

Stakeholder Engagement - Question Log (One2One Sessions)

No	Document / Subject	Question/comments/suggestions	Response Given	Follow Up Action Required	Open / Closed
1					
2	General	Project progress and timelines is this going to plan?	The project is going to plan and at present to the timelines published, in time to award in April 2017		
3	PQQ	Can we use past performance examples that are not from the UK?	We fully encourage suppliers that have got experience from other sectors and other areas to bid in order to ensure a wider number of players in the market, bringing in innovation. The Authority however will expect the suppliers to prove capability and synergy with the service requirement. It is crucially important that suppliers can evidence this, in order to ensure buy in from the NHS.		
4	Specification	Do have an idea of the scope of staff on TUPE, and the number unionised?	We cannot give a prediction of the numbers in scope or unionised, as new suppliers will need to work with incumbent suppliers to establish what is in or out of scope. What we can say however is that TUPE may apply as a principle.		
5	General	Why are you going out to procurement, are there any concerns with the current service provision?	The Authority is going out to procurement, purely because the contract is coming to an end. we are happy with the service but there is always room for improvement.		
6	General	Is there anything specific you would like us to address that is currently missing? Areas for improvement / expansion	NIHR is having its 10 year anniversary soon, and the current contracts precede it. There has been significant expansion, the budget has grown, however we do not see it expanding at this rate going forward hence cannot give you a definite answer. We can however have in place control for the changes, using the RMO methodology. There may be room for further development of IT systems.		
7	Specification	IT Ownership.	CCF system and the system for commissioning research trainees is the same system. It is "off the shelf" but with some customisation. NETSCC is different system and more bespoke. All systems are delivered by 3rd party contractors. The data would be transferred for use with own systems. NETSCC RMS is a grant management system called 'Easygrants' supplied by a company called 'Altum Inc' (as stated in the ISIT under ICT requirements to deliver NETSCC). CCF RMS is a grant management system supplied by a company called 'CC Technology'.		
8	General	Are you open to different ways of working in terms of the commissioning exercise ?	The Authority is always open to suggestions but need to make sure they comply with the UK Research Council and any other appropriate UK industry scientific research management standards		
9	General	Do you have any links in the US?	There are some links; however, the NIHR is closely aligned to the NHS requirement. NIHR aims to provide evidence about healthcare intervention and delivery in the NHS. We however do share best practice across other healthcare systems. Outputs must be high quality and relevant.		
10	Specification	Do you have any preference for locations/ premises	There is no preference, the principle is that suppliers should be able to organise the research base in a way that prioritises quality research. Current centres are in London and Southampton (and a further Centre Leeds). Premises belong to or are let and controlled by the suppliers.		
11	General	What advice would you give a non-incumbent in terms of bidding?	We cannot compromise on quality as poor quality research is of no value or worse misleading.		
12	General	Disadvantage for non-incumbent is cost in terms of the transition phase. Do you have a feel on how that might play out?	We have experience of managing transition successfully.		
13	ISIT - Part A	Multi Lot – synergies how will the Authority ensure that this is captured ?	Lots need to stand alone but also capture synergies. It is most likely that we will ask Tenderers interested in multi lots to put in bids for individual lots and one as a multi lot – further discussion to be had.		

14	ISIT - Scoring Criteria	Score 4 - what does innovation mean? Does it mean different?	No - innovative does not mean different - we expect tenders to give us bids that comply with industry standards. This could mean the way the team is structured, how RMO is managed and also the gain-share element. Any service improvement ideas for gain-share will have to be agreed and signed off by the Authority and will include a clear implementation plan. It is not the case that all innovative cases will reduce cost, quality is extremely important and the scope for innovation is limited by quality standards - We will amend this wording to make it clearer.		
15	Specification	How is continuous improvement defined, measured etc.	See section 9 – ISIT Part B		
16	ISIT Part A -Evaluation Criteria	Believe there are items in the requirement that are not captured and evaluated in the criteria	To review and address		
17	Reporting and Process Audits	Process Audit - will it continue at the same rate or likely to change	The Authority will need to review this there is a need to make sure that the contract is managed at the CCS Gold/Silver standard criteria. Monthly reviews with a bi annual audit could be a consideration. This will be reviewed and considered going forward.		
18	General	project	See answer in Q8.		
19	Specification	NETSCC & CCF, are they simply transactional and admin or do they have input in the commissioning of research – what is the distinction between the capabilities sought for NETSCC vs those for CCF.	NETSCC - Prioritised programmes therefore will be involved in specifying and prioritising the work commissioned. Could be producing a vignette for any intervention e.g. scanning right down to laxatives etc.... prioritisation panels, commission functions and then outputs management. Typically CCF - does not identify topics in the same way but rather acts in "response mode". Clinicians propose topics based on broad programme remits and their field of expertise and CCF then commissions based on quality. CCF is not involved in setting the scope and criteria of the programme; this is down to the Programme Director in consultation with DH. Both Centres NETSCC and CCF need people who understand research and science, NETSCC requires staff with clinical expertise.		
20	General	Incumbent Vs New	We are completely open to new providers we are after the supplier who will deliver the highest quality, cost effective service.		
21	General	Where would you like to go with this services as in the things doing now and where you would like to see it in the future	Given that the contract runs for 10 years we are looking for new ideas but are bound by the industry quality standards. We absolutely need scientific background, so even though we are looking at a competitive rate, it will not be at the expense of quality.		
22	General	Skillsets and labour market. How limited is it, and what specific capabilities is needed?	It is a limited market. Three broad skill sets: - 1. Scientific 2. Research commissioners (qualifications around this) 3. Clinical (more NETSCC than CCF). Recruitment and retention of staff are important considerations		
23	Specification	Sub contractual arrangements – is there any in place with the current arrangement?	There are sub contractual arrangements in the current arrangements. We are open to suggestions but stress again the need to ensure quality and delivery		
24	Specification	Will you share the performance matrices	RMO has been published in the ITT. In terms of process audits, we have never found missing documentation, just some slight non material system flaws. Annual review - Feedback from key stakeholders, programme Directors etc.		
25	General	What is available on current delivery and performance?	Research on research documentation - published on websites		
26	General	Views on the development of the contract and relationship over 10 years (continuous improvement, sustainability etc.)	It's all dependent on budget as this will give us flexibility on how the work is commissioned. Process improvement can be identified when the new supplier starts as they will be able to identify areas that will shift and change. Over the ten years we envisage IT to shift and change; outputs management etc...		
27	General	Contract - CRNCC	Will be tailored to suit this requirement. A draft will go out with the PQQ		

28	ISIT Part B -Pricing	Transition costs - how accounted for	DH to take away and review further		
29	General	Further clarification on CQ64 of the 1st Q&A	Clarified it is for the bidder to propose based on understanding of requirement		
30	Specification	Senior staff – to what extent are existing senior /key staff ? less or more than 50%	TUPE details to be provided - we do however think that most senior staff are at above 50% employed on existing contracts.		
31	Specification	description of SOP?	We do not want to be descriptive regarding SOP, that's why we provided the process workflows and are leaving it up to tenderers to detail the SOP		
32	Specification	IT, Data and IPR of Bespoke system	We believe there are no rights vested in DH to enforce transfer. But will confirm whether there is any DH IP. In regards to data, this will transfer but it is up to the supplier to set up arrangements with regards to systems		
33	General	Ability to support wider NIHR objectives – will this be considered?	We are open to innovation around the specification as what we are asking for is already very complex and by meeting those needs, by definition you would be supporting the objectives of the NIHR.		
34	PQQ	There is no definition of subcontractor, it could potentially be very wide. Can you please add a definition?	Defined in Part A, ISIT as follows: - For the purposes of this ISIT, the following definitions apply: • Subcontracting arrangement - Groups of companies come together specifically for the purpose of bidding for appointment as the Tenderer, but envisage that one of their number will be the Tenderer, the remaining members of that group will be subcontractors to the Tenderer.		
35	PQQ	Approaching of agents of the DH - Are the incumbents included in this description?	Yes they are. There is plenty of information re existing work that you can look up on the websites and internet in terms of business as usual work. A "Chinese Wall" has been created between the incumbent supplier bid team and those taking forward development work in order to ensure a fair and level playing field. For any further info please direct all questions centrally via the DH procurement team.		
36	PQQ	PQQ s6.5 number of suitably qualified staff. Does it relate to the examples?	we will review and amend accordingly		
37	PQQ	PQQ scoring no 7 – mentions Q1, not clear as various sections each with a q1	Amended to include the specific section.		
38	Part A	Minimum quality criteria can you define what this is going to be?	Reviewed and we have taken this out as the PQQ stage will ensure that only those tenderers with the capability and financial standing are invited to the next stage.		
39	Part A	5.5 – negotiation – team and support. Where will the meetings be held, and do we need legal representation? In regards to continuity would a job share be acceptable?	Q1. London, Sheffield, may be elsewhere Q2. Role continuity is fine		
40	Part A	Section 3b – is missing	To be rectified. Tenderers to note that this has not changed from the last version.		
41	Part A	NOCRI work packages - Staff configuration / work packages.	will review with policy lead		

42	Part A	8.14 - Table 5c – error in numbers, mean if only 2 bids	We have reviewed this and decided to take out reference of the mean, as per your suggestions.		
43	Pricing schedule	Transition Costs - will this not happen in Year 0	Yes - will amend spreadsheet accordingly		
44	Part B	SOP fully operational by April 2018, so work will have to be done before hand.	Yes - Preparation needs to happen in yr. 0 so that the service is fully operational by 1/4/18		
45	Part B	NOCRI - development on new standards for NOCRI. If the successful supplier already had strategies in place for those industries. Would you expect an enhancement of those strategies or something completely separate?	We will leave this up to the suppliers to decide.		
46	Part B	11.3 - annual budgeting and profiling and 1.4 - budgets	These are two separate budget profiles, NOCRI will not have programme budget		
47	Pricing schedule	Pricing Schedule – formulae needs revising	Authority to review template and ensure all correctly configured		
48	Pricing schedule	How overheads are calculated – where to detail this	This will be detailed in the questionnaire template provided during the procurement		
49	Pricing schedule	Support staff – where do we detail this?	Under each staffing area as appropriate		
50	Pricing schedule	Economies of scale - Suggest not apply as a % but ask for a totally new proposal for multi-lot bids	Noted, will review and refine.		
51	General	Mechanisms in the potential and requirements over the 10 year period - clarity around business planning and flexibility	Cost Mechanism - Predict 5 years of cost then look at GDP deflator (Find on HM Treasury website) for years 6-10.... The way we look and control cost if services need changing • Budget fluctuations managed through RMO • Gain share to be agreed - during negotiations • Larger changes – agree annual programmes		
52	Reporting and Process Audits	The level and specificity of reporting around staff on one hand is very onerous and could imply locking in suppliers	Authority considers this a reasonable reporting mechanism and ensured that it contains some flexibility.		
53	Gain- share	Cost profile over the term – flexibility?	Yes, there will be flexibility in the contract to carry forward etc..		
54	Specification	RMO – specified across a number of metrics which are interdependent	All be performance managed and we will ensure that this is reasonable but recognise that we need the flexibility.. We have to account for the research management line by line. We do need this level of granularity.		
55	Specification	Classifications of the systems review programme and ODP. Classified as infrastructure - should be reclassified as programme.	taken on-board and will review and revise the classifications		
56	General	PQQ Stage & ISIT stage questions and overlap	The PQQ is backward facing questions for assessing suitability and capability whilst the ISIT questions are forward facing assessing the solution.		

57	ISIT Part A -Lots	Bidding for different lots and at what stage	The bid for lots starts at the ISIT stage. Tenderers can at this point put in a bid for all lots but cannot be awarded both lot 1 and 2. Tenderers can only be awarded multi-lot bids of 1&3 or 2&3 or single lots of 1 or 2 or 3		
58	Specification	Information systems – compatibility with other parts of NIHR. Specific systems?	Providers will be required to supply information to DH and must do so in a readable format. Some information will be shared across NIHR for example through a shared website structure.		
59	Specification	Site Visits	The Authority to will confirm		
60	General	Will the details of the evaluation panel be shared?	Not names, we will consider sharing roles		
61	General	draft documents - track changes to be left in documents	Noted and will do so with the next version		
62	General	<i>word count</i>	Will be included in the questionnaire and will make sure that it's proportionate to the question asked.		
63	General	<i>For the avoidance of doubt, please could DH confirm that, in the event that a contract for one of these Lots is awarded to a Supplier that already holds one or more other NIHR contract/s, that the contract for this Lot would be a new and separate contract, and not a Variation to an existing NIHR contract.</i>	The Authority confirms that as a new procurement, any contracts awarded will be under new and separate contract terms.		
64	ISIT - Part A	<i>In the ISIT, issued in the second set of draft documents, the table of contents refers to Annex A2 Provisional List of Transferring Employees. Could the following be made available as NOCRI background information: (1) an organisation structure chart showing each post, and (2) the current Job Description for each post?</i>	Noted		
65	ISIT - Part A	Consortia Arrangements. Section 2.6 of the PQQ and Section 6.3 of Part A of the ISIT suggest that a Consortium has two bidding options, either (1) create a separate legal entity to deliver the contract, or alternatively (2) nominate a lead member of the consortium who will be contractually responsible for delivery of the contract (and therefore we assume will be the sole Supplier signatory to the contract). Question 1: In respect of completion of Annex 1 of the PQQ ("PQQ Response Form") Section 1.3 ("Bidding Model"), please could you confirm that category 1.3.d ("Bidding as a consortium but do not intend to create a new legal entity to deliver the requirements") should be completed in respect of Option 2 (i.e. a lead member of the consortium who will be contractually responsible for delivery of the contract). Question 2: Is there a further option available re Consortia, i.e. that all Consortium members will each be a signatory to the contract and therefore contractually responsible; or is it the case that in any scenario, the requirement is a single signatory?	In response to the first question, it would be right to complete 1.3d. with regards to the 2nd question, it is the preference of the Authority to have a lead member as signatory.		