\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule 1a

Tenderer’s Response Document

BMS Reference : 60323

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Version: Final**

**Date: 3 March 2017**

TABLE OF CONTENTS

[INTRODUCTION 3](#_Toc406670763)

[TENDER RESPONSE DOCUMENT 5](#_Toc406670765)

[APPENDIX A - SUPPORTING INFORMATION regarding Partial or Non Compliance with the Authority’s requirements 1](#_Toc406670766)1

[APPENDIX B - TENDER QUALIFICATIONS to Conditions of Contract **Error! Bookmark not defined.**](#_Toc406670767)12

Schedule 1a – Tenderer’s Response

1. **Introduction.**

The Tenderer’s Response Document is made up of the following parts:

* 1. **Tenderer’s Responses**

The Tenderers must respond to each row of Statement of Requirements (“SoR”) compliance list in their final tender.

Where the Tenderer’s final Tender is only partially- or non-compliant, Tenderers 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 final 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: The Authority expects Tenderers’ final proposals to be consistent with their Initial Tender*.

* 1. **Appendix A**

Where the Tenderer’s final Tender is only partially- or non-compliant, Tenderers must detail in Appendix A how they believe any alternative solution will meet the Authority’s requirements.

* 1. **Appendix B**

The Tenderer 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. Tenderers 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.

Tenderers are required to complete all the following sections and return the completed final Tender to the Authority. Please answer all questions as failure to do so may result in the 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

**Tenderer name**

Please confirm the name of the Tenderer:

|  |  |
| --- | --- |
| **Tenderer Name:** | University of Southampton (Wessex Institute) |

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

**Contact details**

Tenderers must provide contact details for this final Tender.

|  |  |
| --- | --- |
| **Contact Name\*** | **Information redacted in line with section 40 of the FOIA** |
| **Telephone number** | **Information redacted in line with section 40 of the FOIA** |
| **Email address:** | **Information redacted in line with section 40 of the FOIA** |
| **Address:** | Wessex Institute, University of Southampton  Alpha House  Enterprise Road  Southampton  SO16 7NS |

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

**Lot details**

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

|  |  |
| --- | --- |
| **Lot 1 - NETSCC** | X |
| **Lot 2 - CCF** |  |
| **Lot 1 – Multi bid (1&3)** |  |
| **Lot 2 – Multi bid (2&3)** |  |

NB: Lot 3 questionnaire is separate.

**Part 1 - Tenderer Response Document**

**For Tenderer’s ease, we have cross referenced the below set of questions with the relevant section in the Statement of Requirements, and the percentage of overall mark available for each question. Full details of the evaluation matrix, is shown in Table 3A: Technical Evaluation Matrix Lots 1 & 2, of Section 3 of Part A of the Invitation to Tender document**

1. **Overview**

Tenderers 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 lots (as detailed in ISFT Part A section 1.19 to 1.25). 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.

(This response is not evaluated and should be used to contextualise the Tenderer’s response.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.1 | Weight | **None** | Word Limit | **750** |

| **Response** |
| --- |
| Word count 681  We are tendering for Lot 1, NETSCC. As the incumbent, and a not-for-profit academic institution, we are well placed to meet the Authority’s requirements.  **User-driven, simplified, efficient and innovative delivery**  **Driven by public and evidence-user needs**   * We will make an even greater difference to society, by keeping patients and the public at the heart of everything we do. We will deliver the NETS programmes with a range of commissioned, researcher-led, themed calls and call-off contracts – all driven by evidence-user needs. * We will establish a new Health, Public Health and Social Care National Partner Hub (D.2) to add value throughout the research system as the trusted broker delivering through long-term relationships with the Department of Health (DH), NIHR researchers, patients and the public, evidence-users, industry and other research funders. * We will change current processes with the addition of:   + Increasing diversity and inclusion in those working with us, and in the research we manage. (D.2, D.5)   + Crowdsourced lived experience and professional expertise platform. (D.2)   + NIHR strategic and targeted commissioning. (D.2)   + Expanding James Lind Alliance. (JLA) (D.5)   + NETS as a learning system through portfolio intelligence and oversight. (D.5)   + Developing new models of active and enhanced dissemination. (D.2, D.5, D.9)   **Simplified**  The portfolio we currently manage exceeds £1billion. We will build on what we already do well, accelerating the simplification of NETS and the wider NIHR to reduce costs and achieve benefits faster.  We will simplify processes across the board to make NETSCC easier to work with. Major new areas of work will include:   * Cross-programme working to simplify access to research programmes for researchers and evidence for evidence-users. (D.2) * Simplified and proportionate peer review to increase capacity and make the best use of the reviewer pool. (D.4) * Simplified and proportionate application and committee review. (D.9) * Simplified and proportionate post-award management. (D.4) * Simplified and proportionate contracting. (D.4) * Simplified and coordinated research support services that will operate as one-NIHR services. (D.5)   **Optimised and efficient**  We will go further than just simplifying processes, to ensure NETSCC is efficient without a counterproductive compromise on quality. Through the Adding Value in Research (AViR) framework we are regarded as one of the most value-adding research management organisations in the world. In addition, in the contract we will:   * Manage the research management overhead (RMO) throughout the contract to an aggregate programme RMO of 7% or less and aggregate infrastructure RMO of 4% or less. * Halve the time from application received to funding recommendation by 2021. * Halve the cost of peer review by 2021.   **Innovative**  The NETSCC we deliver today is radically different from when it was established, and changing stakeholder need will drive further innovation.  We propose a range of new capabilities and new approaches that we will implement from the beginning of the new contract.  We will accelerate the pace and benefits of continuous improvement and innovation by establishing a new Open Innovation Hub (D.9). This will future-proof NETSCC over the life of the new contract and beyond.  We will develop and deploy a number of digital innovations in research management and research delivery. For example:   * Deploy new management information systems that are both simpler for researchers to use and cost-saving to NETSCC. * More actively develop and support efficient study design and delivery. * Release knowledge from research more widely and more quickly through portfolio intelligence and the NIHR Journal’s threaded publication.   **Acknowledgements**  This bid has been developed with public representatives and experts from academic, NHS and public health communities; we thank them for their support.  **Price:**   * Price: £77,400,995.15 (years 1-5), £61,919,013.61 (years 6-9).   **Key assumptions (see pricing schedule for further costing assumptions):**  Total of all schemes spend will remain at the level set out in Annex A Descriptive Document - Oct 2016.  We have flexibility to change the deployment of resource across the life of the contract excepting changes that cause a failure of a KPI.  The Authority supports changes and innovations required to deliver the reduced budget and the Authority meets the obligations on them to achieve the changes necessary. Implications for the Authority will be detailed in the transition plan and business plans. |

1. **Method Statement – A: Research Commissioning**

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
| **Service Delivery** | Requirements | 4.3 | M | Confirmed |
| Working approach | 4.4.1 | D | Confirmed |
| 4.4.2 | D | Confirmed |
| 4.4.3 | D | Confirmed |
| 4.4.4 | D | Confirmed |
| **Service Delivery** | Working Approach | NETSCC ONLY 5.1 , 5.2 | M | Confirmed |
| CCF ONLY 5.8 | M | N/A |

Tenders must present a clear, unambiguous and comprehensive approach to managing each funding stream, ensuring:-

* 1. delivery of a quality-assured research commissioning and management process across all NIHR funding streams for which they are responsible.
  2. Efficient administration and sufficient scientific knowledge to provide a scientific secretariat across all NIHR funding streams for which they are responsible.
  3. Appropriate involvement of patients and the public in the end-to-end commissioning and management process.
  4. Manage potential conflicts of interest that arise in the research commissioning process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.2 | Weight | **30%** | Word Limit | **3000** |

| **Response** |
| --- |
| Word count 2864 (+58+ 55 in figures) Total 2977  We will evolve our model of research commissioning and management, based on AViR. We will increase cross-programme working and will simplify and introduce proportionate approaches across all processes. We will introduce a managed process of continuous improvement and innovation to ensure NETSCC and the NIHR remain at the forefront of research management through the contract.  The initial new elements of our approach are shown in Figure 1 with detailed descriptions in Annex A2.  C:\Users\mjw1v08\AppData\Local\Microsoft\Windows\INetCache\Content.Word\SOP.PNG  Figure 1: High-level overview of new approaches  This will provide:   * Delivery of a quality-assured commissioning and management process across all NETS programmes, achieved through the principles of AViR, facilitated by our long-term trusted relationships, and quality-assured and controlled through business intelligence and Research on Research (RoR). * Efficient administration through the introduction of simplified and proportionate approaches that also improve user experience. * Scientific secretariat achieved through the knowledge, expertise and experience of the existing NETSCC team; close collaborative working within the Wessex Institute; and our wider hosting environment in the University including its partnership with the University Hospital Southampton NHS Foundation Trust. This sits within our collaborative approach, both within the NIHR, and the wider research system. * Appropriate involvement of patients and the public in the end-to-end commissioning and management process. This includes novel approaches such as crowdsourcing lived experience and professional expertise, and the NETSCC Public Involvement Virtual Network. * Robust policies and procedures for managing potential conflicts of interest; those that arise with NETSCC being hosted within an academic institution, and those that arise in the wider decision-making of NETS programmes (see Annex A2).   **New challenges, new opportunities**  Many enduring challenges and opportunities face those that use, plan and deliver health, public health and social care services. Increasing pressure on services has resulted in a growing expectation that research will deliver short-term benefits efficiently. Issues are complex and are often contentious. We must understand the decision-making processes and context of these situations whilst retaining scientific quality.  We will meet these challenges by exploiting three trends that are transforming service delivery and research:  Democratisation.Complex and value-laden challenges require collaborative working with diverse patient, public and professional communities. Research must be evidence-user driven, as opposed to just involved or engaged.  Optimisation*.* Services and research will have to be more efficiently delivered and implemented. This will require adding value at every stage of the research lifecycle, and using RoR to understand and develop optimal ways of delivery (for example developing rapid response to emerging threats, such as pandemic flu).  Digitisation.Services and research will become increasingly delivered by digital technologies. This trend offers significant opportunities for efficiency and diversity, e.g. devices and sensors may provide new data sets and new dissemination routes.  **NETSCC as a trusted broker**  At the heart of our approach are long-term trusting relationships with research producers, evidence-users and research funders (Figure 2). These stakeholder relationships are often complex and sensitive, resulting in barriers to direct working. We are the trusted broker, reducing barriers and adding value for all.    Figure 2: NETSCC as a trusted broker.  **Cross-programme working and NETS as a system**  We will manage distinct NETS programmes to meet the needs of different evidence-using communities. However, we will deliver programmes as a coherent system. We will operate within a wider “NIHR system model” and across the wider funding landscape, e.g. working with industry to support growth.  Working in a cross-programme way is central to our new approach. We currently work in a cross-programme way in most areas. To simplify the system and make further progress we need to make more significant structural changes.  The NETS research programmes have distinct remits and distinct decision-making and governance structures. On the whole this approach has served evidence-users and the research community well. There are downsides to these arrangements however.  Principal amongst these are:   * It is complicated for both the research community and evidence-users. * Rigid programmes do not map perfectly onto research communities or health, public health or social care areas. This means the research community sometimes develop research that meets our programme remits rather than what is actually needed. * Rigid programmes can lead to inefficiencies because we must deliver individual programme targets even if the effort/spend could be more impactful if delivered elsewhere.   New cross-programme approaches include:  Strategic and targeted commissioning (see also Annex A2)  To supplement our broad and balanced approach we will identify strategic areas of need that require additional resource and focus, where NIHR can and should make the greatest difference to society. This approach will identify the key health challenges and then scope out what the NIHR role can be and how it can make a difference.  Example areas could include:   * Ageing population and end of life care (e.g. falls, dementia). * Digital and technical environment (e.g. 3D printing, artificial intelligence, genomics, implantable drugs, electronic care pathways, robotics). * Mental health and well-being. * Multimorbidities. * Novel molecules and their pathways. * Prevention, including behaviour and environment. * Social care. * Workplace health, particularly focused around older employees in the workforce and increasing numbers of women and black and minority ethnic (BAME) people in the workplace.   At the outset this will account for 20% of commissioned research spend rising to 50% within the first three years. Given this is a difficult and significant new approach, we will pilot and evaluate it. Crowdsourcing lived experience and professional expertise By 2020, we will establish an online crowdsourcing platform to gather, refine and rate potential topics for research. This will enable people with different lived and professional backgrounds to identify and track topics, increase transparency of decision-making, and bring together the NIHR’s engagement assets for the benefit of all. It will allow us to engage with a very large and diverse community. Discussions will be relevant to the overall NIHR remit but will not be constrained by individual programmes. We will use the same system to feedback the progress of topics and projects to the communities of interest, and as a dissemination route for the outputs of research. Managing spend at the NETS level Managing programme spend at the NETS level will be more efficient, allow us to respond better to evidence-user need, and deliver the service to budget more predictably. The current situation allows for in-year virement but we cannot plan future spend this way. We cannot make the most of fruitful high-quality and important areas if one programme is over committed, while another is under committed.  The starkest example is where we have to reject fundable, high-quality, highly important research at the final stage, when significant and costly effort has already been expended by the research community, because one programme is over-committed yet another may be under-committed.  We welcome further discussion, as we fully appreciate the need for the DH to remain in control of the strategic allocation of research spend. We also recognise that the DH is accountable for NIHR spend which includes a wider, cross-NIHR view of budgets than we are privy to.  To balance these issues we propose:   * We are performance-managed to deliver programme spend at the NETS level. * We deliver within tolerances for individual programme spend subject to overall NETS programme spend being delivered. The level of tolerances will be agreed annually with the Authority.   **Working in partnership with DH**  Including:   * NIHR strategic fora, NETSCC steering group, and Programme Directors’ and Chairs’ meetings (which we run on behalf of NIHR). * NETSCC 1, 3 and 5 year business planning, developed with and approved by the Authority. * Programme spend budget planning. * Sharing information, e.g. business intelligence, responding to Parliamentary Questions, Freedom of Information (FoI) requests and portfolio reviews. * Being flexible and adaptable to changing Authority needs. * Clarifying roles and responsibilities and agreed ways of working (including SOPs).   **Working with evidence-users**  Patient and public involvement (PPI)  We will ensure effective PPI in our operation as a centre and in funded research, with a focus on the following aims:   * Increasing diversity and inclusion, e.g.   + A new strategic and targeted commissioning approach introduced from 2018.   + A new crowdsourcing platform by 2020.   + NETSCC Public Involvement Virtual Network. * Moving from public involvement in research towards public-driven research through co-production, e.g. embedding JLA techniques in strategic and targeted commissioning. * Working within a wider system, e.g.   + Jointly delivering *Going the Extra Mile*. This will include working with CCF to develop a single PPI strategy/framework covering all funding programmes.   + Bringing together the NIHR family in our region through the Wessex Public Involvement Network, of which we are founding members, making it easier for the public to get involved in research.   Health, public health and social care strategic partners  Figure 2 details the range of existing relationships. Each of these is complex in itself, e.g. we work with multiple parts of the National Institute for Health and Care Excellence (NICE) at multiple stages.  We will develop a ‘Health, Public Health, and Social Care National Partner Hub’ from 2018. This will involve national level partners in the NHS and the wider health and care community (e.g. devolved administrations, charities, NHS England, Public Health England (PHE), NICE, National Screening Committee, Social Care Institute for Excellence, DH R&D Committee). We will use this to enhance NIHR’s reputation, identify research needs and methods, and disseminate findings.  Key routes to impact will be through the activities of strategic partners (e.g. NICE guidance), the NIHR Dissemination Centre, and the NIHR Journals Library and other outputs. We will also make our internal knowledge more publicly available, for example:   * The NIHR portfolio of research. * Publishing quality-assured searches and research summaries (including those not taken forward). * Highlighting specific research projects and themes using the NIHR Dissemination Centre’s model outputs.   Strengthening links with Social Care / Social Care Research  Social care for adults and children is provided through local government and is a highly significant part of its budget and responsibilities. Social care has strong links with both health services and with public health issues. Local government is relatively research-naive and a challenging research environment; we have good existing relationships through PHR and HS&DR and will exploit opportunities to develop relationships further.  Our current relationships include:   * Both deputy chairs of the PHR Programme Advisory Board are local authority directors and we have two more directors (of Public Health) on the board. * Society of Local Authority Chief Executives. * Association of Directors of Public Health. * Association of Directors of Adult Social Services. * Association of Directors of Children’s Services. * Local Government Association.   We have already identified social care as a likely initial theme for the new strategic and targeted commissioning approach.  **Working with other research funders**  We operate within a wider funding landscape and manage strong relationships and joint activities with other public, charity and commercial funders nationally and internationally e.g. managed translation from pull through of earlier research through co-funding, aligned funding and dissemination.  **Adding Value in Research**  We are recognised leaders in AViR and will build on this in the new contract.  Ensuring research questions are relevant to evidence-users  Our funding workstreams are designed for and driven by the needs of evidence-users:   * Commissioned:   + Through our extensive expert networks (currently 13,400 individuals) and working with evidence-users, we will prioritise specific calls for research. This approach is central to NETS programmes’ mission to address market failure by directing the research community towards areas that are of great importance to evidence-users, but which the academic community, industry and charities would not address. * Researcher-led:   + We will issue open calls for research or highlight notices indicating broad areas of interest. Proposals are assessed for importance to evidence-users, including the public, at a prioritisation panel before assessment at a scientific funding board. * Themed calls:   + We will issue research calls on themes of strategic importance. Each theme is agreed with the Authority (e.g. Chief Scientific Advisor). They are typically of significant societal importance or are difficult to research. Calls are made across all NIHR funding schemes and coordinated by our team. * Call-off contracts and research infrastructure:   + We will commission groups and centres through an open commissioning process for research in areas of need that are complex require specialist expertise, or where the research required must be delivered faster than normal processes. This model is currently used for Global Health, Cochrane, NICE Technology Assessment Review teams, HS&DR Evidence Review teams and the SRP Complex Review team.   We will support NETS workstreams and the wider NIHR by:   * NIHR strategic and targeted commissioning (see Annex A2). * Crowdsourcing lived experience and professional expertise (see Annex A2). * Exploring novel digital solutions for identification, e.g. clickstream analytics for topic identification and automatic literature searching.   Ensuring research is appropriately designed  Efficient and effective application processes depend on engaging the right researchers; proportionate and efficient application procedures; effective decision-making; and expert review.   * Working with research communities. We will:   + Engage with applicants individually, through webinars and roadshows.   + Bring together multi-disciplinary teams to address challenging research problems.   + Target specific communities or geographic areas.   + Engage widely across NIHR, particularly RDS, and research-funder partners, charities and industry.   + Advise on effective PPI and develop common resources e.g. with INVOLVE.   + Use our PPI information resources to share best practice, increase transparency and improve the science of PPI. * Efficient application processes. We will:   + Introduce simplified and proportionate committee review (see Annex A2) in year 1.   + Lead NIHR on implementing a much simplified form across programmes, and continue to streamline the application process.   + Reduce the average project start-up time further (already reduced to under eight months).   + Generate further efficiencies, reducing the time from submission to funding recommendation. We set ourselves the longer term challenge of halving the time it takes.   + Provide researchers with access to tools for identifying potential overlaps to reduce rejection rates.   + Look to integrate information from Researchfish and similar systems to populate sections of the application form. * Effective and efficient decision-making. We will ensure:   + Introduction of simplified and proportionate peer review (see Annex A2) in year 1.   + Appropriate design through guidance to research communities and expert, peer review and committee review processes.   + Funding recommendations are made by independent expert committees: prioritisation panels primarily consisting of evidence-users and boards comprising academic experts. All have PPI and open recruitment.   + A committed, large, effective network of experts, providing advice to ourselves, NIHR Programme Directors and advisory boards. The current pool contains 13,400 public and professional reviewers.   + Robust conflict of interest management processes within each funding programme and within our host academic institution (see Annex A2).   Ensuring efficient delivery  We will develop our model of active post-award management and science-added study support, minimising waste and bias caused by failure to deliver studies to protocol and target. For example, we will:   * Introduce simplified and proportionate contracting (see Annex A2) in year 1. * Introduce simplified and proportionate post-award management (see Annex A2) in year 1. * Sustain effective links with the wider research system (e.g. Health Research Authority (HRA), NHS Digital). * Simplify reporting systems, generating automated reports and linking with the Clinical Research Networks (CRNs) and HRA to ensure researchers are asked for information only once.   Ensuring accessible and full publication   * We will retain NIHR’s position as a leading publisher by establishing:   + NIHR Journals Library as a threaded publication.   + NIHR Journals Library as part of a machine-readable research evidence landscape (e.g. through XML, Crossref, OpenTrials).   + Managed access to research data.   + A mechanism to publish currently unpublished NIHR outputs such as RfPB final reports.   Ensuring reports are unbiased and usable  We will develop new products to improve dissemination, including:   * Evaluation of HS&DR’s first look summaries with consideration of extending it. * NIHR Dissemination Centre approaches to highlight and summarise projects and research themes. * Hosting diverse products on the NIHR Journals Library website, including webinars, NIHR Dissemination Centre Signals, and other publications.   **Global Health and Official Development Assistance funding**  We will manage a portfolio of world-class global health research, working closely with the Authority, and collaborate with other funders to develop researcher capacity within the UK and internationally. We will commission global health research units and groups and manage a portfolio of projects. We will seek to learn from these new approaches and feed them back into the management of other programmes.  **Future-proofing**  We will establish an Open Innovation Hub to accelerate the pace and benefits of change, continuous improvement and innovation throughout the life of the contract. Successful developments will be incorporated into processes, leading to further changes to Standard Operating Procedures (SOPs) See D.9.  We will significantly build on our current relationship model both within one-NIHR and with wider stakeholder groups across the research landscape (e.g. other funders, SMEs and other service providers). This will include increased working with other research management organisations to share best practice and innovate with our suppliers.  We propose a highly collaborative relationship with DH Science, Research and Evidence, part of which will be agreeing 1, 3 and 5 year business plans.  We will collaborate with organisations outside of research management (e.g. NESTA, Open Data Institute) to understand what is happening in the wider digital and systems agenda so that we can take advantage of technologies e.g. open source tools for Researchfish data, QlikView.  **Information systems and governance**  Our systems and processes are covered in D.3 and 4.  **Quality assurance, continuous improvement and realising efficiencies**  Our systems and processes are covered in D.3, 4, and 9. |

1. **Method Statement – B: Management and Governance**

Write “Confirmed” to confirm acceptance that you are Fully Compliant with each row

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
| **Service Delivery** | Working Approach | NETSCC ONLY 5.3 | M | Confirmed |
| CCF ONLY 5.9 | M | N/A |
| **Contract and Management Requirement** | Contract Monitoring Information | 11.2 | M | Confirmed |
| Deliverables | 11.3 | M | Confirmed |
|  | 11.4 | D | Confirmed |
| 11.5 | D | Confirmed |
| Key Performance Indicators | 11.6 | D | Confirmed |
| 11.7 | D | Confirmed |
| 11.10 | D | Confirmed |
| 11.11 | D | Confirmed |
| 11.12 | M | Confirmed |
| 11.13 | M | Confirmed |
| Remedies | 11.11 | M | Confirmed |

Tenderers must provide a method statement which shows how they intend to manage the contract and their governance structure. (***The Tenderer must demonstrate a reliable understanding of the Contract to ensure that they meet the quality and deliverable requirements as detailed with section 11. In particular the Tenderer will outline the ‘when, what and how’ management information which will be provided to evidence and measure their performance. Further to this the Tenderer 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, to section 11. Tenderers will need to consider the importance of these measures and will form part of their KPIs***.)

In addition, Tenderers will be required to demonstrate (with reference to the NIHR and the funding streams delivered), knowledge and understanding of:

1. the need for capacity development in key areas;
2. the translational research environment and the “bridge” between basic and applied research;
3. the need for “pull through” in terms of innovation;
4. the importance of a research-aware NHS;
5. the need for a mixed economy of research opportunities and an understanding of how each of the existing funding streams meets a specific need;
6. Key NIHR policies associated with research management and governance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.3 | Weight | **20%** | Word Limit | **1500** |

| **Response** |
| --- |
| Word count 1416  **Management and Leadership**  The requirements will be delivered by our experienced management and leadership team, using governance structures developed over 20 years. The service will be monitored through management information, and performance-managed through internal performance indicators and contractual KPIs.  Delivering innovation and change will require strong leadership and careful execution. NETSCC must deliver the highest standards of transparency, quality, reliability and probity. Its work must meet the needs of multiple stakeholders, many of whom are intrinsically conservative, and the impact of decisions play out over long periods of time.  Early in the new contract we will establish a culture of managed continuous improvement and open innovation to be led by an accountable Executive Director, in recognition of its importance. This will be across all of NETSCC with the Open Innovation Hub (D.9) as the vanguard.  Areas for research capacity development will be identified by our scientific teams through stakeholder engagement, including researcher liaison, themed calls and strategic and targeted commissioning. These will be addressed through research support activities (D.5) and continuous improvement (D.9).  We will bridge translational research gaps through our work across NIHR and with other funders (research councils, charities, industry etc.) and the research community. Of particular importance will be the positioning of EME and HS&DR. Managed innovation “pull through” will be achieved by working across NIHR funding programmes, NIHR BRCs and CLAHRCs, MRC, industry and charities to identify innovations early in the translational pathway and pull them through to NETS schemes.  We will continue to enable research-awareness in the NHS through our new Health, Public Health, and Social Care National Partner Hub (D.2).  The need for a mixed economy of research opportunities and an understanding of how each existing funding stream meets a specific need will be addressed through our stakeholder model and NETS as a system (D.2).  NIHR policies associated with research management and governance will be incorporated into our SOPs and work practices (D.4 and Annex A2) and through partnership working with the Authority and cross-NIHR.  We will maintain high levels of expertise through personal development and performance reviews, a learning and development programme, and extensive stakeholder engagement (e.g. sitting on NICE appraisal committees). All of our management and leadership team either lead or support cross-NIHR projects and activities (e.g. our CEO co-leads Push the Pace).  **Governance**  Maintaining the trust of stakeholders requires transparent and independent decision-making. We therefore maintain a distinction between NIHR programme governance and NETSCC corporate governance.  Oversight by the Authority  We will report to the Authority through a NETSCC Steering Group. We will use our Management Information System (MIS) to generate quarterly reports. We will produce an annual contract review report and attend an annual review meeting with the Authority to discuss activity, progress and future plans. We will meet NETS Programme Directors annually to gain informal feedback on our activity and feed into continuous improvement. As D.4 and Annex A2 details, we will comply with all DH audit requirements.  We will work with the Authority to establish proportionate and effective ways of working and reporting under the policy guidance of Open Book Contract Management (OBCM).  In addition, we will report according to the agreed KPI framework as detailed in the draft contract.  NIHR programme governance  Each NETS programme has an assigned senior NETSCC leader as Head of Programme ensuring end-to-end processes meet programme needs, maintain programme focus and external relationships are managed effectively.  Programme governance will be delivered through independent boards and panels with external and DH-appointed Programme Directors and Chairs. The EME programme will continue to have tailored arrangements, given the close relationship and co-funding with MRC.  We will bring together NIHR programme and NETSCC corporate functions through Programme Liaison Groups (PLGs). Each PLG will deliver co-leadership of the programme from the different (but aligned) perspectives of the programme and NETSCC.  NETSCC corporate governance structures  We benefit from the scope and scale of our host’s governance structures, policies, procedures and charitable status. In addition, we have dedicated contract delivery governance structures tailored to the needs of NETSCC and the Authority.  Corporate governance is overseen by the NETSCC Senior Management Team and four formal governance groups:   * Finance * Information * Innovation and continuous improvement * Workforce   Research on Research (RoR) governance  The RoR programme is described in D.5. Research Support Services. This section covers its governance.   * We will steer RoR through the NIHR Programme Directors’ and Chairs’ meeting to ensure that RoR is meeting the needs of NIHR. * We will report on the performance of RoR to both the NETSCC Steering Group and the NIHR Programme Directors’ and Chairs’ meeting for oversight purposes and to feed findings back into all NIHR programmes. Overall accountability and decision-making will remain with the NETSCC Senior Management Team.   Patient and public involvement (PPI)  We have a proud history of driving PPI in research and research management and now sit alongside INVOLVE, making an even greater difference to patients and the public. A particular focus will be on increasing diversity of involvement and inclusion in our work.  We will ensure effective PPI in how we operate as a centre. This will include:   * Public involvement in strategic discussions through the NETSCC PPI Reference Group. * Public involvement in developing individual areas and outputs through the diverse PPI virtual network and crowdsourcing platform. * Working within a wider system, e.g.   + Jointly delivering *Going the Extra Mile*. This will include working with CCF to develop a single PPI strategy/framework covering all funding programmes.   + We are founding members of the Wessex Public Involvement Network, bringing together the NIHR family in our region, making it easier for the public to get involved in research.   **Stakeholder feedback**  We will increase our already significant approach to stakeholder feedback and use this information to improve the service. We will instigate a three tier stakeholder feedback regime.   * Micro-feedback: We will establish electronic micro-feedback for users of our services. This will be a system to collect small bits of information on users’ views and experience at specific points of the process. We will capture the users experience as they experience us rather than retrospectively. This information will allow us to respond quickly to feedback and factor into our continuous improvement and development plans. * Macro-feedback: Being mindful of survey overload we will target specific stakeholders for more detailed feedback. For example we will ask all panel and board members for feedback following each committee, as well as from successful and unsuccessful applicants, and from Programme Directors and Chairs on at least an annual basis (as well as always having open lines of communication). * In-depth evaluation: When there are issues of sufficient importance we will undertake more in-depth evaluations. This could be on a specific new part of the service, NETSCC as a whole or a programme. This could include structured interviews around stakeholder perceptions, impact evaluations of a NETS programme or portfolio, or formative and summative evaluation of stakeholder views on continuous improvement or innovation.   **Financial modelling and management**  We have developed a model for accurately forecasting and delivering NETS programme spend. Under the current contract, inefficiencies remain due to the need to deliver individual programmes to individual targets. We propose moving to managing programme budgets at the NETS level.  **Quality assurance**  We accept the KPIs in the draft contract. We will instigate a programme of internal audits to supplement the Authority-led full process and contract audits.  In addition to contractual KPIs, we will monitor a range of internal performance metrics that our teams, management and governance structures will monitor and act upon. These will be a mixture of prospective, retrospective and across the balanced scorecard domains of stakeholder experience, organisational learning and growth, business processes and financial performance. They will be designed to provide a view across all activities; some will be specifically focused on issues of major strategic importance, e.g. monitoring the assumptions that underpin our programme spend model; and in line with our continuous improvement and innovation goals, e.g. time from application to funding recommendation and proportionate peer review.  **Contract Delivery**  We describe in D.4 our approach to quality control and assurance of contract delivery.  As D.2 sets out, our technical teams will provide secretariat support for each programme and functional area, making arrangements for all meetings, taking and circulating accurate minutes, maintaining committee membership lists and producing and distributing papers in a timely and accurate manner. Our experienced teams will ensure effective and efficient contracting of projects on behalf of DH. All funding recommendations, substantive adverse events and close down of projects will be communicated accurately and swiftly to the Authority. |

1. **Method Statement – C: Standard Operating Procedures.**

Write “Confirmed” to confirm acceptance that you are Fully Compliant with each row

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
| **Service Delivery** | Working Approach | NETSCC ONLY 5.4 | M | Confirmed |
| CCF ONLY 5.10 | M | N/A |

Tenderers must provide a detailed description, stating how their proposal is able to meet the Authority’s requirements and highlighting those areas where the proposal can provide benefits to the Authority, including meeting the desirable requirements.

Tenderers will be expected to demonstrate how they will:

1. deliver a robust quality assured research management and information system that supports Standard Operating Procedures
2. deliver against requests from the Department of Health for routine monitoring and management information including urgent requests for information required in order to respond to Parliamentary Questions;
3. support pan –NIHR data sharing projects including InfoNIHR and grant information to support the operation of Europe PubMed Central ; as well as ad hoc requests for data or support;
4. utilise the corporate information systems provide by the NIHR central IS Function. Currently these are the NIHR Hub and NIHR Email service, built on the Google Apps for Business platform and the NIHR Website, built on SiteKit;
5. ensure that all systems are consistent and comply with the overarching NIHR information policy documentation including but not exclusively, the NIHR Information Strategy and the NIHR Data Standards;
6. make use of and where necessary provide data feeds to and from other parts of the NIHR directly and not via infoNIHR, for instance the NIHR CRNCC Reference Data Service;
7. establish appropriate and robust financial reporting systems to support Standard Operating Procedures;
8. handle policy sensitive research including outputs;
9. comply with routine Department of Health process audits;
10. deliver appropriate communications activity taking account of the need to promote funding streams, encourage good quality research proposals, make research outputs available and comply with DH Comms requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.4 | Weight | **10%** | Word Limit | **750 + annexes\*** |

| **Response** |
| --- |
| Word count 718  As a government department and public funder of research, the Authority requires delivery to be reliable, transparent, fair, auditable and efficient. Operations must meet contractual, regulatory and legislative requirements, and maintain the confidence of stakeholders. Our SOPs, policies, work instructions and management approach will achieve this.  Relevant SOPs, policies, and overview of new procedures are provided in Annex A2. Actual SOPs for new or changed procedures (e.g. new commissioning process) will be consulted on, including with the Authority, and finalised prior to April 2018.  **Quality control and assurance**  Our business services teams will have responsibility for SOP management and compliance, including control, review, internal audit, and staff training.  Each SOP/policy has a designated senior owner who oversees the review and change implementation process within external oversight mechanisms such as Authority oversight, audit, NIHR Programme Liaison Groups and the PPI reference group (D.3).  Our MIS supports implementation of our SOPs and work instructions through a task-based system. This controls the progression of tasks to ensure fidelity to SOPs; flags incomplete tasks; and provides an audit trail.  **Information governance and data protection**  Our information governance and security team oversees policies and activities including mandatory training, compliance reviews and corrective action. They coordinate our FoI responses and adherence to the Data Protection Act (DPA). Our highly effective information response work instructions ensure compliance with response times for Parliamentary Questions and FoI requests.  **Information systems**  As the centre responsible for managing the Centre for Business Intelligence (CBI), Trials and Public Health Overview functions, we will fully support cross-NIHR data sharing projects and requests, including InfoNIHR and grant information to support the operation of Europe PubMed Central. We will actively contribute to and comply with appropriate NIHR Information Policy, Strategy and Data Standards, and utilise NIHR information systems such as the hub and email service unless restricted in doing so by the DPA.  We will work with others (CRNCC, HRA, Researchfish, etc.) to implement a policy of collecting data once across the system.  **Records management**  Our MIS provides a comprehensive records management system. In 2018 we will move to a fully paperless system including e-signatures, speeding up the contract timeframe and phasing out hard copy filing. Information regarding contracts, peer review comments and author responses will be retained electronically for a minimum of 20 years. Holding key information in one easily accessible location will support process audit reporting.  **Risk management**  Our structured process for managing risk requires risks to be logged in a corporate risk register overseen by the Senior Management Team, and scored using a standardised matrix to ensure consistency and assess significance and urgency. Risks relating to continuous improvement, finance, information, people and workforce planning are managed by their respective committee (D.3, D.9).  **Communications and outputs management**  As agreed during the negotiation stage, we will shift communications focus from NETS to NIHR, whilst ensuring all NETS funding opportunities are communicated. Our task-based management information system triggers basic call communications; this ensures fidelity and auditability.  The Authority currently requests prior notification of the most sensitive outputs on a weekly basis. We will continue to use routine reporting and the SRE Planning Diary (or equivalent) to provide this, and to bring high impact outputs to the Authority’s attention, liaising with DH policy colleagues as appropriate. We will ensure the reporting of sensitive outputs is not duplicated and will be reported at the most appropriate time.  We are aware that a more proportionate and sustainable solution is required for the Authority. This will require focusing on the most sensitive outputs and liaising directly with a wider range of colleagues. We would welcome a discussion with the Authority in due course.  **Resource management**  We will adopt a two-pronged approach to manage variation in activity, delivered through detailed business planning and OBCM (D.3). This will include:   * Long-term predictable delivery. * Business case driven new areas of work. These are considered by the Authority at the NETSCC Steering Group and subsequently included in annual reporting. Previous examples include the CBI and Global Health.   As agreed during the negotiation phase, our ability to be flexible and adaptable to emerging additional requirements is unlikely to extend beyond contracted activities. Requests for additional services or flexibility that we deem cannot be accommodated will be subject to the Contract Variation process and will require either removal of other work or additional cost. |

***\* only limited to SOP, no other information will be considered***

1. **Method Statement – D: Delivery of Research Support.**

**Weighting: 15% of the overall marks**

Write “Confirmed” to confirm acceptance that you are Fully Compliant with each row

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
| **Service Delivery** | Working Approach | NETSCC ONLY 5.5 | M | Confirmed |
| CCF ONLY 5.11 | M | N/A |

Tenderers must provide clear and appropriate strategies / implementation plans for delivery of support services, 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.5 | Weight | **5%** | Word Limit | **1500** |

| **Response** |
| --- |
| Word count 1496  **One-NIHR Research Support Services**  Our Research Support Services will underpin the delivery of one-NIHR working in collaboration with other parts of the NIHR.  We will simplify and coordinate, adopting a synergistic approach between services. For example, we will use portfolio oversight and intelligence to inform the research topics prioritisation process and embed JLA in strategic and targeted commissioning, enabling a more rapid response to the Authority’s and stakeholders’ requirements. We will develop the NIHR Journals Library as a threaded publication, benefiting the research community by making available all the content relating to each project.  We will deliver research support services within the following areas:   * Public involvement, engagement and JLA. * Health, public health and social care evidence-user support (see D.2). * Research community capacity development. * NIHR as a learning system through portfolio intelligence and oversight. * NIHR Communications and events. * NIHR International Office.   **Public involvement, engagement and JLA**  Patient and Public Involvement  D.2 highlights how PPI will be embedded through core functions. Our focus will be to improve the diversity and inclusion of contributors. We will work with NIHR partners, INVOLVE, CCF and the NIHR National Director for Patients and the Public in Research, sharing good practice (See D.2).  JLA Priority Setting Partnerships (PSP)  The JLA is more than public involvement; it is an equal partnership that co-produces research priorities through patient and clinician involvement. By 2019, we will expand it nationally and globally, protecting the brand without constraining it. We will implement a new business model that results in others contributing funding to the infrastructure. We will embed JLA in NETS further, e.g. as a possible stage for certain strategic and targeted commissioning, to drive the PSP to deliver an agreed number of advertisable commissioning briefs rather than just identify broad priorities for research. We will extend the scope to include a range of health and care issues beyond just treatment uncertainties, including questions related to how health and care is organised, experienced and integrated in service delivery.  **Research community capacity development and user support**  We will develop and execute plans to increase research capacity at different priority areas across the NIHR system, for example through themed calls and focused development of researchers early in their careers. More detail is provided in Annex A2.  Individual support  Direct researcher support, e.g.   * Enquires service. * Simplified application form. * Process improvements to enhance user experience.   Research community support  Tailored researcher support and capacity building activities, e.g.   * Webinars. * Writing workshops. * Roadshows. * “Sandpits”. * Working with professional societies and charities. * Working with other parts of the NIHR, e.g. RDS and TCC.   Strategic and targeted commissioning will identify high-priority areas where barriers to delivering the needed research are primarily around research community capacity, leading to targeted capacity development programmes.  **NIHR as a learning system through portfolio intelligence and oversight**  The NIHR generates a wealth of data and information that we will use to inform future plans and to support wider stakeholders.  By 2019, we will provide a one-stop shop for all knowledge and intelligence related to NIHR supported research.  As agreed during negotiation, all portfolio oversight functions (Public Health Overview, Trials Overview, CBI etc.) will be consolidated to reduce management oversight and allow for relative prioritisation. This will deliver greater coordination between functions and improve efficiency.  This will include the following:  NIHR Journals Library  D.2 and D.4 describe how we will speed up the release of knowledge through threaded publication. We will retain the editorial model, ensuring overall quality. Our team of research publishing experts will secure scientific, clinical and public reviewers to inform editorial decisions. The Editorial Board and our in-house team of experts will manage sensitive reports, alerting the DH in a timely and proportionate fashion. We will work with the Editorial Board and through wider partners within the Open Innovation Hub to develop the NIHR Journals Library beyond the current plans.  Impact  We will improve the tracking, communication and facilitation of NIHR impact – building on the significant contribution NETSCC has made to date:   * Deliver work on impact assessment in collaboration with NIHR partners, particularly the successful bidder for the CCF contract. * Establish a new approach to commissioning for impact that could become internationally renowned. * Monitor and reinforce researchers’ dissemination plans. * Design, coordinate and analyse the NIHR’s Researchfish survey. * Link evidence-users to research and dissemination through active research involvement and the new Health, Public Health and Social Care National Partner Hub (see D.2).   NIHR Trials Coordination  We will improve trial data and reporting, promoting its use for trial planning/funding and supporting the translational pathway. This coordination will be developed through greater collaboration with NIHR partners, MRC methodology hubs, UK Clinical Research Collaboration, CTU Networks and others.  NIHR Public Health Research Overview  All NIHR programmes support research relevant to public health. We will maintain effective relationships with NIHR partners, NICE, MRC methodology hubs, PHE and other stakeholders. We will collaborate to improve reporting and coordination across funders. We will support the NIHR review of the wider landscape and NIHR’s position in it.  Clinical Trials Toolkit  We will develop the Toolkit, ensuring it continues to deliver the needs of the NIHR and other stakeholders. We will collaborate with trial stakeholders to support developments of the site. We will audit and evaluate Toolkit use, seeking user feedback to inform further developments.  RoR  RoR at NETSCC has established an international reputation and is integrated into our model of continuous improvement, to improve how we deliver research funding programmes.  The RoR programme applies research methods and standards to answering NIHR-relevant questions around research management, performing four main functions:   * Provide evidence and answers to NIHR-relevant uncertainties in the way research is commissioned, managed, delivered and disseminated. As outlined in the Authority’s *NETSCC Descriptive Document* this provides “research-based continuous improvement”. * Provide development opportunities for NETSCC research staff, increasing skills needed to deliver the NETS research programmes and helping retain them. * Provide a way of sharing what we know about the NIHR portfolio and AViR processes with the NIHR, DH and wider landscape. RoR outputs have been critical in furthering the NIHR’s reputation, supporting the case for NIHR investment and sharing best practice. * Extend its use to support wider NIHR questions and evaluate cross-NIHR changes (e.g. Push the Pace).   Working with other researchers  One constraint of RoR is the need to work with data that currently cannot be made publicly available due to data protection or confidentiality requirements. We will establish mechanisms to make the data we hold more available to external researchers through the CBI, continuing the trend of making NIHR more transparent with much more data and information available externally. In addition, we will establish a “data service” for non-FoI requests, whereby we will process requests for research quality data and information.  We will collaborate with external researchers on a range of topics where each funds their own activity, and explore with the NETSCC Steering Group, mechanisms to open up RoR funding to external researchers.  NIHR Centre for Business Intelligence (CBI)  The CBI will bring together datasets from across the NIHR to develop key metrics and strategic outputs. We will enhance the gathering, recording and reporting of NIHR business data. Text analytic tools will be used to make business intelligence more user friendly and responsive, enabling users to run their own queries and build dashboards. To increase transparency, we will make NIHR data publicly available in a meaningful but risk-managed way.  NIHR Adding Value in Research (AViR)  We will coordinate a cross-NIHR working group on AViR. We will use AViR as a quality improvement tool by coordinating a cross-NIHR audit. We will co-convene, with PCORI (USA) and ZonMW (Netherlands), an international forum of funders to share best practice. We will deliver a range of communications activities to share NIHR’s approach and raise its profile in the process.  **NIHR Communications and events**  NIHR Communications  As agreed during the negotiation stage, we will shift communications focus from NETS to NIHR.  We will ensure there is a coordinated, efficient and strategic approach to communication, including hosting an NIHR Digital Office that supports NIHR’s digital channel management including email, web and social media. We will build on our effective and consistent approach to event management, collaborating with NIHR partners, ensuring there is a strategic, targeted presence at conferences and events.  As requested post-negotiations, we will make provision to contribute to a corporate NIHR Communications Director post.  NIHR Meetings Organiser  As agreed during the negotiation stage, we will provide a procurement and basic contract management service for the events contract on behalf of NIHR. Users of the contract would deal directly with the supplier. Given the budgetary pressure, we believe this strikes the right balance ensuring there is efficient, cost-effective coordination of meetings for NIHR.  **NIHR International office**  We will further develop partnerships with international agencies, sharing learning and increasing our understanding of global challenges. We will share priorities for research, generating new knowledge and approaches to improving the health and wealth of the UK and generating wider global health benefits. We will establish co-funding arrangements for important topics requiring a global response or risk-sharing. |

1. **Apprenticeships and Skills section 8 of the Statement of Requirement**

**Weighting: 5% of the overall marks**

Write “Confirmed” to confirm acceptance that you are Fully Compliant with each row

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
| **Service Delivery** | Apprenticeships & Skills | 8.1 | M | Confirmed |
| 8.2 | M | Confirmed |

Tenderers 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.6 | Weight | **5%** | Word Limit | **750** |

| **Response** |
| --- |
| Word count 729  **Apprenticeship strategy and wider skills context**  Developing an apprenticeship programme, in line with the Specification of Apprenticeships Standards for England, is part of NETSCC’s wider strategic workforce plan. It forms part of an array of recruitment channels, growing our attractiveness to a diverse range of talented candidates, and using the investment in NETSCC and the Wessex region to develop the research management professionals of the future.  We have mature recruitment, retention, learning, development and succession planning support. We have a dedicated workforce team within the Wessex Institute. This allows us to draw on larger institutional resources whilst tailoring delivery to our highly specialised needs. For example, to supplement the training available to all University employees, we have a Wessex Institute Learning and Development Programme which includes a health and research learning curriculum. This covers core knowledge and mechanisms that lie at the heart of our work and the wider health landscape.  We are developing a student placement offer, working with the award-winning University Careers and Employability Service to design and establish a range of placements for students, graduates and postgraduates across disciplines.  **NETSCC Apprentice Research Managers**  The largest job group within NETSCC consists of Research Managers and Assistant Research Managers who manage and coordinate activities across the research pathway. There are a number of professional categories within the Apprenticeship Framework that suit NETSCC’s needs, including:   * Business administrator. * Associate project manager. * Project/programme/portfolio manager. * Various information technology roles.   The competencies required for these roles directly support NETSCC’s strategy and objectives and provide apprentices with a solid grounding in transferable skills relevant to a wide range of roles and industry sectors.  Being part of the University of Southampton affords apprentices the additional advantage of having a structured career pathway that lies outside of research management. The University is skilled in supporting apprenticeships and has a high-quality learning and development programme for all staff, including comprehensive inductions, health research learning activities and training courses.  **NIHR Apprentices**  By 2020, we will work with the local NIHR footprint and other national centres (e.g. with the successful bidder for CCF) to share training and development opportunities. Given the different work and hosting environments (HEI (Higher Education Institution), commercial organisation, NHS trust etc.) we will be able to develop an exciting and highly valuable offer to both apprentices and the NIHR, in effect creating an NIHR-wide apprenticeship scheme in health-related research management.  **Working in partnership with HEIs**  Local HE colleges offer apprenticeships in the subject areas listed above. These colleges are actively seeking additional apprenticeship vacancies from local employers and are keen to work with us to develop an apprenticeship offering.  We have been in discussion with the University of Winchester Business School to offer places as part of their Degree Apprenticeship Programmes. These programmes focus on the specialist areas required to support the digital and technology services sector, which will be a growing focus of NETSCC over the next 5 to 9 years. These programmes will provide learning and skills development to honours degree level. Our apprenticeship offer with the University of Winchester will extend across the following Degree Apprenticeship Programmes:   * BSc (Hons) Digital and Technology Solutions * BSc (Hons) Digital and Technology Solutions (Business Analyst) * BSc (Hons) Digital and Technology Solutions (Business Management) * BSc (Hons) Digital and Technology Solutions (Data Analytics)   Apprentices will be given day release to study for an honours degree whilst gaining practical skills and experience through time spent working alongside colleagues in the Wessex Institute. Associated tuition fees will be paid for by the University of Southampton through the Apprenticeship Levy. Each apprentice will be allocated a mentor who will work with them to create a personal development plan to ensure both the apprentice and the Wessex Institute gain the maximum benefit from the programme. After successful completion of the degree course, apprentices will be offered a position of employment within the Wessex Institute.  **Apprenticeship Levy**  The new Apprenticeship Levy of 0.5% of the total annual salary bill, which takes effect from April 2017, will be funded centrally by the University rather than through the NETSCC contract.  **The plan**  It is essential that we support apprentices appropriately, thereby over time increasing the number of concurrent apprenticeships:   |  |  | | --- | --- | | Timescale | Number of concurrent apprenticeships | | Year 1 | 1 | | Year 2 | 2 | | Year 3 | 4 | | Year 4 + | 4 (approx. 2% of workforce) |   We will provide ongoing support to the programme and monitor and evaluate its impact. |

1. **SMEs**

**Weighting: 5% of the overall marks**

Write “Confirmed” to confirm acceptance that you are Fully Compliant with each row

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
| **Service Delivery** | SMEs | 13.1 | D | Confirmed |
|  |  | Confirmed |

Tenderers must outline their plan for ensuring that full and fair opportunity is offered to all, particularly SMEs. Including how they intend to put in place innovative strategies that attract and engage with SME’s in the performance of the service, and encourage / provide opportunities for the use of SME’s within research funding applications

.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.7 | Weight | **5%** | Word Limit | **500** |

| **Response** |
| --- |
| Word count 495  **SME opportunities within research funding applications**  In 2018 we will develop an industry engagement plan which will include a focus on SMEs. Actions will include:  Applicant support/encouragement  Anyone is eligible to apply to NETS schemes. We will offer the SME community greater targeted support to submit fundable applications, including:   * Partnering workshops on areas of common interest, e.g. stratified medicine, medical devices. * Stimulation through some commissioning briefs, e.g. bids require a partnership including industry. * Significant support for study teams, HEIs and NHS trusts to ensure that they form effective and appropriate collaborations. * Refining our approach to commercialisation and IP arrangements to ensure effective enablement of SME involvement while meeting NIHR needs.   Strategic enabling initiatives  Working with NOCRI and CRNCC, we will negotiate sector-wide agreements, including:   * Standard and targeted approaches to accessing industry-held data, e.g. to support validation of prognostic markers for the benefit of the wider sector. * Building on the MRC-Industry Asset Sharing Initiative. * Cross-NIHR initiatives. * Potential joint calls with industry.   **Working with SMEs in the delivery of NETSCC**  The University works with a range of suppliers, large and small, to procure goods and services. Through our Sustainable Purchasing Policy we encourage SMEs and local suppliers to bid for appropriate work.  As a University, we must comply with the Public Contracts Regulations 2015 and are bound by law to adhere to a prompt payment code. University policy ensures all procurements are open, transparent and fair even at much lower contract values than European procurement thresholds.  The NETSCC contract presents a significant opportunity to support SMEs, making the most of the opportunities provided by working with a wide economy of suppliers in terms of innovation and value for money.  Across the Wessex Institute our subcontracting relationships with UK companies account for 14% of revenue being redistributed to other suppliers, a significant number of which are SMEs.  **Open Innovation Hub (D.9)**  This is called *open* precisely because we want to work with a wide range of suppliers – most of whom we expect to be SMEs. This is important because many of the most valuable innovative ideas are generated through collaborations. All work undertaken will meet NETSCC requirements, and the Open Innovation Hub will provide benefit for the SMEs involved and the wider research sector.  **The University of Southampton Science Park**  We are based at the University of Southampton Science Park – a vibrant environment for SMEs within which we are an active participant. This includes hosting the SETsquared Partnership, the enterprise collaboration between 5 universities which has supported over 1,000 high-technology start-ups and in the most recent [UBI Global](http://ubi-global.com/) rankings (November 2015) is the global number 1 University Business Incubator. NETSCC will work with SETsquared through the Open Innovation Hub (see D.9).  The Science Park is also home to the Wessex Academic Health Science Network (AHSN), with which we have close links, including participation in initiatives such as the Wessex International Healthcare Consortium. Through the AHSN and SETsquared Partnership we are establishing further links with local SMEs and start-ups. |

1. **Transition Implementation Plan**

**Weighting: 5% of of the overall marks**

Write “Confirmed” to confirm acceptance that you are Fully Compliant with each row

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
| **Transition Requirements** | Timescale | 10.4 | M | Confirmed |
| Implementation Plan | 10.5 | D | Confirmed |
| 10.6 | M | Confirmed |
| 10.7 | D | Confirmed |
| 10.8 | D | Confirmed |
| 10.10 | M | Confirmed |
| **Service Delivery** | Premises/Location | 7.1 | D | Confirmed |
| 7.2 | D | Confirmed |

Tenderers must provide an outline transition implementation plan to indicate its plans for the transition of Services from the current operation into the new Contract delivery phase.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.8 | Weight | **5%** | Word Limit | **750+ annex\*\*** |

| **Response** |
| --- |
| Word count 705  With no disruptive transitionwe will focus on continuity and delivering additional value through innovation and efficiencies from the start of the new contract. Work during transition will be limited as no transition costs are available.  We will develop a full transition plan, based on the draft in Annex A3, through consultation and agreement with stakeholders including patients and the public.  **Innovation from the start of the new contract**  We will develop plans and strategies for each major new and continuing area of work and a full business plan suite (1, 3 and 5 years); see Continuous Improvement Plan tab of Annex A3 for innovations leading into the new contract. Major new areas include:   * Open Innovation Hub (D.9). * Strategic and targeted commissioning (D.2). * Crowdsourced lived experience and professional expertise platform (D.2). * Simplified and proportionate peer review (D.2). * Simplified and proportionate committee review (D.2). * Simplified and proportionate post-award management (D.2). * Simplified and proportionate contracting (D.2). * Simplified and coordinated research support services (D.5). * Halving the time from application to funding decision (D.2). * Halving the cost of peer review (D.9). * New models of active and enhanced dissemination (D.2).   We will continue to manage existing services during the transition and into the new contract. It will be unnecessary to establish transfer arrangements for services, including the published/active portfolio, records and files etc.  **Transition delivery and oversight**  We will appoint a transition team led by an Executive Director. Transition will be overseen by a NETSCC Transition Group comprising NETSCC executives. The NETSCC Transition Group will be responsible for agreeing priorities, ensuring that service delivery is not affected adversely, whilst prioritising innovative activities for the new contract.  The NETSCC Transition Group will report to the Authority’s Transition Oversight Board as in Schedule 3 of the contract.  We will develop, with the Authority, a communications and engagement plan focusing on the benefits delivered by the new contract, and informing stakeholders of any changes that may affect the way we interact with them.  **Workforce**  **Information redacted in line with section 43 of the FOIA**  **IT systems and data**  Our existing IT platform is strong and stable. This will be further improved by a planned development of the existing system, ensuring it supports the requirements of the new contract.  **Quality assurance in the transition period**  We will instigate a quality assurance regime that monitors, measures and assures quality outcomes for the transition period, consistent with the approach outlined in D.9. This will focus particularly on transition risks identified in the risk register.  **Targets and milestones**  Led by the NETSCC Transition Group, we will deliver against the following targets and milestones during the transition year to ensure a seamless transition into new service provision from day one of the new contract:  Phase 1 (April 2017): Understanding   1. Work with the wider NETSCC team to understand the key themes and areas of delivery (there has been limited involvement to date due to the ethical wall arrangement during the tender process). 2. Understand the responsibilities and obligations of the Authority and the University. 3. Understand the 3 to 5 year budget at the RMO, infrastructure and NIHR Research Support Services level; and the implications on the current delivery team. 4. Begin communications with the current delivery team.   Phase 2 (by July 2017): Transition planning   1. Establish high-level objectives and targets: 2. High-level strategic plans at function/area level. 3. Transition change plans at function/area level. 4. 1 to 3 year budgets at function/area level. 5. Agree communications and engagement plan (external): 6. With Programme Directors. 7. Stakeholders.   Phase 3 (by October 2017): Detailed planning   1. Develop 3 to5 year roadmaps of what needs to happen, by when, linked to the budget profile e.g. halving the time from application received to funding recommendation. 2. Systems changes. 3. Changes to SOPs. 4. 1 to 5 year budgets.   Phase 4 (by April 2018): Transition delivery   1. Team reshaping initiated. 2. Process and systems changes for year 1 implemented. 3. Open Innovation Hub established.   Phase 5 (April 2018+): New contract delivery  Longer term roadmap delivery. |

***\*\* The plan only***

1. **Continuous Improvement**

Write “Confirmed” to confirm acceptance that you are Fully Compliant with each row

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
| **Service Delivery** | Continuous Improvement | 9.1 | M | Confirmed |

The Tenderer must outline the processes it proposes to use in order to ensure that continuous improvement in line with paragraph 9.1 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, highlighting those areas where the proposal can provide benefits to the Authority, including meeting the desirable requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.9 | Weight | **5%** | Word Limit | **1500** |

| **Response** |
| --- |
| Word count 1481  The NETSCC we deliver today is radically different from when it was established, and changing stakeholder need and landscape over the life of this contract will drive further innovation. The development of a more collaborative one-NIHR way of working, improvements in NIHR IT systems and availability of new digital approaches offer great opportunities. We will also focus on improvements that increase environmental sustainability and decrease carbon footprint of NETSCC and the programmes we manage.  **Open Innovation Hub**  We will establish an Open Innovation Hub which will improve the relevance, efficiency and quality of health research through continuous improvement and challenge-led innovation in a risk-managed way.  Innovation strategy  Strategic guidance will come from strong public involvement and a small group of thought leaders from across the following health and research megatrends:   * Democratisation * Optimisation * Digitisation   The Hub will have the following work areas:  Continuous improvement:  Working alongside delivery teams, we will deliver continuous improvement and process re-engineering, e.g. we will review panel and board structure and scheduling for greater efficiencies. This is an enablement function, and activities will occur within the business. This builds on our highly successful continuous improvement programme that has halved our RMO in the past five years.  Challenge-led innovation:  We will invite each delivery team into the Hub space to work in a different way for short periods of time, with well-defined outcomes.  We will manage an innovation pipeline (see D.4 Annex A2) to address major challenges using an iterative methodology to deliver value incrementally and rapidly.  Open innovation  We will work with a range of external partners, including SMEs new to the sector, academics, and other sources of promising ideas. It will provide a place and some seed funding to develop ideas and help incorporate them into core delivery. We will be transparent, easy and quick to do business with, and ready to move on when ideas are not worth pursuing. All work will be made publicly available for others in the sector to learn from.  Targets and milestones  The challenges addressed will be target-driven and developed through consultation with stakeholder groups, including strong public involvement.  Targets we commit to at the outset will include:   * By 2021, cut the effort of peer review in half without materially impacting the quality of decision-making at the portfolio level. * By 2021, cut the time from application to funding recommendation in half, from a median of eight months to four months) without materially impacting the quality of decision-making at the portfolio level. * By 2020, introduce enhanced and insightful mechanisms for stakeholder feedback (see D.3).   Following consultation, other examples could include:   * New models of public involvement, e.g. achieving diversity and inclusion (working particularly with INVOLVE and CCF). * Significantly increase recruitment and retention rates to studies. * Digital innovation in the delivery of applied health research (working particularly with NIHR CRNCC). * Active and enhanced dissemination (working particularly with the CLAHRCs and NIHR Dissemination Centre).   The Hub will be supported by our Business Intelligence team, who will generate key performance metrics on all functional and programme areas. Performance targets will be set in collaboration with functional and/or programme teams and DH.  Evaluation  Formative and summative evaluation of the innovation, implementation and impact of the Hub will be tracked to guide its activities and justify continuing support. Success of new approaches will be considered in the context of the AViR framework. Each innovation will be evaluated at a number of gateways to inform the go/no-go decision points, to understand its value and risk profile to inform the implementation strategy, and to evaluate the ultimate success (or otherwise) when implemented.  The RoR programme will undertake projects to understand trends in data reported by the Business Intelligence and CBI teams, together with process and outcome evaluations of significant improvement activities delivered by functions and/or programmes.  Public Involvement  We will use NETSCC’s existing public involvement mechanisms to complement public-led strategic oversight. Long-term advice will be sought from the NETSCC PPI Reference Group, and short-term advice obtained through our NETSCC Public Involvement Virtual Network. We will trial new models of development, such as the crowdsourcing platform developed for commissioning, co-producing improvements and developments with key constituents.  Scope  As part of NETSCC, the Hub will focus on research programmes but will not be limited to NETS. We will build on our existing relationships to take an NIHR-wide view; particularly with CCF and the NIHR CRNCC.  **Efficiencies**  The NIHR’s sustained investment in NETSCC is significant, but it amounts to a significant real term reduction over the life of the contract. Our continuous improvement and innovation plans are crucial to maintaining quality and delivery.  We will also focus on funded research to ensure maximum impact generation against inflating research costs. In particular, the Wessex Institute, working with the wider Faculty of Medicine, is seeking separate funding to establish a Centre for Digital Innovation in Applied Health Research, led by Jeremy Wyatt, Professor of Digital Healthcare. Working with this new centre, building on existing work with the NIHR CRNCC, will lead to major advances in efficient study design and delivery.  **Environmental impact and sustainability**  Our approach to creating a sustainable NETSCC will lead to more efficient services (e.g. by reducing waste) and better outcomes for stakeholders (e.g. by simplifying processes) alongside reducing impact on the environment.  Supporting evidence-users  The Sustainable Development Strategy for the Health, Public Health and Social Care System 2014-2020 was launched in January 2014. The strategy is designed to help services deliver on their legal, contractual and social responsibilities to establish a sustainable health and care system that works within the available environmental and social resources, protecting and improving health now and for future generations.  We will work with the Sustainable Development Unit to ensure NIHR research meets evidence-users’ needs in this important area that would otherwise lead to market failure. In particular this will include:   * Sitting on the Sustainability Research and Implementation Group. * Engaging directly with NICE, NHS England and Public Health England to develop topics for research in this area. * Consulting with NIHR Programme Directors and Chairs to develop guidance for applicants and funding committees on how to design and assess proposals that should consider outcomes related to sustainability. * Launch a communications and engagement campaign to raise awareness of both the updated NIHR Carbon Reduction Guidelines and guidance on research that should consider outcomes related to sustainability.   The University as a host  We have an environmental management system certified to the international ISO 14001 standard, and an environmental and sustainability policy that sets out our commitment to the principles of sustainable development.  NETSCC is located on the University of Southampton Science Park which has its own environmental policy, setting sustainability objectives accomplished through the provision of environmentally and sustainably responsible innovative accommodation and services for its tenants.  NETSCC operational activities  We will ensure NETSCC’s operational activities are sustainable through:   * Making the most efficient and effective use of all resources, encouraging all staff to develop a sustainable approach to their work. * Minimising carbon emissions from travel. Both commuting to work and business travel by avoiding unnecessary travel and travelling by public transport unless there are reasons why this is not practicable or if there are circumstances where travel by public transport would impede efficiency or effectiveness. * Identifying and implementing cost-effective measures to reduce energy and water consumption. * Reducing the amount of waste generated and disposed to landfill through a waste minimisation and recycling programme.   Within funded research and how we manage it  Our greatest potential effect is through how we manage the funding process, and the messages and expectations we place on the research community.  Our entire approach is driven by the AViR framework that seeks to root out waste and maximise the impact of research for a given cost. We will interpret cost in light of the triple bottom line and thus include environmental cost. Through our work with national and international funders we can also learn from and influence research on a UK-wide and global scale.  In 2010 we published the NIHR Carbon Reduction Guidelines (<http://www.nihr.ac.uk/research-and-impact/documents/NIHR-Carbon-Reduction-Guidelines.pdf>). We propose an update and expansion of the Carbon Reduction Guidelines to benefit from greater awareness of the issues, the NHS and PHE new Sustainable Development Strategy and newer, more efficient approaches to delivering research.  **Managing risk**  The Open Innovation Hub has been designed so that risks to core delivery are managed whilst innovation is facilitated and encouraged.   * Changes from continuous improvement will be developed and implemented by the teams most expert and most affected by the change. This will include working with the Authority and programme leadership. * Challenge-led innovations, more risky by nature, will be developed, evaluated and piloted away from core delivery. Only when the risks and benefits to core delivery are understood will implementation proceed. This will include working with the wider NIHR, SMEs and other partners.   **High-level Gantt chart**  Annex A3 includes high-level continuous improvement and innovation milestones. A full and detailed plan will be developed with the Authority. |

1. **Contract Transfer and Exit Strategy section 12 of the Statement of Requirement**

Write “Confirmed” to confirm acceptance that you are Fully Compliant with each row

| **Topic** | **Subject** | **SoR Requirement Reference** | **Type of Requirement** *Mandatory (M) or Desirable (D***)** | **Compliance (to be completed by Supplier)**  *Confirm* |
| --- | --- | --- | --- | --- |
|  | Service Exit | 12.1 | M | Confirmed |

Tenderers must indicate their plans for the transfer of knowledge and skills from this activity back to the Authority during and at the end of the Contract.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | D.10 | Weight | **2%** | Word Limit | **1500** |

| **Response** |
| --- |
| Word count 530  Our exit strategy ensures that the risk of any impact on service to NETSCC’s stakeholders would be minimised. The exit strategy would be fully developed during transition and maintained throughout the contract. Where necessary our policies and procedures will be updated to ensure the plan is deliverable if required.  **Exit Strategy**  We will establish a Transfer Oversight Team that will include public representation, staff representation and the Authority.  We will maintain a transfer and exit plan, which will include:   * Names of members of the exit team, with defined responsibilities. * Staff list with contract terms and job descriptions. * Details of any sub-contractors, including contract terms, ongoing and committed work. * Project plan for implementation of the exit plan, including meetings. * A risk register. * A list of assets and whether they transfer to the new contractor. * Software and other licences. * The transfer of data produced under the contract, in accordance with data protection legislation. * Accommodation terms. * A list of high profile external events committed to. * Method and plan for knowledge transfer. * Internal and external communications plan. * Details of the current portfolio of funded research and committed spend.   Maintaining an open and transparent channel of communication between the Wessex Institute and the Authority is vital throughout the contract. We anticipate that, through the establishment of good communications, we would have earliest indication should the intention be not to extend, which would enable smooth delivery of the exit plan.  **Transfer of knowledge and skills**  Transfer of the portfolio and pipeline of research to a new supplier  We will work with the Authority and any future supplier to ensure a smooth and timely transfer of the active portfolio. This will include all retained records, files and data. This in itself will be a major undertaking; for information the current portfolio amounts to £1bn of research from 1037 contracts, with an average duration of 3.7 years.  Transfer of knowledge and skills in research commissioning and management to a new supplier  As an academic and charitable body we are inherently open and transparent in our operations. We make extensive information about the projects we manage, our decision-making processes, and our approach and outcomes, publicly available (e.g. through the NETS websites), RoR, and through commissioned external reviews.  At the end of the contract we will work with the Authority and any future supplier to comply with TUPE to ensure transfer of staff if appropriate.  We will transfer all policies and procedures relevant to the NETSCC contract in accordance with the intellectual property clauses of the contract.  Transfer of knowledge to the Authority  For the new NETSCC, we will achieve knowledge transfer with DH through various mechanisms, including:   * NETSCC steering group meetings. * Annual audits. * Annual contract review reports and meetings. * In-year reporting. * As required and requested by the Authority.   At the end of the contract we will attend a post-contract review meeting with DH to assess the extent to which objectives were met, benefits realised and to identify key lessons for further related activity.  Third Party IPR and Third Party Software  We note the Authority’s confirmation that standard business software packages used in the delivery of the Services do not apply to Clause 27.6.1 and Clause 27.10.1 of the Contract. |

**Appendix A**

|  |
| --- |
| **Supporting Information regarding Partial or Non Compliance with the Authority’s requirements.** |
| The proposal detailed in our ISFT submission is fully compliant with the Authority’s requirements. |

**Appendix B**

**Tender Qualifications to Conditions of Contract**

As the Authority has now declared the negotiation closed, it will no longer negotiate with Tenderers on the Terms and Conditions at this stage of the procurement. However, if Tenderers still wish to highlight areas of concern or show any specific amendments they wish to make to the negotiated Conditions of Contract, (Annex A1 of the ITFT) they complete the table below and any proposed amendments should be shown as tracked changes. Tenderers 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 once Final Tenders have been submitted.

**Weighting: 3% of the overall marks**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Clause | Title | Description of change | Commentary and justification | Cost  Adjustment  (£) |
| **Information redacted in line with section 43 of the FOIA** | **Information redacted in line with section 43 of the FOIA** | **Information redacted in line with section 43 of the FOIA**. | **Information redacted in line with section 43 of the FOIA** | **Information redacted in line with section 43 of the FOIA** |

**The assumption is, that unless stated in this schedule, acceptance of the Conditions of Contract is made. As the Authority has now declared the negotiation closed, it will no longer negotiate with Tenderers on the Terms and Conditions at this stage of the procurement.**