (2014-2017). FOI 40 leads the Knowledge Mobilisation team working across the School for Social and Community Medicine and local commissioning organisations. If LGC is successful in this procurement FOI 40 will join the delivery team as a Senior Stakeholder Engagement Manager with special responsibility for developing the Knowledge Mobilisation Network (and Knowledge Mobilisation Alliance).

FOI 40 joined LGC's Grant Management Group in 2010 as Deputy Director Communications. She is an accredited communications practitioner, with an MPhil in Marketing, Diplomas in both Science Communication and Public Relations and a BSc in Chemistry and Business Studies. FOI 40 leads a team responsible for NIHR branding, promotion of NIHR funding and PPI opportunities, and dissemination of research news via NIHR social media and other channels.

FOI 40 joined LGC's Grant Management Group in 2016 as stakeholder engagement manager. She is experienced in cross government influencing and has managed significant organisational change and managing complex stakeholder relationships at all organisational levels. FOI 40 is working with a number of charity and other public funder stakeholders to derive greater synergies with the medical research landscape to maximise the public value and impact of medical research.

FOI 40 manages the Stakeholder Engagement function for the NIHR Office for Clinical Research Infrastructure as well as coordinating LGC's Grant Management Group approach to Engagement. FOI 40 has: (1) set up a number of digital communities for academics, clinicians and patients to enable them to share and discuss the latest health research; (2) established the digital and social media channels for the biomedical research publishing house Future Science Group; (3) worked with patient and carer advocacy groups in order to understand how they find health information and to try and improve the dissemination of research to these groups.

3.8 LGC's PPIPER Expertise

FOI 40 is currently working part time as Head of Impact looking at ways to assess and evaluate NIHR. He is currently an academic visitor to the University of Oxford working on research looking at issues around diversity and inclusion as well as ways of including the patient voice in research evaluation. As a long-term sufferer of multiple sclerosis, he is also parkrun UK's ambassador to the MS community, encouraging those affected by the condition to volunteer and/or exercise for better mental and physical health. He has previously been a trustee of the MS Society, Asthma UK and is repeating this role with Antibiotic Research UK.

FOI 40 is the Assistant Director of the CCF PPIE team. She brings extensive experience of PPIE issues from the front line of the NHS, most recently at one of London's most disadvantaged boroughs (Newham CCG) and before that Guys and St Thomas Hospital. She brings 12+ years of public, patient, service user and practitioner engagement, across the healthcare space and beyond, developing bespoke engagement models, developing PPIE capacity and coproduction of tools and solutions to deliver

against the statutory duty to involve people in the meaningful commissioning of health services.

FOI 40 joined LGC's Grant Management Group in 2017 as a Senior Programme Manager, PPIE team. She provides oversight, expertise and coordination to support and monitor the development of PPIE in NIHR Infrastructure, Faculty, Schools and Units. She has over 15 years' experience in PPIE in health research and public health programmes in the public (NHS and Local Government), academic and voluntary sectors.

FOI 40 is a Senior Programme Manager who has acquired significant knowledge and work experience in public involvement and engagement in health research and has a track record of managing complex projects. She contributes to the strategic development of PPIE activities within CCF and works in collaboration with colleagues to ensure that the agreed strategy is implemented. Presently she is working on the development of new models for Community and Public Involvement (CPI) for the CCF Global Health RIGHT team.

FOI 40 joined LGC's Grant Management Group in 2012. As a member of the NIHR PPIE Senior Leadership Group and the NIHR PPIE Impact Working Group, Hothan currently leads on two areas of work: developing and testing the UK Standards for Public Involvement in Research and exploring how to capture the impact of public involvement and engagement.

FOI 40 (LGC Impact Team) and FOI 40 (F1000), who are both affiliated with The Policy Institute at King's College London, have recently published on the NIHR blog an article entitled "Valuing research: Walking a line between open policy and propaganda?" In the article they discuss challenges associated with public debate around research policy.

3.9. Sub-Contractors

LGC is adept at managing sub-contractors, as evidenced through the close working relationship we have with CC Technology the provider of the Research Management System used for delivery on the CCF contract. For delivery of the NCD/PPIPER work plans we have selected a small number of sub-contractors who will deliver aspects of the work programmes.

3.9.1 F1000 and NIHR Evidence

Faculty of 1000 Limited and F1000 Research Limited are members of The Science Navigation Group, a group of companies created and operated by FOI 40 (Chairman) and FOI 40 (CEO, former Legal and Business Development Director at Macmillan). FOI 40 is a serial entrepreneur having founded and sold a series of medicine and healthcare publishing related companies, including: (1) Gower Medical Publishing (2) Current Science; (3) Science Press (4) Current Medicine. LGC will work with F1000 to harness their expertise in the open publishing space where they already providing 'Open Research' publishing solutions to a number of high profile and reputable research funders (including Wellcome Trust, Bill and Melinda Gates Foundation, Health Research Board Ireland, and, launching soon, UK Association of Medical Research Charities). On day 1 of the contract, we will launch the NIHR Evidence portal that will be a single repository for NDC/PPIPER documentation configured for partner and community engagement.

FOI 40 is the Publishing Director at F1000. He joined F1000 in 2012 and played a lead role in the development and launch of F1000Research in 2013, F1000's first 'open research publishing platform'. FOI 40 now oversees the development and ongoing management of all F1000's publishing platforms and gateways, including those operated on behalf of external clients such as Wellcome, the HRB Ireland, and the Gates Foundation.

FOI 40 is the Chief Technology Officer at F1000, managing a team of 35+ development and software engineers. With over 25 years R & D management experience, including at University of Cambridge Enterprise, PA Consulting and a variety startups. Paul oversees the entire technology operation for F1000 products and platforms.

FOI 40 is Managing Editor of all F1000's publishing platforms. FOI 40 joined F1000 in 2018 and is responsible for ensuring that the editorial/production processes on F1000's open research platforms are carried out efficiently and to high standard. FOI 40 graduated in Biosciences and has worked in health and life science publishing for over 7 years.

3.9.2 National Coordinating Centre for Public Engagement (NCCPE)

As a trusted third party the NCCPE team provides a degree of independence from current NIHR dissemination/PPI activities together with a wealth of knowledge on better practice for knowledge mobilisation, public engagement and effective collaboration.

FOI 40 is Associate Professor in Public Engagement at the University of the West of England, founding Director of the National Coordinating Centre for Public Engagement (NCCPE) and an internationally recognised expert on university public engagement. He advises a range of organisations on their public engagement activities and is Chair of the National Trust's advisory panel on Engagement.

FOI 40 is the Deputy Director of the National Co-ordinating Centre for Public Engagement. She oversees the running of the centre, creating new sector services to support universities to realise the value of public engagement to their work, and inspiring new connections between universities, communities, cultural organisations, and schools.

3.9.3 Medical Writers, Social Media and Audience Specific Subject Matter Experts

LGC will work with a core team of medical writing experts who have extensive experience in disseminating complex research to diverse audiences (including patients/public).

[redacted] is a freelance medical journalist who writes news, features, profiles, press releases, patient information, abstracts, blogs, tweets and books. Areas of clinical expertise include cardiology (European Society of Cardiology and European Heart Journal), oncology (Cancer World, Lancet Oncology, Cancer Research UK, Cancer Drug Development Forum), neurology (MS Society), gastroenterology (Crohn's and Colitis UK), ophthalmology (MedEuroNet), antifungal agents (European Society for Blood and Marrow Transplantation), respiratory medicine (European Medical Journal), and medical innovations (MedTechEngine). Other outlets include newspaper and magazines (The Times, Economist, Independent, Telegraph Daily Mail, and Marie Claire) and books (Planning for the End of Life [Help the Aged], Guide to MS for GPs and Primary Care Teams, [MS Society], 1001 Inventions that Changed the World (Octopus Publishing]). FOI 40 has a degree in Physiology (MA Oxon) and was employed by BBC Science and Features, the science and technology magazine 'Focus', and Royal College of General Practitioners.

FOI 40 is a freelance medical journalist with more than 25 years' experience reporting for professional and general audiences. She started her career writing for *Pulse*, the weekly newspaper for GPs, before moving into broadcasting as a presenter/reporter on medicine, science and technology for TV (Sky News) and various radio programmes on BBC Radio Four and BBC World Service. She was a regular contributor to *New Scientist* and the *Daily Mail*, wrote an award-winning mental health book (*Phobias: Fighting the Fear*), and co-authored a book on diabetes (*Diabetes: a global perspective)*. She was news editor of *European Journal of Cancer*, writing news and features for the journal's website, and interviewing opinion leaders for video and audio podcasts. She writes scientific papers for *European Medical Journal* on all areas of medicine, recently including respiratory disease, gastroenterology and cardiology. FOI 40 has a BA in Medical Sciences from Cambridge University.

FOI 40 was a journalist for regional and national newspapers before moving into public relations when she joined the Imperial Cancer Research Fund (now CRUK). For the last 30 years she has been a freelance media relations consultant, writer and editor. She specialises in publicising medical and scientific research that is published in prestigious medical journals or presented at medical conferences.

For advice on all forms of dissemination and special responsibility for social media strategy our core team will include the following:

FOI 40 is an Information Scientist with 20 years' experience working in evidence-based healthcare. He has worked in the NHS, for Oxford University and since 2002 as Managing Director of Minervation Ltd, a consultancy company who deliver digital media consultancy for charities, universities and the public sector. Most recently FOI 40 has been the driving force behind the National Elf Service (NES); an innovative digital platform that helps professionals keep up to date with simple, clear and engaging summaries of evidence-based research. For example, the NES Mental Elf, launched in 2011 and has quickly built an international brand and reputation, along with a large and diverse audience. The Mental Elf covers a broad range of mental health topics relevant to frontline UK practice; synthesising and summarising the latest evidence-based research in accessible daily blogs written by experts. FOI 40 is a Trustee at the Centre for Mental Health and an Honorary Research Fellow at University College London Division of Psychiatry.

We will retain other writers on a case-by-case basis when specific expertise is required. For example, we are currently, in preparation for the Comprehensive Spending Review, using health economics consultants to re-present project case study materials for government Treasury evidence users (framed in the language of Treasury Green Book). The following is one of the teams we are working with:

FOI 40 is an Associate Director at York YHEC and is a qualified accountant (CIPFA). He leads YHEC's programme of work in the NHS and public sector, providing economic evaluation and quantitative/qualitative analysis. He works with a range of local and national organisations including NICE, NHS Trusts, Clinical Commissioning Groups, Commissioning Support Units and Local Authorities. He has previously worked at Audit Scotland and the Audit Commission.

3.10 Research and Information Needs

Each of the individuals named above brings an awareness of the research and information needs of different audiences. Some examples across various categories:

- Patients, carers and the public (FOI 40 ,
- Healthcare, public health and social care practitioners FOI 40
- Policy makers and those who manage servicesFOI 40
- Researchers/academia FOI 40

Our emphasis on Stakeholder Engagement and Knowledge Mobilisation will allow us to leverage in-house resources by engaging with a wider network of contact points into different communities. By working continuously with wider networks, we will keep our processes up to date and our channels refreshed. The following people are some of the Individuals have expressed keen interest in joining the Knowledge Mobilisation Alliance described in Question 2: FOI 40 , Research Fellow in Public Health; FOI 40 , Research Fellow, FOI 40 , Senior Lecturer in Public Health and Associate Dean & Implementation Lead PenARC; FOI 40 , PPIE Coordinator; FOI 40 , Parliamentary Fellow Integration of Health & Social Care & Reader in Knowledge

Mobilisation, FOI 40, Reader in Knowledge Mobilisation; FOI 40, PPI Implementation Fellow; FOI 40, Prof of Nursing and Health Research; FOI 40, Research Fellow in Social Care; FOI 40, FUSE Knowledge Exchange Broker/Co-Implementation Lead.

QUESTION	AQ4	WEIGHT	15%	PAGE COUNT	10 PAGES
QUALITY QUESTION		**Method Statement C – Management and Governance**			
QUESTION		Potential Providers must provide a method statement which shows how they intend to manage the contract and their governance structure, highlighting those areas where the proposal can provide benefits to the Authority, including meeting the desirable requirements			
EVALUATION INTENTION		Seeks to establish that the Potential Provider has understood the requirements and has a credible plan for delivering successful outcomes			
EVALUATION CRITERIA		The Potential Provider must demonstrate a reliable understanding of the Contract to ensure that they meet the quality and deliverable requirements as detailed in the statement of requirement. In particular the Potential Provider will outline the 'when, what and how' management information which will be provided to evidence and measure their performance. Further to this the Potential Provider should outline how the effective monitoring regime could be applied to not only demonstrate successful performance but to what extent improvement could be made, if any the requirement. Potential Providers will need to consider the importance of these measures and will form part of their KPIs.)			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 10 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ4

4.1 NCD and PPIPER in the context of LGC's Existing NIHR Activities

As a current supplier of the NIHR Central Commissioning Facility (CCF) and NIHR Office for Clinical Research Infrastructure (NOCRI) services to the Authority LGC will integrate NCD and PPIPER into its existing CCF and NOCRI management and reporting structure. In this section, we present our proposed approach for the combined NCD and PPIPER Centre bids as we have incorporated organisational, operation and cost saving synergies to maximise the impact of these centres in the budget available.

A dedicated Director of NCD and PPIPER, reporting to the Director of LGC's Grant Management Group, will oversee both Centres and be responsible for the strategic and operational delivery of the NCD and PPIPER contracts. Two Assistant Directors (ADs),who will manage the Centres on a day-to-day basis, as well as the current AD of the CCF PPIPER team will support the Director of NCD and PPIPER.

The Director of the LGC Grant Management Group, FOI 40, will oversee the integration of both the NCD and PPIPER Centre into the wider CCF and NOCRI services, with support from the established Senior Leadership Group of CCF and NOCRI and the Governance, Performance and Improvement team as appropriate.

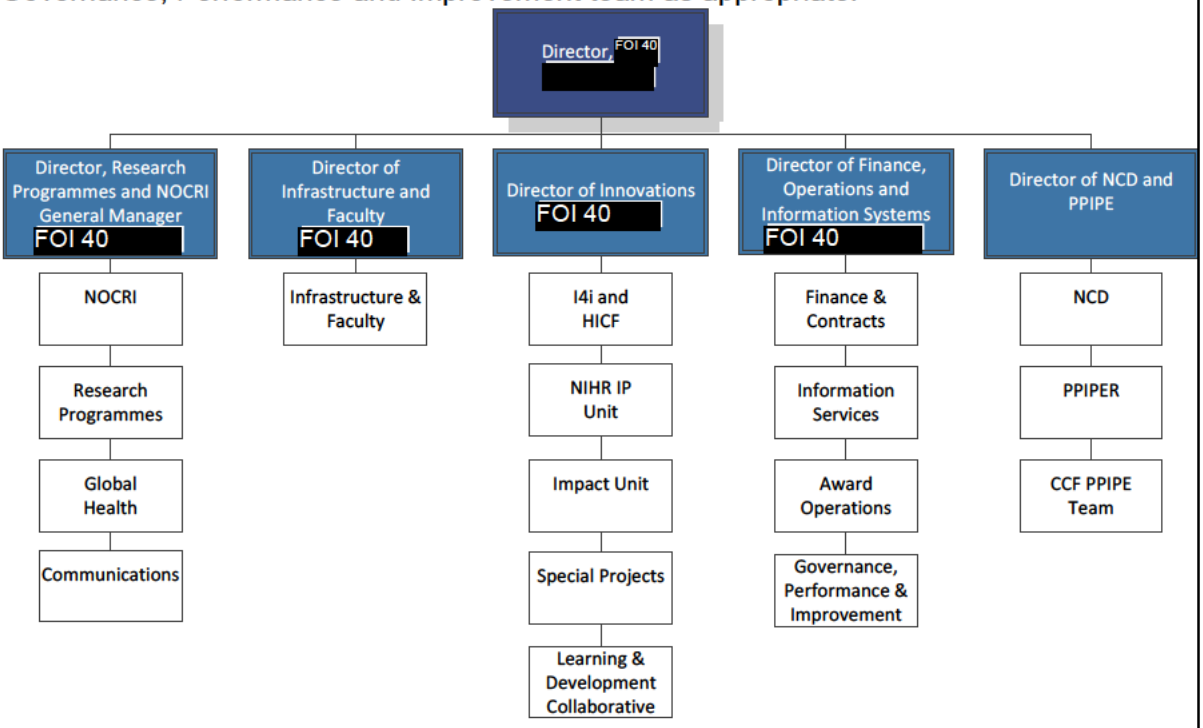


Figure 4.1 Integration of NCD and PPIPER in to LGC

The NCD and PPIPER Assistant Directors will have 15 direct and indirect reports including two roles splitting time equally between the NCD and PPIPER activities: a PPIPER stakeholder engagement manager and a communications manager. Our existing Operations Team provides flexible resource across all NIHR activities managed by LGC; PPIPER and NCD will benefit from this team's services at no extra cost. NCD and PPIPER will also directly benefit from other functions already provided under the CCF and NOCRI contracts to the Authority at no extra cost (such as Information Services, Finance, Legal/Contracts, CCF/NOCRI Learning and Development Collaborative).

4.2 Overview of LGC's Governance Mechanisms

To support the leadership of the Directors responsible for delivering NIHR activity, a broader Senior Leadership Group (SLG) works collectively to assure the delivery and performance of the services provided to the Authority.
The SLG ensures that LGC's Grant Management Group, in delivering services for NIHR, continues to be a professional, comprehensive, flexible and responsive research funding and management service that meets the ongoing needs of the Authority, its partners and the wider research community. The SLG does this through focussing on key areas including strategy, delivery, results and people management.
Meeting every two weeks, the SLG's responsibilities include:

- Developing and approving annual strategic and operations business plans;
- Ensuring all risks that could affect delivery are proactively identified and appropriately mitigated;
- Agreeing annual budgets as well as any requests for significant investment or expenditure;
- Monitoring performance against agreed plans and Key Performance Indicators (KPIs);
- Sanctioning implementation of corporate policies, including any issued by the Authority.

The membership of SLG provides coverage across the business, with an individual representation as demonstrated below, with the Director of NCD and PPIPER forming integral parts of the SLG.

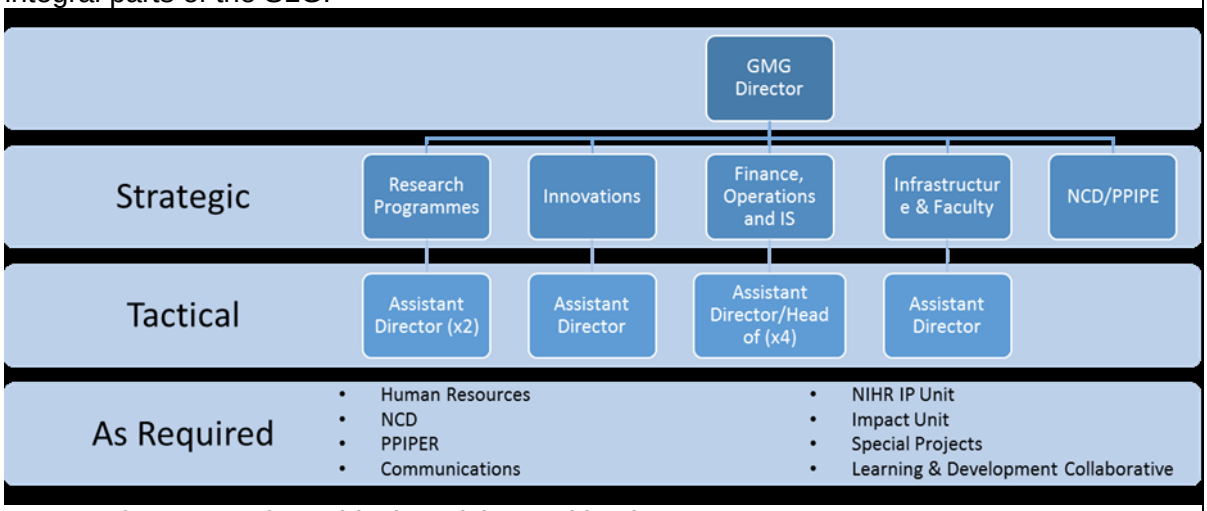


Figure 4.2 Hierarchical Decision Making in LGC's Grant Management Group

4.3 Quality Management and Continuous Improvement

The LGC Group Quality Policy summarises the objectives of the LGC Quality Management System:

- Understand and meet customer and company requirements, including any legal requirements that relate to products and services supplied
- Ensure customer satisfaction
- Capture feedback from customers, staff and other sources
- Provide effective control of the business
- Manage risk associated with the business
- Provide a basis for continual improvement through objective monitoring.

Together, the wide range of activities performed by LGC to achieve these objectives result in LGC providing a high quality, efficient and cost-effective service. As NIHR operates in a complex, rapidly changing environment there are many drivers requiring updates and improvements to the services we provide. We understand that our quality improvement drivers are twofold: internal and external.

4.3.1 External Drivers

The Grant Management Group understands that under the NIHR contracts, LGC is not only providing a service for the Authority but also for the wider health research community which aims to help them improve the health and wealth of the nation. Therefore, we gather feedback from a wide range of sources (including research institutions, industrial bodies, SMEs, other public funders, charities and other NIHR functions) to understand their needs and identify opportunities for improving the service that we provide.

External drivers include

- For PPIPER, the NIHR PPIPER Advisory Group will be a critical external source of guidance, direction and perspective on future work
- Policy changes requiring modification of the NIHR's processes and programmes
- Evolution of new technologies and ways of working that affect research that needs NIHR support
- Societal and demographic changes that affect the services that the NHS needs to provide which in turn affects how the NIHR funds and manages research.
- Increased emphasis on successful translation of research in to clinical and commercial outcomes; LGC has recognised this and has placed greater emphasis on ensuring researchers across the NIHR manage IP appropriately and abide by contractual terms.
- External audit recommendations (DHSC, UKAS, British Standards, Ernst & Young) identify specific corrective and preventative actions (CAPAs) and general opportunities for improvement.
- NIHR strategies, for example NIHR Evidence will be fully compliant with the NIHR Digital Strategy's aims of (i) embedding and developing NIHR's public and patient centric ethos by utilising digital technologies and approaches to enhance the involvement, engagement and participation of patients and the public; (ii) Meeting the needs of patients and the public by using technology to increase and enhance our engagement with evidence users, to understand their needs, and to disseminate knowledge
- The need for research integrity by all recipients of NIHR funding at all stages of research including patient and public involvement and dissemination

We also have some very direct external drivers, feedback from:

- DHSC as the Authority – as the customer, feedback is our primary driver for improvement. This can be through a contract review meeting, process audit or ad-hoc feedback.
- Stakeholder Feedback – formal and informal feedback from panel members, applicants and systems users informs us of how we are as an organisation to interact with each of them, providing key improvement drivers.
- ISO Audits – the Twickenham site is ISO9001 accredited and the BSI audits provide comments which GMG use to improve the quality of our service.
- Researchers and their organisations who currently or historically have been awarded NIHR research funding – through regular discussions with researchers and other parts of their organisations (e.g. finance or contract offices), we are able to understand their own internal governance mechanisms, enabling processes to be developed that are predominantly complementary.

4.3.2 Internal Drivers

LGC's team within GMG participate in all aspects of the research management process and regularly identify areas for improvement. Combined with regular reviews and audits from the wider LGC group, these internal drivers improve the quality of the service that LGC provides to the Authority and health research community.

Internal drivers include

- Ideas/initiatives from staff or management for process improvement, enhancement or efficiency
- Feedback from internal audit.
- Outcomes of formal process analysis which indicate room for processes to be more effective or efficient
- Findings from other change projects across the wider Group

Some ideas for improvement require significant changes. For example, the transition and upskilling of the Operations Team to enable other parts of GMG to focus on added-value activity. Successfully managing changes to the organisational structure required significant work on identifying the best mechanisms for implementation. Having successfully implemented considerable changes to GMG's organisational structure, LGC has a much more effective and scalable organisational structure better suited to delivering the high quality service expected by the Authority. This flexibility and ability to rapidly adapt to new requirements will be essential when LGC starts the NCD and PPIPER services.
Most internal quality improvement drivers produce incremental step changes in our process/operation to make us more efficient and to enable us to:

- Deliver KPIs more robustly and effectively (e.g. the centralisation of GMG's responses to information requests has provided consistency of response as well as economies of scale by reducing response effort fourfold)
- Deliver cost efficiencies that allow LGC to invest in more value adding activities for the customer (e.g. administrative efficiencies produced by introducing the Operations Team continue to enable LGC to invest in more specialists to deliver services beyond those formally contracted).
- Improve the quality of service delivered to the Authority and researchers (e.g. the implementation of Open Researcher and Contributor ID – ORCID – within award commissioning enables researchers to use their unique identifier to consistently and more easily showcase relevant activity).

Some incremental improvements to our service delivery may not always be material enough to require contract change or warrant highlighting through regular reporting. These types of change are, nonetheless, valuable to our quality improvement programme.
Since April 2018, more than 70 examples of ongoing operational improvement within individual teams have been logged, covering a breadth of activity including:

- Regular attendance of cross-cutting teams at research programme team meeting to share information and update on activity to encourage further internal collaboration;
- Securing ongoing discounts at hotels for Panel members, saving >£50 per night per room;
- Redesigning standard documents for meetings to be simpler and ensure compliance with NIHR branding standards;
- Holding webinars for applicants that will be accessible for the duration of infrastructure competitions;
- Improving workflow controls within the Research Management System;
- Updating formulae for calculating dates within Commissioning Checklists to take into account weekends and public holiday, thus removing the need to adjust manually for each call set up.

As part of LGC's existing management processes, we operate a gain share mechanism with the Authority, managed via the Contract Management Board (discussed below), to ensure that savings produced by continuous improvement activity are used in an appropriate way that guarantees that the Authority receives value for money and LGC delivers the Authority's priorities.
The reinvestment of efficiency gains can lead directly to additional cost savings, quality enhancements or adding value activities. For example, the reallocation of activity into the Operations Team has allow LGC to invest in a Health Economist's expertise as part of our

Comprehensive Spending Review preparations and creation of the Learning and Development Collaborative that will improve the quality and effectiveness of training provided to CCF and NOCRI staff.

More generally, LGC's approach to quality management and continuous improvement will lead to enhanced capacity and identification of best practice gained through multifunctional teamwork. These gains are realised ultimately through the delivery of added-value activity, such as the improved translation of research outcomes and outputs into clinical and commercial outcomes, thus supporting the NIHR's mission to improve the health and wealth of the nation through research.

4.4 Management of Sub-Contractors

Using LGC's corporate procurement procedures for identifying and contracting suppliers, we will establish strong working relationships with defined sub-contract deliverables or payment milestones with all sub-contractors. Where appropriate, these contracts will include KPIs and service level agreements with agreed performance improvement clauses and termination clauses to encourage a high level of service but, ultimately, to protect LGC and Authority interests.

LGC has successfully applied this approach to managing subcontractors (e.g. CC Technology, Anderson Law) on the CCF and NOCRI contracts. In 2010 LGC decided to replace its existing management information system to improve delivery of the CCF contract with more sophisticated data and process management. Through a tender process, LGC invited a range of software suppliers from across the industry to put forward applications to provide a grant management platform. We received a number of proposals with two being selected for final consideration. Despite being a smaller company that its competitors, CC Technology (based in Glasgow) was selected as it was judged to be best placed to develop a bespoke solution in partnership with LGC. The decision to partner with CCT has resulted in an ongoing mutually beneficial relationship with a shared vision of developing the CCF Research Management System. LGC's investment in the product, with payments made regularly and promptly, has allowed CCT to get a foothold and grow to the point where it was sufficiently mature to be acquired by Digital Science in 2019.

The NCD and PPIPER Assistant Directors will ensure delivery by all requirements on time and to budget via sub-contractual mechanisms and will incorporate this information into operational and strategic management reporting processes.
The integration with pre-existing LGC activity of sub-contractors to deliver commitments for both NCD and PPIPER is illustrated below. This integration will provide the Authority with specific LGC points of contact that coordinate delivery by a diverse range of experts that will collectively deliver NCD and PPIPER.

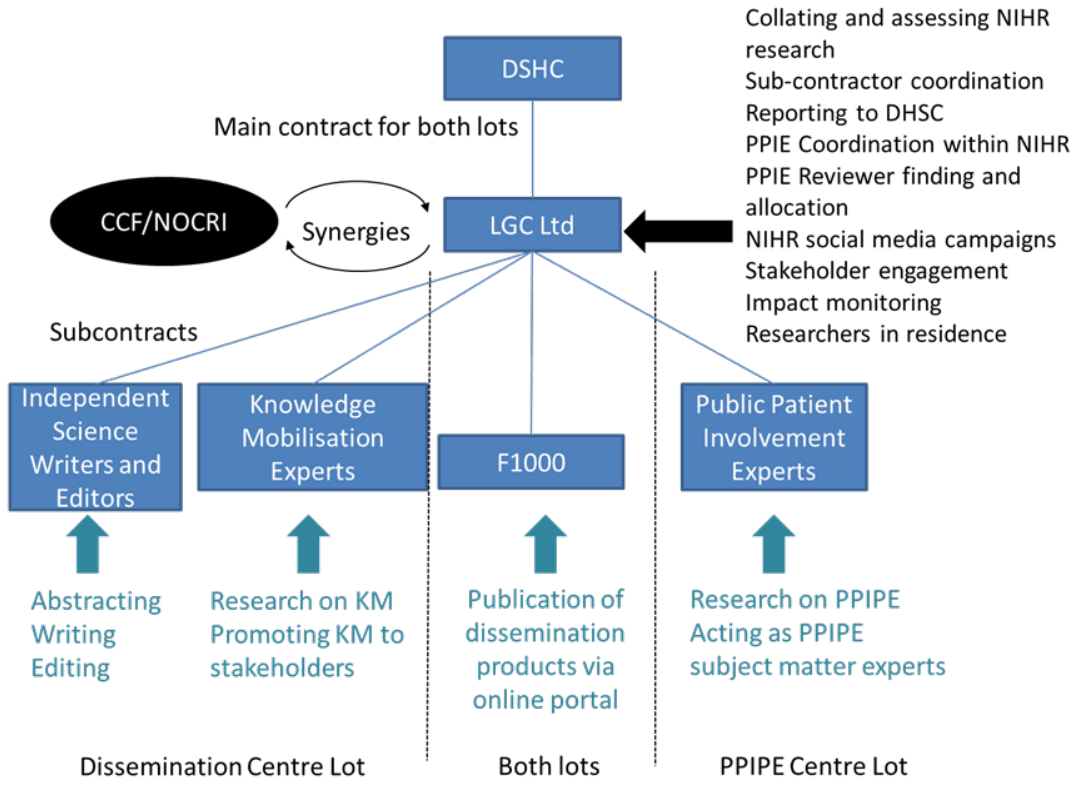


Figure 4.3 Coordination of Activities by LGC

We will have regular operational and strategic review meetings with sub-contractors to ensure that all activities are planned and delivered in a controlled and high quality way. Monitoring of sub-contracts is based on the size, scale and nature of the contractual arrangement with the supplier, with a key aim to develop and maintain open and transparent working relationships.

All subcontractors will have clearly defined deliverables and timelines that will be rigorously monitoring by LGC. Regular contact with subcontractors will allow LGC to identify any underperformance or risks of late delivery with mitigating measures being agreed. In the unlikely event that a subcontractor continues to underperform, LGC will agree Corrective and Preventative Actions (CAPAs) as part of a structured performance improvement plan. Continued failure will trigger a dispute resolution process where LGC will seek external support to resolve the issue(s) in a fair and reasonable way. As a last resort, LGC will either terminate a contract or not provide individual subcontractors with any future work. At all times LGC will ensure that the Authority does not experience any decrease in the quality of service received by ensuring the terms of subcontracts give LGC the rights it would need to maintain service in the event of a subcontract being terminated.

F1000	Strategy – quarterly Operational planning – monthly Update on operational delivery – weekly Issue resolution – *ad hoc*
Editorial Services	Core team – base level service level agreement Additional editors – employed on needs basis
Knowledge Mobilisation Experts	Core team – base level service level agreement Additional editors – employed on needs basis
PPIPER Experts	Core team – base level service level agreement Additional editors – employed on needs basis
Pilot projects	Milestone based reporting and monitoring

The RACI charts shown below summarise the allocation of the NCD and PPIPER activities between LGC and its subcontractors. LGC holds ultimate responsibility to the Authority for successful delivery of the NCD and PPIPER activities.

Centre for Dissemination RACI Chart					
Activity	**LGC**	**F1000**	**Medical Comms Experts**	**Knowledge Mgmt Experts**	**Authority**
Overall Delivery and Reporting to the Authority	R, A	C	C	C	I, C
Stakeholder Engagement	R, A	I	I	I	I
Collation of Research Outputs	R, A	I	I	-	I
Prioritisation of Outputs for Dissemination	R, A	C	I	I	I
Generation of Outputs	R, A	C	R	C	I
Quality Control of Outputs	R, A	C	C	-	I
Set up and Maintenance of NIHR Evidence Portal	A	R	C	C	I
Promotion of NIHR Evidence Portal and dissemination materials	R, A	C	C	C	I
Reviewing impact of dissemination	R, A	C	-	R	I
Identifying and disseminating best practice in to the NIHR ecosystem	R, A	-	-	R	I
PPIPER Centre RACI Chart					
Activity	**LGC**	**F1000**	**External PPIPER Experts**	**Authority**	
Overall Delivery and Reporting to the Authority	R, A	-	-	I, C	
Stakeholder Engagement	R, A	-	C	I	
Knowledge Mobilisation - Identifying and disseminating best practice in to the NIHR ecosystem	R, A	-	C	I	
Coordinating PPIPER across NIHR including Strategy Board	R, A	-	-	I, C	
Communication Strategy and Execution	R, A	C	C	I	

Coordinating PPIPER pilot projects	R, A	-	C	I
Performing PPIPER pilot projects	A, C		R	I
Set up and Maintenance of NIHR Evidence	A, C	R	C	I
Promotion of NIHR Open Portal and dissemination Products	R, A	C	C	I
Recruitment of PPIPER Director	R, A	-	C	I, C
Providing PPIPER training across NIHR and to external groups	R, A	-	C	I
R - Responsible, A - Accountable, C- Consulted, I - Informed				

4.5 Contract Management and Reporting to the Authority

A key element of the transition of NCD and PPIPER to LGC will be to ensure both Centres are appropriately absorbed into the pre-existing structures and mechanisms currently used to govern the NIHR activity delivered by LGC.

Whilst the transition of contracts and attributed activity will have, in the first instance, its own focus, management and oversight (as discussed in Question 8), LGC has an established Contract Management Board (CMB) that oversees and verifies the delivery of contracted NIHR services on behalf of the Authority, and will be complementary to transition management. It is proposed that NCD and PPIPER contracts will be managed through the same Board in order to ensure appropriate synergies are captured as well allow for all elements of the NIHR being managed by LGC to develop and evolve together.

Meeting quarterly, the CMB's responsibilities include:

- Managing the prioritisation of resources;
- Reviewing the performance of services against agreed plans and performance indicators and agree any corrective actions required;
- Monitoring any rectification plan processes;
- Reviewing the financial management and performance of LGC as the supplier of services;
- Reviewing the relationship management arrangements to ensure the continued smooth operation of the Contracts.

Through the CMB, both the Authority and LGC are able proactively manage risks in relation to the delivery of the NIHR services provided under the Contracts. To provide assurance to the Authority that risks are managed appropriately, the core of the CMB standing agenda focusses on how LGC develops, operates, maintains and amends processes for:

- The identification and management of risks;
- The identification and management of issues; and
- Monitoring and controlling project plans.

The CMB membership consists of LGC GMG Directors and their Authority counterparts, with two independent external representatives to provide balance and support in the risk management of the contracts. The Director of NCD/PPIPER will be integrated into the CMB with both Centres holding equivalent standing as part of an integrated agenda.

LGC has a full time Head of Governance, Performance and Improvement who will be responsible for ensuring that all information is collected and provided to the Authority in advance of each CMB. There will be quarterly RAG reporting of progress on all objectives including proposal of modifications, new ideas and mitigation plans for objectives that have encountered unexpected challenges.

4.6 Management of activities spanning wider NIHR

The nature of the services delivered by LGC means that there is a significant proportion of cross-coordinating centre activity ongoing at any time. The complex and multi-tiered nature of NIHR means that information flows need to be clearly understood and managed and LGC has mechanisms in place to ensure that all interactions and deliverables are shared across GMG, as well as with relevant additional groups. These information flows are demonstrated below.

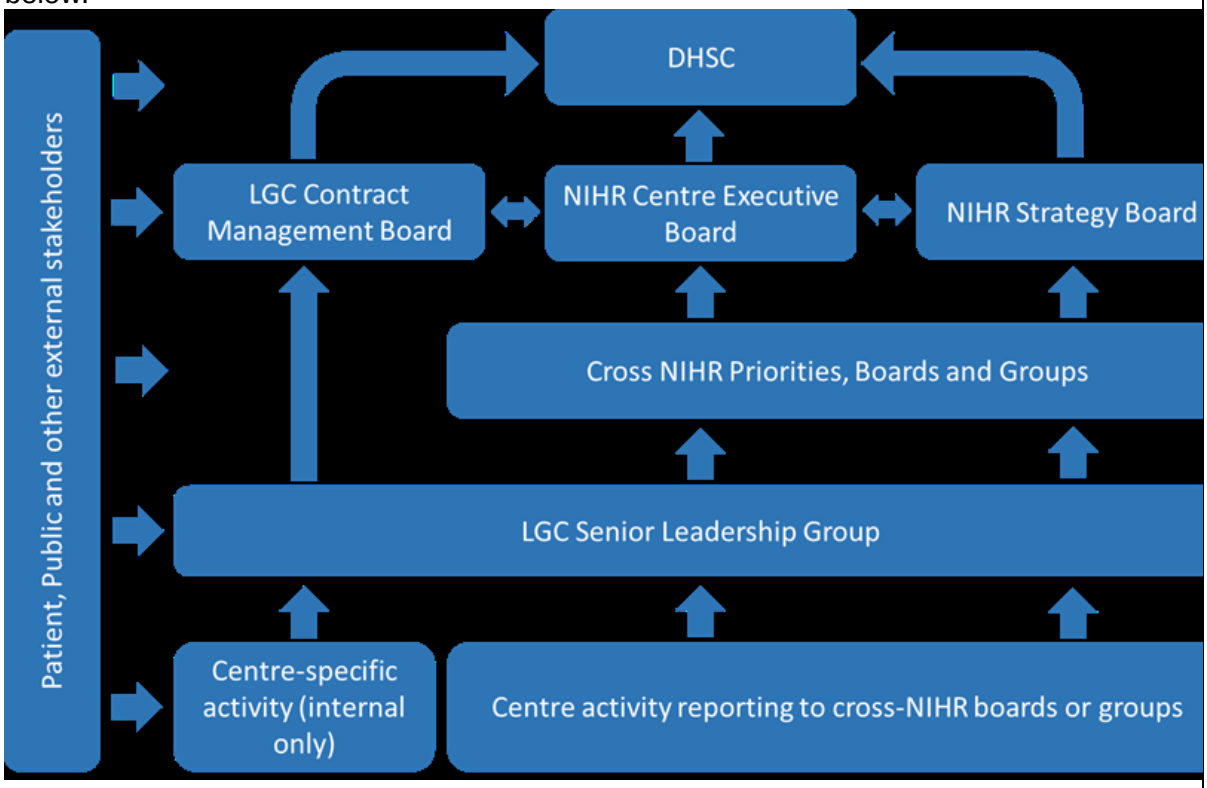


Figure 4.4 Cross NIHR Activity Management

Mechanisms for knowledge sharing and management reside ultimately within the SLG as the primary focus for both ensuring appropriate resourcing and the ongoing reporting of activity. Wherever appropriate, consultation is sought from external stakeholders (e.g. patients, the public and/or the research community) on proposed new activity or forward-looking plans. This feedback is key to shaping activity to ensure the greatest long-term benefit.

4.7 Key Performance Indicators and Gain Share

LGC proposes formal agreement of NCD and PPIPER key performance indicator (KPI) objectives at the start of each financial year at the CMB meetings. Specific proposed KPIs for PPIPER and NCD are shown below and LGC will also continue to deliver overarching NIHR contractual KPIs such as responses times for parliamentary questions, freedom of information requests and ministerial briefings.

Proposed NCD Performance Indicator	Proposed Metric (Year 1)
Unplanned downtime of NIHR Evidence Portal acceptable	<1% total of unplanned downtime per year (excludes planned engineering)
Maintaining an appropriate pool of reviewers	1000 including 200 PPIE
Delivery of dissemination products	Alerts on at least 175 projects +12 Highlights
Production of Themed Reviews	3 per year
Quality of dissemination products poses no risk to the Authority's reputation	All products reviewed by LGC team for compliance with NIHR Publication or Brand guidelines
Time from collation of research output to dissemination product being available on NIHR Evidence Portal	95% within 6 months
Effective engagement with stakeholders	24 meetings per year with stakeholders (individual or groups)
Completion and evaluation of NCD/PPIPER Pilot projects	1-2 activities completed to build competence in the NIHR

Proposed PPIPER Centre Performance Indicator	Proposed Metric (Year 1)
Number of Stakeholder Engagement events	12 per year
Annual PPIPER Strategy review completed	Submitted to Contract Review Board as per agreed timelines with the Authority
Recruitment of new PPIPER participants across NIHR	Maintaining at least the number of PPIPER participants from the previous year
Completion and evaluation of PPIPER Pilot projects	1-2 per year, reported to the Authority
Cross-NIHR PPIPER Meetings completed	4 per year
Completion and analysis of annual PPIPER survey to identify areas for improvement	Reported to the Authority once per year together with plan to address issues raised.

QUESTION	AQ5	WEIGHT	5%	PAGE COUNT	10 PAGES
QUALITY QUESTION		**Project Delivery Management**			
QUESTION		Outline the processes and resources you propose to use in order to fulfil the Authority's requirements and highlighting those areas where the proposal can provide benefits to the Authority, including meeting the desirable requirements			
EVALUATION INTENTION		Seeks to establish that the Potential Provider has understood the requirements and has a credible plan for delivering successful outcomes			
EVALUATION CRITERIA		Potential Providers should demonstrate how they will communicate and engage effectively with a range of diverse audiences; i) organise and manage meetings and events that are inclusive; ii) disseminate information to key audiences raising awareness of topics and relevant information sources; iii) identify and reach target audiences through a variety of media; iv) produce tailored products to meet the needs of diverse audiences; v) provide effective briefing verbally and in writing, to deadlines; vi) comply with any project/programme timetables; vii) identifying and manage risks appropriately (including delivery to budget) throughout the life of the contract; viii) adhere to the required quality standards; & ix) ensure quality improvement in public focused activities and outcomes is implemented and monitored throughout the NIHR, and drive modernisation of these processes.			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 10 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ5

5.1 Overall Project Delivery Management

Overall responsibility for delivery of the NCD and PPIPER Centres will rest with the Director of LGC's Grant Management Group and the GMG Senior Leadership Group, including a new role of Director of NCD and PPIPER. For NCD and PPIPER day-to-day operational performance will be the responsibility of dedicated Assistant Directors who will line manage senior team members who will in turn manage junior colleagues. Team members will have defined roles (e.g. stakeholder engagement, knowledge mobilisation, communications) but we will promote cross training to allow greater flexibility to deliver the Centres during period of peak activity and also enhance employee job satisfaction and retention. Reporting of overall project delivery will be managed by LGC's Governance, Performance and Improvement team to ensure that all NCD and PPIPER activities are reported in the format and timeline required by the Authority.

5.2 Communicate and engage effectively with a range of diverse audiences

We will build on LGC's strength in communications management (e.g. leading on the development, roll out and implementation of the new NIHR visual identity; staff members on the NIHR Communications Programme Board (CPB) and CPB link for Internal/Regional and Events Groups; organised the NIHR Communicators Day in 2018) to develop revised communications strategies for NCD and PPIPER. Using its stakeholder engagement team, LGC will identify the types of information that different audiences need and the modes through which they prefer to receive information. We will promote two-way communication between NIHR and stakeholders to obtain feedback on the effectiveness of communications and improve future activities. We will also ensure that the NIHR brand identity guidelines are applied and that NCD and PPIPER communications are integrated into the wider NIHR communications plan to maximise coordination and impact. Our existing CCF and NOCRI communications team will be enhanced with additional resources as part of our resourcing plans for NCD and PPIPER. This will provide additional benefits to the Authority by providing flexibility and additional expertise that would not be available for PPIPER or NCD in isolation.

For example, for an NIHR Biomedical Research Centre project may result in a dissemination product aimed at researchers to allow them to apply the findings in their own research to bring things closer to a full randomised control study where for a piece of research from an NIHR Collaborations for Leadership in Applied Health Research and Care centre a priority audience may be commissioners. With the audience determined, it is then possible to select the best type of product (article, Powerpoint etc) and the best route of dissemination (targeted emails/phone calls, professional body/society etc) that fits with the intended audience's preferences and motivations.

5.3 Organise and manage meetings and events that are inclusive

Inclusivity of events will be ensured by selecting venues that meet access requirements, have facilities that allow all participants to contribute with ease and dignity, and can be reached by public transport. Operational adaptations may include providing private rooms for rest, providing hearing aid compatible facilities or arranging room layouts to allow wheelchair access. LGC has significant experience of organising NIHR events for funding panels, stakeholder engagement events and public involvement seminars. We have existing lists of suitable event venues that we will use for NCD and PPIPER events. We have established processes for finding new venues including assessment of accessibility to ensure that all issues are managed before any meeting. Examples of our expertise in meeting and event management include the regional Research for Patient

Benefit panel meetings, nine NIHR "Medtech Roadshows" around England raising awareness of NIHR in the small and medium sized enterprise community, an investor event co-organised with Innovate UK and MedCity UK to support NIHR i4i funded researchers to access follow on investment, hosting NIHR selection panel meetings in our offices in Twickenham and co-organising workshops on the "NIHR standards for Patient and Public Involvement (PPI): Exploring why and how to develop and use them"

5.4 Disseminate information to key audiences raising awareness of topics and relevant information sources

LGC will produce a wider variety of dissemination formats than academic abstracts to allow different stakeholder audiences to access and use NIHR funded research in ways that fit with their interests and needs. In addition to written documents (such as Alerts, Highlights, Themed Reviews), the NIHR Evidence portal will host rich multimedia artefacts including, videos, podcasts, tool kits and infographics that will use language that is appropriate for the intended audience, including promoting use of plain English to aid public and patient users' engagement with the materials. The NIHR Evidence online portal will be the main conduit for dissemination of research and PPIPER materials but we will ensure that materials are also directed to other databases and sites that will allow stakeholders to find them. We will connect the NIHR Evidence portal to other publicly available databases to increase the number of ways that stakeholders can find NIHR information. We will also signpost stakeholders to other sources of information and support from the NIHR Evidence portal (e.g. to the GrowKudos system for promoting plain language dissemination of materials). For PPIPER materials we will use our patient group, charity stakeholder network as a way of disseminating materials (e.g. documents, audio recordings, videos, leaflets, posters) to all parts of the population, including those people who have little or no access to online or social media by providing hard copies of materials; speaking and showing videos at community events and meetings; and recruiting influential community leaders to act as promoters of NIHR by discussing health research and opportunities for involvement and participating with their peer group.

5.5 Identify and reach target audiences through a variety of media

Identification of audiences will be led by LGC's stakeholder engagement managers who will further develop our detailed understanding of the diverse public and professional stakeholders that have an interest in NIHR. LGC has regularly applied a variety of media for NIHR communications including academic publications (e.g. Morgan *et al.,* 2018. PLoS One. 13(4):e0195951), booklets (leading on production of the NIHR News and Research newsletters), flyers, websites, Tweets, blogs, videos, webinars and presentations that are tailored to target audiences to deliver maximum reach and impact. LGC also works closely with established television, radio and print media companies to promote NIHR funded research in a compelling and accessible way to the general public (e.g. working with the Oxford Biomedical Research Centre to synchronise media coverage of Prof Robert MacLaren's "bionic eye" research online, on screen (e.g. BBC Two's "Trust Me I'm a Doctor") and in print). We will incorporate NCD and PPIPER into our annual communication strategy planning so that all relevant media sources are used appropriately. In addition, we will test new ideas such as interactive tweeting and podcasting of conferences to engage interested parties who are unable to attend in person. The types of media and language used for different audiences will be selected based on stakeholder engagement feedback and will be regularly reviewed based on feedback from stakeholders about how items should be improved in the future. Knowledge gained from this process will be collated and communicated to the wider NIHR to help the whole system understand how it can better target audiences with

different types of media. This will be a key role of the proposed Knowledge Mobilisation Alliance by identifying and promoting best practice in to the wider ecosystem.

5.6 Produce tailored products to meet the needs of diverse audiences

Tailoring of products to diverse audiences is at the heart of our proposed approaches for both NCD and PPIPER. NIHR research by its very nature is complex and technical. Although other researchers need to have the technical details, most stakeholders have no time or desire to read complex technical articles written in jargon. For example, LGC has received anecdotal reports that a CCG research & evaluation manager had to spend time reducing a 13-page 'summary' research reports into three bullet points to share with commissioners in relevant areas (not one page, not one paragraph, 3 sentences!).

There is a clear need for NIHR to promote wider uptake and use of the research that it funds by translating research findings into formats and language that stakeholders are able to use. LGC's team of communications professionals and medical journalists are highly adept at using appropriate language, formats and media for the intended audience. For example, policy makers require short summaries of the key findings and policy implications while health service managers need recommendations about how research findings can be implemented in to their areas of responsibility and the potential benefits. LGC co-produced the website rolling out the UK Standards for Public Involvement in Research in an easy to understand way with six summary statements on one page supported by documents with more details on sub-pages). The NIHR Evidence portal will have different access routes for different groups of stakeholders allowing easier access to material designed for a particular audience and avoiding complex search processes that may discourage some users from engaging with NIHR. This functionality is already part of F1000's existing technology and will be extended to NIHR Evidence. If required, we will also produce hard copies of information for distribution to those parts of the population that do not have regular access to the internet or social media.

5.7 Provide effective briefing verbally and in writing, to deadlines

For verbal briefings directly to evidence user and decision makers, we recognise that robust evidence, and our presentation of that evidence, may form only one element taken into consideration when changes are instigated. Through stakeholder engagement we will develop ever better understanding of the non-rational factors which often influence real world decision making. This will help us to: (a) anticipate and/or address non-rational concerns; (b) refresh as necessary our published artefacts; and, (c) make a small contribution to improving health and care evidence literacy.

In terms of briefings for the Authority LGC will apply its existing processes for managing information requests from the Authority through informal and formal routes. For formal requests (e.g. Parliamentary Questions, freedom of information requests, ministerial briefings) we will continue to have a specific point of contact (with a deputy covering holidays and absences) within LGC's Grant Management Group who will be responsible for coordinating responses within the required timeline. In 2018, LGC provided 160 responses to the Authority. There are defined SOPs for these requests that can be provided to the Authority if needed. For informal requests for information, the Director of LGC's Grant Management Group and the Senior Leadership Group will be the points of contact for the Authority and will be responsible for providing the required information in the format and timeline specified by the Authority. LGC is also highly experienced at preparing briefing notes and minutes for NIHR meetings, boards and committees that summarise complex issues in an accessible way.

5.8 Comply with any project/programme timetables

LGC's Grant Management Group Senior Leadership Group will have oversight and responsibility for delivery of all projects and programmes. Individual projects and programmes will be led by Assistant Directors or their direct reports. To ensure that projects contribute to the overall aims of NCD and PPIPER, we will follow a defined project start up, execution and shut down process including agreeing the project's scope, its deliverables, resources, timeline, work package structure and milestones that need to be achieved. Depending on the size and complexity of a project, project management responsibility will be held by the project leader or an assigned project manager for complex programmes involving multiple streams of activity. Regular project team meetings (the frequency depending on the timeline and complexity of a project) will provide the project manager with full oversight of whether the project is progressing as expected. Project progress will be reported to the SLG via a red/amber/green rating with details of mitigating actions where projects are slipping behind the plan (amber rating) or completion of milestone is at risk of being later than planned (red rating). The SLG will approve plans for mitigating actions or request additional actions if the proposed plans do not provide sufficient comfort that the timeline will be met. A key example of LGC's ability to manage complex activities is the successful production of the comprehensive CCF and NOCRI Strategic and Operational Plan at the start of the new CCF/NOCRI contract and our quarterly contract review meetings with the Authority that have provided full clarity on progress to date.

5.9 Identifying and manage risks appropriately (including delivery to budget) throughout the life of the contract

LGC has established risk management processes that will be applied to the NCD and PPIPER contracts. The Senior Leadership Group will have ultimate responsibility for ensuring that all risks are identified, assessed and managed in an efficient way that ensures delivery to the Authority of all contractual commitments. A variety of tools are used to manage risks including: (i) a formal risk register is updated at regular intervals; (ii) we have a documented Business Continuity and Disaster Recovery Plan to ensure that even if our core buildings and infrastructure are affected LGC will still continue service delivery to the Authority; (iii) a dedicated Finance team is responsible for ensuring that all budgetary requirements set by the Authority are met via quarterly updates; (iv) the Governance, Performance and Improvement team are responsible for identifying risks across LGC's NIHR activities and ensuring that appropriate risk mitigations are in place.

5.10 Adhere to the required quality standards

Oversight of quality across the NCD and PPIPER contracts will be ensured by implementation of LGC's existing ISO9001 quality processes successfully used on the CCF and NOCRI contract. All of the NCD and PPIPER Centre processes will be defined in Standard Operating Procedures and staff will be required to follow these processes after training. The LGC Quality Manager will perform regular audits of adherence to SOPs with corrective actions implemented for any issues that are identified. We will also continue working with the Authority on regular process audits by representatives of the Authority to demonstrate LGC's compliance with all quality standards.

5.11 Ensure quality improvement in public focused activities and outcomes is implemented and monitored throughout the NIHR, and drive modernisation of these processes.

Knowledge mobilisation and impact assessment is a key component of our proposed approach. Supplementing the pre-existing expertise in the team that will transfer to LGC under TUPE and the CCF and NOCRI teams, additional expertise in open research publication, medical writing, knowledge management and PPIPER will be supplied by subcontractors on short and long term contracts with LGC. This approach has been chosen to allow a high degree of flexibility in using experts with knowledge in particular

areas as they become relevant to NIHR's wider activities. The NCD and PPIPER Assistant Directors will be responsible for identifying, contracting and managing knowledge mobilisation subcontractors. As with other subcontractors, they will have clear contracts and deliverables that LGC will use to ensure that their work meets required standards and timelines for delivery of the PPIPER and NCD. Knowledge mobilisation experts will be focused on identifying opportunities to disseminate best practice throughout the NIHR and beyond. As part of our wider impact assessment, we will assess the success of new approaches being deployed across NIHR and identify further opportunities for improvement. By providing tools, workshops, helplines and guidelines we will helping local centres make the most of these resources, bringing a community of practice together around key topics and solutions to catalyse improvement and maintain quality.

QUESTION	AQ6	WEIGHT	10%	PAGE COUNT	10 PAGES
QUALITY QUESTION		**Partnership Working**			
QUESTION		Potential Providers must detail their plan for partnership working to demonstrate their understanding of the need to work across NIHR and their commitment to partnership working more generally			
EVALUATION INTENTION		Seeks to establish that the Potential Provider has understood the requirements and has a credible plan for delivering successful outcomes			
EVALUATION CRITERIA		The Potential Provider's response demonstrates: - - an understanding of the structures and organisations involved in the delivery of health research - the ability to create and develop links and collaborations with other organisations, groups and communities to deliver work.			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 10 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ6

6.1 The Importance of Partnership Working for NCD and PPIPER

Partnership working is a critical component of the long-term success of NCD, PPIPER and the NIHR at a variety of levels:

- LGC's delivery model for the NCD and PPIPER is based on a partnership between LGC, F1000, public and patient engagement experts, knowledge mobilisation experts and independent medical communications professionals
- This will build on the broad experience LGC has, through the NOCRI and CCF contracts, of building successful partnerships and collaborations that are vital to deliver the NIHR's work in a consistent and coordinated way.
- To present a "One NIHR" to patients, the public and the health and care research ecosystem, LGC already works in partnership with other organisations to successfully co-deliver the NIHR
- Health research, PPIPER and dissemination of its outcomes requires partnership working at all stages of the process between a variety of organisations who may be directly or indirectly funded by NIHR

Effective partnership working requires clear agreement on goals, allocation of responsibilities, trust, open and regular communication, objective assessment of progress with mitigating activities identified if needed and integrated teams that respect all parties. LGC has a proven track record in developing partnerships for delivery of NIHR services to the Authority and will use this experience to deliver the NCD and PPIPER Centres. For example:

- LGC already successfully runs the NOCRI function, which has the primary role of developing and managing partnerships for the NIHR with charities, government, regulators, other funders and the life sciences industry.
- Working with CC Technology Ltd to develop our bespoke Research Management System that is the core of our processes for commissioning and monitoring research
- Working with the Policy Institute at King's College London to develop and deliver impact training for CCF and NOCRI team members with other NIHR organisations also invited to send delegates
- Working with the Authority and other parts of NIHR as part of the NIHR Impact Working Party

6.2 Partnerships within NIHR

LGC Ltd has been an integral part of the NIHR system since 2006. During that period we have worked collaboratively with the Authority and other suppliers of services to the Authority to deliver a single NIHR system that has improved the health and wealth of the nation. LGC is adept at leading projects requiring partnerships (e.g. SME engagement, Impact assessment) and collaborating when other organisations are leading initiatives. Recent examples where LGC has worked in partnerships with other components of the NIHR include:

- Working with the NIHR Director of Communications, LGC has played a key role in developing the NIHR communications, and branding strategy and new NIHR identity. This experience will be integrated into the NCD communications strategy
- LGC has led development of the NIHR charity engagement strategy including setting up the NIHR Charity Engagement Programme Board that includes representatives of all Coordinating Centres
- LGC has effectively mapped NOCRI/CCF partnerships with the NIHR's key stakeholders in order to improve engagement and support the delivery of the

NIHR goals. LGC is looking to facilitate embedding this coordinated approach to stakeholder engagement across all of the NIHR.
- LGC worked with the NIHR Director for Patients, Carers and the Public, other parts of the NIHR and PPIPER organisations across the UK to develop and launch the UK Standards for Public Involvement in Research and we would continue this initiative if awarded the NCD/PPIPER contract
- As part of the NIHR Strategy Board, LGC has collaborated with all other components of the NIHR on strategic initiatives such as "Push the Pace" to deliver significant improvements in how NIHR works
- LGC has developed the Training and Development Collaborative concept that aims to formalise training across CCF/NOCRI and other parts of the NIHR to continue the progress in professionalisation of health research management
- LGC has developed the Reviewer Match software system for patient and public involvement, participation and engagement that is now being rolled out across NIHR working with other Coordinating Centres
- LGC's contract and IP team supported NETSCC's roll out of global health research units at short notice to ensure that this important initiative was delivered with appropriate contractual frameworks to minimise risks to the Authority

Building on this long-term experience of partnership working across NIHR, LGC will deliver the NCD and PPIPER Centres by working collaboratively with other constituent parts of the NIHR (CRN, NETSCC, Academy, CCF, NOCRI) to deliver a cohesive and integrated approach to improving PPIPER and dissemination of NIHR funded research. In particular, we will work with alumni of the NIHR Knowledge Mobilisation Fellow scheme to create a Knowledge Mobilisation Alliance that will identify best practice and promote wider capability building in the health research ecosystem.

6.3 The NCD Delivery Partnership

F1000 is LGC's technical delivery partner, providing the IT infrastructure and expertise needed for the NIHR Evidence online portal. In addition, F1000 work with over 8,000 expert Faculty Members that will supplement LGC's existing network of public and peer reviewers. This is a critical part of this NCD proposal therefore we will not reply on a simple transactional relationship between LGC and F1000. Instead, our partnership will formalised in clear contractual agreements, allocation of activities between partners, regular weekly operational meetings, quarterly strategic reviews and a transparent, honest ongoing dialogue about what each organisation needs to do to deliver the NCD to the Authority.

LGC will also develop sub-contracted partnerships with knowledge mobilisation experts and medical communication professionals. Our flexible resourcing model of having sub-contracted writers and experts rather than a permanent in-house team means that we will develop short and long term contractual relationships with experts depending on the topic, number and type of dissemination products that need to be produced at a particular time in the contract. Working with a range of experts also means that we not be reliant on a single source of expertise that could become a rate limiting factor at times of peak activity.

Working with the devolved nations has been an important part of the success of the current Dissemination Centre, and both Health and Care Research Wales and the HSC R&D Division of the Public Health Agency in Northern Ireland have contributed to the funding of the Dissemination Centre. The CCF and NOCRI teams have strong links with these two organisations, and with the Chief Scientist Office Scotland, through engagement on UK-wide working on industry clinical trials and LGC will utilise these relationships to strengthen the work of NCD, both to ensure that there is broad coverage of applied health research evidence from across the UK and also to ensure that patients from across the country and the entire UK health and social care system can benefit from effective dissemination of research evidence.

6.4 The PPIPER Delivery Partnership

Developing partnerships across the health system is essential for our PPIPER strategy. We will utilise our already well established relationships work with patient groups, charities, public and community interest groups and health service organisations to develop partnerships with patients and the wider public that result in co-development of themes, priorities, research application review and dissemination activity. We will formalise partnerships with significant groups via Memoranda of Understanding to ensure that all partners understand their roles and contributions to the overall PPIPER strategy. We will also have a formal partnership agreement with the National Coordinating Centre for Public Engagement (NCCPE) who will provide PPIPER expertise including from outside of the health research sphere. LGC believes that the NCCPE input will diversify the strategies and tools that we introduce to NIHR by applying learnings from other areas of 'public engagement in research' into health research.

6.5 Developing and Maximising Partnerships Across the Health Research Ecosystem

NIHR-funded health research exists in a complex and highly fragmented ecosystem with multiple clinicians, funders, research organisations, stakeholders, policy makers and patient interest groups that need to receive disseminated outputs from research in a format that is relevant and useful to them. To achieve their goals, NCD and PPIPER, working synergistically with the CCF and NOCRI functions managed by LGC, need to create, develop and extend partnerships across the health research landscape. This is why our proposals for the NCD and PPIPER Centres feature stakeholder engagement as core activities because that is the starting point for developing partnerships. LGC's Stakeholder Engagement Managers will leverage CCF/NOCRI's partnerships actively create partnerships with organisations and individuals in order to disseminate that need to receive dissemination outputs from NIHR-funded research. These partnerships will identify the types, format, style and frequency of dissemination product that different stakeholders require. These requirements will be fed into the NCD and PPIPER prioritisation process that selects research outputs that should be transformed into items that are ready for dissemination and capture public and patient views on NIHR activities.

As part of our existing stakeholder engagement processes, we will regularly review the organisations that LGC needs to work with or improve our engagement with as part of its NIHR services. Recognising that we only have finite resources for stakeholder engagement, we segment and categorise organisations in to three tiers of importance. Tier 1 organisations are long term important partners required to deliver CCF/NOCRI's strategic goals, whereas Tier 3 organisations require a low level of resource and just need to be kept informed of relevant NIHR information and have specialist needs that we accommodate if possible. We will review our existing classifications to ensure that they build in accurately reflect the requirements for the NCD and PPIPER Centres. As per our current process, we will regularly review our engagement with stakeholders to identify our most productive partnerships and the classifications at least annually to ensure that we focus resources on the most productive partnerships that require it.

As part of the CCF and NOCRI contracts, LGC already has developed significant partnerships across the health research landscape that we will further develop for the NCD and PPIPER Centres:

- Working with NHS England, MHRA, NICE Healthtech Connect and the Accelerated Access Collaborative to understand the priorities and processes for translating NIHR funded research into improvements in the health and care system
- Working with AHSNs to signpost NIHR- funded researchers and projects to experts who can support introduction of innovation in to the NHS and researchers in need of funding to the NIHR

- Working with charities and patient/community groups to promote involvement of patients and the public in the NIHR funding processes
- Working with the Wellcome Trust to co-deliver the Health Innovation Challenge Fund scheme
- Working with NIHR Infrastructure organisations such Biomedical Research Centres, Research Design Service, Collaborations for Leadership in Applied Health Research and Care, Medtech and In vitro diagnostic Collaboratives, Global Health Research Units and Patient Safety Translational Research Centres to promote knowledge exchange and collaborative working throughout the NIHR system
- Working with charities to identify opportunities for collaboration and co-funding that reduce delays and wasteful duplication in the wider health research system
- Developing partnerships with NHS Trusts and universities across England that promote NIHR funding opportunities and encourage strong applications by explaining the criteria used by funding boards to assess applications
- Working with regional innovation support organisations
- Working with other medical research funders via the Association of Medical Research Charities to build effective working relationships that promote synergies and reduce administrative delays across the health research funding system
- Working with Medcity UK, angel investor groups and venture capital companies to promote follow on funding of projects that require a commercial route to patient benefit

6.6 Partnership Development Example

The following is one example of LGC working to systematically to develop a collaborative partnership. These are some of the steps taken to create the NIHR-BHF Cardiovascular Partnership:

- Map NIHR data to identify key research groups across the translational infrastructure and areas of disease-specific interest
- Bring together key research leads (e.g. BRC directors and/or theme leads) to discuss current research activity across the different centres, identify opportunities to collaborate and other key stakeholders, such as medical research charities, to include in future discussions
- Work with nominated infrastructure leads to develop a draft collaboration proposal, including describing the need for the collaboration, the operating structure, the proposed benefits and potential funding model/ approach
- Involve wider infrastructure collaboration membership and charity (BHF) in reviewing and refining the proposal
- During review process set-up meetings with potential collaboration chair and charity to discuss formal partnership opportunities and funding models. This included discussions with charity about their expectations in return for funding/ support (e.g. co-badging the initiative).
- At this stage DHSC were made aware of the ongoing discussions about the collaboration and potential charity partnership
- Once collaboration proposal finalised, the nominated collaboration chair formally request support/ engagement from the charity and charity to respond with letter of intent
- The charity letter of intent to support the collaboration and the collaboration proposal was submitted to DHSC for approval
- DHSC give go ahead to collaboration, leading to work with members to fully develop the collaboration strategy, to include identification of workstreams
- Next steps included– nomination of workstream leads, development of workstream plans, implement collaboration MoU, internal/ soft-launch of collaboration – including press release and other comms material such as blogs, business development strategy produced, producing multi-party NDA for collaboration to support industry engagement, develop NIHR web presence etc

A key to achieving genuine collaboration is sharing responsibility for workstream leadership and delivery across collaborating organisations.

6.7 Elements of Structured Stakeholder Engagement

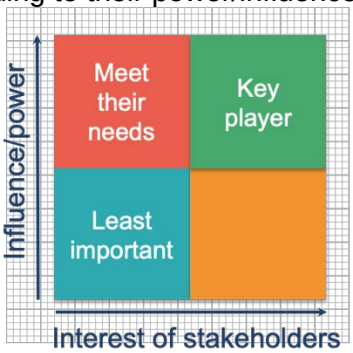
LGC operates a formal process for managing stakeholders in the broadest sense of the term partnership.

6.7.1 Why/Who/How?

LGC undertakes stakeholder engagement to:

- Exchange information/intelligence
- Promote the organisation
- Extend our reach
- Influence others
- Ensure the organisation's voice is heard
- Understand the research environment
- Build relationships to support core activities – collaboration development, business development, communications and marketing
- Develop partnership working
- Reputation management

We stratify stakeholders according to their power/influence and interest:



We engage with stakeholder through a number of mechanisms:

- Channel mapping
    - 1:1 meetings
    - Sharing comms, news and events
    - Joint working on specific projects
    - Membership of working groups
    - Attendance at meetings, workshops and conferences
    - Personal relationships
    - *And so on…*
- Develop targeted engagement plan
- Monitor and evaluate

6.7.2 Engagement Approach

We deliver engagement which is appropriate to the partner organisation:

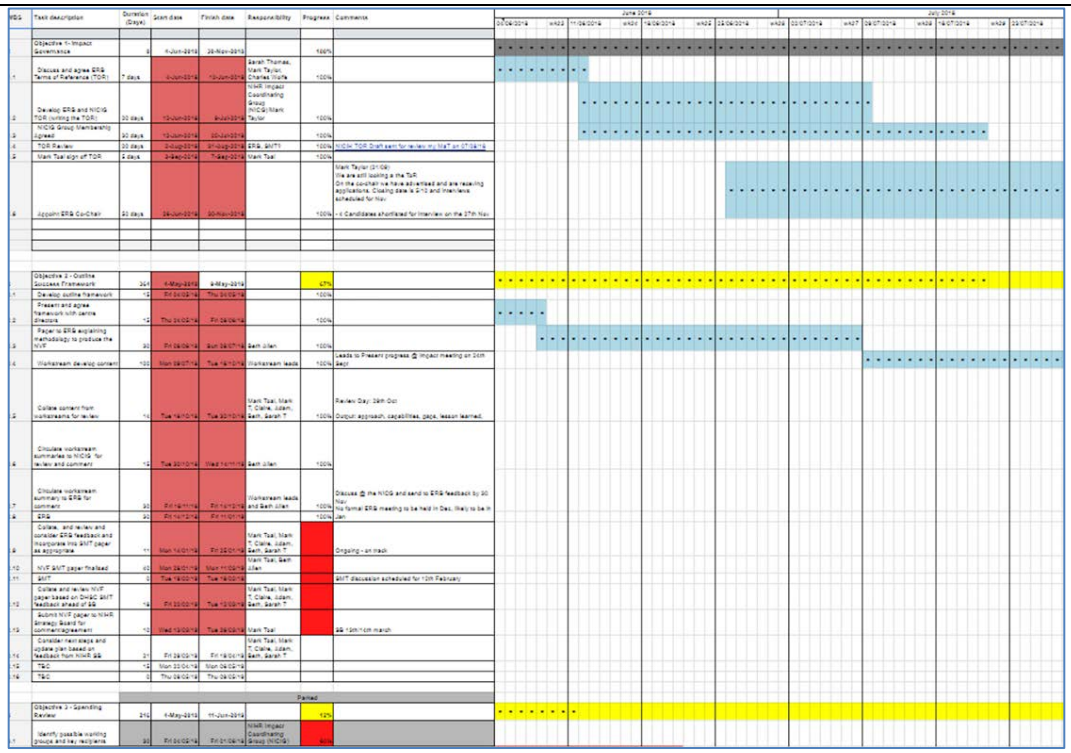
6.7.3 Tier 1/2/3 Segmentation

Internally stakeholders are tiered as follows:

If we are successful in securing this new contract then appropriate adjustments will be made to our stakeholder management plans. For example, we will discuss with Health and Care Research Wales possible visibility of their prioritisation panels, visits to their Innovation Hubs and possible involvement in their planned annual stakeholders meeting.

6.8 Planning a Partnership Project

Our Project Management Office produces detailed plans for delivering projects with partners. The Gannt chart below shows the overall plan for activities related to the development of the NIHR Value Framework.



WBS	Task description	Duration (Days)	Start date	Finish date	Responsibility	Progress	Comments
	Objective 1- Impact Governance	0	4-Jun-2014	28-Nov-2014		100%	
1	Discuss and agree ERG Terms of Reference (TOR)	7 days	4-Jun-2014	13-Jun-2014	Sarah Thomas, Mark Taylor, Charles Wolfe	100%	
2	Develop ERG and NICIG TOR (using the TOR)	30 days	13-Jun-2014	9-Jul-2014	NIHR Impact Coordinating Group (NICIG) Mark Taylor	100%	
3	NICIG Group Membership agreed	30 days	13-Jun-2014	30-Jun-2014		100%	
4	TOR Review	23 days	2-Jul-2014	31-Jul-2014	ERG, SAVTI	100%	NICIG TOR Draft sent for review by Mat T on 07.08.14
5	Mark Tual sign off TOR	2 days	2-Sep-2014	7-Sep-2014	Mark Tual	100%	
6	Appoint ERG Co-Chair	23 days	24-Jun-2014	30-Nov-2014		100%	Mark Taylor (21.08): We are still looking at the ToR On the co-chair we have advertised and are receiving applications. Closing date is 2nd and interviews scheduled for Nov. - 4 Candidates shortlisted for interview on the 27th Nov.
	Objective 2 - Outline Success Framework	264	4-May-2015	9-May-2016		47%	
1	Develop outline framework	12	Fri 04/05/14	Thu 24/05/14		100%	
2	Present and agree framework with centre directors	12	Thu 24/05/14	Fri 29/06/14		100%	
3	Paper to ERG explaining methodology to produce the NVF	30	Fri 06/06/14	Sun 29/07/14	Seth Allen	100%	
4	Workstream develop content	100	Mon 28/07/14	Tue 14/10/14	Workstream leads	100%	Leads to Present progress @ impact meeting on 24th Sept
5	Collate content from workstreams for review	10	Tue 14/10/14	Tue 28/10/14	Mark Tual, Mark T, Claire, Julian, Seth, Sarah T	100%	Review Day: 29th Oct Output: approach, capabilities, gaps, lesson learned,
6	Circulate workstream summaries to NICIG for review and comment	12	Tue 28/10/14	Wed 12/11/14	Seth allen	100%	
7	Circulate workstream summary to ERG for comment	30	Fri 14/11/14	Fri 12/12/14	Workstream leads and Seth Allen	100%	Discuss @ the NICIG and send to ERG feedback by 30 Nov. No formal ERG meeting to be held in Dec, likely to be in Jan
8	ERG	30	Fri 14/12/14	Fri 11/01/14		100%	
9	Collate, and review and consider ERG feedback and incorporate into SAVT paper as appropriate.	11	Mon 14/01/14	Fri 23/01/14	Mark Tual, Mark T, Claire, Julian, Seth, Sarah T		Ongoing - on track
10	NVF SAVT paper finalised	10	Mon 26/01/14	Mon 11/02/14	Mark Tual, Seth Allen		
11	SAVT	0	Tue 13/02/14	Tue 13/02/14			SAVT discussion scheduled for 12th February
12	Collate and review NVF paper based on DH&C SAVT feedback ahead of SB	18	Fri 28/02/14	Tue 13/05/14	Mark Tual, Mark T, Claire, Julian, Seth, Sarah T		
13	Submit NVF paper to NIHR Strategy Board for comment/agreement	10	Wed 13/05/14	Tue 26/05/14	Mark Tual		SB 12th/13th march
14	Consider next steps and update plan based on feedback from NIHR SB	21	Fri 28/05/14	Fri 18/06/14	Mark Tual, Mark T, Claire, Julian, Seth, Sarah T		
15	T&C	10	Mon 23/04/14	Mon 06/05/14			
16	T&C	0	Thu 24/04/14	Thu 24/04/14			
			Period				
	Objective 3 - Spending Review	210	4-May-2015	11-Jun-2016		12%	
1	Identify possible working groups and key recipients	30	Fri 04/05/14	Fri 01/06/14	NIHR Impact Coordinating Group (NICIG)	50%	

Figure: NIHR Value Framework Project Plan Example

QUESTION	AQ7	WEIGHT	5%	PAGE COUNT	8 PAGES
QUALITY QUESTION		**Apprenticeships and Skills**			
QUESTION		Potential Providers must provide a clear and appropriate strategy for an apprenticeship and skills programme, stating how their proposal is able to meet the requirements and highlighting those areas where the proposal can provide benefits to the Authority, including meeting the desirable requirements			
EVALUATION INTENTION		Seeks to establish the supplier's commitment to developing and investing in skills in performance of the contract in question, and in particular their commitment to the creation of apprenticeships, under the contract.			
EVALUATION CRITERIA		The Potential Provider's response must demonstrate how it plans to recruit apprentices and upskill staff as part of a apprenticeship and skills programme			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 8 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ7

7.1 Apprenticeships

Apprenticeships provide an excellent opportunity for individuals to gain recognised qualifications and workplace experience. LGC's existing apprenticeship programme supports development of a pipeline of skilled employees across the business (80% of LGC apprentices continue in the field of science at LGC or go to university).

The LGC Advanced Apprenticeship Scheme (including office and laboratory-based assignments) started in 2011 and became the first such scheme to be accredited by the Royal Society of Chemistry (RSciTech and RSci status). Two apprentices were shortlisted in 2014 for the Cogent Life Sciences Advanced Apprentice Award providing external validation of the quality of the LGC apprenticeship scheme.

To date, LGC has mentored:

- Three apprentices through an NVQ in Science (70% office-based)
- Approximately 60 apprentices through its Advanced Apprentice (Laboratory Technician Level 3) and Higher Apprentice (Laboratory Scientist Level 5) schemes.

As part of the current CCF and NOCRI contracts, LGC has recently introduced apprenticeships focusing on health research management in the Grant Management Group (GMG). GMG apprenticeships are a genuine alternative to university, offering ongoing study at Richmond College alongside paid employment in our Twickenham office. All apprentices benefit from full on-the-job training, enabling them to flourish in a professional business environment. Supportive colleagues and managers work alongside our apprentices, helping them not only to acquire new skills but also building their self-confidence and interpersonal relationships. All apprentices are given real responsibility from day one, and are empowered to deliver key tasks. GMG apprentices are not treated as simply "work experience" but are a vital – and valued – part of our workforce. At the end of the contract, our apprentices receive a nationally recognised Level 3 qualification and are well-placed to continue their career progression within GMG or in the wider industry.

Our first intake of apprentices commenced in Autumn 2017, with two people undertaking the Business & Administration Level 3 Apprenticeship. Autumn 2018 had two new candidates joining GMG with one joining the Operations and Communications teams to embark on the Business & Administration qualification, whilst the second joined our Finance team for our newly created Accounting Apprenticeship. From April 2020, we will give apprentices the opportunity to spend part of their placement in the NCD or PPIPER teams as part of the wider GMG apprenticeship scheme.

We asked one of our current Apprentices, FOI 40, to tell us about her experience so far, and here's what she had to say:

What you have learned?

- I have learnt a lot about how the company and this industry works and been able to see where the hard work is going, which is really interesting to see.
- I have learnt how to adapt to working in different working environments - for example, Operations, Communications and NOCRI.

How do I think you have developed personally?

- As a person I think that I have grown up a lot whilst working here; I have definitely improved in being able to learn things quickly and I think my confidence has grown a huge amount.

What has been the best/most interesting thing?

- Like I previously mentioned, I have found it very interesting to see where the money for all the research goes and how it really does help people live a normal and

potentially longer life. The best thing about working at GMG has been the overall environment of the workplace.
- I have also enjoyed working in the different departments because it has helped me understand more about how the company works.

What support have you had?
- The support from EVERYONE has been incredible!

What has been the most challenging part?
- Learning all the acronyms :D

Why was the GMG apprenticeship a good choice?
- From a young age I had always said that "I wanted to go into work as soon as possible". Honestly, I think doing an apprenticeship is the best pathway to begin a career because nowadays, the thing that employers look for is experience and by doing an apprenticeship, I have now gained so much experience in so many different fields of work in one company. (Which I am eternally grateful for)

7.2 Graduate Trainee Programme

LGC launched its Graduate Scheme in Research Management in October 2018 to train and develop graduates on a fast-track into research management. From 120 applicants we shortlisted 12 high quality candidates who participated in a full day selection centre process. We expect that the first group of two Graduate Trainees will start in September 2019 and future cohorts will be able to work as part of the NCD and PPIPER Centres. In addition, due to the high quality of the shortlisted candidates, LGC is considering offering other candidates roles in the grant management group.

Each step of the 22-month programme will challenge Graduate Trainees to develop their managerial skills. Through mentoring, professional development and training from experienced research managers in our specialist teams, Graduate Trainees will have opportunities to:

- Shadow directors and managers to learn from their expertise in research and innovation management
- Explore the political, scientific and commercial context of our work
- Participate in health research events
- Work with cross-cutting teams and functions
- Build on their current strengths, develop new skills and explore their medium and long term career aspirations.

Each Graduate Trainee will complete two 8 month projects that will provide them with a variety of new skills and contribute to improved services delivered to the Authority by LGC.

7.3 Skills Development

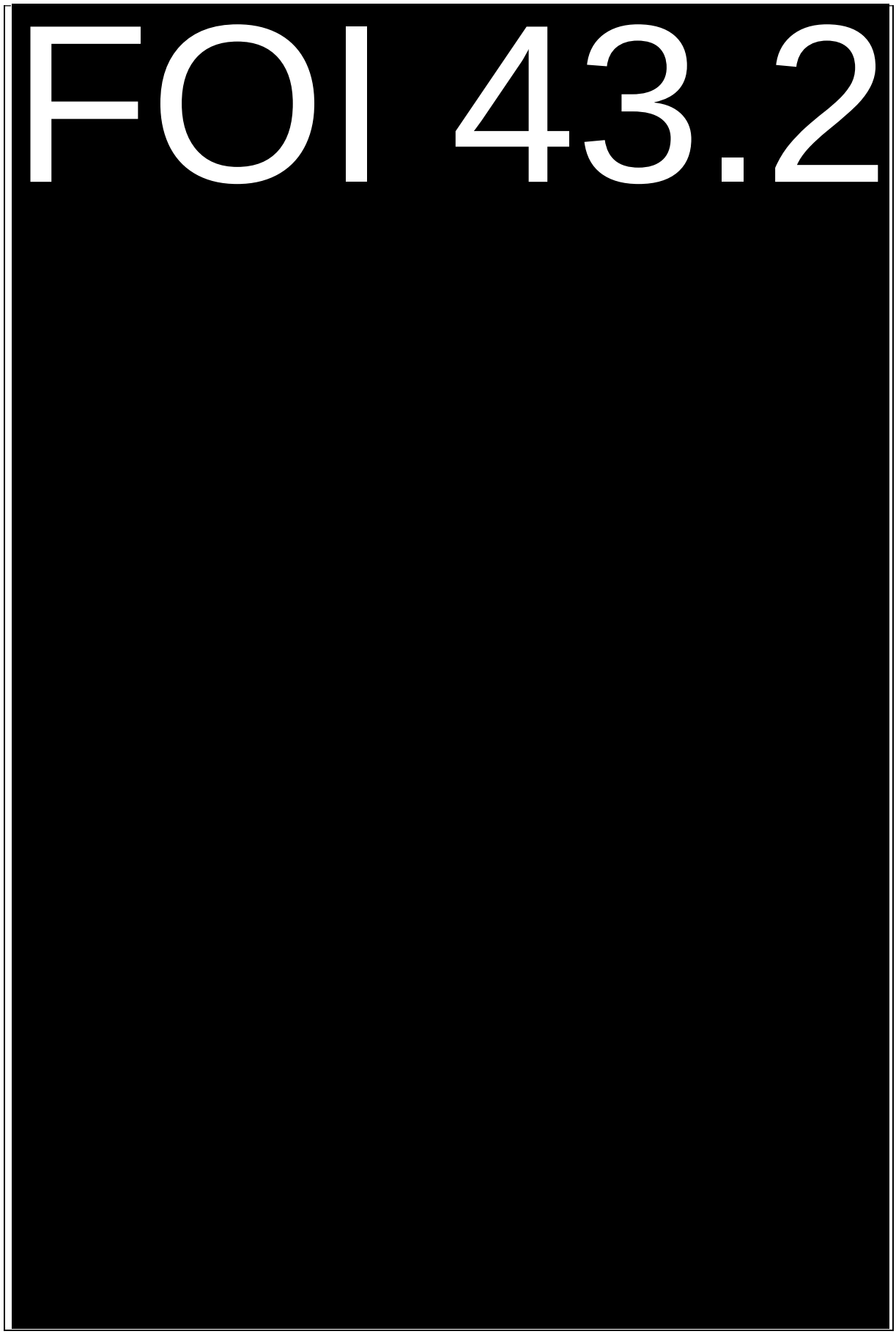
Across LGC, employees benefit from skills training managed via annual Personal and Professional Development Reviews. In response to LGC's annual 'staff satisfaction survey', enhancements provided for GMG employees include training to develop specific technical and general competencies:

- In-house training courses (IT, health and safety, professional skills, line management, leadership, scientific and technical skills)
- Training delivered by experienced colleagues/subject matter experts (e.g. NIHR induction training, Intellectual Property in the context of NIHR funded research, patient and public involvement, NIHR communications policies and practice, use of the Research Management System, charity engagement in NIHR)
- External courses to develop new skills and capabilities, some leading to recognised qualifications e.g. King's College London Policy Unit delivering tailored research

impact training programme to selected CCF and NOCRI "impact squad" members and other members of the wider NIHR from NETSCC and the Academy have also been invited to attend
- Conferences and other forums allowing development of skills, networks and specialist knowledge

As part of the CCF/NOCRI contract, we have established interrelated career pathways for administrators, research officers, senior research officers, programme managers and senior programme managers. This framework details the skills, experience and mindsets needed to progress to more senior roles within a particular job (from "learner" to "performer", "expert", "transformer" and finally "leader") or move horizontally to roles in other functions. An example career path for Research Officers is shown below. The clarity provided by these pathways enables focused and constructive discussions between individuals and their line managers regarding their career aspirations and the development they need to progress along their desired pathway. Line managers are responsible for giving individuals development opportunities to improve their current skill set or developing new skills or experiences that enable them to develop soft and technical skills that ultimately enable career progression for the individual, improved staff retention for LGC and improved delivery to the Authority.

As part of the 18/19 CCF/NOCRI work plan LGC has developed the first phase of an open learning platform called the Learning and Development Collaborative (LDC). The first phase of the latter has been development of a research management training curriculum for CCF grant management staff. The second phase, agreed at the NIHR Centres Executive Board, is expansion of the platform to integrate training for all NIHR Coordinating Centre staff by absorbing or signposting training provided to other centre's staff and development of new modules for social care and public health (two Authority priorities). The GMG LDC materials will be integrated into the NIHR Learn platform. If we are successful in our bid a third phase of development would be integration of NCD and PPIPER training materials into the curriculum. We will seamlessly link the NCD NIHR Evidence portal managed by F1000 directly to appropriate training modules on NIHR Learn to enable maximum dissemination of training to stakeholders.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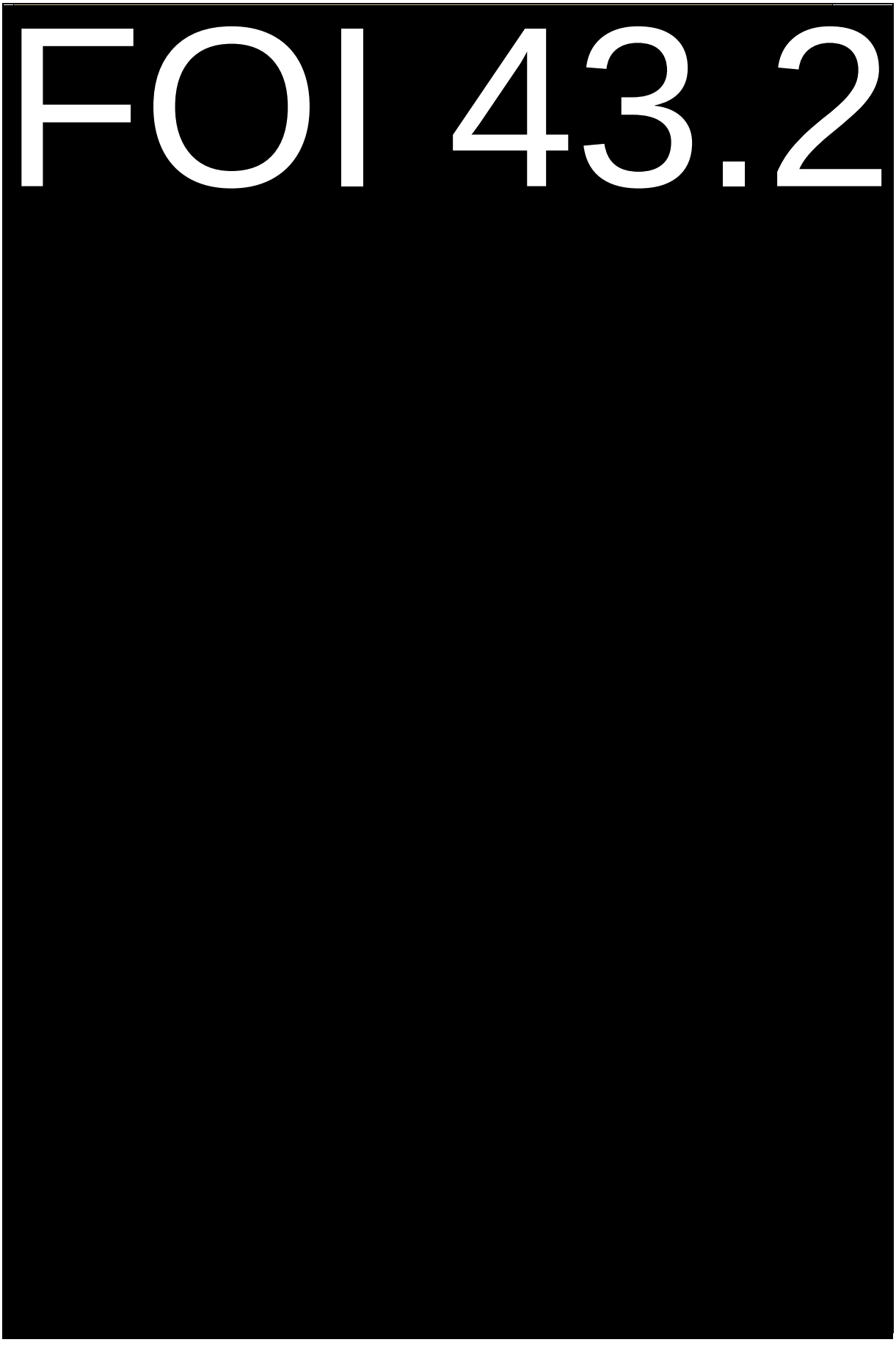
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QUESTION	AQ8	WEIGHT	5%	PAGE COUNT	10 PAGES
QUALITY QUESTION		**Transition Implementation Plan**			
QUESTION		Potential Providers must provide an outline transition implementation plan to indicate its plans for the transition of services from their current operation into the new contract delivery phase			
EVALUATION INTENTION		Seeks to ensure that the Potential Provider has a robust implementation plan that will allow for a smooth transition and delivery of services effectively.			
EVALUATION CRITERIA		The Potential Provider's response shows that it has a credible solution including: - Defined and achievable milestones - Identified and proposes suitable management of the delivery risks - A quality assurance regime that monitors, measures and assures quality outcomes			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 10 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ8

8.1 Transition Strategy

LGC's priorities when taking over provision of PPIPER and NCD are: (i) that there will be a seamless provision of service to the Authority and the health research community during the transition period; (ii) all services start as planned on the contract start date; (iii) the Authority has full oversight of all transition activities to provide reassurance.

The transition plans outlined in this document are based on the assumption that the dates in the Invitation to Tender (ITT) document (service starts on 1st April 2020) do not change. Any significant changes in these dates may require amendments to the plans after discussion with the Authority.

LGC recognises that, with the transfer of any service to a new supplier, there is a risk that the incumbent supplier will not be able to provide a full service to the last day of their contract due to loss of staff moving to new contracts or employers. LGC will be happy to work with the Authority and the incumbent supplier to mitigate this risk by commencing operations earlier than 1st April 2020 if additional operational funding is provided to cover this extra work in addition to the transition period funding that will be used to set up the NCD and PPIPER Centres at LGC.

As a global life science company, LGC is very experienced at integrating new groups in to its wider team, including TUPE when appropriate. Specifically for the Grant Management Group, in 2017-18 we ran a full transition programme to integrate CCF and NOCRI for a new contract period starting on 1st April 2018 and we are currently running a transition programme for the Small Business Research Initiative – Healthcare programme that LGC will run on behalf of NHS England from 1st April 2019.

8.2 Transition Leadership and Management

Responsibility for successful transition of services to LGC will rest with the Grant Management Group's Senior Leadership Group (SLG). A Transition Programme Manager will be appointed who will be responsible for tracking all elements of the transition and providing the SLG with regular updates on progress. LGC's Human Resources department will be involved from the start of the transition to manage all aspects of TUPE. There will be weekly transition project team meetings to ensure all participants (at LGC, our subcontractors and the incumbent where services are transitioning from) are delivering their parts of the plan, issues are identified and mitigating strategies are deployed as appropriate. LGC will apply its standard quality management processes to all aspects of the transition.

We also propose quarterly transition update meetings with the Authority and the incumbent supplier to provide full reassurance that transition is progressing as expected.

8.3 Pre-Contract Signature Activities

Our transition activities will start as soon as LGC receives notification of the contracts being awarded to us by the Authority. Two activities will start immediately:

- Finalising the contract with the Authority with signature by both parties;
- Finalising all details for the Transition Implementation Plan so that the plan can be implemented as soon as the contract is signed between the Authority and LGC.

When the agreement between the Authority and LGC is signed, we will immediately start to work with the incumbent suppliers of the NCD and PPIPER Centres (i.e. University of

Southampton, UCL and, through subcontract, Economist Group) to start the transition process.

8.4 Staffing Issues

Subject to receipt of the next level of TUPE related information, our proposed staffing model includes retention of the majority of staff employed directly by the incumbents and establishment of a new LGC satellite office in Southampton, a short distance from the current science park site. LGC has substantial experience of TUPE as it acquires UK based businesses as one part of its development strategy. In the context of NIHR work, LGC has previously absorbed staff from Quotec and has recently successfully integrated the NOCRI and CCF delivery teams who work seamlessly between our offices in Twickenham and central London fully utilising the NIHR Google hangouts system for attending meetings virtually, saving time and transport costs. Our model ensures that skills and experience gained by the current staff will not be lost to NIHR. However, we do plan to: (1) rationalise existing overlapping senior management roles into new Director of NCD and PPIPER and Assistant Director positions with a simplified reporting structure and resources focused on operational delivery; (2) switch sub-contracts to suppliers better suited to our revised delivery model (e.g. F1000, medical writers and editors); and, (3) revise and refocus the tasks undertaken by the team members to ensure greater effectiveness. Our Human Resources team will manage all TUPE related issues during the transition period and transfer of operations to LGC.

During transition and implementation of any new contract, LGC would use the same inclusive approach to integrating NCD and PPIPER staff into GMG as was used during the recent closer integration of the NOCRI/CCF teams. Specifically we will: (a) map out current individual tasks, (b) review staff skills/competencies and career aspirations, (c) communicate our strategic approach, and (d) co-develop individual task allocations that maximise the opportunities for enhancing individual and team performance. We may use personality profiling to draw out latent competencies such as influencing skills.

We recognise that TUPE is likely to apply with staff currently employed on the Dissemination Centre and INVOLVE Centre contracts. LGC will meet all legal obligations and will start this process immediately after contract signature by contacting the incumbent supplier to agree the processes that will be followed. We also recognise that existing LGC staff members will have questions about the new services and how they will affect their roles. To minimise concerns and disruption to all staff at LGC and the incumbent supplier, LGC Grant Management Group senior members of staff will lead workshops that will present the plans for the future of the NCD and PPIPER Centre. We will have regular updates during the transition process to ensure that there is transparency about what is happening.

In the event that we need to recruit new members of staff, LGC will recruit staff with the appropriate skills and expertise needed for the contracts. Via a combination of TUPE and recruitment, we will ensure that NCD and PPIPER has a full complement of staff from day one of service provision (1st April 2020). Our assumption is that all new members of staff will work from our office in Twickenham and this will require minor changes to our office and ways of working. However, we will be willing to negotiate other arrangements with existing staff under TUPE including working from offices in Southampton that we have included in our financial model.

We will write job descriptions for all of the roles in PPIPER and NCD. We will then identify the skills already present in the transferring staff and gaps that need to be filled by training and development. This will form the basis of a training programme that will provide all staff with the full scope of skills that they need for the NCD and PPIPER. Job descriptions will also be the start of recruitment if any staff at the incumbent suppliers decide to not transfer to LGC.

For all members of staff (transferring under TUPE or newly recruited) there will be a comprehensive induction process to ensure that all members of staff feel valued, understand LGC's culture and understand their roles on day one of the new PPIPER and NCD.

8.5 Sub-contracts

As subcontractors will be contributing significant portions of the NCD services, when the LGC-Authority contract is signed we will move quickly to finalise contracts with our collaborators. The contracts will flow down all appropriate terms in the Authority's contract to the subcontractors. The subcontracts will also contain clear milestones for the transition and operation phases so that LGC has the ability to manage the performance of subcontractors if necessary. We have also agreed in principle terms step-in rights with F1000 that would allow LGC to take over the NIHR Evidence website (and therefore maintaining service to the Authority) in the unlikely event that F1000 encountered financial difficulties.

The critical sub-contractor activities during the transition period are:

- Development of the NIHR Evidence portal by F1000
- Recruitment of medical writers and editors
- Set up of Year 1 pilot projects

Each of these activities has a dedicated work package in the transition plan (see below) with cautious completion dates that will ensure that LGC can adapt to any unexpected issues without affecting successful start of services on 1st April 2020.

For the F1000 activities developing the NIHR Evidence portal, we will have fortnightly progress update meetings to review overall progress and individual tasks.

8.6 IT System Set Up and Data Transfer

Creation of the NIHR Evidence portal will be managed by F1000 under sub-contract during the transition period. The key deliverables will be:

- Set-up of the NIHR Evidence platform with associated content management system for publishing other types of outputs
- Data migration from incumbent supplier
- Creating additional structured templates for the writing team to enable rapid conversion of documents into portal content
- Set-up of software to meet all security requirements

These deliverables will be planned and completed to ensure that the portal launches on 1st April 2020. There will be a phase approach to data transfer, with the first transfer planned for October 2019 to test the system and identify any issues that need to be resolved. A second transfer will occur in early March to provide LGC with an almost complete data set with final data being supplied on 31st March 2020.

In addition to starting the NIHR Evidence portal, LGC will transfer all NCD and PPIPER websites (pending the Authority decision regarding integration of these websites in to the main NIHR website), databases and records (if these can be transferred to LGC under the Authority's current contract with the incumbent) and all social media accounts. We will work with the incumbent supplier to gain access to these important resources in advance of the contract start date so that a smooth transition occurs and there is no disruption to the research community.

8.7 Defining Standard Operating Procedures for NCD and PPIPER

During the transition period, LGC will define all of the processes that NCD and PPIPER will need to deliver all aspects of the service from 1st April 2020. We will request access to current SOPs at the incumbent supplier and will generate revised ways of working based on the proposals we have detailed in this tender response. The SOPs will form the basis of the training we provide to any employees who transfer under TUPE or are recruited by LGC. For example, as NCD will publish NIHR Alerts (succinct items targeted at non-specialists with plain English and no technical jargon) rather than the existing Signals, during the transition period we will update templates and guidance to ensure that our improved offering is delivered from 1st April 2020.

8.8 KPI Setting

As part of the transition process, we will propose key performance indicators for year 1 of NCD and PPIPER. Our initial proposals are outline in Method Statement C – Management and Governance. These will be negotiated with the Authority and finalised before the contract start date via the formal transition review meetings discussed below.

8.9 Pilot Project Approval

A key activity during the transition period will be the process of identifying, scoping, reviewing, approving and contracting the pilot projects for the first year of the contract. As outlined in Method Statement A – Overall Delivery, during stakeholder engagement activities to prepare this tender response, LGC has identified three potential projects that could be run during the first year of the contract. If the contract is awarded to LGC, we will run a review process with Authority approval at key points.

- Generation of "long list" of projects identified from internal ideas and stakeholder engagement activities, including one page summaries of the concept
- Ideas on "long list" reviewed for alignment with NCD/PPIPER strategy, Authority priorities, budget, timeline, availability of key resources.
- Long list of projects is reviewed at Transition Oversight Meeting with Authority approval of projects that should be developed in to full proposals
- Short listed projects developed in to detailed proposals including work packages, milestones, budget spending profile, go/no decision points, resourcing plans, Gantt charts and key outputs
- Shortlisted projects reviewed by LGC and sent to the Authority for approval at a Transition Oversight Meeting
- Approved projects will be contracted with external teams as required to start within first year of the NCD/PPIPER contract

The Authority will have full oversight of the process and only those projects that are approved by the Authority will be implemented.

8.10 Transition Plan and Quality Management

If the contract is awarded to LGC, the transition will be managed using LGC's ISO9001 compliant systems and processes. LGC has produced a draft comprehensive project plan for the 12 months from award to Commencement Date. The transition plan is intended to be:

- Transparent – The plan will provide clarity to the Authority, the incumbent suppliers and LGC staff on all activities that are required, who is responsible for delivery of each activity and the completion date for each activity
- Controlled – LGC's Programme Management Office function will manage all project and change documentation to ensure that a comprehensive overview and control of all activities is maintained;
- Quality-Focused – Milestones will be built in to the whole plan to ensure that NCD and PPIPER are operational and delivering a high quality service from 1st April 2020.
- SMART – All activities on the transition plan will be specific, measureable, actionable, realistic and time-limited to ensure that all activities contribute to the overall plan

Our approach to this transition planning aims to manage risks, reduce the impact of any changes brought on by the new contract, encourage a process of continued incremental improvement to the existing systems already in place, implement new initiatives, process and embed an ongoing collaborative way of workings with subcontractors and service providers. If awarded the contract, this approach will be initiated by LGC proposing a kick of meeting within the first two weeks of contract signing to be held between LGC, the authority and the incumbent. The aim of the meeting would be establish our way of working, agree our issue management and escalation process and finalise the implementation schedule.

The transition plan addresses the following issues:

- Implementation Schedule: The timetable for delivery of milestones
- Oversight Meetings: Dates of oversight meetings with the Authority and the F1000 system service provider
- Risk Management and Mitigating Strategies: Tasks and activities in place to actively mitigate and manage known and emerging risks.

The implementation schedule defines the major phases of work that will be undertaken to achieve our end goal. The schedule makes the assumptions that the work to deliver the major deliverables will overlap and run concurrently, in order to effectively manage this risk to delivery, interrelationships and interdependencies between activities and phases have identified and clearly documented in the detailed plan.

The schedule also anticipates and takes into account that uncertainties and issues may arise during implementation, and this is mitigated by adding appropriate lag times between tasks and activities especially where those tasks have external dependences.

Figure 8.1 is an overview of the transition plan including key work packages and deliverables

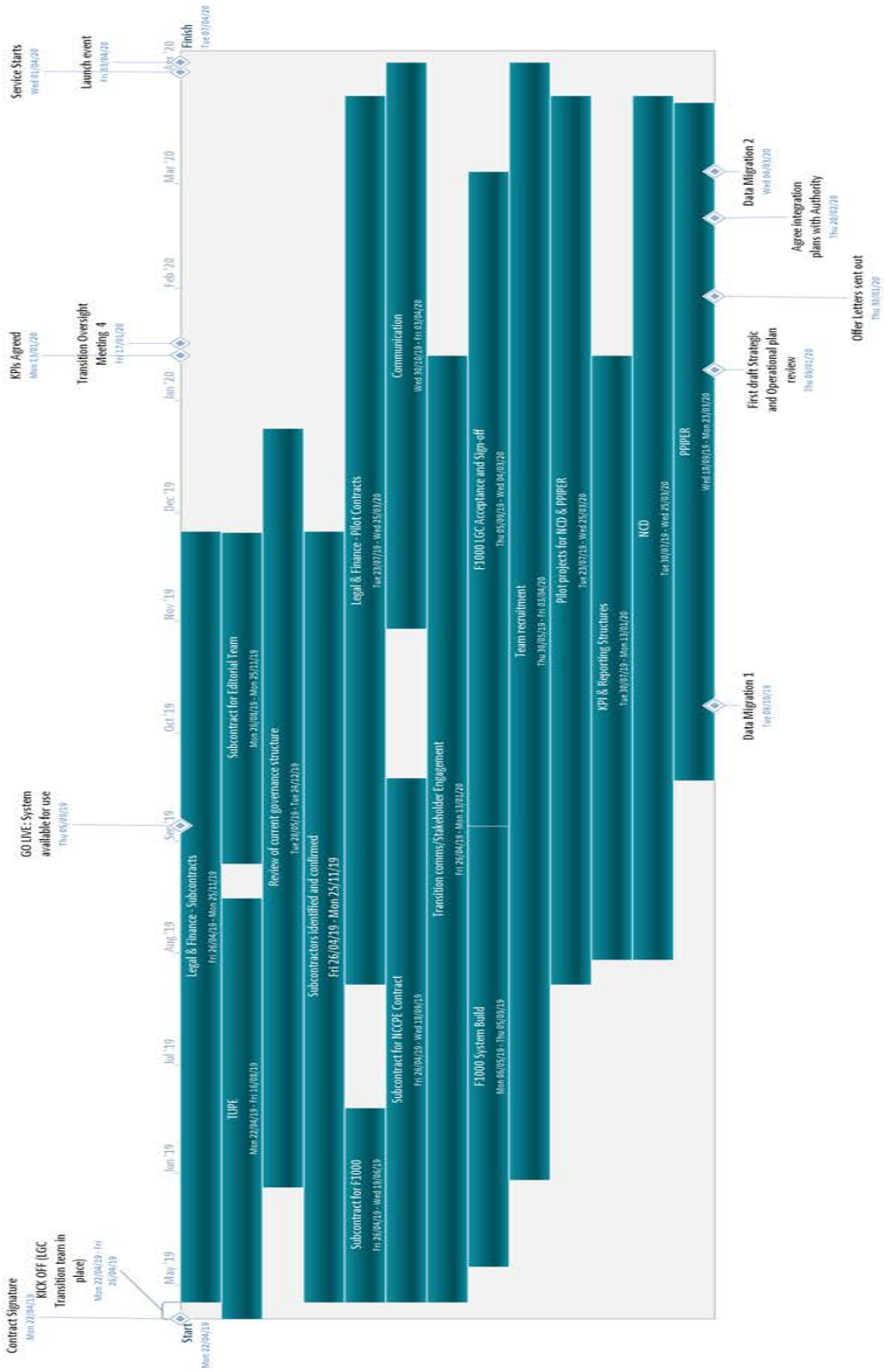


Figure 8.1 LGC's High level transition plan for NCD and PPIPER

8.9 Oversight Meetings

Quarterly oversight meetings with the Authority (on the same schedule as the existing CCF/NOCRI Contract Management Board meetings) have been built into the plan to

ensure regular two-way communication and timely identification, discussions and resolution of issues (including opportunities and risks) that arise during the transition period. This approach was successfully used by LGC when it was rewarded the CCF and NOCRI contracts and we believe that this is a robust and appropriate way of managing the NCD and PPIPER transition.

8.10 Risk Management and Mitigation

As part of the management and tracking of the implementation plan, LGC will be keeping an up-to-date risk register detailing major risks and resultant mitigating strategies and actions. As highlighted above, risk mitigation and management actions have been built into every point of the implementation schedule. LGC is comfortable with the fact that most of our risk mitigation is already in place, and where new ones arise our core of experienced staff are able to effectively manage and resolve these issues. LGC has anticipated the following major risks:

- **F1000 integration:** Risks of system development, migration and integration, are mitigated through formal procedures for deployment verification and a three month period for iterative improvement activities. Equally, LGC has included a second migration phase, three months after the supplier recommended system go-live and data migration period. This ensures the LGC is able to identify, mitigate and correct any issues which may arise. Development and integration will be overseen by LGC's experienced Information Services team, and supported by oversight meetings strategically placed at key delivery points. Finally the schedule includes a documentation and handover period which ensures that LGC will be able to provide the necessary ongoing support, monitoring and testing to ensure continued system integrity.

- **People and Staffing:** LGC is aware of the possible risks to delivery due to staff availability or TUPE complications. This risk is mitigated by kicking off the TUPE management process immediately after contract signing and the timely sourcing of a suitable satellite office location. Furthermore LGC is confident of never being short of skilled resource due to the skills gap analysis, our depth of knowledge on staff recruitment and development, and the option to draw on current experienced staff members as necessary.

8.11 Implementation Plan control and management

All items and outputs of the transition phase and plan will be documented and stored on LGC's SharePoint. Putting the documents on SharePoint maintains a single point of access to ensure effective project management, reporting, version control, and auditing.

8.12 Summary

Using its prior experience of introducing new NIHR services, LGC has developed a detailed transition plan that manages the transfer of NCD and PPIPER from the incumbent supplier, development of new systems and full launch of the new centres on 1st April 2020. The key deliverables and delivery dates for the transition period are shown in Table 8.1.

Table 8.1 Key Deliverables for NCD and PPIPER Transition		
Activity/Task Name	**Planned Completion Date**	**Deliverable/Milestone**
Contract Signature	Mon 22/04/19	
KICK OFF (LGC Transition team in place)	Mon 29/04/19	
Develop Risk Register/Finalise Delivery Plan	Mon 29/04/19	
KICK OFF meeting with Authority and incumbent	Fri 10/05/19	
Transition	**Tue 07/04/20**	
Transition Oversight Meeting	**Tue 07/04/20**	
Transition Oversight Meeting 1 - CMB	Thu 13/06/19	
Transition Oversight Meeting 2 - CMB	Thu 12/09/19	
Transition Oversight Meeting 3 - CMB	Fri 29/11/19	
Transition Oversight Meeting 4	Fri 17/01/20	
First Contract Management Board	Tue 07/04/20	
HR & Recruitment	**Fri 01/04/20**	- TUPE confirmation Staff Recruitment to start 1st April
Current governance structure	**Tue 24/12/19**	- Agreed reporting structures and KPI
KPI & Reporting Structures	**Mon 13/01/20**	
Legal & Finance - Subcontracts	**Mon 25/11/19**	- Confirmation of relevant subcontracts
Legal & Finance - Pilot Contracts	**Wed 25/03/20**	- Confirmation of Pilot Projects
Operational Set Up & Governance	**Wed 25/03/20**	- NCC & PPIPER SOPs PPIPER Strategic and Operational Plans NCD Editorial Team On-boarding
Development of Exit Plan	**Tue 17/03/20**	- Exit Plan
F1000 Development	**Tue 08/10/19**	- System Development and Launch Data Migration
F1000 LGC Acceptance and Sign-off	**Wed 04/03/20**	- LGC System testing, sign off (System handover complete) Customer Go-live
Transition Comms/Stakeholder Engagement	**Mon 13/01/20**	- NIHR communication and integration strategy Launch Event
Communication	**Fri 01/04/20**	
Service Starts	Wed 01/04/20	LGC provide the full NDC and PIPPER services for 1st April 2020

QUESTION	AQ9	WEIGHT	5%	PAGE COUNT	10 PAGES
QUALITY QUESTION		**Continuous Improvement**			
QUESTION		The Potential Provider must outline the processes it proposes to use in order to ensure that continuous improvement in line with the Statement of Requirement, and any other pertinent aspects of the Specification to be delivered over the life of the contract with a view to reducing costs and improving the quality and efficiency of the services.			
EVALUATION INTENTION		Seeks to establish that the Potential Provider will implement a robust approach to continuous improvement during the life of the contract not limited to the current content of the ISIT requirement			
EVALUATION CRITERIA		The Tender Response shows that it has robust processes in place to: • demonstrate how targets for improvement will be set, monitored and reported • pro-actively seek and identify opportunities for cost savings and service improvements in every aspect of contract delivery, • manage implementation of any agreed changes to achieve these, Manage any risks effectively, and without compromising on any of the performance standards set for the contract.			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 10 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ9

9.1 Overview

In the 12 years LGC has delivered services for DHSC and NIHR, we have introduced improvements in the quality and efficiency of our services. To provide evidence that LGC is able to identify targets for improvement, proactively seek opportunities for service improvements and manage their implementation, this section discusses two examples of CI under the CCF and NOCRI contracts and then discusses the LGC approach to continuous improvement that will also be applied to the NCD and PPIPER contracts.

Example 1: Improved RfPB Commissioning Process

Problem Statement: LGC identified that the Research for Patient Benefit (RfPB) programme had a number of inefficiencies in its commissioning processes and could benefit from a two stage application process.

Improvement: To support DHSC, LGC undertook a review of the commissioning model for RfPB which involved: (a) discussions with a wide range of stakeholders, (b) development of a new commissioning model and (c) communication/training in the revised model to all stakeholders including applicants, RDS and panellists/reviewers.

Implementation: The main changes to the model were: (a) merging smaller RfPB regions and (b) adopting a two-stage application process. During the communication phase LGC collaborated with the RDS to deliver well received regional workshops with cohorts of 30-70 attendees per meeting.

Benefits to Authority: These changes led to:

- A small reduction in the number of local committees
- Greatly reduced burden on applicants at the first outline application stage
- Faster feedback to uncompetitive stage 1 applications
- Quality improvements in applications noted through higher scoring peer reviews and panel scores
- Greatly reduced burden on the peer review community through requiring 606 fewer peer reviews achieved through contacting 1762 fewer potential reviewers
- Increased application volume
- In financial terms the programme cost savings per annum were:
    - ~ £20k, public reviewers
    - ~ £7k, panel meetings
    - ~ £15k, chair honoraria

LGC was able to run the two-stage process in the same timeframe as the one stage process, providing outcome at stage one in approximately six to eight weeks from application submission, as opposed to six months under the one stage process.

Example 2 Use of Webinars for Call Launches and Training Sessions

Problem Statement: Promoting NIHR funding opportunities and providing training that enables applicants to understand NIHR's requirements is an an important part of GMG's service that promotes higher quality applications with the potential for significant impact. Traditionally, stakeholder engagement has been performed by attending conferences and seminars to give presentations. However, these face-to-face methods are expensive in terms of personnel time and travel costs and the audience reached can be relatively small.

Improvement: LGC identified that use of webinars for call promotion and providing training to the research community would be a more cost effective way of reaching a larger audience

Implementation: LGC successfully ran a test webinar is association with the NIHR Academy in Leeds on "Intellectual Property When Applying to NIHR". Since the Intellectual Property webinar in October 2017, there have been 272 unique visitors and a total of 372 page visits indicating some visitors accessed the presentation more than once. Having demonstrated the viability of webinars, LGC has invested in the equipment and IT infrastructure needed to give regular webinars. Since July 2018, LGC has provided three webinars (Research and Innovation for Global Health Transformation Call 1 Stage 1 Webinar (July 2018); NIHR Applied Research Collaborations (ARC) Financial Plan and Research Management System (July 2018); Research and Innovation for Global Health Transformation - Community and Public Involvement (November 2018)) and LGC will continue to use this method of stakeholder engagement.

Benefits to the Authority: Use of webinars by LGC has provided the Authority with a much more cost effective way of engaging stakeholders whether they are interested in a particular call or wish to access NIHR training. Engaging hundreds of stakeholders by face-to-face presentations would require significant resource allocation at the detriment of other activities. Webinars allow a large audience to be engaged at relatively low cost. In addition, recorded webinars allows viewers to access the information when it is convenient for them via permanent links on the NIHR website.

9.2 LGC's Continuous Improvement Commitment

CI is embedded in LGC's stated core values, with successes across the Group recognised, communicated and celebrated. LGC's overarching commitment to delivering a high quality, improvement-driven business is evidenced through its continued accreditation to ISO 9001, 14001 and 31000. Cascading down from Group level, the GMG Senior Leadership Group has strategic responsibility for defining expectations around CI, prioritising and sponsoring these activities and providing active oversight through the Governance, Performance and Improvement (GPI) team. Through monthly transparent communication with the GPI team, the Senior Leadership Group oversees progress in the achievement of strategic goals.

With a primary motive to demonstrate to the Authority the ongoing evolution of our services, we aim to demonstrate value in six key areas:

- Cost – delivery in the most cost-efficient way;
- Quality – delivery in line with a clear specification and with minimal error;
- Speed – being responsive to Authority and stakeholder demands;
- Dependability – delivery in accordance to promises made to the Authority and stakeholders;
- Flexibility – demonstrate the ability to change in response to volume, time demands, requirements or new activity;
- Added value – demonstration that services continually evolving to suit current and future requirements.

As part of LGC's existing management processes, we operate a gain share mechanism with the Authority, managed via the Contract Management Board (discussed in Question 4), to ensure that savings produced by continuous improvement activity are used in an appropriate way that guarantees that the Authority receives value for money and LGC delivers the Authority's priorities.

A prime example for how LGC has been able deliver against Authority priorities concurrently with ensuring value for money is in the delivery of new schemes. During 2018/19, LGC was able to scale up its activities to enable the set up and launch of a new global health scheme - Research and Innovation for Global Health Transformation (RIGHT) - at the same time as deliver a one-off competition within Research for Patient Benefit focussed on social care.

In order to set up both these activities ahead of full and permanent resourcing, expertise were deployed from within the pre-existing organisation to ensure that the needs of both the Authority and the research community were met within the earliest timescales and to a service equal to that already provided by LGC.

LGC's approach to continuous improvement will lead to enhanced capacity and identification of best practice gained through multifunctional teamwork. These gains are realised ultimately through the delivery of added-value activity, thus supporting the NIHR's mission to improve the health and wealth of the nation through research.

9.3 CI Drivers and Authority Engagement

A detailed explanation of the many drivers that lead to improvement within GMG is provided in Question 4. However, we acknowledge that NIHR operates in a complex and rapidly changing environment that means that the services it provides to its wider community of stakeholders require regular review, updates and improvements.

Regular communication between the Authority and GMG will be a primary driver for improvements. The wider NIHR and other stakeholders will also have fora for opinions to be voiced and needs to be identified. In addition to our natural, organisational inclination towards CI producing staff ideas for improvement, other CI drivers include:

- Legislation and policy change
- Financial requirements (Authority budget management including allocation to funding streams, operational costs and costing impact)
- Research community needs
- New technological developments

In line with the Authority's requirements, and other identified drivers, we have prioritised our immediate CI plans which are coordinated through the GPI team via a Plan-Do-Check-Act (PDCA) cycle.

Our CI is delivered through our operational processes which include:

- Tracking achievement of KPIs as documented in the contract
- Development and improvement of SOPs
- Regular process appraisal via management information and audit;
- Risk management
- Identification, prioritisation and delivery of projects through the Governance, Performance and Improvement (GPI) team
- Continued ISO accreditations

In LGC's experience, CI projects lead to the following outcomes:

- Improved customer and employee satisfaction
- Quality improvements
- Process efficiencies with redeployment opportunities including increased responsiveness, dependability and flexibility together with cost efficiencies.
- Environmental gains including reducing our carbon footprint

LGC's operational teams compile improvement opportunity logs that collate ideas for improvements that could be implemented. We will also perform regular process audits to identify improvement opportunities as well as ensure that processes remain fit for purpose. Ideas are reviewed by line managers, reported to the GPI team for prioritisation based on customer requirements and scope for applying across different parts of our services. Idea development follows the PDCA cycle that ensures clear scoping, testing, evaluation and implementation of any potential improvements.

9.4 Implementation of a CI System

The examples discussed above were delivered using LGC's approach to Continuous Improvement which is to eliminate administrative inefficiencies so that we can focus on value-adding strategic activities for the Authority, thus further strengthening the offer NIHR provides to the research community. This activity is encompassed within a wider business CI framework that spans operational teams up to the Senior Leadership Group and LGC Group.

Our behaviours and ways of working are set up to drive two types of change that deliver customer benefit:

1. Incremental improvements designed to generate cost saving efficiencies allowing resources to be redirected to value-adding activities;
2. Disruptive innovations designed to offer novel value-added services that enhance the overall package provided to the Authority.

Through the GPI team, we have a scaled mechanism for capturing, assessing and prioritising all ideas, innovations and improvements, with all cases put forward including a clear statement of benefits to the Authority and other stakeholders.

Figure 9.1: Extracts from online form for capturing project ideas

As outlined in Question 4 (Governance and Management), LGC's approach to continuous improvement is closely interlinked with Quality Management, whereby LGC's Group Quality Policy outlines key objectives for the Quality Management System:

- Understand and meet customer and company requirements, including any legal requirements that relate to products and services supplied
- Ensure customer satisfaction
- Capture feedback from customers, staff and other sources
- Provide effective control of the business
- Manage risk associated with the business
- Provide a basis for continual improvement through objective monitoring.

Through being continually mindful of these key objectives as well as the drivers for improvement and change, LGC is able to provide an evolving service not only to the Authority but also to the wider health research community, thus supporting the mission of NIHR.

9.5 NCD and PPIPER Pilot Projects

Meeting the Authority's expectation that continuous improvement and innovation are built into the PPIPER and NCD contracts, LGC proposes to allocate an annual part of the budget

to performing ‘pilot projects’ in PPIPER and dissemination. These projects will perform the Plan, Do and Check parts of the PDCA cycle. The evaluation of the project will provide evidence that guides decision making on whether projects should be implemented into routine PPIPER or NCD activities. Potential pilot projects will be identified over the lifetime of the contract and implemented on an annual basis following discussion with the Authority.

As discussed in AQ2 Method Statement A – Overall Delivery LGC initially proposes the following pilot projects for discussion with the Authority during the transition period:

- **NIHR PPI Contribution Toolkit** in collaboration with FOI 40, University of Warwick; (1) Establish and nurture PPI Reference Group, (2) Realist review of literature, (3) Co-production of bespoke NIHR framework (4) Development and testing of tools and resources

- **NIHR Evidence Living Themed Reviews** in collaboration with F1000 (see Figure below). (1) Engagement with the stakeholder community including NIHR Journals Library and NIHR Systematic Review programme; (2) Refinement of the existing F1000 Registered Reports guidelines for NIHR LTRs; (3) Recruitment of authors and peer reviewers; (4) Publication; (5) Scheduled maintenance.

- **Knowledge Mobilisation Alliance** in collaboration with NCCPE. (1) Map KM resources across the health and care system; (2) Stakeholder engagement to refine the service offer; (3) Delivery of trial services; (4) Development of business plan; (5) Sponsorship/fundraising.

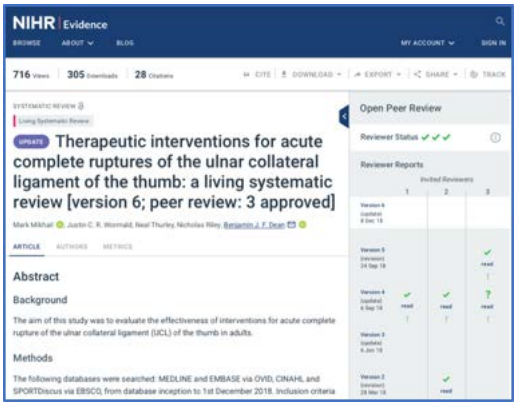


Figure 9.2: Living Themed Review Example

QUESTION	AQ10	WEIGHT	2%	PAGE COUNT	8 PAGES
QUALITY QUESTION		**Contract Transfer and Exit Strategy**			
QUESTION		Potential Providers must indicate its plans for the transfer of knowledge and skills from this activity back to the Authority during and at the end of the contract.			
EVALUATION INTENTION		Seeks to ensure that the Potential Provider will transfer knowledge back into the Authority and exit the contract in such a way as to facilitate re-procurement and/or project termination			
EVALUATION CRITERIA		The Potential Provider knowledge transfer arrangements and exit strategy are credible and can achieve the required outputs			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more. Note: Page limit increased to 8 pages as per Authority's communication dated 7th March 2019					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – AQ10

10.1 LGC's partnership approach to managing contract exit and transfer process

LGC understands that the successful bidder will need a clear 'Exit Plan' to manage the transfer of documents and data accrued during the delivery of the NCD and PPIPER contracts to the Authority and/or Replacement Supplier at the Expiry Date (or during the Contract Period if necessitated by early termination). It is also understood that the Exit Plan and the relevant Registers will be agreed between LGC and the Authority within 3 months of the Commencement Date and will be reviewed annually by LGC in conjunction with the Authority during the Contract Period.

Our entire approach to delivering NCD and PPIPER will enable the Authority to translate the services to a new supplier if desired at the end of the contract period. All intellectual property generated using the NCD/PPIPER contractual funding will be transferable to a new provider, including all data uploaded to the NIHR Evidence portal. LGC and F1000 will design the system so that there are no barriers or impediments to transferring data and no additional charges that would be required for ongoing licences to F1000's background intellectual property. One helpful analogy for this approach is that "F1000 own the bookshelf that it has paid for, the Authority owns the books it has paid for". As part of the exit plan, we will plan for phased transition of data to a new supplier to ensure that they have all data by the planned date for change of service. Specifically, the IP that will be owned by the Authority covers all tools and infrastructure that are being built specifically for the NIHR Evidence service. This includes:

- Newly created adaptations to the Content Management System (CMS) tool for NIHR Alerts, Highlights, etc – (the CMS will be an open source system such as WordPress).
- Purchased licences for additional functionality in relation to the CMS, provided by third parties
- Design, layout and themes of all non-research article/Document content, e.g. Alerts, Highlights, Reviews, Videos, Blogs
- Database content for all non-research article/Document content
- Structured templates for Alerts, Highlights etc
- Any bespoke DHSC-owned NIHR F1000Prime Faculty or NIHR F1000-commissioned reviews
- Where agreed, exclusive bespoke development of functionality
- Any certificates generated for the secure/encrypted transfer and/or storage of information
- Any domain names in relation to the DHSC service

It is important to maintain service levels for government contracts throughout the entirety of the Contract Period and avoid dips in the quality of delivery at either end of a contract where transition between suppliers is occurring. This is especially important in research management where the research community is dependent on the support activities provided by NCD and PPIPER.

During a transition phase LGC continues with 'business-as-usual', delivering to the contractual requirements, whilst engaging in parallel discussions with both the Authority and RS to determine the timing, order and pace of any work transferred. We treat the

transition as a process, manage it as a project via an Exit Manager, and work in partnership with the Authority (and the Replacement Supplier where practical) to deliver a smooth handover of service using our rigorous, 5-stage Exit Plan process illustrated below:

This combination of LGC's three-way partnership approach, flexibility and communication delivers benefits over the transition to both the Authority and the Replacement Supplier such that - in this case - there will be minimal impact on the research community.

A detailed Exit Plan (including our provision of Termination Assistance) will be generated through discussions between LGC and the Authority based on the Contract

LGC's EM will devise the approach and activities during each of the following phases:

- Contract award – preparation of Exit Plan (first 3 months)
- Contract Period – review and update of Registers and Exit Information (over 3+2 years)
- Pre-tender preparations – support to the Authority with Exit Information (approximately 3 months before tender notice)
- Tender – continuing to support the Authority with information requirements during the 'live' tender process e.g., clarification questions (approximately 6 months)
- Transition – working with the Authority and RP in preparing for Exit (1 year between award and Expiry Date)
- Post-Expiry Date – support to the Authority and Replacement Supplier with *ad-hoc* queries and work to aid handover

When developing the Exit Plan we will consider:

Consideration	Aspects to be detailed
Contract Period obligations	Ensuring all information and assets are identified e.g. subcontractor agreements, via Registers (online shared Portal, accessible by Authority in agreed format)
Transfer Period	Agreement over timeframe e.g. current transfer period is 12 months for Supplier
Exit Information provided ahead of re-tendering event	Gathering sufficient information/follow-up queries regarding Registers, Authority Data, 3rd party contracts, Transferring Supplier Employees and any ad hoc/unforeseen issues
Information provided post-transition	Agreement on post-transfer support
Format of required information	Normally electronic but *tbc*

TUPE	Understanding LGC's exposure during service transfer Managing the transfer of staff to incoming supplier
Order of Transfer	Perhaps multiple Lots being transferred in preferred order
Scalability	Agreement on scale/speed of transfer
Subcontractors	Informing Authority on work transfer requirements and ensuring co-operation in subcontractor adherence to Exit Plan
Return of data	Identify and manage return of data and retention of data needing to be retained due to LGC Quality and Accreditation procedures.
Work-in-progress	List of work-in-progress at transfer date with recommended actions
Knowledge transfer	Confirming what information is to be shared. Appropriate management and assignment of IPR to Authority and incoming supplier where required.
End of assistance date	Agreeing when LGC's assistance is no longer required
Enduring terms and commitments	Agreement on ongoing commitments beyond transfer date

10.2 Oversight and control of the process through the EM and Exit Management Group (EMG)

In the event that the NCD and PPIPER contracts are awarded to another supplier, LGC will support the exit-related work as follows. The Exit Manager will be an experienced LGC programme manager with experience of working on the NCD and PPIPER contracts, ensuring that the handover is handled by someone with a detailed working knowledge of the contract and its requirement. The Exit Manager will:

- Provide effective communication to specific operational/support departments and to Authority and replacement supplier during transition phase
- Have authority to arrange any resources deemed reasonably necessary to enable LGC to comply with contractual requirement
- Be responsible for updating Exit Plan and reviewing outline plan with Authority throughout contract period

The Exit Manager will call together an Exit Management Group which will:

- Support handover and ensure all key areas are represented during the transition

- Ensure activities of transition process do not impact unduly upon service required under contract during the exit phase.

The Exit Management Group includes senior service delivery personnel who take an active part in the transition and who ensure the segregation of duties between Exit and delivery plus representatives from HR, commercial & legal and senior management. Segregated responsibilities combined with oversight from senior management ensure coordinated activity during exit phase.

Segregation of duties between Service Delivery and Exit in the final phase of a contract ensures services are delivered to contractual requirements up to, and beyond where contractually agreed, the service end date. The Operation Team will continue to deliver on all aspects of the service provided to the Authority while the Exit Management Group will manage TUPE issues, providing data required for transition, managing enduring contractual terms including managing intellectual property rights, liaison with the Authority and Replacement Supplier.

Appendix A

Topic	Subject	SoR Requirement Reference	Type of Requirement *Mandatory (M) or Desirable (D)*	Compliance (to be completed by Supplier) *Confirm*
Requirements				
		4.5	M	Confirm
		4.6	D	Confirm
		4.7	D	Confirm
		4.8	D	Confirm
Functional Requirements	**Lot 1 - NCD**			
	Requirement 1 - Products	5.1	M	Confirm
		5.2	M	Confirm
		5.3	M	Confirm
	Requirement 2 - Communications and digital	5.4	M	Confirm
		5.5	M	Confirm
		5.6	M	Confirm
		5.7	M	Confirm
		5.8	M	Confirm
	Requirement 3 – Engagement	5.9	M	Confirm
		5.10	M	Confirm
		-5.10.1	D	Confirm
		-5.10.2	D	Confirm
		-5.10.3	D	Confirm
		-5.10.4	D	Confirm
	Requirement 4 – Patient and Public Involvement	5.12	M	Confirm
	Requirement 5 – Priority Areas	5.13	M	Confirm
		5.14	D	Confirm
		5.15	M	Confirm
	Requirement 6 – Thought leadership in dissemination	5.16	M	Confirm
		5.17	M	Confirm
	Requirement 7 – Working Across NIHR	5.18	M	Confirm
	Requirement 8 – Innovation	5.19	D	Confirm
	Lot 2 –PPIPER			
	Requirement 1 - Products	5.20	M	Confirm
		5.20.1	D	Confirm
		5.20.2	D	Confirm
		5.20.3	D	Confirm
		5.20.4	D	Confirm
		5.21	M	Confirm
		5.22	D	Confirm
	Requirement 2 – Communication,	5.23	M	Confirm
		5.24	M	Confirm

	digital and innovation	5.25	M	Confirm
		5.26	M	Confirm
	Requirement 3 - Engagement	5.28	M	Confirm
		5.29	M	Confirm
		5.30	M	Confirm
		5.31	M	Confirm
	Requirement 4 – Priority Areas	5.32	M	Confirm
		5.32.1	M	Confirm
		5.32.2	M	Confirm
		5.32.3	M	Confirm
		5.32.4	M	Confirm
		5.32.5	M	Confirm
	Requirement 5 – Thought leadership & Innovation	5.35	M	Confirm
	Requirement 6 – Working across the NIHR	5.36	M	Confirm
		5.37	M	Confirm
		5.38	M	Confirm
	Requirement 7 - Impact	5.39	M	Confirm
Resource Requirements				
	Lot 1 - NCD	6.1	M	Confirm
		6.2	M	Confirm
	Lot2: PPIPER			
		6.4	M	Confirm
		6.5	M	Confirm
Premises/Location		8.1	M	Confirm
		8.2	D	Confirm
Apprenticeship		9.1	D	Confirm
		9.2	D	Confirm
Continuous Improvement		10.1	D	Confirm
		10.2	D	Confirm
		10.3	D	Confirm
		10.4	D	Confirm
		10.5	D	Confirm
		10.6	D	Confirm
Transition Requirements	Timescale	11.3	M	Confirm
	Implementation Plan	11.4	D	Confirm
		11.5	M	Confirm
		11.6	D	Confirm
		11.7	D	Confirm
		11.9	M	Confirm
Contract and Management Requirements	Contract Monitoring Information	12.2	M	Confirm
		12.3	D	Confirm
		12.4	D	Confirm
	Key Performance Indicators	12.5	D	Confirm
		12.6	D	Confirm

		12.9	D	Confirm
		12.10	D	Confirm
		12.13	M	Confirm
	Remedies	12.14	M	Confirm
Service Exit		13	M	Confirm
Small and Medium Size Enterprises (SME's)		14	D	Confirm

Supporting Information regarding Partial or Non- Compliance with the Authority's requirements.
N/A

Appendix B

QUESTION	APPENDIX B	WEIGHT	3%	PAGE COUNT	3 PAGES
QUALITY QUESTION		**Appendix B Contract Terms and Conditions**			
QUESTION		Potential Providers must detail acceptance to the Authority's Terms and Conditions and risk allocation, highlighting areas of concern or show any specific amendments they wish to make to the Conditions of Contract, (Attachment 4).			
EVALUATION INTENTION		Seeks to ensure that the Potential Provider understands and accepts all the material T&Cs and risk allocation as proposed by the Authority.			
EVALUATION CRITERIA		The Potential Provider demonstrates its acceptance to all the material Terms and Conditions and risk allocation as proposed by the Authority together with suggestions (and justification) which will offer significant added value.			
POTENTIAL PROVIDER RESPONSE / ADDITIONAL COMMENTARY					
*Words must be no smaller than Arial 11 or equivalent font, and line spacing must be 1.0 or more.					

Please use this A4 size template when responding to an Award Question and insert pages as required.

Award Questionnaire number – Appendix B

See table below and 'redline' version of contract attached in the Commercial section.

Appendix B

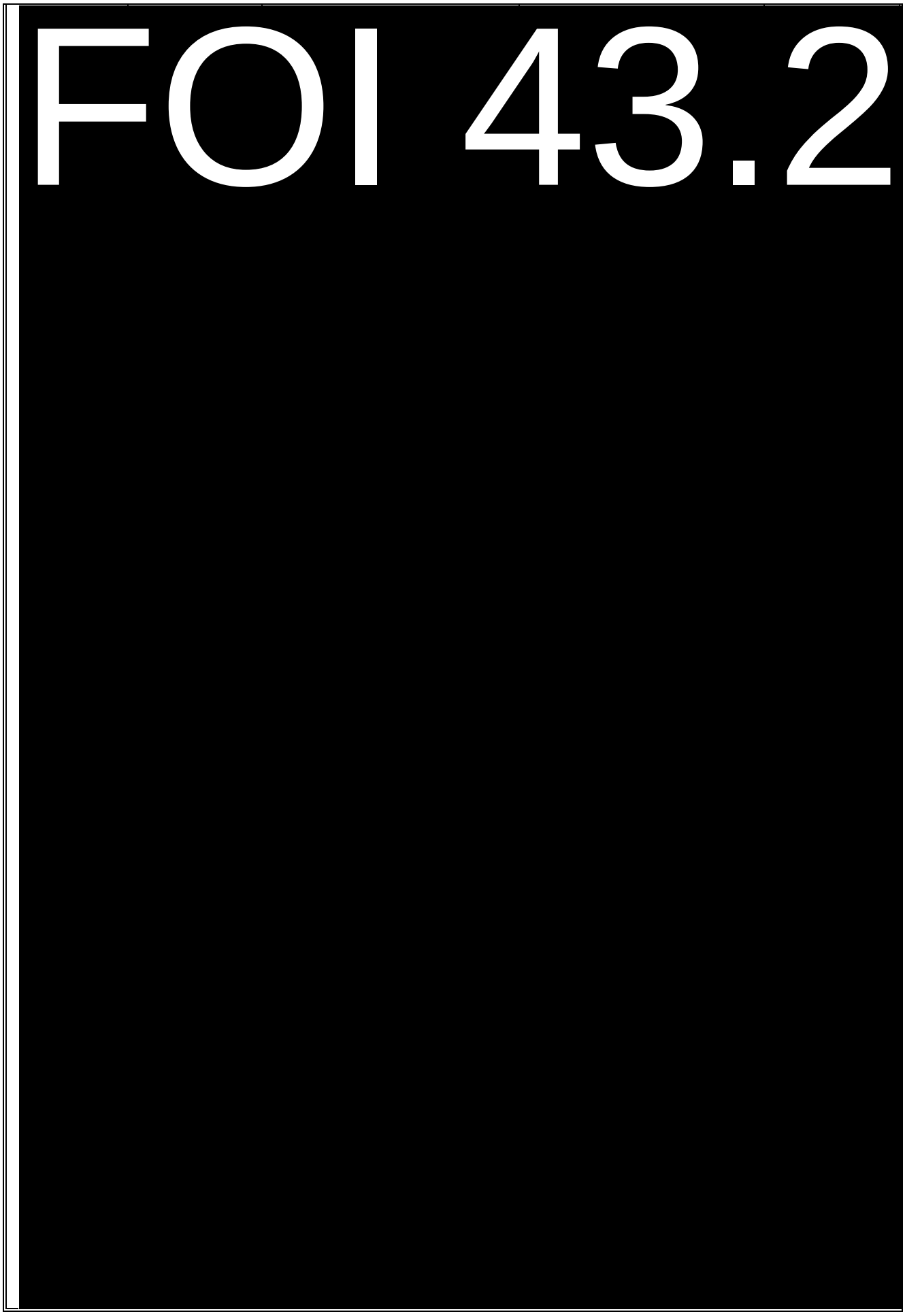
Tender Qualifications to Conditions of Contract

The Potential Provider shall highlight areas of concern or show any specific amendments they wish to make to the Conditions of Contract, (Attachment 4). Feedback should include, but not be limited to, those parts which they will either not accept or would attach a significant risk premium to and any proposed amendments should be shown as tracked changes. Potential Providers must include a commentary to explain the reasons behind the proposed amendment(s) to the Conditions of Contract or the proposed inclusion of additional terms and identifying the value for money benefits to the Authority. The Authority reserves the right not to accept any or all amendments to its Conditions of Contract.

Weighting: 3% of the overall marks

In addition to the proposed changes on the 'redline' version of the proposed contract included as part of the Commercial Response, LGC wishes to highlight the following point for negotiation with the Authority.

Clause	Title	Description of change	Commentary and justification	Cost Adjustment (£)
[redacted]	FOI 43.2 [redacted]	[redacted]	[redacted]	[redacted]


FOI 43.2


FOI 43.2


FOI 43.2


FOI 43.2