



## QUESTIONS AND ANSWERS

### Request for Proposal (RFP): Tracking Wellcome's Brand Health and Reputation

#	Supplier Question	Wellcome response
	<b>Existing Resources</b>	
1	What materials, data or research do you already have that would be helpful during the planning phase?	<p>We would share below findings upon commission:</p> <ul style="list-style-type: none"> <li>• Late 2022, research into perceptions of Wellcome was undertaken amongst policy makers and influencers.</li> <li>• Comments on reputation have arisen in other research studies.</li> <li>• Anecdotal feedback from stakeholders.</li> <li>• There is some legacy work from the reputation model developed by our former Communications department which was then used to get some baseline results back in 2018. We anticipate that some of this work will be out of date due to the time it was produced and the UK focus. We plan to do some internal groundwork ahead of appointing a supplier.</li> </ul> <p>This will give us a good understanding around our internal perceptions of brand reputation drivers as well as use cases of the tracker across Wellcome and should be ready to be shared with the winning supplier(s) upon commission in February 2024.</p>
2	With regards to the brand building journey – has an initial draft been developed yet which can inform research tools and possibly be used to create stimulus for the qual	We have an initial draft of the brand building journey that the brand team feels works well, however they are



	work?	open to suggestions on how to improve and finalise it, based on the research and supplier's experience.
3	Do you have a prioritised list of comparators (overall and/or per audience)?	We would like to work on a comparator list that is suitable for this programme together with the winning supplier(s). We do have a long list of comparators based on each of the different audience types. This was developed for other brand work, and it needs reviewing and updating with research from this research. We would like to do this with the winning supplier(s) for this project.
4	The RFP mentions the availability of some previous research, notably into perceptions of Wellcome amongst policy makers and influencers - could you add more detail on what this involved and the type of data that will be made available?	<p>The Government Relations and Strategic Partnerships (GRSP), Policy and Corporate Affairs teams were interested in understanding the perception of Wellcome among their government, partner and policymaker audiences, and the perception, risks and opportunities around the three priority areas: mental health, climate and health, and infectious diseases, across key markets. This report contains the results of the first perception audit to be conducted for Wellcome which includes both qualitative and quantitative elements. We would share the perceptions audit report and the questionnaire as part of the background reading with the appointed supplier(s).</p> <p>Please note that the perception audit was conducted with those who are aware of Wellcome and would not constitute as a baseline for this research.</p>
	The brief mentions comparison to others as part of the brand and reputation tracker. Can you provide us with any	Please see response for the Question3.



	initial thinking on what organizations we would use in the comparison?	
	<b>Audiences and Stakeholders</b>	
5	Do you have any existing or planned NGO, stakeholder or health partnerships that we should keep in mind (other than the Africa and Asia Programmes listed in the RFP)?	We would recommend allowing for up to a dozen and we will identify these before the start of the research (such as WHO, Gates, others).
6	Are there plans to engage the opinions of elite stakeholders, such as regulators or government officials?	Regulators do feature as a potential priority audience in some strategic areas. In the immersion phase we would need to understand if these groups should feature in the tracking. Some government officials may feature, we would work with our Policy and GRSP teams to establish if there were specific officials/role types that we would need to be engaged in the tracking.
7	Do you have plans to conduct research in any donor-recipient	We are an independent foundation without donors. However, we do have applicants and recipients of grant funds - in large part these are researchers from a broad ranging science community. We would want to conduct research with this core group - who we refer to as our researcher audience. Our researcher audience is also made up of non-granholders, including potential and previous grant holders, science panel members, and others.
8	In table 2, there are currently 16 segments of audiences/stakeholders – do you anticipate the number of segments to remain the same after the segmentation work in early April 2024?	Table 2 shows the different types of audiences and stakeholders that Wellcome has, it does not reflect how we segment those audiences. We expect to have 4 to 6 segments as a result of the segmentation work in April 2024 and these segments will be based on a sample that is inclusive of audiences shown in Table 2 of the RFP.



9	Can any of these audiences/stakeholders be grouped together or should we consider all as separate sessions?	We expect the sample for the brand health and reputation research to be inclusive of the audience segments that emerge from our audience segmentation project that is due to be available in April 2024. (N.B. the audience segmentation only covers researchers and influence audiences).
10	Highly influential stakeholders – what is the number of stakeholders we are looking at?	We will need to establish this in the immersion phase. It is likely from this initial immersion phase that we create a long-list of stakeholders which we then prioritise.
11	The public – again how many people/ how many groups would you like to speak to? Would you need to further segment the public based on e.g. demographics, visitor group priorities?	The relevant public audiences for this research are Wellcome Collection audiences. Please see page 8 of the RFP for more detail. To clarify although we don't directly communicate with all our stakeholders including people in affected communities and those with lived experience, we do engage with them through partners, CSOs etc. These intermediaries should be considered in the sample for this research.
12	Wellcome Collection's primary target audiences – for those aged between 14 to 19 years, are you open to bringing parents in the process to help mitigate ethical concerns around researching with minors/ under 18s? Or would you rather we avoid speaking to under 18s at all?	We would focus on over 18s for this study.
13	What is the age range overall for the visitor audience and are there any other considerations such as geography, demographics etc.?	Wellcome Collection (WC) attracts visitors from all age ranges but predominantly visited by young audiences age between 16-34. Relatively high proportion of London /UK visitors (compared to other major cultural venues in London). WC also attracts relatively high proportion of visits from visitors who self-identify having a disability and class themselves as racially minoritised (as defined in UK statistics) UK visitors.



14	Highly influential stakeholders – which markets are these in? Are you looking for a quantitative read on this group?	Each of the Africa and Asia programmes have heads, there are institutes and universities in the UK that will also have influential stakeholders. Both relate to our current key relationships as well as future key relationships as our mission has become more global. It makes sense that some highly influential stakeholders may be more appropriate for interviews rather than a quantitative read. It is these types of recommendations that we would expect you to address in your recommendations on the research programme This should be based on an understanding of our needs and the nature of our stakeholders.
<b>Internal Stakeholder Engagement</b>		
15	Could you provide details on how you plan to activate the outcomes of this initiative?	We would look to work with the selected supplier(s) to plan for the activation of the insights of this research as part of the internal stakeholder communication and management plan.
16	Who are the internal stakeholders owning and driving this?	Wellcome's Brand and Planning & Insight Teams are owning and driving this project. Both teams sit in our Corporate Affairs department, which is headed by our Director of Corporate Affairs (the key stakeholder and sponsor for the work).
17	Are there reputational risks to Wellcome that you are concerned about?	There are no current major reputational concerns, however, the initial immersion phase would be used to understand any internal perspectives on current and future reputational concerns that could inform what we choose to track or research as part of this overall brand health and reputation tracking.



<b>18</b>	Speaking to 15 Wellcome teams in the immersion phase – would this be one single session with one representative from each team, or 15 separate sessions for each team?	Immersion phase is key for the success of this project. We would expect the contracted supplier(s) to plan and conduct a comprehensive immersion phase in which they would cover and hear from all the key Wellcome teams that would have a stake in this research. Given the diverse nature of the teams it would be wise to cost and plan for either a series of workshops in which, say, 3 teams/representatives from teams are grouped together, or for shorter separate interviews.
<b>19</b>	How many roles or teams are involved in the brand work? Is there a way this can be categorised to support with understanding the best way to engage stakeholders?	We will be sharing a detailed internal stakeholder mapping along with their roles and needs with the selected supplier(s) as part of the briefing process. The Brand and the Insight Team are directly involved and managing this work and can be considered to be the key stakeholders on a day-to-day basis (along with the Director for Corporate Affairs at key junctures). The other stakeholders that we mentioned are those who have an interest, and stake in the research, as well as direct experience of the audience groups that we want research. Some of these will be key to engage with in the immersion phase to understand perspectives and experience (the 15 teams mentioned). There will then be a smaller group of stakeholders that we will want to ensure we have a good flow of communications with throughout the project. Corporate Affairs Leadership Team (CALT) and possibly Executive Leadership Team (ELT) will need to sign of the measures and design of the brand health and tracking programme (not the qualitative research strand). CALT, ELT, and Board of Governors will need to be presented to as key



		<p>stakeholders. The outputs of this work will be used extensively by the Brand team, when working with other teams across Wellcome to help spark conversation and ideas around our values, brand, and reputation.</p>
<p><b>20</b></p>	<p>Could you please provide more details on how Wellcome envisions incorporating the views of high-level stakeholders into the brand health and reputation measurement, and how these voices may influence decision-making?</p>	<p>If you mean internal stakeholders, we will have an immersion phase in which we understand the perspectives of internal stakeholders. Some of these would be either formed into a reference group, so we can ensure the work meets their needs while others that influence decision making would have the work presented at key junctions - such as when the supplier has recommendations on tracking programme approach and options. CALT and possibly ELT will be involved in agreeing and signing off recommendations for approach to the tracking programme.</p> <p>If you mean external stakeholders and how we would track their perspectives, and how those perspectives would influence decision making: we would be looking for your recommendations on who and how to track during the project. (See response to q14)</p>
<p><b>21</b></p>	<p>In terms of engagement and sign-off at critical stages of the project, what is the anticipated duration of such interactions, and how can potential partners best accommodate this in their proposals?</p>	<p>As stated in the RFP (pages 10 and 11), for the Workstream #1 we need 3-4 weeks for engagement and sign-off with key stakeholders at critical junctures such as sample agreement, questionnaire signoffs or when agreeing on a framework or a model. For the Workstream #2, we would need 2 weeks for engagement and sign-off with key stakeholders at critical junctures such as sample agreement, questionnaire signoffs or when agreeing on a</p>



		framework or a model. Proposals should account for these in their timelines.
22	In terms of the Wellcome teams we would speak to in the Immersion Phase and also the Senior Stakeholders we would engage with the deliverables, please could you tell us more about where they are based?	They are all based in London and if travelling they would be available online.
	Our positioning/brand strategy process is rooted in a consensus-oriented co-creation process. Do you/will you have team members identified that will act as a core committee in this strategy development process?	Yes
	<b>Communication and Visibility</b>	
23	<p>Are there intentions to pursue advertising, PR, or sponsorships based on the results of the research?</p> <p>Will the reports be public? If so, do you want us to cost for additional design input to your brand guidelines?</p> <p>Are you able to forward any accessibility guidelines in relation to the reporting?</p>	<p>No</p> <p>We hadn't planned for the reports to be public, nor to use them to generate any PR, but it is an interesting question to explore with internal stakeholders during the research, through the lens of transparency. For the purposes of the proposal feel free to quote for this as an additional extra.</p> <p>Yes. We will share our accessibility guidelines with the appointed supplier(s).</p>
	<b>Scope</b>	
24	Are you considering engaging with the media? If so, what role do you envision for the media in this project?	We regularly engage with media as part of our work. We would need to decide whether we need to track key opinion formers in the media (as part of the early immersion phase). Following the immersion phase, we





		<p>would expect you to make recommendations on the inclusion of this audience in the sample . However, if the question is asking whether we intend to use the findings of this work to get media/PR coverage - this isn't something that we plan to do. The purpose of this research is to enable us to make good internal decisions.</p>
25	<p>Global markets – we understand that there is currently a list of potential countries to be finalised. Roughly what is the total number of markets are we looking to cover? And how do you see your priorities within this list? (and plus Asia/Africa lists?)</p>	<p>We have the 12 countries that we used for the segmentation, these are the countries shown in green for the AAPs + UK, US and Germany. There are an additional 5 countries that are part of our Africa and Asia programmes (AAPs) as shown in black. We will be looking for a recommendation on whether we need to sample in all of these countries or whether other countries that are in that AAP can be considered representative. For costing purposes please budget for 12 + 2 countries - with the costs for two additional countries separated.</p> <p>Our AAPs are based in the following countries: Malawi AAP - covering 3 places in <b>Malawi</b>. South Africa AAP - covering <b>South Africa</b> KEMRI AAP - covering <b>Kenya and Uganda</b>, MORU - covering <b>Thailand</b>, Laos, Cambodia, Myanmar, DRC. OUCRU - covering <b>Vietnam</b>, Nepal, <b>Indonesia</b>. We also have major partnerships in <b>Singapore</b> and <b>India</b>.</p> <p>The countries covered by the current segmentation research are shown in green.</p>



26	The RFP lists 13 countries - should these be treated equally, or should we prioritise some over others?	For clarification, please refer to q25 for the number of countries. At this moment there are no countries that are prioritised over others, as we don't want to skew the findings/recommendations, given there could be quite different perceptions across different countries. However, we are open to you including this question in the initial immersion phase for exploration with our stakeholders - for example only sampling in one country per AAP for the initial results, which could halve the number of countries initially reported on. We would need stakeholder buy in for this, so for now assume all countries for reporting.
27	For benchmarking and comparison purposes, which comparable organisations should be considered?	We would like you to include this within the scope of your work to research and recommend comparators, working co-productively with us to do so. There will be different types of comparators for different audiences. See response at Q3
28	In addition to your Mission Statement, do you have a formal Wellcome positioning statement or corporate brand strategy (typically distinct from a mission statement), and if so, does it need to evolve after the research, or is part of this effort to create one from a “blank slate”?	Our beliefs, values and mission together define our brand proposition. These are new and we are currently developing the messaging around these that will be used externally. The findings from this project will absolutely inform our brand strategy, comms and potentially proposition, if we learn that aspects need to be adapted. This work is likely to be helpful in informing that strategy development process.
29	The brief mentions one over-arching, unifying, or singular emotive connection. Are you open to that connection being different based on your diverse audiences?	Yes. As an organisation we have a preference and desire for simplicity, sometimes that boils down to a desire for singular ideas. However, we would need to



		be able navigate and be responsive to diversity while avoiding undeliverable complexity.
30	What is the higher business need that sits above the requirement for brand health tracking?	All of our work relies upon having successful relationships with others, often spurring action. Whether that is scientists applying for grant funding, universities/research institutions deciding to create fairer more diverse research environments, policy makers taking on board recommendations for the infectious disease ecosystem, or around climate and health. Without trust and a sound reputation (and in particular living up to our values and beliefs) we can't achieve any of these. Tracking brand health and reputation will be one means of understanding the health of those relationships, where our audiences are at along our brand building journey, and hence where what we need to act - stop, start, continue in order to optimize those relationships in order to achieve organizational objectives.
	<b>Supplier Selection Process</b>	
31	What are your decision-making criteria for short listing suppliers?	Our shortlisting criteria and decision-making process can be found under Section 7 of the RFP.
32	How many companies are you considering for this study?	We would consider all the suppliers who submit a full proposal by the 18th of January independent of whether they have submitted an Expression of Interest.
33	Should we wait to hear from you regarding the EOI before moving forward to prepare the full proposal?	No. Sending an EOI is not a pre-requisite, and you can send your full proposal by the 18th January 2024 without waiting to hear from us.



34	Can an agency write a proposal for both workstreams but be taken forward only for one based on your assessment?	Yes.
35	How many companies will be shortlisted for supplier presentations?	We aim to shortlist maximum of 5 suppliers to be progressed to the next stage of the procurement exercise which is supplier presentations.
36	Please can you confirm the single most important thing is for agencies to demonstrate in their submission?	It's hard to boil down the complex needs of this project into a single most important thing. One element we would weigh higher in our criteria would be a combination of an effective programme design and methodology/ies that can deliver the requirements of the brief and a comprehensive reflection of diversity and inclusion considerations in the approach proposed.
37	Can you explain the core competencies and experience that you expect to the agency to deliver within the proposal and should help them be successful in this opportunity?	Core competencies and experience we expect from the agency to deliver within the proposal are listed under the Section 4.
38	What are your top 1-2 concerns in appointing an agency to provide this service?	We would be concerned about appointing an agency who fails to demonstrate credentials listed under Section 4 of the RFP.
39	How many agencies are you expecting to submit proposals?	We are not sure how many agencies will submit proposal at this point. Please refer to Question 32.
40	Who will be the key decision maker(s) on appointing an agency?	The evaluation panel will be responsible for selecting and appointing an agency for this work. The evaluation panel consists of colleagues from a wide range of backgrounds and teams and will include the individual who has the financial sign-off rights on this project.



<b>Sample &amp; Recruitment</b>		
<b>41</b>	Would you need us to do the recruitment of the stakeholders, or do you already have pre-existing channels to reach them already e.g. via your own networks and working groups?	We envisage the sampling involved in this research to come from a combination of Wellcome contacts and supplier recruitment. Contact details of research audiences and stakeholders known to Wellcome, including those who are currently funded and those who have applied for funding can be contacted through our CRM database however, contact details of those in the policy/influence audiences including senior influential and strategic partners are held by individuals and teams across Wellcome. Please be aware that many of the contact details we currently hold have a UK bias.
<b>42</b>	What sort of contact data do Wellcome have available within the identified audience groups to support workstream 2?	Please see the previous response.
<b>43</b>	How does Wellcome envision the integration of the audience segments (in particular those identified by the ongoing segmentation study) into the sampling, analysis, and reporting stages of this research project?	We are open to your suggestions, but we envisage the Golden Questions from the Audience Segmentation to help with the integration of the audience segments into the sampling and the other insights from the audience segmentation project to contribute into the analysis and reporting of the brand research.
<b>44</b>	The brief highlights niche and important audiences you are keen to talk to - some lend themselves better to qual rather than quant research - are you looking to get a quantitative sample of all audiences, or would you be happy to reach	We would like your recommendations. We would expect a blend of quant and qual research, we are open to online methods for these.



	difficult to reach Research and Influence audiences qualitatively and focus on the easier to reach audiences for the quant tracker eg the public?	
45	We understand you have conducted a segmentation with the research and influence audiences - are you able to share information on the panels where you sourced these participants?	We are using a combination of Wellcome contacts, and our recruitment and fieldwork agency are using multiple sources to sample from, more details can be shared with the appointed agency. At this stage we would like suppliers to consider and recommend possible sources for respondent recruitment based on their experience.
46	Are you able to provide any further information about the potential number of people on your CRM who would qualify to be contacted for this research?	As of November 2023, 12,000 contacts based on the 12 countries. If adding more countries the amount would be greater - Wellcome is currently funding in over 110 countries.
47	For the purposes of this research, should these audiences be considered as having equal standing?	Yes. However, the initial immersion phase may discover that some audiences have either outsized need (for example data shows us that researchers from LMICs, women and black researchers in the UK are underfunded) and perhaps we will need to ensure that we are able to understand trust and reputation through specific lenses. Equally some audiences may also have an outsized influence on our reputation and it would be useful for these to also be identified in an initial immersion phase.
48	Public aside, will Wellcome facilitate access to any/all of the other named audience groups?	Contact details of research audiences and stakeholders known to Wellcome, including those who are currently funded and those who have applied for funding can be contacted through our CRM database however, contact details of those in the policy/influence audiences



		including senior influential and strategic partners are held by individuals and teams across Wellcome. Please be aware that many of the contact details we currently hold have a UK bias.
49	How comprehensive is the CRM database? We tend to see a 1-2% response rate to quant surveys mailed out via CRM systems meaning we'd look for 5-10k invites per 100 survey responses. Which sample groups and markets does the CRM cover at this scale (if any)?	We recently emailed around 12,000 research and influence audiences held on our own CRM system for the segmentation research (20 minute questionnaire). (Mostly researchers) and received an 8% response rate. Influence audiences are underrepresented on our CRM system and tend to be held as 1-1 contacts within Wellcome, this can make drawing lists together and emailing time consuming.
50	Are there any expectations around sample sizes in terms of sub-groups and markets? Do you have market level quotas for researchers, influencers and public? Or are you happy for us to make suggestions which balance robustness with pragmatism?	Researchers are our largest audience group. Influence audiences are smaller by comparison. We fund and seek to fund in a larger number of countries than we seek to influence in. So, we are unlikely to track our influence audiences in all 'markets'/countries/regions.
	<b>Delivery and Design</b>	
51	Are all groups to be conducted online?	We would like your recommendations. We would expect a blend of quant and qual research, we are open to online methods for these with a good understanding of the pros and cons of using online methods for this work.
52	Is the assumption that you would like to conduct workstream 2 first?	Ideally, we would like to conduct at least part of workstream 2 first, so that we have a rich understanding of what is driving trust and reputation and therefore are measuring the right factors. However, we recognise that the timetable is tight to conduct the whole of workstream 2 first and would like creative ways to approach the requirements and still meet the



		fixed deadline for presenting to ELT and the Board of Governors in September 2024.
<b>53</b>	Are there any specific nuances or priorities for the brand values and beliefs workstream that Wellcome would like potential partners to pay special attention to in their proposals?	There are no nuances or considerations at this stage. However, at the initial immersion stage when meeting with teams including the brand team, it maybe that there are some areas that need more insight or particular kinds of insight, compared to others. We have copy pasted a longer form description of our beliefs and values in case they are useful to you at this proposal stage. There are 5 beliefs and 4 values, and all have equal weight and are designed to work together as a set. On a related note, we would like the project to be conducted in a way that aligns with our values.
<b>54</b>	Given the global nature of this project, are there specific considerations or challenges in sampling, fieldwork, or analysis that Wellcome anticipates (especially in countries with potential specific restrictions)?	Sampling and recruitment can be challenging. 1. Researchers and Influence groups are not as numerous or as easy as other groups such as consumers to recruit, and sufficient time should be allowed for this. 2. Budgetary (and time) restrictions means that we can't conduct this research in every country that Wellcome funds in, this can be challenging as it can send an unintentional message that these countries are not a priority for Wellcome. A creative solution on this issue for ongoing tracking would be useful. This also means that we need sufficient time for buy-in and agreement on the countries to be sampled. 3. We are at the early stages of our strategy, this means that there are an exceptional number of initiatives happening across Wellcome that puts our





		<p>core audiences in demand - whether for other insight work, or for research panels or other initiatives. This might mean that we can't approach all of our base to participate in the research so that we can avoid oversaturating them with requests.</p> <p>4. We recently emailed around 12,000 research and influence audiences held on our own CRM system for the segmentation research (20 minute questionnaire). (Mostly researchers) and received an 8% response rate. Influence audiences are underrepresented on our CRM system and tend to be held as 1-1 contacts within Wellcome, this can make drawing lists together and emailing time consuming.</p> <p>5. Vietnam can be restrictive to conduct research in. Depending on the nature of the work we may need more time and to work carefully with our partners there. We would be interested in your advice and experience on these groups or the selected countries.</p>
55	Regarding the qualitative deep dive on baseline findings, do you foresee any flexibility in the timeline for its integration into the presentation, or is it more likely to be commissioned post-presentation to the board?	<p>In an ideal world we would be able to do the qualitative work to inform the factors that we measure in brand health and reputation, then do the field work for the base line measure, then conduct a qual deep dive on the results - all before the Board of Governors presentation in September. However, we recognise this is unlikely to be achievable in the time frame, which is why we've put it after Board of Governors. If you have a creative solution that allows this to be achieved, we are open to this, for example it could be that the deep dive findings are added in just before presentation to the Board of Governors (if achievable) with just the</p>



		baseline findings presented to CALT and ELT. The September 2024 Board of Governors meeting is fixed and immovable, priorities will be set here and agreed for the year, based on the findings (which is also the start of Wellcome's new financial year).
56	With regards to the markets, could the priority markets be tiered. For example, could we do 3-4 at a time.	Do you mean tiered but all the results ready for the September Board of Governors meeting, or tiered so that only some results are available to the Board of Governors? We would prefer all the results to be presented at the same time in case the results are markedly different by country.
57	Are you able to give us any insight into the types of deliverables that have landed well internally in the past?	Clear, concise, actionable, very applicable to the strategy, and able to be applied on a day-to-day work of the Wellcome teams. People generally don't have time for lengthy reports. Longer reports should be considered for depth reference rather than for main findings. Teams are very diverse at Wellcome and that brings about different needs. Communications teams will want highly engaging outputs that are easy to apply to their work, Brand team will need something that is a helpful resource to base a brand strategy and build brand activities on. (Science) research programmes teams are staffed by many ex-scientists and will be interested in how robust and valid the research and methodology is – so you will need to be able to respond well to science stakeholders. Where findings are quite different from internal opinion or perspectives, video outputs, or webinars based on rich qual have been



		helpful in the past to help internal users/stakeholders make a leap.
58	You mention that “We’re able to use the knowledge from this programme of research to understand where our audiences are on our brand building journey and inform our key decisions for driving our brand’s Key Performance Indicators.” What are the primary KPIs you are looking to track, and how do you define successful brand health and reputation in this context?	Although we have developed some ideas for KPIs for each stage of our brand journey, these need to be refined and developed, which we'd like to do with our appointed agency. This project will be key in helping us to understand what those should be.
59	Could you describe what kind of tracking format would be most useful to Wellcome – what kind of process would most suit the organisation?	Accessible, easily shareable, contextualised. Wellcome Trust has a leaning to quant if asked, but we know understanding the what is quickly followed by understanding the why, and this is what makes findings actionable.
60	Do you have an existing idea of how the two workstreams should be sequenced? Is there an opportunity to address both within the same methodologies?	We would appreciate your recommendations on this within your proposal. The outcome that we are looking for is that we are measuring factors that will truly drive reputation and trust in Wellcome, rather than generic off the shelf drivers for the charity sector.

## Our mission

Wellcome supports science to solve the urgent health challenges facing everyone. This is our mission, the ultimate goal of our work, which brings us together with a common purpose. It determines our goals and strategy, and it tells people what we’re planning to do to improve health for everyone.



## Five beliefs

Our beliefs provide the focus for our strategy, policy and funding decisions, and they should be inspiring and motivating for each of us to do our best work. We'll achieve our mission by staying true to our beliefs, even when the going is tough.

They are:

- We believe in the power of science to create knowledge that builds a healthier future for everyone.
- We believe science has its greatest benefits through collaborative action across society.
- We believe diversity of people and expertise leads to richer understanding and more impactful discoveries.
- We believe everyone's experience of health matters, and everyone should be able to benefit from science.
- We believe we should take on risks and tough challenges – especially when others aren't.

Our beliefs define our particular view of the world and the reason why we have a mission to change it for the better. It's important that every Wellcome colleague feels strongly aligned with our beliefs and continues to manifest them through our achievements in the years to come.

## Four values

Our four values guide how we behave, work and lead – both individually and as an organisation. They help define what makes Wellcome special as a place to work, and as people to work with. Each of the values is equally important, and we never neglect one in pursuit of another.

They are:

- **Transformative** – we always strive to make a significant difference



- **Thoughtful** – we consider the consequences of our actions and our impact on others
- **Inclusive** – we respect all people and perspectives
- **Brave** – we stand by our beliefs and push boundaries

Our values will help steer the way our culture evolves. While these values emerged clearly from current policies, plans and people across the organisation, we see them as aspirational – we're not fully living our values all the time yet. When we are, we will be able to achieve our full potential in pursuing our mission.

## One culture

By 'culture', we mean how it feels to work here and the everyday habits we will come to share. Our beliefs and values are integral to how our culture will evolve, along with our structure, leadership, standards, capabilities and ways of working.

Understanding our beliefs and values means we can use them to embed and enhance the things that make Wellcome special, that help us make a positive difference in the world, and that foster a healthy culture for everyone.