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Schedule 1a

Tenderer’s Response Document

BMS Reference : 60323

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**Version: Final**

**Date: 3 March 2017**

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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:** | LGC Limited |

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:** | commercial.team@lgcgroup.com |
| **Address:** | Queens Road, Teddington, TW11 0LY |

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

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 674 + 59 diag words = 733** |
| --- |
| Pressures on the health and social care system (H&SCS) are increasing due to demands from a population living longer with more chronic disease, and a simultaneous rise in the costs of new medical technologies/drugs. To address these challenges, NIHR operates a coherent set of funding schemes to provide academic, clinical and commercial innovators with the resources, infrastructure and capacity developments to ensure new knowledge/techniques can be evaluated and introduced into the H&SCS.  LGC is a 175-year old, global life science company with over 3000 employees and a trusted supplier to UK government, through its role as Government Chemist and as a National Measurement Institute. It has been responsible for delivering CCF and NOCRI since 2006 and 2009 respectively, through its Grant Management Group (GMG). LGC and its dedicated employees have played an important role in the development of the NIHR over the last 10 years and are firmly embedded within this health research system.  Together LGC and GMG bring considerable benefits:   * Reputation and scale - delivering services on comparable contracts to UK government for > 20 years * Information, systems, processes and security – robust, professional backoffice underpinning international company often handing sensitive government work * Commercial expertise – growth of LGC via key account management (KAM) can be leveraged by CCF/NOCRI in professionalising BD-related functions within NIHR * Flexibility/responsiveness – GMG’s structure provides resources able to adapt quickly to the Authority’s needs * Scientifically/technically-qualified secretariat – experience/expertise to help identify, nurture and support progression of innovations through translational research (TR) pipeline, with objective of securing early access for H&SCS and its users * Mind-set and understanding – staff continuously seeking opportunities to add value in pursuit of aims/objectives of OneNIHR * Continuous Improvement (CI) – commitment to operating new contract under the required CI methodology using IS09001/lean techniques already embedded within LGC thereby realising the benefits for future reinvestment * CCF/NOCRI – capability and enthusiasm to build on current relationship and provide a virtual Business Development (BD) team with CRN that appears seamless to industry   The elements of LGC’s approach are competencies which underpin world class delivery and focus on continuous value adding enhancements:    LGC welcomes the opportunity to refresh the CCF delivery model and recommends the following improvements to the Authority, which are all included in the contract price:   1. **Harmonising CCF and NOCRI** – cross-fertilising experience/capabilities and leveraging administrative efficiency savings to enhance the performance and impact of both functions and streamline information exchange to better link CCF/NOCRI/CRN and support TR 2. **Impact Unit** – helping the Authority understand and articulate impact of NIHR system to multiple stratified stakeholders 3. **Charity Engagement** – enhanced and better coordinated engagement with charities to realise synergies and mutual benefits e.g. communications, Patient and Public Involvement (PPI), Intellectual Property (IP), co-funding opportunities 4. **ODA Initiative** – identifying opportunities for CCF to optimally support the Authority in delivery of its ODA agenda 5. **CCF Special Projects Team** – a team tasked with delivering faster pullthrough/adoption between all facets of NIHR, in line with Push-the-Pace (PtP) and other cross-NIHR initiatives 6. **Next Generation Information Services (IS)** – enhanced data and tools delivering sophisticated analyses 7. LGC as **NIHR Research Management Training Hub** – harmonise current training and develop new training across all NIHR Coordinating Centres (CCs) 8. **Smart-Data Researcher-in-Residence** – to accelerate IS development through collaboration with National Institute for Smart-Data Innovation, Newcastle University   CCF Multi-lot is LGC’s preferred model where NOCRI is included within the remit because it will create value through synergies and also cost savings for the Authority. By way of the efficiencies created and goodwill, CCF Multi-lot is offered at an average annual price of circa £9.6m, which is a ~£60k p.a. discount on the CCF Single-lot price (circa £9.66m p.a.).  Similarly we are able to discount NOCRI Single-lot by ~£162k p.a. and offer NOCRI Multi-lot at an annual average price of circa £1.34m. This means a total saving of ~£1.1m over 5 years.  LGC feel this represents significant value for a gold standard service which focuses on further developing the excellent relationship between LGC and the Authority, adding value at every opportunity through CI and realising efficiencies via closer working between CCF and NOCRI. |

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 |  |
| CCF ONLY 5.8 | M | Confirmed |

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 2905 + 87 diag words = 2992** |
| --- |
| As the current supplier, LGC has mature, tailored, health research commissioning processes, experienced staff and strong stakeholder relationships developed through delivering CCF and NOCRI over the last decade.    **Efficient Administration and Excellent Scientific Knowledge**  LGC offers the Authority experienced staff, with demonstrable ability to provide a scientific secretariat across all CCF funding streams, underpinned by strong stakeholder relationships.  **Resources and Structure**  LGC will deliver the Requirements through its GMG, which was restructured following a best practice review of operations, mirroring changes in the Authority’s structure. GMG is divided into Programme and Functional Support Directorates.    The Directorate Heads have the expertise to ensure focus on key NIHR themes including pullthrough, impact, supporting policy decisions, driving quality, CI and ensuring Key Performance Indicators (KPIs).   |  |  |  | | --- | --- | --- | |  | Relevant Experience/years | Expertise | | **Information redacted in line with section 40 of the FOIA (Director)** | 28 | Health research management | | **Information redacted in line with section 40 of the FOIA (IP)** | 19 | Corporate finance; IP; commercialisation | | **Information redacted in line with section 40 of the FOIA (IF)** | 24 | Research; health research management | | **Information redacted in line with section 40 of the FOIA (IE)** | 13 | PPI | | **Information redacted in line with section 40 of the FOIA (FOIS)** | 12 | Finance; award administration | | **Information redacted in line with section 40 of the FOIA (RP)** | 15 | Commercialisation of health research | | **Information redacted in line with section 40 of the FOIA (NOCRI)** | 15 | Life science industry; recruitment of replacement due soon |   Programme Directorates bring together complementary programmes providing opportunities to realise synergies between different funding schemes, e.g. pullthough of research funding from RfPB to PGfAR and from Research Schools to RP.  Each NIHR programme will be delivered by a Programme team managed by an Assistant Director (AD), with Senior Programme Manager (SPM) and Programme Manager (PM) reports.  Programme teams are supported by the following cross-cutting resource teams:   * Finance - set-up, monitoring, forecasting * IS - application forms, reporting templates, reviewers’ checklists * Business Support Team (BST) - telephone/email helpdesk, handling routine query management, validation checks * PPI team - identifying/supporting public contributors * Communications - scheme promotion, publication/branding checks, marketing (NOCRI) * NIHR IP Unit -, finance/IP/commercial due diligence (DD), detailed contract negotiations, monitoring support * NOCRI – stakeholder engagement and collaboration development   The FOIS Directorate combines the BST, Project Management Office (PMO), Finance and IS teams to underpin the establishment of common standards, CI processes and data analytics for application across GMG. The BST is a flexible resource deployed to match programme capacity peaks; GMG’s Directorate structure provides additional agility/flexibility as senior staff work across Programmes.  **Qualifications and Experience**  LGC recruits highly qualified staff to its GMG:   |  |  |  |  | | --- | --- | --- | --- | |  | Science/health degrees | Other | Management/  professional | | Qualification | BSc/MSc/PhD | Degrees | MBA | | Numbers | 85/44/33 | 10 | 4 | | % staff | 77/40/30 | 9 | 4 |   Other qualifications include CIMA, CA, ACCA, Information Technology Infrastructure Library (ITIL) and Prince2.  A few biographies demonstrates that GMG recruits staff with relevant skills/experience, including understanding of the H&SCS landscape:   * **Information redacted in line with section 40 of the FOIA** – With 15 years’ experience in knowledge transfer, currently on the Board of the International School of Research Impact Assessment and Patients Active in Research (PAIR). Recently completed post graduate qualifications in Organisation Theory and Health Technology Assessment * **Information redacted in line with section 40 of the FOIA, Assistant Director Finance** a Fellow of the Association of Chartered Certified Accountants and for the last 14 years has worked for Hays Specialist Recruitment, Boston Consulting Group and the International Tennis Federation * **Information redacted in line with section 40 of the FOIA, Assistant Director Infrastructure** - PhD microbiologist with 8 years’ experience in health policy and grant management working for Authority, CRUK and The Pirbright Institute * **Information redacted in line with section 40 of the FOIA, Assistant Director Innovations** – With a PhD in chemistry, has 30 years’ experience in industry working for GD Serle, Kodak and GE Healthcare * **Information redacted in line with section 40 of the FOIA, BST Manager** – Nearly 10 years’ experience running multi-skilled teams to manage the administration of research applications * **Information redacted in line with section 40 of the FOIA, Process Improvement Project Manager** – Over 10 years’ experience managing improvement work, across a number operations both for LGC and externally. A coach in Lean practices * **Information redacted in line with section 40 of the FOIA, Communications Deputy Director** – LGC's former Group Communications Manager before transferring to GMG in late 2007. A graduate chemist with an MPhil in Marketing   Specialist consultants will be retained, including:   * **Information redacted in line with section 40 of the FOIA** (i4i Programme Director) * **Information redacted in line with section 40 of the FOIA** (Impact Researcher-in-Residence, seconded from King’s Policy Unit (KPInst))   **Staff Training and Development**  LGC will continue to recruit staff with relevant qualifications/experience including understanding of the H&SCS landscape.    GMG benefits from LGC’s mature systems for recruitment, induction and development of staff. Current HR priorities include salary benchmarking, career structuring and apprenticeship/graduate training schemes (see Question D6). During probation, all staff receive core training in research management using GMG’s service manual. Staff performance will be managed by line managers at individual/group levels. LGC has a comprehensive development programme based on role competency requirements and delivered via a combination of in-house, LGC-wide and external expert providers such as ARMA (see Question D3).  Facilitating placements of staff between CCs will promote staff and partnership development (e.g. CCF to TCC).  **Quality-Assured Research Commissioning and Management Process**  LGC offers the Authority mature processes, developed and honed through many years of experience.  ***Proactive Management and Monitoring***  Working with Authority-appointed Programme Directors, LGC uses a standardised research management process summarised below (and described in Question D4 and supporting appendices):    Standardisation and streamlining of GMG’s process over the last decade has allowed increasing focus on value-add activities, including:   |  |  | | --- | --- | | Stage | Activity | | Pre-call | * Working with national/international partners including NOCRI to develop themed/priority calls (e.g. i4i mental health call: HSRIC, Mindtech HTC, SLaM BRC, charities) * Awareness raising, based on a deep understanding of the portfolio, to improve application quality/volume * Smart-Data approaches to identifying new applicants/reviewers | | Application/ Selection | * Answering complex applicant queries * Detailed financial checks * Due diligence checks (e.g. appropriate scientific track record, agreement and background/foreground IP arrangements) * Pre-panel analysis * Working with RDS to support applicants’ health economics case development | | Contracting/ Start-up | * Complex contract discussions * Scientific negotiations (e.g. modifying infrastructure plans) * Scrutiny of finances; milestone and risk mitigation design * IP, commercial and collaboration discussions * Engagement with PPI community including induction training | | Monitoring | * Steering group meetings; additional site visits allowing early intervention and value-added support * Risk register reviews * Issue escalation (as appropriate) * Impact case studies * Post-close management (IP, handover) * Using new Smart-Data tools to aid monitoring * Feedback into pre-call stages of future competitions * Working with NOCRI to analyse and interpret Infrastructure data |   **Research Management System (RMS) and Tools**  An RMS from CC Technology (CCT), a UK based Small Medium Enterprise (SME), will be used to manage the CCF portfolio. As Europe’s leading research management software, it has evolved through 6 years of collaboration between our IS Team and CCT. The platform is scalable to handle Programmes of every size/complexity. As a web-based, customisable workflow tool, it is critical to maintaining quality. As adjustments are made to programme work instructions, they manifest as CI in the RMS. Facilitating efficient information sharing and analysis, GMG will also work with other CCs on an appropriate customer relationship management (CRM) system, including the possible wider roll-out of the system used by NOCRI.  **Finance and Research Governance**  GMG’s Finance team maintains control points throughout research life cycle from application through to completion/closure. This includes:   * Ratification of proposed spend by Authority * Appropriate budget sign-off and accompanying payment schedules (both initial contract and variations) * Reconciliation of expected/actual payments   LGC acts as a custodian of public funds with close monitoring/risk profiling of projects funded through programmes. LGC is also committed to the principles of good research governance set out in the draft UK Policy Framework for Health and Social Care Research (2015).  **Quality**  To ensure a high-quality service, GMG will continue to operate within LGC’s quality system (including ISO9001/14001/Cyber Essentials accreditation). LGC’s culture of CI is managed locally through GMG’s PMO with oversight from senior management and mature processes for addressing feedback, including handling quality incidents. Operations and quality staff look after Standard Operating Procedures (SOPs), work instructions and audit requirements (see Question D4). Quality assurance and oversight arrangements will be a combination of internal and external (Authority, UKAS, BSI, Ernst & Young) audit.  **Research Management**  ***CCF Portfolio***  LGC proposes to deliver the competitions across funding streams it is responsible for as follows:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Programme | Type | Approach | Frequency | Model | Panel | Team Structure  (AD/SPM/PM) | | PRP | Open | C | 3/yr | 1,2 | UK/ International | 1.0/2.0/5.0 | | Single | C | Ad-hoc | 1 | | Other | C | Ad-hoc | 1 | | PGfAR | PG | R | 3/yr | 2 | UK | 1.0/2.0/5.3 | | PDG | R | 3/yr | 1 | | RfPB | All | R | 3/yr | 2 | UK | 0.9/2.2/5.5 | | Innovations | i4i-PDA | R | 2/yr | 2 | UK | 1.7/6.0/3.5 | | i4i-CA | T | 1/yr | 2 | | HICF | T | Tbd | 2 | | Infrastructure | All | R | 5 years | 1,2 | International | 1.0/2.0/5.0 | | Schools | All | R | 5 years | 1 | UK/ International | 0.1/0.0/0.6 |   ***(Key: C: commissioned; R: researcher-led; T: themed call; 1: single-stage; 2: two-stage)***  Programme commissioning models will be kept under review and, through CI, LGC will support AUTHORITY in improving schemes. For example, recent changes to RfPB, supported by GMG, have included:   * Merging smaller RfPB regions, reducing number of local committees * Adopting two-stage application process, reducing burden on applicants * Collaborating on well received regional RDS workshops   These changes led to:   * Faster feedback to uncompetitive stage 1 applications (6 versus 26 weeks) * Increased application volume/quality * Programme cost savings   + ~ £10k, public reviewers   + ~ £7k, meetings   + ~ £15k, chair honoraria   ***Communications***  In addition to careful monitoring of publications for branding compliance, LGC will ensure Programmes continue to realise benefits from targeted and multifaceted communication activities. This approach has already resulted in increased SME engagement in i4i (30% of applications).  *Looking ahead, LGC is keen to take on a central role in building on NIHRtv by:*   * Developing an NIHR-wide video strategy * Generating/curating content * Training and supporting NOCRI with marketing of the infrastructure   ***Accessing Skilled Researchers***  LGC will maximise opportunities to access skilled researchers through:   * Attending selected key events * Training all staff to promote the NIHR and programmes * Coordinated collaboration across NIHR * Leveraging dissemination through regional organisations * Increased collaboration with other funders/agencies to provide joined up approaches and synergies (see Charity Engagement below)   ***Finding Good Reviewers***  LGC will maintain a body of good reviewers by:   * Innovative management of meetings and restricting panel member tenure to avoid groupthink * Removing underperforming panellists * Using Smart-Data approaches to identify new candidates * Piloting the use of virtual panellist (see below)   ***Speed and Robustness***  LGC adopts industry best practice in undertaking scientific, commercial and financial DD, ensuring patient benefit is achieved as quickly as possible, while understanding that some schemes (i4i) carry more risks than others.  LGC will continue to identify/implement changes designed to speed up commissioning through:   * Controlled experiments, leading/contributing to Authority PtP work streams * Focused work by CCF’s Special Projects Team (see Question D3)   ***PPI - see Question D5***  LGC will ensure that the public/patient voice is heard by:   * Ensuring all programmes have PPI representatives * Checking PPI plan budgets * Holding learning/support days for PPI panel members * Involving more PPI representatives on steering groups/visits   LGC also proposes to explore with RfPB opportunities for community led applications or themed funding calls.  ***Conflict of Interest (CoI) - see Question D4 for policy***  To ensure transparency LGC will:   * Ensure staff follow GMG’s clear, established guidelines * Use experienced team members to highlight conflicts * Where appropriate, use other regions or international panels to review applications   LGC proposes to introduce a simple, online, declaration of interests to aid CoI checks.  **Value-added Improvements/Enhancements**  LGCs CI processes and gain share mechanism (Question D9) will generate and agree regular enhancements to CCF Programmes, support services and operations.  LGC’s objective is to both build on current initiatives and pursue a set of new innovations to benefit the Authority in the coming years:  ***Added value initiatives to be introduced in year 1:***   |  |  |  |  | | --- | --- | --- | --- | | Programme | Status | Potential Enhancement | Implementation Date | | PRP | Many urgent policy requests | More use of policy research units for rapid responses | To be agreed during transition | | Policy customer needs can change | Develop direct relationships with analysts in policy teams | | PGfAR | Applicant numbers plateauing | Cultivate new applicants through Research Schools | 1st April 2019 | | RfPB | New Programme Director | Review status, impact and offering supporting better NIHR integration | To be agreed during transition | | i4i (and HICF) | Heavily oversubscribed | Collaboration with other funders (e.g. InnovateUK for Digital Catalyst) | 1st April 2018 | | HICF on hold | Expanding i4i scope | To be agreed during transition | | Infrastructure, Faculty | Most schemes awarded/renewed; focus shifting to value add monitoring | Appoint CCF account managers to facilitate pull through into funding programmes & NOCRI | 30th September 2018 |   ***Added-Value for Operational and Support Functions:***   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Innovation | Delivery Mechanism | Benefit to Authority | | Resource Impact | Implementation Date | | Harmonised working between NOCRI and CCF | * CCF and NOCRI staff will be distributed between Twickenham and central London with staff moving between locations as needed * Implementing cross-team knowledge exchange and resourcing | * Improved delivery of CCF and NOCRI services by cross-fertilising experience and capabilities * Administrative efficiency will produce budget savings which allow addition of additional BD and Stakeholder Engagement staff * CCF will benefit from NOCRI’s expertise (commercial interactions, key account management, stakeholder communications) * Support better linkage of CCF/NOCRI/CRN through data sharing | | Evolving to Business as Usual (BAU) | 1st April 2018 | | CCF Standardisation Projects | * Focus on CI projects designed to generate efficiency savings, increase speed, reduce costs throughout the term of the contract (also in response to D9). * All routine activities standardised with common processes and ways of working | * Higher quality of service by disseminating best practice and reducing errors * Responsive, robust service by redeploying staff between programmes | | Evolving to BAU | 1st April 2018 | | Business Support Team (BST) | * Centralisation of all appropriate activities in the BST | * Efficient and consistent administrative functions ensuring quality across programmes and infrastructure * Programme teams focused on specialised value adding activities | | Evolving to BAU | 1st April 2018 | | Next Generation IS Tools | * Comprehensive data cleaning/integration * Data analysis toolbox including: utilities for absorbing unstructured data (Hadoop), complementary data sources (UberResearch) and presentation tools (QlikView) | * Strategic and operational insights through dashboards, analysis and visualisations to direct/measure improvements; e.g. geographic heatmaps to direct communications * Effective management and analysis of all CCF-managed data (also in response to D4). | | Factored into contract | 1st April 2018 | | Project Management Office (PMO) | * Dedicated CI resource focused on driving improvement of CCF processes | * Improved service quality * Efficiency savings channelled into value-add activities | | Evolving to BAU | 1st April 2018 | | CCF Special Projects Team | * An outward facing team (2-3 FTE) tasked with ensuring that all CCF programmes and infrastructure deliver faster pull through/adoption between all facets of NIHR * Resourced by redeploying FTEs identified from efficiency savings throughout CCF | * Barriers to success translation of CCF-managed research identified/reduced * Data from disparate CCF activities (e.g. programmes, infrastructure and IS) integrated, yielding strategic information and direction that will benefit CCF and wider NIHR * Synchronised interactions with external stakeholders promoting OneNIHR image and ensuring opportunities utilised effectively. | | Evolving to BAU | 1st April 2018 | | Improved IP Management | Outlined in response to D5 | | |  | 30th September 2018 | | SME engagement | * Targeted promotion to SMEs in collaboration with NOCRI/CRN | | * Faster, more responsive funding with appropriate risk management, enhancing economic impact of NIHR funding * Enable NOCRI to support SMEs access collaborators for trials | Evolving to BAU | 1st April 2018 | | Charity engagement | * Work with Wellcome Trust on a template funding collaboration Memorandum of Understanding (MoU) * Co-promotion and co-management of funding calls | | * Additional funding leveraged ensuring research in England is coordinated between multiple bodies, preventing unnecessary duplication | Evolving to BAU | 30th September 2018 | | Impact Unit | Outlined in response to D5 | | | Factored into contract | To be agreed during transition | | Virtual panellist trials | * Use of video-conferencing technology to allow UK and international experts to participate in panels | | * Wider range of experts accessed, improving scrutiny of applications * Reduced financial and environmental costs of panel members travelling to meetings | Evolving to BAU | 1st April 2019 | | ODA Initiatives | * LGC will present Authority with suggestions of how CCF can best support ODA e.g. co-managing schemes impact assessment and charity collaborations | | * Robust use of ODA budget leveraging experience within GMG. * Effective monitoring and impact assessment ensuring that ODA projects do not pose a reputational risk for the Authority | Evolving to BAU | To be agreed during transition | | NIHR Research Management Training Hub | Outlined in response to D5 | | | | To be agreed during transition | | Smart-Data Researcher-in-Residence | Set out below | | | | To be agreed during transition |   ***Smart-Data Researcher-in-Residence***  LGC will collaborate with Newcastle University’s National Institute for Smart Data Innovation by appointing a joint Smart Data Researcher-in-Residence. This will accelerate the application of ‘smart’ and big data analytics, natural language processing and artificial intelligence to research management processes. Smart data CI projects will be handled according to LGC’s overall CI process (outlined in Question D9), and prioritised according to complexity, impact and risk, with clear project specific KPIs (e.g. including costs savings and quality improvements).  LGC and Newcastle University propose to collaborate on:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Priority | Risk | Area | Project | Impact | | 1 | Low | CCF and NOCRI: answering PQs | * Using Connotate tool to monitor and extract questions from the PQ website to anticipate PQs * Automate a first run query of the dataset before receiving the enquiry from Authority | Better and timely (potentially predictive) PQ answers | | 2 | Medium | CCF: finding new applicants | * Establish core set of key application areas by combining priorities from NIHR/Authority/REF/NHSE etc. * Identify new funding applicants by cross referencing grant funding and publication histories | New applicants  Broader understanding of the relevance of NIHR funding to new/different researchers | | 3 | Medium | NOCRI: Collaboration development | * Develop an ontology for categorising infrastructure capacity based on papers, applications, reports etc. * Identify clusters of NIHR capacity which match with the emerging industry trends | New collaborations | | 4 | High | CCF: sentiment analysis | * To prioritise reports for Programme Manager review to support project risk management | Reduced project risks, cost savings and service improvement |   Our innovative Research in Residence (RiR) approach provides LGC value for money access to:   * Experts in smart-data methodologies applied to complex data * A smart-data expert RiR * A set of ontology datasets to prime machine learning * A large set of complementary tools (prohibitively expensive for LGC to purchase individually)   The pilot contract, which is costed in this proposal, will include appropriate milestones to manage R&D risks. |

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 |  |
| CCF ONLY 5.9 | M | Confirmed |
| **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 TR 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..

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

| **Response 1470 + 30 diag words = 1500** |
| --- |
| **Management and Governance**  LCG has robust processes/systems for management and governance of CCF adapted over the last 10 years to meet Authority’s needs. The CCF will be delivered through LGC’s GMG, a group within its Laboratory and Managed Services Division, led by **Information redacted in line with section 40 of the FOIA** (part of LGC’s Executive Leadership Team (ELT) and line manager to GMG’s Director, **Information redacted in line with section 40 of the FOIA**  GMG’s seven-strong Senior Leadership Team (SLT) comes together as a Board and Directors Group to:   * Guide strategy * Develop plans and drive CI (Question D9) * Oversee delivery of client contracts * Reinforce good management/governance via GMG’s Directorate structure (Question D2)   Governance processes include compliance with international quality standards and SOPs (Question D4). The SLT receives advice/support from an External Reference Group (ERG) and will continue taking full account of Authority/NIHR requirements. LGC seeks to continue to engage with Authority through open lines of communication, with regular contact at multiple levels allowing rapid feedback, priority changes and immediate recognition/resolution of concerns. Where appropriate, LGC will provide discussion papers for iteration with Authority.  The ‘when, what and how’ of management information (MI) reporting required to measure CCF contract performance will follow the model introduced by LGC during negotiation (now embodied in the Contract). For example, annual reporting (when) of RMO (what) through analysis of RMS and finance data by the finance team with a review by the SLT (how). From time to time we would expect to agree with the Authority revised KPIs reflecting new priorities.  **Recruitment and Retention**  LGC operates within the vibrant London labour market with its unique risks (competition for employees) and opportunities (clustering of research management staff). GMG’s People Plan (PP) will mitigate impact of these risks whilst exploiting the opportunities. The PP is sponsored by GMG’s SLT, with a dedicated HR Business Partner responsible for delivery.  The PP has three activity strands:   1. ***Turnover management***    * **Clear career structure** - Introduction of a new structure during the Transition Period, clarifying roles and responsibilities across 3 performance levels for each job title    * **LGC performance process** -Our annual Development Reviews optimise individual/team/company performance through business-relevant SMART objectives and corresponding development plans    * **Identifying key people** -GMG’s talent pool is regularly assessed to identify key individuals whom the organisation will retain/develop through preferential access to training/salary progression    * **Salary benchmarking** -Biannual benchmarking of salaries against the Towers Watson database to ensure salaries remain competitive    * **Improving staff engagement and motivation** – Initiatives are in place enhancing employee satisfaction (e.g. free health checks, lunchtime inspirational ‘masterclasses’, ‘iThink’ ideas submission innovation programme) 2. ***Organisational design***   GMG has developed standardised processes, staff manuals/handbooks, induction programmes, centralised BST and a robust quality framework to minimise risks associated with staff turnover.   1. ***Access to talent***    * **London/South East clustering** - 45 active health research charities are based in the region, providing ~95% of AMRC funding. LGC is increasingly successful in recruiting staff from other research funders    * **Efficient recruitment** -GMG’s vacancy advertising and recruitment strategy has been improved. “Preferred Supplier” status has been awarded to key recruitment agencies    * **Targeted recruitment** -Investment in 2017 in applicant-tracking-system software allows LGC to proactively identify candidates    * **Improving Awareness of GMG** - GMG’s HR Business Partner will work with counterparts at major funders ensuring greater awareness of LGC research management    * **Scale of LGC** - As an organisation of +3000 staff, LGC provides a two-way talent flow within the organisation   **Knowledge and Understanding**  LGC has deep knowledge and understanding of the H&SCS and wider environment, demonstrated by:  ***Capacity Development***  Capacity development provides clinicians/institutions with the knowledge and capabilities needed to address healthcare challenges including the skills to undertake/absorb research. Currently LGC:   * Works collaboratively with CCs on the implementation of findings from NIHR Strategic Review of Training * Facilitates TCC dataset/workforce analysis from infrastructure reports * Collates/distributes insights on workforce capabilities/needs (e.g. panel feedback, NIHRIO observations)   ***Translational Research Environment***  NIHR funding sits within a wider funding environment which supports projects addressing unmet needs often via new technologies, illustrated below:    Maturing projects progress along the pathway via new funders or scheme-to-scheme transfers (e.g. retinal gene therapy from HICF>EME). LGC facilitates this by:   * Disseminating landscape intelligence to keep NIHR funding relevant (e.g. to BRC Directors Group) * Marketing the NIHR infrastructure and staff awards strategically to encourage translational ethos at institutional, personal and topic specific levels * Using reporting and monitoring for BRCs/CLAHRCs/AHSNs to encourage collaboration, handover and further translation   ***Pullthrough***  As described in the Accelerated Access Review (AAR), the challenge is ensure that research results in patient benefit in as short a time as possible. Currently LGC contributes by:   * Continuing to lead/participate in NIHR-wide initiatives (e.g. PtP, IP Unit, Impact) * Allocating CCF/NOCRI staff as relationship managers for key NHS Trust/Universities to promote NIHR portfolio awareness * Early signposting award holders to follow-on-funding * Providing greater support to NOCRI with marketing materials to encourage industry/SME collaboration with the infrastructure   ***Research Aware NHS/Social Care***  A research aware H&SCS is important as a facilitative host for research studies, a source of research ideas, and a receptive environment for implementing research findings.    LGC will continue to:   * Strengthen the involvement of H&SCS decision makers (e.g. NHS England/CCGs/PHE) in the commissioning process * Work with the NIHR Dissemination Centre to ensure that relevant research findings are bought to the attention of decision makers * Support the NIHR Communications Strategy, one of the aims of which is increasing H&SCS awareness of the benefits of research   ***Research funding programmes***  NIHR has a range of funding schemes at different stages of the innovation pathway, addressing different communities and providing a range of funding to support researchers at different career stages. The approach is comprehensive but can cause confusion and delay in project handover between schemes. LGC is committed to shortening the journey time along the innovation pathway as well as working with the Research Design Service (RDS) to ensure the research community understands the schemes.  ***Policies***  LGC will support government policies, regulatory requirements and patients’ advocacy principles.  Currently LGC:   * Participates in NIHR PM meetings (policies discussed) * Provides PPI for CCF programmes and input into NIHR-wide PPI strategy * Complies with ‘UK Policy Framework for Health and Social Care Research (2015)’ after consultation during drafting * Reviews projects as per ACoRD * Monitors project compliance e.g. contracts terms, plan * Ensures ethics approvals (where appropriate) * Manages IP policy and the PRP Programme   **Value-added Improvements/Enhancements**  The following enhancements will be implemented at the Contract start date.   |  |  |  |  | | --- | --- | --- | --- | | Innovation | Delivery Mechanism | Benefit to Authority | Resource Impact | | Capacity | Harmonised CCF/NOCRI knowledge sharing | Captures insights on capacity assets or development needs from the NOCRI team | Very low - evolving to BAU | | Capacity | TCC liaison officer | Closer collaboration to pull-through of trainees into programmes | Low – a part-time role generated via utilisation | | Capacity | Infrastructure PhDs secondments to SMEs | Bridging cultures and creating opportunities for commercialisation of health research | Low – part of career development/ secondment delivered collaboratively with TCC/KTNs | | Capacity | Training in social care through School of Social Care Research | Improved social care research capacity | Low – collaboratively with TCC | | Translation | Bespoke programme for digital technologies | Plugs gap in funding landscape | Absorbed within Innovations Directorate via utilisation | | Translation | Step change in data analytics (Questions D2/D4) | Insights into trends to update panels on new technologies/needs | Factored into new contract | | Translation | Increase engagement with other funders across all programmes | Identify areas to pull into/from NIHR portfolio | Evolving into BAU | | Pullthrough | Special Projects Team - working with clusters of CCF portfolio projects; engages with local centres of excellence | * Fosters close links with NHSE/PHE/HPRUs/NICE/AHSN/Cs/NHS Managers, CLAHRCs/PRP colleagues/NIHR Dissemination Centre to understand/address policy needs, H&SCS priorities, adoption barriers * Builds links with major BRC-scale initiatives supported by others (e.g. National Centre for Ageing Science and Innovation) * Benchmarks historic performance of project progression through landscape * Trials delivery of focused support for priority projects in one or more theme areas | Factored into contract | | Pullthrough | Priorities mechanism in support of new industrial strategy and new life sciences sector deal | Bringing industry/NHSE together on a programme level with researchers to facilitate better use of funding | Evolving to BAU | | Pullthrough | Explore need for BRC output dissemination support or challenge fund | Translation of BRC outputs | Evolving to BAU | | Research Awareness | CLAHRC Placement | Placement of CLAHRC staff members within GMG to maximum adoption prospects | Evolving to BAU | | Research awareness | Pool/share IS across CCF/NOCRI (and beyond e.g. CRN/RDS) | Develops insight that facilitates more strategic connections with pharmaceutical, biotech, medtech and care service companies (and SMEs) to align innovative technologies with H&SCS needs | Evolving to BAU across single GMG IS team | | Programmes | CCF/NETSCC liaison officer | Closer collaboration via joint working group meetings (underpinned by MoU) removing duplication and waste | Factored into contract | | Programmes | CCF/NETSCS scheme review | Ensure remits meet current needs | Evolving to BAU | | Policies | CCF wide AD training and discussion forum (linked to NIHR Training Hub) | Ensure Programmes remain relevant to policy changes such as the AAR | None - Incorporated into AD role |   LGC will develop full Risk/Mitigation plans for the proposed enhancements according to the framework described in question D9. |

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 |  |
| CCF ONLY 5.10 | M | Confirmed |

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 Authority Comms requirements.

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

| **Response 693 + 54 diag words = 747** |
| --- |
| LGC has comprehensive systems, business and programme-level SOPs, work instructions, guidelines and other resources. Used by our skilled staff, these ensure quality delivery of services. SOPs relating to each element of this question are summarised below (and as appendices):   |  |  |  |  | | --- | --- | --- | --- | | Ref | Coverage | Key Points | Filenames | | 1 | Research Management System (RMS) | * GMG Services Manual * Industry-leading RMS used (>700 funding calls delivered) * RMS supplier (CC Technology) has 99.9% uptime guarantee * Employ ITIL best-practice methodology * Accreditation (ISO9001/140001, CyberEssentials) * CoI policy governing advisors (e.g. panellists, peer reviewers) and LGC staff/suppliers | **Information redacted in line with section 43 of the FOIA** | | 2 | Routine Monitoring and Parliamentary Questions | * Approved reporting schedules/templates * Information requests managed centrally (reviewed before client submission) * Quality of input data drives data management strategy * Powerful information mining tools available | **Information redacted in line with section 43 of the FOIA** | | 3 | Data Sharing | * Formal Data Strategy * NIHR Centre for Business Intelligence Project Board membership * Dedicated software team develop new tools for CCF/NIHR | **Information redacted in line with section 43 of the FOIA** | | 4 | NIHR Central Systems | * NIHR Hub fully adopted (all staff trained) * Flexible communication (Google Hangouts) * Membership of NIHR Hub Change Board | **Information redacted in line with section 43 of the FOIA** | | 5 | Information Policy | * Membership of NIHR Information Strategy Board/Standards and Design Authority * Regular quality audits (system/information/data) | **Information redacted in line with section 43 of the FOIA** | | 6 | Data Feeds | * Fully embraced Authority ‘cloud first’ policy facilitating data source exchange/linking (e.g. with CRN/RDS) * Accessible feeds; social media (Altmetrics), mainstream news feeds, Companies House | **Information redacted in line with section 43 of the FOIA** | | 7 | Financial Reporting | * Reviewing project costings/financial DD * Quarterly Research Management Overhead and Financial Outturn reporting * Fully transparent CCF operational costs * NIHR-wide (ASTOX) process assessing spend against awards * Monthly cost centre expenditure/forecast; Internal control reporting * Identifying task costs to evaluate CI | **Information redacted in line with section 43 of the FOIA** | | 8 | Handling Sensitive Information | * Research output publication management, highlighting sensitivities * Policy-sensitive research through careful DD, restricted data access rights/appropriate partnering * Data Protection Policy | **Information redacted in line with section 43 of the FOIA** | | 9 | Authority Process Audits | * Full compliance with process audit requests | **Information redacted in line with section 43 of the FOIA** | | 10 | Communications | * Processes promoting funding streams/encouraging good quality applications * Research outputs made available * Work as part of NIHR Communications Programme Board (with Authority and NIHR stake-holders); comply with/deliver NIHR corporate comms strategy | **Information redacted in line with section 43 of the FOIA** |   *Note: Pg15* **Information redacted in line with section 43 of the FOIA** *reflects LGC’s focus on CI/managing change and is an important addition to this table. Similarly resource planning by the SLT and BST is critical in supporting programmes; management tools have been developed to manage peaks in activity.*  LGC’s governance structure manages risk at each level of activity:   |  |  |  | | --- | --- | --- | | Level | Oversight structure (review frequency) | Monitoring and mitigation managed (escalated to) | | Corporate Risk Register & BCDR Plans | LGC Board oversight (monthly) | LGC Head of Risk Management and Security | | GMG/Site Specific Risk Register & BCDR | GMG Director (quarterly) | GMG Directors Board (GMG Director) | | NIHR Programme Register (RAG report) | Directorate Head (biweekly) | Programme Team (Directorate Head, GMG Board by exception) | | NIHR Project Risk | Directorate Head (monthly 1-2-1s) | Project milestone/risk register (GMG Directors Group) |   **Value-added – Next Generation IS**  A core feature of our SOPs is effective data management. Research performed in NIHR programmes/infrastructure generates significant data quantities. Valuable data also resides in many other locations (e.g. ResearchFish).  LGC’s IS team provides data systems, analysis and insight to streamline research management. Over the nine years spanning the new contracts, our data analysis techniques will evolve continuously. Additional tools (e.g. Brainspace, Carto) and methodologies (e.g. natural language processing) will be evaluated and integrated, as appropriate, improving data source scope and analytical capability. IS inputs, processes and data users requiring consideration are outlined below:    Multiple groups will benefit from LGC’s planned enhancements:   |  |  | | --- | --- | | Group | Future | | GMG Management | * Insights through new visualisations 🡺 performance gains | | Programme Teams | * Answers available to ever more complex queries * Insights gained 🡺 improved workflow, risk management and comprehensive output/outcome reporting | | Applicants | * Follow workflow on all devices including tablets/mobiles | | Host institutions | * Review their portfolios through dashboards, improving data transparency | | NIHR Centre for Business Information | * Access to data enabling high-level OneNIHR reporting | | Impact Unit | * Importing data from EPMC, Researchfish, NICE guidelines, REF case studies, aiding impact monitoring | | Authority | * PQ queries anticipated 🡺 information provided proactively * Linking with Authority finance system, improving finance data quality | | NIHRIO | * Access to CCF/NOCRI databases - interrogate current NIHR research |   LGC’s Smart Data RiR collaboration will accelerate IS developments/innovations so Authority can benefit more quickly. |

***\* 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 |  |
| CCF ONLY 5.11 | M | Confirmed |

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.

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

| **Response 1487 words** |
| --- |
| **Planning and Staffing**  GMG will produce, where appropriate, strategic implementation plans for the research support services. These plans will be updated annually. GMG will deliver the services through dedicated teams of staff supported by the Business Support Team. The following FTE staff numbers will deliver support services:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Faculty | CTP | IP | PPI | Impact | Management Support | | 1 | 4 | 2 | 4 | 4 | 4 |   GMG’s proposals for services delivered by each of these teams are captured below.  ***Faculty***  Subject to the ongoing review, LGC will support NIHR Faculty by:   * Operating the Senior Investigator competition * Collection/analysis of NIHR workforce information * Publishing Faculty World * Engaging in training and communication activities (e.g. NIHR Experimental Medicine Training Camp)   In addition LGC will:   * Identify delivery improvements (e.g. recent provision of enhanced publication citation/IP analysis information in Senior Investigator (SI) panel briefings, aiding selection) * Invite more SIs to serve on panels and provide input on NIHR strategy/policy   ***Clinical Trial Performance (CTP)***  LGC developed the Performance in Initiating (PiI) and Delivering Clinical Research processes and guidance in several phases.  LGC will continue using agreed processes to monitor PiI, measured as average time to first patient recruitment, (reduced from 128 to 60 days).  ***Intellectual Property Unit***  LGC understands that appropriate IP management across all aspects of NIHR funding is critical for successful delivery of improvements to the nation’s health and wealth. NIHR-funded IP takes many forms ranging from potentially profitable patents through to ‘soft IP’ (e.g. data, know-how and copyright). Much of the impact of NIHR research will be through appropriate use of soft IP (e.g. LGC ensured that Nottingham University Hospitals NHS Trust followed a non-commercial route for the ‘C2Hear’ educational programme for hearing aid users).  LGC will:   * Continue employing, and improve upon, our robust and demonstrably successful methods for developing, delivering and monitoring performance against an IP Unit implementation plan. This will ensure LGC’s activities deliver NIHR’s IP policy objectives across the CCs, helping programme staff deal with IP efficiently, via:   + Responsive, pragmatic and expert central advisory service dealing with complex commercialisation projects   + Comprehensive training, building managing agent capacity   + Appropriate systems and processes for ensuring all agents act consistently and transparently when dealing with NIHR- funded IP   + Presenting IP reports to the Authority   + IP and contract law expertise   ***Patient and Public Involvement***  The draft plan for 2018-2021 is anticipated to focus on five areas:   * **Reach** – increasing diversity in reviewer community * **Support** – implementing support for PPIE contributors and new researchers * **Knowledge** – encourage more academic research into PPI * **Integration** – working with impact team to build measures for PPI * Driving NIHR national campaigns (‘OK to ask’)   LGC will:   * Pilot new PPI innovations locally within CCF programmes, leading to enhancements being made available NIHR-wide (e.g. Reviewer Match system used to profile reviewers/match them to funding topics) * Work through NIHR-wide partnerships to co-develop innovations (e.g. current work developing national standards for PPI in research aiming to improve consistency/quality of PPI in research. Roll-out planned for 2018/19)   ***Authority Management Support***  LGC will continue to contract with Exeter University for Dr Helen Campbell to act as Portfolio Manager for Authority Research Networks/CRF/Cancer Research.  ***Impact Team***  Previous efficiency savings enabled LGC to develop an Impact Team which to date has established an External Reference Board comprising senior representatives from NHS, NIHR, HEIs and members of AMRC; and delivered, with individuals from KPInst, a ten-module impact staff training programme to help LGC staff collect impact evidence thereby contributing to demonstrating sound custody of public money for public good.  LGC will:   * Continue researching NIHR-relevant impact models/metrics and delivering impact case studies while working with such bodies as AMRC, creating a community of practice and common impact framework tailored to needs/goals of NIHR   ***Adaptation to Change and Risk Management***  Across all the Research Support Services LGC will:   * Manage each service in line with long-term strategic plans and annual implementation plans agreed with Authority * Seek, where appropriate, to pilot new innovations in controlled environments before wider roll-out * Seek to co-produce new initiatives through close collaboration with stakeholders * Monitor and react to changes in landscape (e.g. new Wellcome Trust/Innovate UK models)   **Value-added Improvements/Enhancements**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Value-add | Delivery Mechanism | Benefit to Authority | Resource Impact | Implementation Date | | Faculty – workforce enchantments | Work with NIHR Dean for Trainees, TCC and Authority to develop NIHR workforce including:   * Mechanisms to spot/support future leaders, * Supporting female trainees * Encouraging trainees to follow academic research careers | * All enhancements aimed at leading to more/better research/innovation. | Evolving to BAU | To be agreed during transition | | CTP | * Perfect the process for collection/analysis of data relating to Performance in Delivering Clinical Research (PD) * Work with CRN to pilot collecting PiI/PD data directly from Local Portfolio Management Systems | * Embodying spirit of OneNIHR and reducing data entry burden for R&D staff, facilitating NOCRI monitoring of entire commercial portfolio | Evolving to BAU | To be agreed during transition | | IP Unit | * MoU with Wellcome as a model for funder collaboration * Consider convertible loan agreements for SMEs * Discuss with Authority revisions to contracting templates * Resolve equity holding arrangements | * Will enable faster commercialisation of complex IP portfolios with multiple funders (patient benefit) * Bring the Authority into line with other funders | Evolving to BAU | 30th September 2018 | | PPI – in collaboration with RDS | * Scope Community Research Development Fund - small project planning awards for local community groups * Investigate feasibility of James Lind Alliance (JLA)-themed RfPB call | * Enabling collaboration with researchers on developing RfPB applications – improving quality * Improving relevance of RfPB | Evolving to BAU | To be agreed during transition | | Impact – with KPInst | * Impact team and KPist | * Impact skills development within CCs | Factored into Contract | To be agreed during transition | | Impact – monitoring | * Agreement over impact models (and stratification) * Roll out of agreed monitoring across all CCF infrastructure and programmes | * Provide evidence for how the NIHR produces long term patient and economic benefits | Evolving to BAU | To be agreed during transition | | NIHR Training Hub | See below | | Evolving to BAU | To be agreed during transition |   Where appropriate LGC will develop full resourcing and risk/mitigation plans for the proposed enhancements according to the CI framework described in Question D9.  **NIHR Training Hub for Health Research Management (the “Hub”)**  Training plays an important role in the professionalisation of research management, in turn improving research management and long-term impact assessment. Training on all aspects of research support needs to be provided to CCF staff and other CCs.  Training within CCs tends to be ‘siloed’, with best-practice and knowledge not always disseminated across NIHR effectively. LGC proposes to apply its breadth and depth of experience in staff development and training to create an NIHR Training Hub for Health Research Management. This Hub will be responsible for developing a coordinated approach to training across all CCs by identifying, coordinating and disseminating training sessions, and making them accessible to all ~500 NIHR CC staff. The Hub will allow provision of bespoke, targeted training, sharing of best practice and help underpin the OneNIHR brand.  With oversight and input from the Authority, the Hub will:   * Establish a steering group with representatives from all CCs * Undertake review, gap analysis and evaluation of existing training provision and needs across CCs and involving other stakeholders (e.g. researchers, AHSN/Cs, RDS, Innovate UK, NHS England) * Develop a ‘NIHR curriculum’ and enabling coordinated planning of training across NIHR CCs * Deliver some identified training and facilitating access to training provided by other CCs; arranging delivery of training from external suppliers as required * Manage development, piloting, roll-out and evaluation of new training * Work with ARMA, and others, to ensure appropriate accreditation   The Hub will be a collaborative endeavour with all CCs.  The following are examples of benefits which could flow from the Hub:   * Bulk training fee discounts * Harmonised training, avoiding unnecessary duplication * Seizing the opportunity to place CI at the heart research management * Highly trained NIHR workforce will be more effective * Consistency in programme management approach across CCs * Supports career path for NIHR staff * Strengthened NIHR brand within general research management community * Identification and promotion of best-practice * Networking between CC staff, benefiting the OneNIHR agenda   LGC proposes to deliver this innovation to the wider NIHR community at **no additional cost to the Authority**. The Hub is intended to be a wholly value-add service for the Authority rather than a revenue stream for LGC. Courses would be delivered, at little or no cost to attendees, at our Twickenham offices. Any fees incurred by the need to procure from third parties (providing modules or accreditation) would be covered by attendees.  LGC is experienced at delivering training to external parties (>280 analytical quality training courses over the last 21 years for at least 500 different organisations from 35 countries, both from LGC’s UK headquarters and locations all over the world). Moreover, LGC’s GMG is a very experienced research management training provider having championed a series of well-received health research management training initiatives rolled-out across all NIHR CCs (relating to IP management, impact and ARMA).  The initial list of training programmes that are already available or could be developed includes:   * IP Management * Impact * PPI * Communications * Financial Management * Contracting * Industry Engagement * Trial Methodology * Information Services |

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.

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

| **Response 657 + 55 diag words = 712** |
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| **Apprenticeships**  Apprenticeships provide an excellent opportunity for individuals to gain recognised qualifications and workplace experience. Our existing apprenticeship programme supports development of a pipeline of skilled employees across the business (80% of LGC apprentices continue in the field of science at LGC, or university).  The LGC Advanced Apprenticeship Scheme (including office and laboratory-based assignments) started in 2011 and became the first such scheme to be accredited by the Royal Society of Chemistry (RSciTech and RSci status).  To date, LGC has mentored:   * Three apprentices through an NVQ in Science (70% office-based) * Approximately 60 apprentices through its Advanced Apprentice (Laboratory Technician Level 3) and Higher Apprentice (Laboratory Scientist Level 5) schemes. Two recent apprentices were shortlisted for the Cogent Life Sciences Advanced Apprentice Award.   LGC plans to offer GMG-based apprenticeships, allowing individuals to develop into effective Assistant Programme Managers (APM) or Marketing Assistants.  ***Business and Administration Apprenticeship***  These apprentices will develop a broad range of administrative skills to enhance GMG’s Business Support Team (BST). This will:   * Focus experienced BST members on more complex tasks * Facilitate career progression to roles such as APM or into finance * Reduce staff turnover within the BST. LGC’s experience is that apprentices remain loyal to the organisation.   The career path for such apprentices may look like this:    ***Digital Marketing Apprenticeship***  CCF and NOCRI, together with LGC’s central marketing & communication function, provides an ideal starting point for apprentices interested in a career in digital marketing:   * Exposure to a wide range of markets and stakeholders (government, private and not-for-profit sectors) * Mentoring to master entry level marketing and communications tasks * Developing digital marketing skills that will benefit apprentices, CCF and NOCRI (enabling GMG to increase marketing and communications activity).   The career path for such apprentices may look like this:    **Specification for these schemes**   * Qualifications:   + OCR NVQ Combined Diploma in Business and Administration (Level 3)   + City & Guilds Diploma in Digital Marketing (Level 3) * Duration: 14 months, with first apprentice starting October 2017 * Cohort size: 1 apprentice/year recruited for each role * Entry requirement: Prior office experience, 2 A Levels (preferably one in science subject) or a personal interest in health research, and GCSEs A\*-C in Maths and English * Salary: Above minimum guideline to attract good candidates * Training programme provider: Richmond upon Thames College (TBC) * Placements: Apprentices primarily based in CCF and NOCRI with opportunities for short placements in other areas of LGC to support completion of relevant course units * Dedicated time each week to study * Dedicated time for the two apprentices to share learning, discuss challenges/experiences and potential to link with apprentices on other LGC schemes (peer support)   ***Graduate Trainee Programme***  CCF’s Graduate Programme launches in October 2017 to train and develop graduates on a fast-track into research management.  This programme will be:   * Comparable to those offered by big funders e.g. Wellcome Trust, CRUK * Attractive to high-calibre graduates with a passion for research and research management * Creating a pipeline of skilled, highly-effective, motivated research managers within GMG * Cohort size: 3 per year * 24-month programme of courses and on-the-job training * Placements: 4 rotations in key areas of GMG, including NOCRI   **Skills**  Across LGC, employees benefit from skills training managed via Personal and Professional Development Reviews. In response to LGC’s annual ‘staff satisfaction survey’, enhancements provided for GMG employees include training to develop specific technical and general competencies:   * In-house training courses (IT, health and safety, professional skills, management, leadership, scientific and technical skills) * Training delivered by experienced colleagues/subject matter experts (e.g. induction training, use of Research Management System) * External courses, some leading to recognised qualifications (e.g. King’s College London Policy Unit delivering tailored research impact training programme; ARMA (Association of Research Managers and Administrators) ‘Certificate in Research Management - UK Funding Organisations’ qualification) * Conferences and other forums entailing development of skills, networks and specialist knowledge   LGC also proposes creating an NIHR Training Hub for Health Research Management (see Question D5), allowing provision of bespoke, targeted training across all CCs, facilitating best practice and helping underpin the OneNIHR brand. |

1. **SMEs 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

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

| **Response 498 words** |
| --- |
| **LGC’s commitment to sustainable procurement**  LGC carries out procurement activities in an environmentally sustainable, socially, ethically and economically responsible manner and contracts with suppliers sharing and adhering to its vision.  GMG’s suppliers range from large corporates to SMEs, and our interactions follow overarching principles documented in ‘QP2004 Group Procurement Procedures’ and ‘EP2005 Sustainable Procurement’, both attached as appendices to Question D4. This ensures consistency in how LGC interacts with all our suppliers, both during procurement and as Subcontractors.  **SMEs in the supply chain**  Where an SME is best-placed to provide goods/services, LGC works with them to create fit-for-purpose terms and conditions which do not constrain them from selling to LGC. This includes negotiating shorter payment terms (in accordance with principles of the Prompt Payment Code), ensuring that working capital management is not a constraint for SMEs.  An example SME is CC Technology (CCT), for which LGC has been the growth catalyst. This small software company’s headcount increased from 15 to 40 since becoming our Subcontractor six years ago. It is now a market-leader in providing online grant management solutions (40+ clients spanning research funders, public bodies, NGOs and foundations in the UK, Europe, US and Asia).  This relationship began in 2010. LGC decided to replace our RMS platform to provide an improved service to Authority. Despite competition from larger companies (TUV-NEL and Altum), in our open and transparent tender process, we selected CCT because of platform quality and flexibility to adapt to Authority’s evolving needs. LGC’s investment, and prompt, regular payments, gave CCT a foothold to grow its business.  **Attracting and engaging SMEs in research**  SMEs with fewer than 250 employees make up 98% of medtech companies, and their increased involvement in research projects is desirable to us, both from economic and innovation perspectives (e.g. alignment to requirements of the AAR with faster commercialisation and pull-through of new products and technologies producing faster patient benefit). NIHR’s objective is to have a clear OneNIHR offering to Medtech SMEs delivering measurable, increased engagement embedded across CCF/NOCRI and, where relevant, other CCs.  Since 2015, CCF has been working to better understand this landscape and engage more actively with medtech SMEs, from ‘early translational’ R&D to the’ follow-on-funding phase’:   * A multidisciplinary CCF project team started engaging with TCC, CRNCC, NETSCC, relevant parts of NIHR Infrastructure, trade bodies (e.g. Medilinks) and, importantly, AHSNs and AHSCs * A telephone survey of 800 medtech SMEs in England was commissioned to measure awareness of NIHR and its offering to SMEs. This included 192 interviews with CEOs/R&D Directors of SMEs active in R&D   An initial report on the survey, and early engagement activities, is due for Authority review in April 2017. There is a planned set of activities during the transition phase ending March 2018, primarily around raising market awareness and easing the application process for SMEs whilst developing appropriate metrics and systems to monitor progress/impact. Discussions are underway concerning establishment of an SME NIHR scheme day as a focal point for enhancing promotion to potential SME applicants. |

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.

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

| **Response 736 + 7 diag words = 743** |
| --- |
| LGC will maintain service quality between contracts via:   1. Outline Implementation Plan (OIP): managing transition activities between award and Commencement Date 2. Detailed Implementation Plan (DIP):    1. Produced within 3 months of Commencement Date, as defined in Contract    2. Developed and agreed with Authority via Transition Oversight Board (TOB; members from LGC and Authority)   **LGC’s organisational change management process**    *Note: further detail available in appendix and Gantt chart.*  LGC anticipates significant differences in customer expectation and operational delivery of the new contract and consequently proposes use of the full transition process to ensure clear, distinct change between the legacy and new contract.  ***Goals***  LGC leadership will evaluate and identify goals arising from the new contract. This process will define the transition period and has several drivers:   * Contractual goals – the Authority’s minimum expectations in successful delivery of new contract * KPIs – measurable goals for new contract * Cultural and operational changes needed to support refined delivery model   ***Strategy***  Each goal will have a definitive strategy. Agreement will be reached on each change of approach, and what a successfully refocused CCF looks like (both in terms of delivery and anticipated benefit). GMG’s PMO will coordinate this change project, reporting monthly on:   * **Gap analysis** – what capacity does existing LGC GMG have to meet new CCF and NOCRI Requirements. Deadline: June 2017 * **Synergies/Opportunities** – what, within LGC’s existing contracts, complements the new requirements or could improve our offering. Deadline: September 2017 * **Risks** – PMO will evaluate:   + Risks to successful delivery   + Impact of new activity on existing requirements   + Resource challenges of new activity   Each area will be scored via a probability/impact matrix, and assessed/managed by the GMG’s SLT and Director   * **Stakeholder Consultation** – LGC will take every opportunity to discuss expectations with Authority through contract reviews and feedback     ***Structure***  GMG is a scalable operation capable of flexing to accommodate changing requirements. However, a review of GMG’s Directorate structure would be undertaken, with modifications made as necessary.  ***Systems***  Several aspects will be reviewed:   * **Quality management** - Quality Manager responsible for:   + Assessing**/**updating SOPs. Deadline: September 2017   + Developing/delivering training. Deadline: March 2018   + Developing internal audit schedule. First audit: Q2 2018/19 * **Performance measurement** – GMG’s SLT will identify management information (operational) supplementing KPIs to measure/monitor LGC’s performance in contract delivery. This will give assurance of effective delivery plus trend data for assessing CI (September 2017) * **Technology** – Review of existing information management infrastructure, processes and systems by Assistant Director, Information Systems. Consider opportunities to harness technology to increase quality/ efficiency. Deadline: June 2017   With goals identified, strategy defined and systems analysed, LGC will focus on skill-sets, behaviours and cultural changes necessary to ensure success of CCF’s amended focus.  ***Skills***  LGC have developed, and will update for this contract, a PP which provides a skills and competencies matrix required for staff to be effective in their roles including any new positions. This plan will extend to all new activity approved/contracted by Authority. The Director, Involvement & Engagement has responsibility for ensuring implementation.  ***Staff***  Defining SOPs and associated skills will feed analysis of the individuals LGC requires to successfully deliver against the new goals and strategy. Outcomes will be both long-term (through potential change in CCF’s delivery team), and short-term (identification of immediate need). LGC will advertise for any new staff required no later than October 2017, ensuring a full team is ready for April 2018. Subject to Authority feedback on proposed new innovations, LGC will contract with appropriate organisations within Q1 of 2017/18.  ***Style***  Communication of requirement changes, and how LGC delivers these, is important to cultural acceptance and change. Responsibility lies with the Assistant Director, Communications. LGC management will also consider changes in behaviours expected from staff/managers and how to encourage these (e.g. increased focus on process efficiency and cost effectiveness of processes would be expected from all line managers, and become formal performance management assessment criteria).  **Timetable**  LGC would project plan against the 12 months from award to Commencement Date. The transition plan is intended to be:   * ***Transparent*** – For Authority and GMG staff * ***Managed*** – PMO will manage change documentation. Transition Team will lead operational impact assessment * ***Quality-Focused*** – Mindful of the need to maintain focus on existing requirements whilst returning value on additional investment activity * ***Measurable*** – Performance, whether an innovation or not, must have measurable indicators to feed back to Authority   The key elements of the transition plan are expanded upon in the transition implementation plan provided as an Appendix and the timeline Gantt accompanying it. |

***\*\* 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.

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

| **Response 1483 + 3 diag words = 1486** |
| --- |
| LGC’s approach to CI is to eliminate administrative inefficiencies so that we can focus on value-adding strategic activities for the Authority, thus further strengthening the offer NIHR provides to the research community. This activity is encompassed within a wider business CI framework that spans operational teams up to the GMG SLT and LGC Group.    Our behaviours and ways of working are set up to drive two types of change that deliver customer benefit:   * Incremental improvements designed to generate efficiencies allowing resources to be redirected to value-adding activities * Disruptive innovations designed to offer novel value-added services that enhance the overall package provided to the Authority   This focus is reflected in the skills and qualifications of the staff within GMG:   * Prince2 practitioners * Lean 6 Sigma (blue and green belts) * OEE Advanced Lean Practitioner * ITIL Foundation * P3O training * ISO training on implementation (9001, 14001, 31000)   **The CI Environment**  CI is embedded in LGC’s stated core values, with successes across the Group recognised, communicated and celebrated. LGC’s overarching commitment to delivering a high quality, improvement-driven business is evidenced through its continued accreditation to ISO 9001, 14001 and 31000. Cascading down from Group level, the GMG SLT has strategic responsibility for defining expectations around CI, prioritising and sponsoring these activities and providing active oversight of its PMO and Quality Assurance group. Through monthly transparent communication with the PMO, the SLT oversees progress in the achievement of strategic goals.  **CI Drivers and Authority Engagement**  Regular communication between the Authority and GMG will be the primary driver for improvements. The wider NIHR and other stakeholders will also have fora for opinions to be voiced and needs to be identified. In addition to our natural, organisational inclination towards CI producing staff ideas for improvement, other CI drivers include:   * Legislation and policy change * Financial requirements (Authority budget management including allocation to funding streams, operational costs and costing impact) * Research community needs   This feedback is of utmost significance in our drive for improvement and we are poised to recognise, prioritise and deliver improvements highlighted in this manner.  LGC understands the importance of sharing its proposed improvement plans with the Authority in advance to review prioritisation and securing engagement from invested parties to deliver the best possible results and smooth implementation of change. Rather than seeking to ‘shine’ in improving unilaterally, GMG appreciates the high value of leading or contributing to improvements that improve the whole of NIHR.  ***CI Methods***  Our delivery of CI is bolstered through our processes which include:   * Tracking achievement of KPIs as documented in the contract * Development and improvement of SOPs * Risk management * Identification, prioritisation and delivery of projects through the PMO * Continued ISO accreditations   The methodologies used to achieve this are:   * Lean with a focus on cause-and-effect to drive change (see LGC LOM in Appendices to Question D4) * Agile principles that drive step-change * IT development through ITIL * Prince2 project management   **CI Priorities and outcomes**  In line with the Authority’s requirements, and other identified drivers, we have prioritised our immediate CI plans which are coordinated through the PMO via a Plan-Do-Check-Act cycle and address the following:   * Workflow bottlenecks * Resource allocation to maximise customer value * External drivers that influence the timing of change   In LGC’s experience, CI projects lead to the following outcomes:   * Improved customer and employee satisfaction * Quality gains * Process efficiencies (cost reduction) with redeployment opportunities * Environmental gains including reducing our carbon footprint\*   ***\*Reducing Carbon Footprint***  *LGC tracks and measures environmental impact measures and we have a target of reduced impact per capita year-on-year. Twickenham is also ISO14001 certified. The following is a chart showing year on year electricity consumption reduction [(kWh) 2015 (Blue) and 2016 (Orange)]:*    To date, GMG has delivered significant work to standardise its processes and provide solutions that have provided measurable benefit. For example:   |  |  | | --- | --- | | Area addressed | Example already implemented | | Workflow bottlenecks | * Data analysis of Infrastructure annual reporting was a heavily manual, error-prone and time-consuming process * Centralised data analysis within the IS team shifted resource to a single point, ensuring consistency of process and thus improved quality * Further improvements and technology use enabled the ensuing annual reporting timeframe to be reduced to 6 weeks * Quality gains were also made, resulting in the Authority receiving high quality information in a far shorter timeframe than previous years | | Resource allocation | * The redeployment of staff and expansion of the Finance & Contracts team allowed for a rapid step change in the accuracy of funding scheme budget management * Centralisation and consistency of budget control processes resulted in delivery the Authority <0.05% year-end variance from forecast | | External drivers | * The Government now requires all suppliers have Cyber Essentials, a cyber security certification * LGC attained this certification following a full audit of IT infrastructure and remedial corrections * A further audit was passed * No disruption or change to service quality to the Authority was experienced during the certification process |   Building on this experience, LGC will initiate further CI projects within the transition period, for example:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | CI project | Efficiency & Assumptions | Financial Benefit | Quality Benefit | Risk | | BST | BST drives improvements in standardisation across GMG, via the PMO-led Standardisation Project which assesses all commissioning and monitoring processes, rationalise them and assigns responsibility via a RACI matrix. | From full implementation: 22 tasks will be subsumed within the BST, representing a saving of circa 15% of Programme Management cost | Consistent processes will allow for a gold standard across all Programmes – a consistently high standard irrespective of timing or turnover. | Finding the correct balance between Programme team expertise and BST administrative procedure. This is mitigated by a conservative implementation and reassessment over time. | | Integrate Finance Systems | Integrating the CCF RMS with the Authority payment system would remove the risk of human error for both organisations. Currently there is a reasonably high error rate in terms of payment details which leads to a lack of certainty within CCF and time consuming mitigation and investigation. | Reconciling the transaction report & Resolving errors: Investigation and resolution, estimated at 125 per year. Amending and updating RMS system manually. Possible saving estimated at circa 70+ days per year. | Fewer manual interventions allows for greater confidence in figures and less checking/re-work. | Over reliance on technology needs to be mitigated with periodic checks. | | Central Portfolio Management System (CPMS) | CRN use CPMS to hold data recruitment and study data which is also used within the Clinical Trials Performance Team (CTPT). CTPT collects Minimum Data Set points via our CTP Platform (EXBOS), access to the data within CPMS could potentially remove the need for this collection. | * Query Resolution from EXBOS maintenance and improvement: Quarterly collections averages * Possible saving estimated at circa 100+ days’ p.a. * EXBOS Costs (supplier costs – maintenance and development): circa £25,000 per year | Adheres to the NIHR IS Board principle of collecting data once.  Saves time within the NHS Trusts as they only enter data once. | If data quality is not high then the savings may be compromised by checking or re-work. | | (further) Automation of IS | * CCF have been investigating ways to automate the checking of outputs to highlight risk or opportunity to Authority * Using key word searches and using programme teams to identify positive impact potential will remove the need for a central check point * Routines reports and data definitions being stored will speed up response times to information requests and ensure a consistency only previously possible through manual checking | Removal/redeployment of an analytics team post. | Same quality but with a more efficient delivery mechanism. | The automation will be dependent upon an effective key word list. |   **Benefits**  Benefits from CI projects will accrue to the Authority through the gain share mechanism set out in the Contract which allows for sharing of cost savings and/or reinvestment in value adding activities.  The reinvestment of CI gains can lead directly to new cost savings, quality enhancements or value adding activities. For example, the restructuring of the GMG group over the last few years into a Directorate and BST structure has allowed efficiency gains through the standardisation project. By reinvesting the saved salary resource in additional IS specialists, GMG has been able to develop an improved experience for applicants (through online application processes) and better quality (through use of external data sources to produce better citation analysis reports for panel meetings).  More generally LGC’s CI approach will lead to:   * Enhanced capacity in the CCF workforce gained through multifunctional teamwork (e.g. through participation in the Special Projects Team (see D3) and the close working between the CCF and NOCRI teams) * Identification of new best practice regarding innovation, quality, delivery and cost which can be shared with other NIHR CCs * Administrative efficiency gains   The ultimate benefits are realised through increased value-adding activity; e.g. increasing the emphasis of Programme Team staff work on the translation of research into clinical and commercial outcomes through ensuring appropriate dissemination, adoption and IP management. Other cost savings have allowed GMG to establish an Impact Unit which is now co-developing the frameworks, tools and cases necessary for NIHR to fully recognise the downstream benefits in health and social care. |

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.

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

| **Response 949 + 77 diag words = 1026** |
| --- |
| **LGC’s partnership approach to managing contract exit and transfer process**  LGC understands that the successful bidder will need a clear ‘Exit Plan’ to manage the transfer of knowledge, information and skills accrued during the delivery of the CCF contract to the Authority and/or Replacement Supplier (RS) at the Expiry Date (or during the Contract Period if necessitated by early termination). It is also understood that the Exit Plan and the relevant Registers will be agreed between LGC and the Authority within 3 months of the Commencement Date and will be reviewed annually by LGC in conjunction with the Authority during the Contract Period.  It is important to maintain service levels for government contracts throughout the entirety of the Contract Period and avoid dips in the quality of delivery at either end of a contract where transition between Suppliers is occurring. This is especially important in research management where the research community is dependent on the funding and related support activities provided by the CCF.  During a transition phase LGC continues with ‘business-as-usual’, delivering to the contractual requirements, whilst engaging in parallel discussions with both the Authority and RS to determine the timing, order and pace of any work transferred. We treat the transition as a process, manage it as a project via an ‘Exit Manager’ (EM), and work in partnership with the Authority (and the RS where practical) to deliver a smooth handover of service using our rigorous, 5-stage Exit Plan process illustrated below:    This combination of LGC’s 3-way partnership approach, flexibility and communication delivers benefits over the transition to both the Authority and the RS such that - in this case - there will be minimal impact on the research community.  A detailed Exit Plan (including our provision of Termination Assistance) will be generated through discussions between LGC and the Authority based on the Contract and with reference to Schedule 10: Exit Management.  LGC’s EM will devise the approach and activities during each of the following phases:   * **Contract award** – preparation of Exit Plan (first 3 months) * **Contract Period** – review and update of Registers and Exit Information (over 5+4 years) * **Pre-tender preparations** – support to the Authority with Exit Information (approximately 3 months before tender notice) * **Tender** – continuing to support the Authority with information requirements during the ‘live’ tender process e.g., clarification questions (approximately 6 months) * **Transition** – working with the Authority and RP in preparing for Exit (approximately 1 year between award and Expiry Date) * **Post-Expiry Date** – support to the Authority and RP with *ad-hoc* queries and work to aid handover   Described below is an outline of how LGC will support the exit-related work and important areas for both parties to consider.  ***Oversight and control of the process through the EM and Exit Management Group (EMG)***  The EM will be the GMG’s Project Management Office (PMO) Manager, ensuring that the handover is handled by someone with an intimate working knowledge of the contract and its requirements:   * Provides effective communication to specific operational/support departments and to Authority and RS during transition phase * Has authority to arrange any resources deemed reasonably necessary to enable LGC to comply with contractual requirement * Responsible for updating Exit Plan and reviewing outline plan with Authority throughout contract period   The EM will call together an EMG which will:   * Support handover and ensure all key areas are represented during the transition * Ensure activities of transition process do not impact unduly upon service required under contract during the exit phase.   The EMG includes senior service delivery personnel who take an active part in the transition and who ensure the segregation of duties between Exit and delivery plus representatives from HR, commercial & legal and senior management. Segregated responsibilities combined with oversight from senior management ensure coordinated activity during exit phase as illustrated below.    ***Maintaining service levels during transition***  Segregation of duties between Service Delivery and Exit in the final phase of a contract ensures services are delivered to contractual requirements up to, and beyond, Expiry Date.  The following summarises ownership of duties:   |  |  | | --- | --- | | Service Delivery managed by Operational Team | Exit Managed by EMG | | Internal headcount allocation | TUPE alignment | | Internal operational loading | Provision of data required for transition | | Deliver to required service levels | Duration, order, phasing of transition | | Contract adherence | Enduring terms | | Business-as-usual customer liaison | Exit focused customer liaison | |  | IP rights | |  | Liaison with incoming supplier | | Work-in-progress - prior to Expiry Date | Work-in-progress - as of Expiry Date | | Management Information | | | Invoicing, Reporting | |   ***Key considerations when developing the Exit Plan:***   |  |  | | --- | --- | | Consideration | Aspects to be detailed | | Contract Period obligations | Ensuring all information and assets are identified e.g. subcontractor agreements, via Registers (online shared Portal, accessible by Authority in agreed format) | | Transfer Period | Agreement over timeframe e.g. current transfer period is 12 months for Supplier | | Exit Information provided ahead of re-tendering event | Gathering sufficient information/follow-up queries regarding Registers, Authority Data, 3rd party contracts, Transferring Supplier Employees and any ad hoc/unforeseen issues | | Information provided post-transition | Agreement on post-transfer support | | Format of required information | Normally electronic but *tbc* | | TUPE | Understanding LGC’s exposure during service transfer  Managing the transfer of skills and Staff to incoming supplier | | Order of Transfer | Perhaps multiple Lots being transferred in preferred order | | Scalability | Agreement on scale/speed of transfer | | Subcontractors | Informing Authority on work transfer requirements and ensuring co-operation in subcontractor adherence to Exit Plan | | Return of data | Identify and manage return of data and retention of data needing to be retained due to LGC Quality and Accreditation procedures. | | Work-in-progress | List of work-in-progress at transfer date with recommended actions | | Knowledge transfer | Confirming what information is to be shared. Appropriate management and assignment of IPR to Authority and incoming supplier where required. | | End of assistance date | Confirming to what point LGC’s assistance is required | | Enduring terms and commitments | Agreement on ongoing commitments beyond transfer date | |

**Appendix A**

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| **Supporting Information regarding Partial or Non Compliance with the Authority’s requirements.** |
| **None, we are compliant** |

**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  (£) |
|  |  | We are in agreement with the Terms and Conditions as presented at this stage |  |  |

**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.**